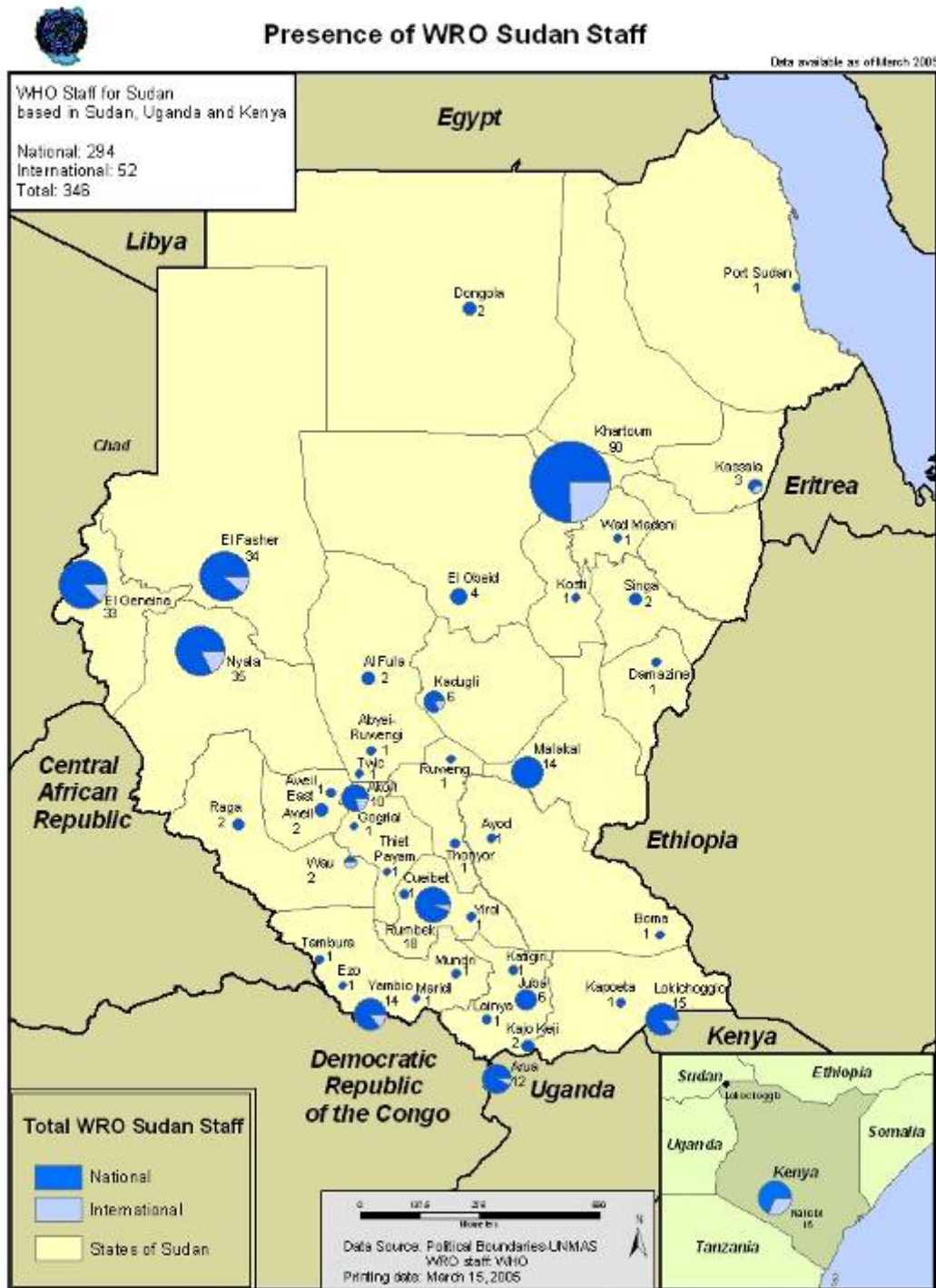


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Annex 1: Staffing overview

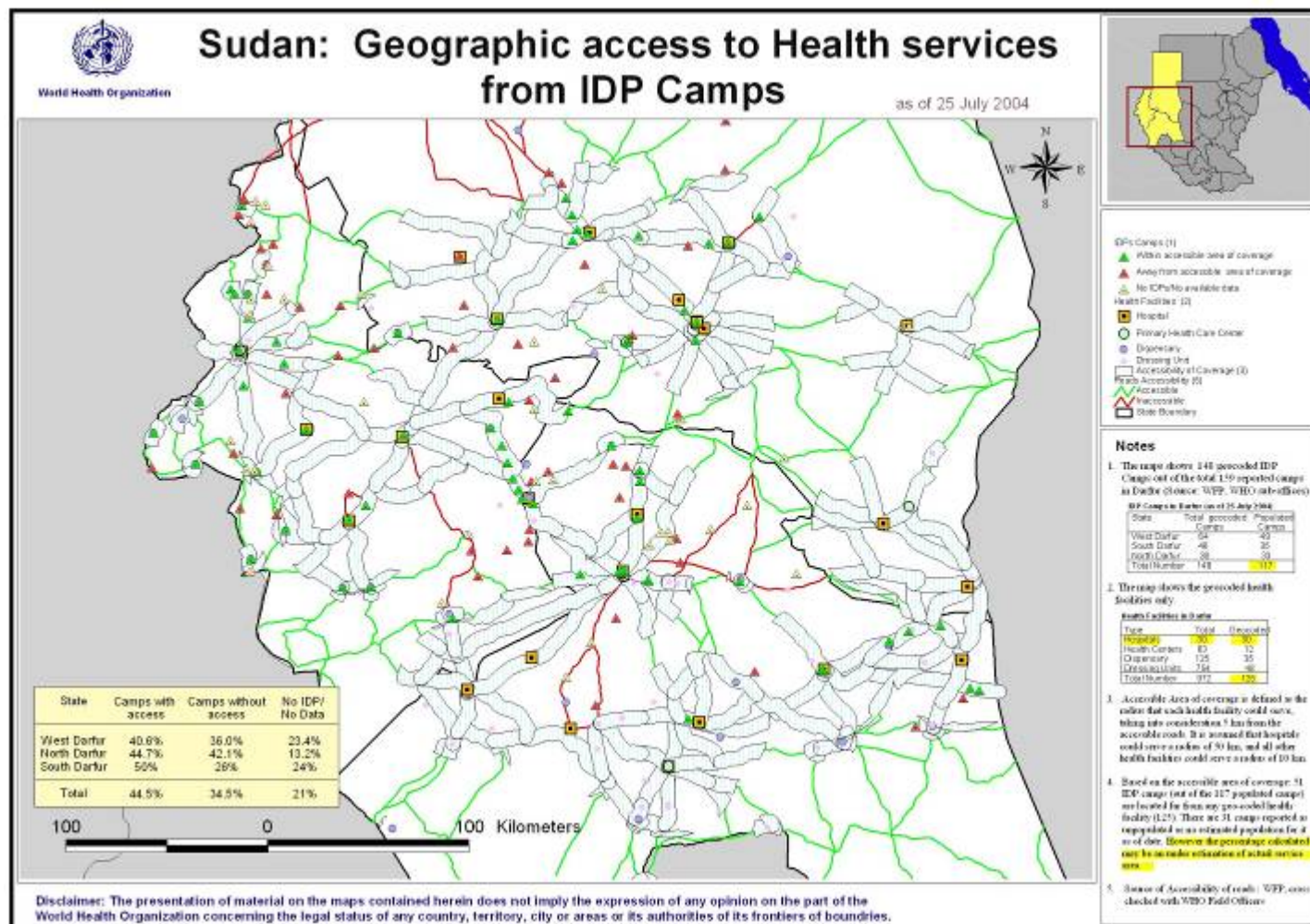


Disclaimer: The presentation of material on the maps contained herein does not imply the expression of any opinion on the part of the World Health Organization concerning the legal status of any country, territory, city or areas or its authorities or its frontiers or boundaries.

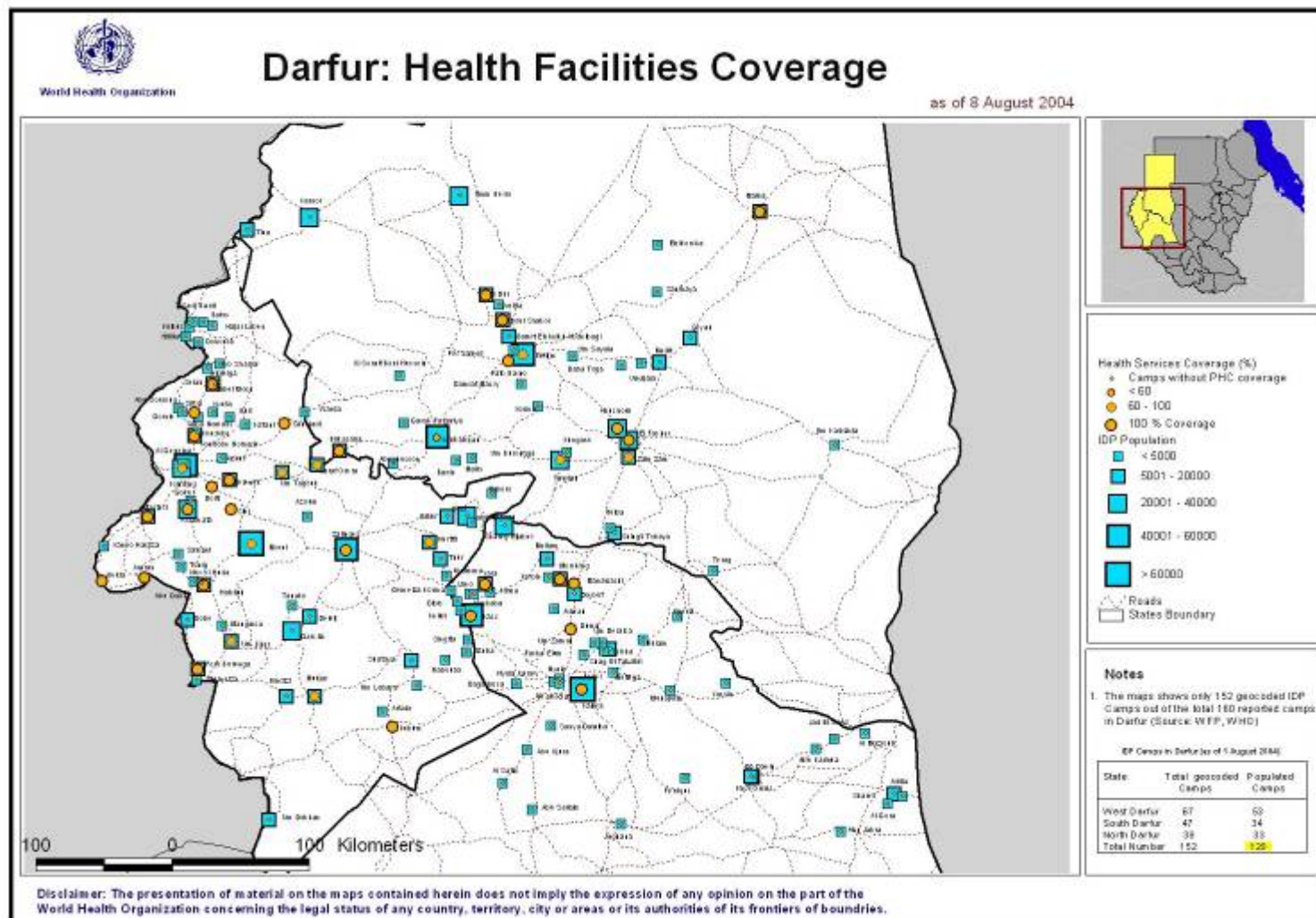
Annex 3 Funding overview for Darfur: 18 April 2005

Dates of implementation	Project title	Donor	Amount (USD)
1 Jan 2004 to 30 Oct 2005	Protecting the Health of the People in Darfur	DFID	3,494,311
15 May 2004 to 15 Sept 2004	Measles control for Darfur	DFID	871,795
1 Jan 2004 to 28 Feb 2005	Darfur Emergency – Malaria Control and Prevention	DFID	430,253
1 Jan 2004 to 31 Dec 2005	Support for the Darfur Emergency Operation	DFID	1,222,826
1 Jan 2004 to 28 Feb 2005	Sustainable Development and Healthy Environments	ECHO	481,348
1 Jan 2004 to 31 Dec 2005	Humanitarian Response to the Darfur Crisis	ECHO	28,893
23 Sept 2004 to 23 Sept 2005	Public Health Priorities for Darfur (Malaria, Diphtheria, Measles)	Ireland	192,960
1 Jan 2004 to 23 Sept 2005	Darfur Crisis (including cross border activities with Chad) for diarrhoea, measles, cholera and malaria among IDPs	Ireland	150,000
1 Jan 2004 to 31 Dec 2004	UNCAP-Comprehensive Health Services for Darfur	Italy	343,178
1 Jan 2004 to 31 Oct 2004	UNCAP-Improving the Quality of Life in Darfur	Italy	228,571
1 Jan 2004 to 31 Dec 2005	UN Interagency Appeal for Darfur	Italy	1,014,589
1 Apr 2004 to 31 Dec 2004	Protecting the Health of the People in Darfur	Netherlands	1,318,600
1 Jan 2004 to 30 Apr 2005	Support to Revised UN Appeal for Sudan 2004	Netherlands	1,580,952
30 Jul 2004 to 29 Jul 2005	Support for Darfur	Norway	292,590
10 May 2004 to 18 Oct 2004	Early Warning Network for Darfur	USAID	463,636
Total			23,472,778

Annex 4: Map with geographic access to health services from IDP camps



Annex 5: Map with health facilities coverage



Annex 6: Chronology of the Darfur crisis – summary of key events and WHO response¹

	Darfur & International	UN & NGOs	WHO
Prior to January 2003	<ul style="list-style-type: none"> Longstanding clashes between agro-pastoralists and nomadic camel herders. Armed conflict, burned villages, displacing and killing civilians and depriving others of housing and livelihoods. Three years of consecutive drought. Global malnutrition rates for Darfur increase to (23%). 	<ul style="list-style-type: none"> Several attempts over years to reconcile ethnic groups, including peace conferences. 	<ul style="list-style-type: none"> WHO instigated Horn of Africa Initiative 1997 WHO initiatives on South Sudan: EWARS established 1998, CDS/CPE forgotten diseases and health sector strategy for post conflict phase more recently. Focus on returnees in Nuba and Abeyi One EHA international coordinator in Khartoum First CCS mission that underlines need for preparedness to challenges of the political transition Support for Darfur requested in the CAP 2003
January to August 2003	<ul style="list-style-type: none"> Increased conflict and continued displacement Limited access to Darfur for humanitarian assistance due to security situation. Declaration of new Sudan Liberation Movement/Army (SLM/A) and attacks in North and West Darfur. Sudanese refugees to Chad. Humanitarian activities cease and put at risk vulnerable populations. May to August- yellow fever outbreak in Southern Sudan. Continued insecurity (Security Phase three in North, South and West Darfur). 6 days security access granted for UN assessment in May. Number of conflict affected refugees to Chad peaked in July. July & August - Flooding in Kassala of the River Nile. 	<ul style="list-style-type: none"> HAF inter-agency contingency planning for peace and humanitarian situation in Darfur, Kassala and Red Sea. UN Donors Principals Group demarche to Minister of Humanitarian Affairs for access to assist vulnerable populations in the Darfur Region. NGOs, donors and UN agencies concern that drought combined with war and denied access might lead to a famine. No movement of UN staff permitted (by both the UN and GoS). Curfew in place. Humanitarian agencies provide assistance to region despite considerable security constraints. UN Sudan Country Team initial assessments on Darfur. Darfur becomes a standing item on Working Group of UN and donors and UN Donor Principals Group meetings (fortnightly and monthly, respectively). Darfur Contact Group with key Member States represented in Khartoum established (June). UNHCR activities to address refugees to Chad started (July). Inter agency concerted emergency responses to flooding in Kassala and yellow fever outbreak. 	<ul style="list-style-type: none"> WHO-Sudan focus on health sector recovery strategy and contingency planning for post-conflict carried out. Final CCS mission in July. EHA continued to respond to meet needs of returnees in Nuba and Abeyi EHA lead response to yellow fever outbreak in Southern Sudan (May to July) WHO activities in South Darfur are to support to PHC, health planning and training. WHO represented and active member of UN Donors Principals Group and Darfur Contact Group. The health MDG group was established (initially led by EHA Coordinator). Funding pledged from Italian government of approximately 1 million for four projects in the CAP 2003. Preparations made for the CAP 2004. Health sector led by WHO. EHA team for Darfur built up, to one international, two nationals full time and one national (20% of time). August - Emergency switches to Kassala following flooding of the River Nile.
Sept 2003	<ul style="list-style-type: none"> Continued displacement of people Cease-fire signed between Government and SLM/A El Fasher: In Kebkabi, the CMR was 14x10,000 per day - fourteen times the internationally recognized definition of an extreme humanitarian emergency. International media attention and humanitarian agencies focus on Iraq. 	<ul style="list-style-type: none"> Limited presence of UN in Darfur Darfur Weekly Reports produced by UN RC/HC <p>15 SEPTEMBER 2003 UN GREATER DARFUR SPECIAL INITIATIVE (APPEAL)</p> <ul style="list-style-type: none"> Inter agency assessment on South Darfur conflict affected population (19-22 September) 	<ul style="list-style-type: none"> Funds and human resources on ground limited for Darfur response. First WHO mission to Darfur for needs assessment and first plan and strategy made. WHO strategy: coordination, disease surveillance, measles control with support for PHC and environmental health. EHA activities carried out responding to flooding in Kassala, the inter agency health needs assessment (in El Fasher). One national officer took over responsibilities of EHA Coordinator

¹ Darfur Review: An internal review of WHO's response to the Darfur Crisis, September 2003 to December 2004

Darfur & International	UN & NGOs	WHO
<p>....Sept 2003</p>		<p>during contract break (in addition to responsibilities for nine other programmes).</p> <ul style="list-style-type: none"> • WHO requested accelerated assistance (as per Special Initiative). Money pledged by Italians arrived at HQ. Proposals made for funding to UN Coordinators Office (1.3m) and Italians (1.2m). • Supporting offices assisted WR-Sudan on preparing the CAP although many resources were addressing Iraq situation. • EHA department established in government and country given funds for 2 years emergency preparedness plan from regional funding (to start in January 2004).
<p>Oct 2003</p> <ul style="list-style-type: none"> • Access became more limited for many humanitarian agencies due to continuing conflict. • Iraq still an international focus. 	<ul style="list-style-type: none"> • MK briefed Member States on worsening Darfur situation and pressed for urgent Security Council briefing on Darfur. • UN RC/HC Operational Strategy to provide accelerated relief to North and South Darfur. • UN Area Coordinator planned visits to El Geneina, El Fasher and Nyala. 	<ul style="list-style-type: none"> • WHO supported Government with medical supplies and drugs to both North and South Darfur. • A second assessment by WHO to the three states. • First health coordination meeting held in El Fasher by WHO. • WHO first operational action to respond to identified need for disease and vector control (removed donkey carcasses contaminating water sources). • Increased appeals to UN Coordination Office and to Italians following assessments. • Darfur discussed between WHO supporting offices and EHA Khartoum at HAC Strategy meeting in Geneva.
<p>Nov 2003</p> <ul style="list-style-type: none"> • Increasing numbers of IDPs arrive in the three Darfur state capitals 	<ul style="list-style-type: none"> • Still only small international NGO presence in all three states • International missions. USG Political Affairs Kieran Prendergast, High Commissioner for Refugees Ruud Lubbers, and SRSG Horn of Africa Mohamed Sahnoun visit Khartoum and express concerns to GOS, including with President. 	<ul style="list-style-type: none"> • The three national EHA staff (Dr Bashir, Dr Ismail and Dr Hashim) conducted assessments and identified gaps (no PHC, reproductive health care in places, for example) • A change of strategy, to start building capacity of SMOH especially in Logistics, increasing support to PHC and establishing a nutritional surveillance system. • Measles and Meningitis campaigns started. • Coordination groups in Nyala and El Fasher established. • First teleconference on Darfur held with HQ. • Proposal submitted to EU (1.8 million).
<p>Dec 2003</p> <ul style="list-style-type: none"> • Increased international pressure (USAID, EU & Netherlands). • More than 600,000 people internally displaced and an additional 70,000 people are refugees in Chad. Several IDP locations short on food and medical supplies seen as due to lack of presence and operational capacity of agencies on ground, as well as lack of funding. 	<ul style="list-style-type: none"> • 1st December - Office of UN Note to Jan Egeland stating humanitarian situation continues to deteriorate. • Early December - Ambassador Vraalsen, RC/HC and UN agency representatives make further visit to Darfur and Chad. • Many NGOs leave during December. On 10 December, UN staff temporarily evacuated from El Geneina following security advice on risks from accelerated fighting. 	<ul style="list-style-type: none"> • EHA limited funds and human capacity to respond to health needs of conflict affected populations. Nevertheless the following were carried out: • First health coordination meeting was held in Khartoum. • WHO provided medical supplies to SC-UK for 3 locations and assisted MSF Holland (with HQ assistance) to send a plane directly to Darfur. • Training of SMOH staff in nutritional assessments in El Fasher. • A government led initiative, IDPs moved from Intafadia to Kalama. WHO assisted new arrivals in Kalama.

Darfur & International	UN & NGOs	WHO
<p>...Dec 2003</p> <ul style="list-style-type: none"> • Mid December to mid February- Access denied and/or constrained to international staff by insecurity caused by militia activity and banditry and travel permit restrictions. 		<ul style="list-style-type: none"> • Based on October and September assessments and gaps identified, WHO established PHC, disease surveillance, environmental health and led in conducting a measles campaign in Kalma Camp South Darfur (payment for PHC staff salaries, transport, fuel for carcasses burying and spraying of latrines). In North Darfur, WHO assisted Government to establish PHC and environmental health. Salaries and fuel paid again by WHO although WHO still on limited funds for Darfur. • WHO discussions with Government enabled MSF France presence in Nyala to carry out humanitarian assistance in West Darfur. • WHO new proposal submitted to UN Coordinators Office for 1.3 million. Italian CAP 2003 money received at EMRO. • WHO supported federal government to send one epidemiologist to all three states. He worked with national governments to do assessments in Dec 2003 and Jan 2004.
<p>Jan 2004</p> <ul style="list-style-type: none"> • Approximately 1million IDPs. • Continued fighting and displacement. • Humanitarian access still largely denied to Darfur to UN & NGOs. Travel permits not granted to international staff. • January to March 2004- Sudanese groups in Khartoum demonstrate and protest to UN the human rights and humanitarian situation in Darfur, providing letters to pass to the UN Secretary General. Police use tear gas and fire bullets to control crowds outside UN office, on at least one occasion. • A donor meeting held in Geneva. • UNHCR drew attention to the Darfur situation through international media. 	<p>UN CONSOLIDATED APPEAL FOR THE SUDAN ASSISTANCE PROGRAMME (ASAP) FOR 2004</p> <ul style="list-style-type: none"> • Early January - UN staff return to El Geneina. • Early Jan-UNCT plan for expanded UN presence in all three Darfur states with International Humanitarian Partnership (Denmark, Finland, Netherlands, Norway, Sweden, UK). Darfur Crisis Cell established with emergency personnel from OCHA, DFID and several UN agencies. • 21-29 January - Strong representations by UN RC/HC through various means, GOS, Member States, donors, NGOs and UN agencies, for access to Darfur for humanitarian assistance be available mid Feb. • In a 29 January statement on BBC radio, the UNHCR Spokesman, Kris Janowski, stated that refugees arriving in Chad had experienced a kind of "ethnic cleansing" in Darfur. • The Acting UN High Commissioner for Human Rights Bertrand Ramcharan invited all parties to agree on the establishment of an independent international commission of inquiry for Darfur. He further called upon the GoS to extend an open invitation to the fact-finding and investigative mechanisms of the Commission on Human Rights to visit Sudan. He cited reports of systematic human rights abuses against unarmed civilians. He called on the GoS to investigate the atrocities, to take immediate measures to stop them and to punish those responsible. 	<p>SUDAN AND THE SIGNATURE OF THE PEACE AGREEMENT THE HEALTH IMPERATIVE: HUMANITARIAN AND TRANSITION INTERVENTIONS WHO'S STRATEGY AND CONTRIBUTION, SEPTEMBER 2003</p> <ul style="list-style-type: none"> • Focus on Sudan peace agreement and exploratory missions of supporting offices. • Still limited funding toward Darfur, although, emergency fund (50,000 USD) from HQ received. Appeal made for provision of quality primary and secondary health services for IDPs in Greater Darfur States (390,000 USD\$) (building capacity, communicable disease surveillance and control, support to MOH and partners for information dissemination. • Conflict wounded came into hospitals from villages. WHO bought drugs for very small number of patients who had no relatives, on ad hoc basis. • WHO activities in Kalma handed over to UNICEF. Despite efforts from supporting office, no funding could be released. • Coordination meetings held fortnightly in Khartoum, matrix response developed. • Need for further human resources to address both Sudan and Darfur Crisis. EHA requested international staff for Darfur. EMRO & HQ sent staff to WR office in Khartoum to work on the post-conflict workshop starting in Khartoum and Nairobi.

Darfur & International	UN & NGOs	WHO
<p>Feb 2004</p> <ul style="list-style-type: none"> President Bashir promised to grant humanitarian access to millions of war-affected civilians in Darfur. Struggle of Government power over rebel groups in Darfur, SLM/A and Justice and Equality Movement (JEM) who dismissed government claims of victory and conflict continued. Sudanese groups in Khartoum demonstrate and protest to UN. Amnesty International reported "massive human rights abuses" in Darfur. Somewhat increased access to the Region. Government travel permits and flight clearances still not issued to international staff to Nyala and Geneina. International high-level mission (representing UK, EU and UN) visited Geneina and El Fasher. Local authorities forcefully voiced its concerns about hindered access, violations of human rights, and absence of IDP protection. In view of landmine incident involving SCF-UK, the mission also stressed the importance of immediate risk assessment and mine action in Greater Darfur. UN RC/HC in-depth interview to BBC World Service highlighting progress as well as ongoing constraints of insecurity and other obstacles. He reiterates Darfur Special Initiative Appeal in media and with donors. Access to Darfur by humanitarian agencies 16 February. Mass displacement of people in Darfur end of February and beginning of March. 	<ul style="list-style-type: none"> UN presses Government. UN Special Envoy Tom Eric Vraalsen arrived in Khartoum, to follow up on President Bashir's promise. UN RC/HC request to Minister of Humanitarian Affairs and Sudanese Foreign Minister pressing for Government pledge to provide immediate access. UN and several humanitarian agencies delivered or propositioned food and non-food items, water and health supplies to Kutum town. 12 February - UN Darfur Contingency Action Plan activated and includes: immediate mobilisation of additional security staff through UNSECOORD, mobilisation of UNDAC through OCHA, surge capacity and support modules from donors. A rapid response team of 13 UN and NGO staff on standby and a special aircraft chartered, with funds given to the RC/HC by the Netherlands. RC/HC released funds allocating to WFP, WHO, UNFPA and other agencies for first phase response (from special Netherlands grant). 14 Feb- UN special flight with agency staff first deployments into all three states of Darfur region. UN presence subsequently built up over following month. 16 Feb- As first UN and NGO teams deploy into Darfur, first phase assistance to 250,000 IDPs starts. 26-28 February inter-agency assessment mission to the Kass locality, South Darfur 	<ul style="list-style-type: none"> Italian CAP funds received at WHO-Sudan. WHO continued efforts to secure additional funding from donors globally and regionally. Still limited WHO human resource capacity on the ground and requests made to supporting offices. Second EMRO & HQ mission to Khartoum to assist in preparation of national workshop on health recovery. EHA Coordinator seconded to UNDAC for four weeks (from 23 February). EHA staff posted to Geneina and El Fasher. Supporting offices send staff to Khartoum to support WHO response to Darfur and activities for Sudan. Offices established in the three states. Difficulties in availability of transport. Assessment in West Darfur started. Activities (PHC, Environmental Health and Disease Surveillance) extended to Kutum (activities now in El Mestel, Kalama and Kutum). Great need for environmental health intervention in disease and vector control (carcass removal). WHO carried this out. WHO also conducted active case findings in the three accessible camps for measles, diarrhoea and meningitis. Measles and meningitis campaigns continued in new areas and WHO provided all of the training and transport for these in North Darfur.
<p>March 2004</p> <ul style="list-style-type: none"> Ongoing violence continues to cause further displacement of at least 1 million. Humanitarian access and relief operations still extremely limited due to lack of security. Amnesty International says government doing nothing to protect civilians in Darfur. 	<ul style="list-style-type: none"> MSF-F reports on villages in West Darfur (early March). UNDAC health needs assessment mission covering Nyala, El Geneina and El Fasher revealed urgent health and nutrition needs, including violence-related trauma and wounds. UN agencies have limited implementing partners but start delivery of humanitarian assistance, including assessment (IRC and WHO) and planning of health interventions (PHC). 	<ul style="list-style-type: none"> WHO recognised need for accelerated humanitarian assistance. 4 March - EMRO and HQ staff travel to Khartoum to assist with renewed planning for Darfur. Increase in funding for Darfur WHO response. WHO conducted an intense resource mobilization, through internal loans and from UN/CERF. Application for \$0.5 million made to OCHA's revolving fund.

Darfur & International	UN & NGOs	WHO
<ul style="list-style-type: none"> • Sudanese groups in Khartoum demonstrate and protest to UN. • A recent inter-agency assessment in Darfur evidenced ongoing displacement, looting, rape, and destruction of villages, thus underlining protection of IDPs and refugees as the primary concern in humanitarian assistance. Attacks against humanitarian convoys have also been reported. In this environment, the basic needs of the affected populations remain unmet. • 19 March- UN RC/HC Mukesh Kapila press briefings to media in Nairobi having worldwide coverage. He says that the situation in Darfur can be described as "ethnic cleansing" and also as the "world's greatest humanitarian crisis and human rights catastrophe" and is "comparable to the Rwanda genocide, if rapid action is not taken". • Statement 26 March: eight UN human rights Special Rapporteurs called for greater attention by the international community to the deteriorating humanitarian situation in Darfur. • Direct negotiations in meeting scheduled to take place between the rebels and the GOS, in Chad. <p>Sudan-</p> <ul style="list-style-type: none"> • At WHO/HQ, an interdepartmental process, with participation from Nutrition, CDS, CMH and HAC departments, was initiated to review work in Sudan. 	<ul style="list-style-type: none"> • Throughout March- UN RC/HC verbal and written demarches to the GOS Ministers of Humanitarian Affairs and Foreign Affairs over continued difficulties of access, insecurity, and obstruction to deliver aid and protesting the gross violations of human rights and international humanitarian law by the Janjaweed. Three separate protest letters on 24 March to Ministry of Foreign Affairs over the forced displacement of IDPs; attacks on civilians including the organised rape of 22 women and a full catalogue of other incidents of human rights and humanitarian law violations. • 31 March - UN revised appeal for the Darfur Crisis (ASAP), seeking US\$113m. 	<p>Funding provided from HQ revolving fund and from EMRO. USAID USD 250,000 for disease surveillance. DFID funding also received. Beginning March two projects submitted for CAP and the Darfur initiative review.</p> <ul style="list-style-type: none"> • HQ, EMRO and CO worked together to deploy WHO staff (LPs, visas, travel & permit) to Darfur and EMRO staff provide on site support in Khartoum. The first tranche of international staff deployed full-time in Darfur. WHO/EMRO deployed two EHA Focal Points to Khartoum and recruited two Public Health Emergency Coordinators to assist in the response to the Darfur crisis. WHO posted two additional staff to Darfur by the end of March for health coordination and monitoring, as well as finalizing donor proposals to scale up its presence in Darfur. • Recognized need for WHO role to implement as there were no other agencies were on ground. WHO design a plan of operations and gains consensus and support with FMoH, donors and partners. • Further intervention added to WHO strategy: secondary health care. This is due to large number of people coming to hospitals resulting from huge displacement occurring. • Ongoing needs assessments conducted. WHO took part in UNDAC needs assessment mission covering Nyala, Geneina and El Fasher. In El Fasher: 100 latrines for 32,000 IDPs, animals dying hourly, measles cases but no vaccines locally. EHA coordinator Geraldine McCullough, also part of UNDAC team, produced assessment reports (on Kass South Darfur which "represents actual situation in 75% of Darfur"). WR, national and international staff conducted field assessments in Darfur. Report on Kutum hospital produced. • Request and procurement of equipment and supplies (5 NEHK, 5 Trauma A, 5 Trauma B kits). Each NEHK meets needs of 10,000 people for three months. Each trauma kit (A and B) each contains medicines, supplies and surgical equipment for 100 surgeries. • WR restarted Health Coordination Group meetings in Khartoum. • WHO/ICRC meetings were held in Khartoum and Geneva and focused on increased collaboration for Darfur WHO negotiated with UNICEF in Geneva to augment collaboration in Khartoum. • WHO staff visited the El Fasher IDP camp. An outbreak of measles in the camp became of particular concern due to

Darfur & International	UN & NGOs	WHO
<p>...March 2004</p>		<p>worsening overcrowding; 21,000 of the camps' 32,000 inhabitants arrived in the past three days. A measles vaccination campaign being conducted in the camp was forced to stop because logistic constraints led to a stock-out of vaccines.</p> <ul style="list-style-type: none"> • Environmental sanitation campaign with FMOH, training for surveillance officers organized by WHO for 30 staff (19 from Kutum hospital and 11 from IDPs), polio sub NID (national immunization days) started 2 February in Kutum and measles campaign completed. • Financial support to federal and state authorities was considered in order to improve referral facilities with national staff. The weak referral system is a major constraint for treating the high numbers of trauma cases due to the conflict. WHO worked with the MOH, ICRC and NGOs to reduce the problem at the field level through incentives to national surgeons and sub-contracting NGO services. • A country workshop took place on health sector recovery.
<p>April 2004</p> <ul style="list-style-type: none"> • Continued conflict in Darfur resulting in increased deaths, ill-health and increased IDPs - to approximately 1.2million. • Government and Darfur rebels ceasefire agreement • US President Bush condemns "atrocities" being perpetrated by pro-government militia in Darfur and calls on Government to halt violence. Pledges for USD 61m where USD 33m for Darfur. • Humanitarian access continued to be precarious. • Fighting appeared to decrease, although concern on protection of conflict affected population, as harassment and attacks by Janjaweed continued particularly around IDP camps • Proper management of IDP camps critical for human survival; as camp populations escalate, systems for water shelter sanitation and management become overwhelmed. • Extreme pressure on health services. • USAID: progressive increase in acute malnutrition and crude mortality rates. 	<p>UN INTER-AGENCY CONTINGENCY AND EMERGENCY RESPONSE PLAN AND SECTORAL SPECIFIC PLANS APRIL 2004</p> <ul style="list-style-type: none"> • UN Security Council expressed concerns on Darfur conflict and offers assistance to end it. UN fact finding mission. Security Council meets and discusses Darfur and presses Sudanese government to increase access and facilitate visas and procedures for NGOs and international assistance. • UN mid term review of ASAP with increasing requirements for Darfur. • OCHA produced 6 month contingency plan for rainy season. • UN agencies persist in intensifying operations and OCHA interagency task force (inc WHO) look at staffing, logistics and administrative issues. • UN RC/HC left Khartoum. On 2 April, RC/HC briefed special meeting of Donors in Geneva on the Darfur Crisis urging focus on human rights and humanitarian law violations, including a commission of enquiry, ending the culture of impunity, improving security and access, and more funding for humanitarian agencies. 	<p>GREATER DARFUR PROTECTING THE HEALTH OF PEOPLE AFFECTED BY CONFLICT AND DISPLACEMENT, WHO, 15 APRIL 2004</p> <ul style="list-style-type: none"> • 15 April Greater Darfur Initiative (largely funded by DFID). AL travelled to Khartoum to support development of this. Strategy based on the UNDAC assessments and WHO December 2003, February and March 2004 assessments (brought waiver of user fees). • WHO planning and response strong in April and May. Activities were: ongoing coordination and recruitment from Country and Regional Offices and Headquarters. Many WHO staff on the ground by April. <p>Field information and coordination</p> <ul style="list-style-type: none"> • EMRO and HQ support WR plan and coordinate health response in Khartoum. • Staff from HQ (Geneva and Lyon) tour Darfur with FMOH counterparts to set first coordination hubs at State level and the EWARS. • WHO rapid health assessment forms adapted for use in Darfur. On 31 May, the WHO team in West Darfur undertook an assessment mission to Dar el Riyadh and Durti IDP camps. The number of daily consultations was 100 in Dar el Riyadh and 50 in Durti, approximately. Fever, diarrhoeal diseases, malaria, and eye diseases were found among the IDPs. Water availability was a key concern in both camps.

Darfur & International	UN & NGOs	WHO
<p>...April 2004</p>		<ul style="list-style-type: none"> • Database prepared to systematize info on health facilities, population, results of assessments and health activities in 3 states. <p><i>Disease and outbreak control</i></p> <ul style="list-style-type: none"> • EWARS set up. • WHO/UNICEF/MOH plan for measles campaign USD 4.2m proposal, despite security. • FMOH, UNICEF, NGOs & WHO consensus principle for vaccination of immediate outbreak response and on strategy. <p><i>Environmental health</i></p> <ul style="list-style-type: none"> • WHO support to environmental sanitation and vector control, household hygiene, minimal support to hospitals. <p><i>Expanding access to PHC</i></p> <ul style="list-style-type: none"> • Health facilities assessed, WHO spot check: 6.8/10,000/day U5MR (28 Mar to 10 Apr), morbidity and mortality mainly due to ARI, diarrhoeal diseases and malnutrition. <p><i>Referral care</i></p> <ul style="list-style-type: none"> • new emergency health, outbreak investigation and trauma kit delivery <p><i>Programme management, advocacy and support</i></p> <ul style="list-style-type: none"> • WHO press appeal for USD 5.4m, for Darfur for six months. • WHO participates in the high level fact-finding mission in Darfur • WHO increased staff capacity. Public health coordinators, environmental engineer, logisticians, medical officer, epidemiologist recruited & posted to Darfur (yet a high turnover). Need for more internationals and administrative staff was emphasized in light of huge displacements. • Support from HQ and HAC Brussels in operations. CD surveillance and response dept ready to support; staff on standby for assessment missions and establish surveillance systems, outbreak response teams on standby • First WHO progress reports posted on the web. • WHO collaborated on Darfur Humanitarian Profile and OCHA contingency plan. • WHO/FMOH health partner workshops to advance contingency plans of FMOH, UN and NGOs.

Darfur & International	UN & NGOs	WHO
<p>May 2004</p> <ul style="list-style-type: none"> Continued fighting and increased tension despite the ceasefire and interrupted humanitarian assistance in several locations. Estimated 2million war affected people in Darfur. WFP convoy attacked in West Darfur (the second of UN vehicles attacked in 2 weeks) Immediate measures to improve humanitarian ground capacity were discussed at the first technical meeting between key ministries, the Sudan Humanitarian Aid Commission and UN agencies on 22 May. 24 May, the Government of Sudan issued entry visas for humanitarian workers within 48 hours and waived travel permits to Darfur. 70 community health workers conducted active measles case finding in Kalma camp; nine cases were identified. Twenty-seven cases of leishmaniasis were suspected in Malha, North Darfur. South Darfur situation remained critical. In Kalma camp during the week of 17-23 May, the Crude Mortality Rate oscillated between 1.9 and 2.4 x 10,000/day: still above the emergency alert threshold of 1 death x 10,000/day. Among children under five, causes of death were mainly diarrhoea, acute respiratory infections and measles. Providing assistance and monitoring outcomes became more difficult due to people's movements and irregular registration procedures. No deaths reported according to EWARS in West Darfur, population 16,086 IDPs (week 21). 	<ul style="list-style-type: none"> First UN Humanitarian Profile produced. Following findings from high level mission, UN agencies reconsider their operational plans in Darfur. WFP opened 19 new sub offices with international staff and UNICEF increased their international presence to 20 staff. 25 May IASC Working Group met in Geneva to plan intensified response to situation in Darfur. Emergency operation in South Darfur to stabilise and transfer 1k IDPs cut off from assistance (WHO/MSF-H, OCHA, SMOH). <p>Sudan -</p> <ul style="list-style-type: none"> Lab tests carried out by Kenya Medical Research Institute and the CDC (US) confirmed Ebola Haemorrhagic Fever (EHF) South Sudan; 19 cases, including 4 deaths due to EHF reported in Yambio, Western Equatoria, South Sudan. 	<p>WHO</p> <p>Field information and coordination</p> <ul style="list-style-type: none"> Assessments each in South Darfur (Kalma camp) and North Darfur (Malha), previously not accessible. Supported by WHO/EMRO Nutritional Advisor, WHO worked with FMOH, UNICEF, MSF and SCF to establish a nutritional surveillance system. <p>Disease and outbreak control</p> <ul style="list-style-type: none"> Early warning system EWARS protocol & operationalisation in three states Greater Darfur 52 disease surveillance officers trained and 6 reporting units operational. Protocol for malaria and vector control measures protocol established 2 outbreak response units, 10 cholera kits, 4 new emergency health kits are positioned in case of outbreak. Mass measles campaign planning and commencement at state level. Led by the MoH Sudan, WHO and UNICEF, the campaign targeted 2.2 million children between the ages of 9 months and 15 years. It also enabled distribution of vitamin A capsules and polio vaccination of children under five. <p>Environmental health</p> <ul style="list-style-type: none"> After training health promoters and partners, WHO distributed 240 hygiene kits (Abu-Shouk & Kalma). WHO coordinated contingency planning for outbreaks of cholera and diarrhoeal diseases in accessible IDP camps. WHO/FMOH health partner planning workshops in each state, with NGOs WHO supported 172 environmental health workers to ensure hygiene, vector control, waste disposal measures and health promotion. Testing of water quality, guidelines for vector control and water sources examined. WHO supported camp cleaning and vector control (Abu-Shouk & El Meshatal) and visited Nyala and El Fasher to conduct an assessment of vector-control measures for malaria. WHO provided tools to support a sanitation campaign in Mornwi, West Darfur. WHO, the FMOH and the SMOH investigated the suspected leishmaniasis cases in Malha, North Darfur. Pentostan, the only effective drug treatment, and dipsticks for rapid diagnosis were sent. <p>Expanding access to PHC</p> <ul style="list-style-type: none"> Clinical training of PHC facilitators, materials identified and guidelines provided by MOH&WHO WHO assisted UNICEF in opening a clinic in IDP areas.

Darfur & International	UN & NGOs	WHO
<p>...May 2004</p>		<p>Referral care</p> <ul style="list-style-type: none"> Assessed referral laboratory in Nyala Equipment & drugs to Kass Hospital. Drugs and medical supplies for 5 IDP areas in West Darfur. Following a needs assessment, plans developed to upgrade both National Public Health Laboratory in Khartoum (reference lab for Greater Darfur) and Nyala Hospital Laboratory (reference laboratory for South Darfur) to diagnose and confirm communicable diseases. The Orthopaedic Department in Khartoum sent team of 6 staff for 30 days on rotation at Kass and Garcilla Hospitals. Surgical equipment and material also provided by WHO. WHO purchased 35 beds for the paediatric ward in Kass Hospital (South Darfur). WHO and ICRC agreement on joint support for Nyala Hospital (South Darfur). <p>Programme management, advocacy and support</p> <ul style="list-style-type: none"> Additional staff from HQ and EMRO in Khartoum to assist WR. Following alert raised by FMOH-Sudan during WHA, it is decided to step-up international presence in Darfur and WHO calls for internal mobilization and fielding of volunteers at HQ. WHO later revised staffing plans to further increase capacity at state level, to total 16 internationals and 144 nationals, including administrative and support staff. EHA coordinator (GM) left end of May. DFID pledged GBP 1 million for WHO work in Greater Darfur and GBP 500,000 for measles campaign. A permanent crisis-cell is established in WR office in Khartoum. WHO participated in the ad-hoc IASC Working Group meeting on Darfur, 25 May in Geneva. The three WHO-backed national public health coordinators participated in workshops in Khartoum to plan state-level activities, discuss budgets and identify needs for the next three months. Priorities for the month of June were identified as: the mass measles campaign and comprehensive support to key rural hospitals are priority actions. <p>Sudan –</p> <ul style="list-style-type: none"> Alongside a WHO team from HQ, the WHO South Sudan EWARS, worked closely with health authorities and partners to create a Crisis Committee to control the EHF outbreak.

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<p>June 2004</p> <ul style="list-style-type: none"> International pressure and visits to Khartoum Peace talks OCHA convened a high-level Donor Alert Meeting and Consultation on Darfur beginning June UN and key humanitarian organizations met with representatives of 36 countries, including the Government of Sudan and African Union, European Union and League of Arab States, to discuss humanitarian crisis in the Darfur. Chairs concluded crisis in Darfur is of extraordinary gravity, magnitude and urgency; an estimated 2.2 million people will require assistance this year, of which more than 1.15 million have been forced to leave their homes. The United Nations and its partners presented un-met requirements to the donor nations of USD 236 million for the period 1 June to 31 December 2004. In response, pledges for this year amounted to approximately USD 57 million. Additionally, the United States pledged USD 188 million, to be disbursed from 7 June until the end of 2005. The African Development Bank (ADB) pledged USD 500,000 for the Greater Darfur region. A pledge was also received from the Dutch Government for € 249,300 (approx. USD 314,905). Measles outbreak reported in Habila (West Darfur): 142 cases and 20 deaths. 521 suspected clinically diagnosed measles cases at health dispensary El Mashtal North Darfur (27 March to 16 June). The most commonly reported symptoms were fever, conjunctivitis and skin rash. About 59 % of cases were children younger than 5 yrs and total case fatality ratio (CFR) 17%. SMOH, WHO and UNICEF measles vaccination campaign in 	<p>90-DAY PLAN (end of June)</p> <ul style="list-style-type: none"> Humanitarian activities UN and key humanitarian organizations met with representatives of 36 countries, including the Government of Sudan and African Union, European Union and League of Arab States, to discuss humanitarian crisis in the Darfur. The Health Sector Coordination meeting for Darfur 13 June, focused on preparedness for cholera and/or malaria outbreak, concluded that MSF-France will circulate its guidelines for setting up cholera camps and WHO guidelines for chlorination of water with the different products available in the market in Darfur. The Health Sector Coordination meeting for Darfur 20 June focused on cholera and measles preparedness, the polio case in West Darfur, and on the health database for planning and monitoring of emergencies. Focus for North Darfur was on ongoing measles campaign and sanitation in Abu Shoak camp. Meeting attended by SMOH, ICRC, SCF-UK, MSF-Belgium, IRC, OXFAM, UNICEF and WHO. Next meeting in El Fasher focused on: coordination with German Red Cross to expand access to primary health care in El Fasher, progression of measles vaccination campaign and severe malnutrition rates (19%) in Abu Shoak camp. Among other activities, UNHCR opened an office in Geneina, West Darfur, to strengthen cooperation with its office in Abéché, Chad. UN Secretary-General Kofi Annan flew to Sudan 30 June for 3-day mission focusing on Darfur. After holding official meetings in Khartoum, he visited an IDP camp in Darfur and then travelled to Chad. In South Darfur, SCF-UK finalized nutritional assessment of the Manawashi, Mershing and Duma areas: 14.9 global malnutrition, 1.95 severe malnutrition, and an under-five crude mortality rate of 2.13 x 10,000/day. 29 June IASC Task Force on Darfur which provided an update on the 30-day plan with regard to deployment of international staff, the security situation, funding and the forthcoming mission by the Secretary-General, with WHO participation. Inter-agency preparedness stepped up for health action during rainy season. Areas inaccessible in particular are Habila and Furo Baranga in West Darfur and Kailek in South Darfur. 	<p>Disease and outbreak control</p> <ul style="list-style-type: none"> SMoH, WHO & UNICEF, in coordination with several national and international organizations, measles mass vaccination targeting 2.2m children in all accessible areas of Darfur: North and West Darfur on 12 June and in Nyala on 5 June. In West Darfur, campaign ended on 22 June with coverage rate of over 100%. In North Darfur covered nearly 67% of target population (512,058 people). In South Darfur, campaign reached 99% of its target of 1,197,308 children between nine months and 15 years. Challenges to campaign included inaccessibility to some areas and delay in commencing vaccination in remote areas. In West Darfur, WHO conducted a training course in Geneina on the EWARS. Continued training of health staff in IDP camps ongoing to strengthen EWARS. WHO trained medical assistants, nurses and community health workers working in IDP camps and for SMOH in Darfur on the EWARS system. Training included guidelines for accurate reporting and preparedness and response for outbreaks. EWARS training of 25 people in Al Fasher, 18 in Geneina and 25 in Nyala. The trained personnel now deployed to strengthen EWARS in all 3 states of Greater Darfur. In North Darfur, WHO continued to monitor the situation and support disease surveillance in both El Mashtal and Abu Shoak camps. Plans underway for polio vaccination campaign in West Darfur for late July, following the detection of a wild polio case in Habila. <p>Environmental health</p> <ul style="list-style-type: none"> WHO guidelines for chlorination of water produced/prepared WHO established a cholera preparedness camp in Abu Shoak camp, North Darfur. In addition, three Cholera Kits D & F were delivered to each state. WHO supported camp cleaning and vector control in both camps. In Abu Shoak, WHO provided spraying machines, insecticides, fuel, and incentives for workers. The WHO water and sanitation engineer assessed environmental health issues in IDP settlements in North Darfur. WHO successfully completed water and sanitation training for 19 environmental supervisors from different IDP camps. Continued preparation for malaria prevention with MoH and other partners for Insecticide Indoor Residual Spraying campaign to be launched in all three states immediately following measles

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<p>... June 2004</p> <p>North and West Darfur 12 June and in Nyala 5 June. In North Darfur alone, 500,000 children between nine months and 15 years old are targeted. SCF-UK plans to support campaign in Tawilla and Malha, GOAL in Kutum, the International Rescue Committee (IRC) in Abu Shouk and MSF-Belgium in Kebkabiya.</p> <ul style="list-style-type: none"> In North Darfur, the newly established surveillance system reveals a daily crude mortality rate of 0.65 x 10,000/day (and later 0.45?) in Abu Shoak and 1.43 x 10,000/day (and later in month 0.0 before closure of camp) in El Mashtal. In West Darfur, most of the IDPs (in Fur Baranga) have stayed in the city hospital which has one water hand pump to serve the 7,000 people. Most common problems presented at the health dispensary are diarrhoea, upper respiratory infections, malaria, dysentery, severe malnutrition and measles (48 cases reported between 2 March and 27 April). The head of the African Union visited Darfur to shore up a government-rebel ceasefire. African Humanitarian Action (AHA) accompanied the mission. On 30 June, approximately 300 IDPs in Kalma reportedly protested in front of the primary health clinics, complaining of the lack of medicine and health services. Road between Geneina and Zallengi had now been opened to UN. <p>Sudan -</p> <ul style="list-style-type: none"> In Rumbeck, WHO discusses with local authorities and NGOs their plans and activities. In Khartoum, WHO discusses prospects for the health sector in the context of the UN/WB JAM. 	<p>Sudan -</p> <ul style="list-style-type: none"> In Rumbeck, WHO discusses with local authorities and NGOs their plans and activities. In Khartoum, WHO discusses prospects for the health sector in the context of the UN/WB JAM. 	<p>campaign. Meanwhile, WHO continued its support of camp cleaning (garbage and carcass collection, latrine spraying for vector control) and water quality testing in the three states.</p> <p>Referral care and strengthening hospitals</p> <ul style="list-style-type: none"> In South Darfur, WHO continued to monitor Kass Hospital, Nyala Hospital and Kalma IDP Camp. The plan of action had to be revised. While Kass Hospital was rehabilitated, IDPs with conflict-induced injuries were referred to Nyala Teaching Hospital. International surgeon visited three states to provide technical assistance to hospital health staff in close collaboration with SMOH. ICRC gave notice that it would suspend operations at Nyala Hospital in 2 weeks yet continue providing supplies. WHO was asked to take over. A WHO team visited Garsilla, Zalingei, Nertity and Kass to assess health situation and secondary health care system. In addition, WHO delivered emergency medical supplies to the visited health facilities. WHO began rehabilitation & repair of Kass Hospital, South Darfur, starting with the paediatric ward. Total cost of rehabilitation was USD 45,000. This rehabilitation of Kass Hospital paediatric ward was completed and rehabilitation of other wards was still underway at the time (June). <p>Programme management, advocacy and support</p> <ul style="list-style-type: none"> WHO participated in the High-Level Donor Alert Meeting and Consultations on Darfur 3 June, Geneva. International staff for Darfur first arrived in Khartoum in June (recruited internally or by DFID-secondments). Approximately 18 international staff in-country beginning of June. Efforts to scale up number of WHO health personnel in Darfur continued; WHO reached its goal of having 20 international health staff in Darfur by end of June. In addition, the FMOH identified four national consultants and two national registrars to be deployed to different hospitals in Darfur with financial support from WHO. HQ and EMRO assisted WR in consolidating the technical team. It becomes evident that the operations require stronger logistic presence. Visit to Darfur by ARD/EMRO and RDG/HAC. MOH produced brief for NGOs on new procedures for import and testing of pharmaceuticals. Dr. Jama, Deputy Regional Director for EMRO, and Dr Nabarro, WHO Representative to Director General for Health Action in Crises, visited Darfur 22 June. HAC visited health

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<p>... June 2004</p> <ul style="list-style-type: none"> 7 June, New York, WHO participated in a UNDG technical working group on Sudan to discuss UNDG programmatic response options for the immediate future and transition period. 		<p>facilities and IDP camps in South Darfur, Nyala, and Kass. Findings of visit include the need to strengthen the surgical facilities and laboratories of the Nyala hospital, and address key concerns in Kass Hospital including minimal drug supply, minimal capacity in operating theatres and the labour rooms, lack of water supply, unpredictable electricity supply, and the problem of user fees.</p> <ul style="list-style-type: none"> The WHO WR to Sudan, Dr Guido Sabatinelli, participated in mission to Geneina for 3 days to assess humanitarian situation and meet with implementing partners. One Minimum Operating Security Standard (MOSS) compliant Land Cruiser was airlifted to Geneina, West Darfur. Italian Government donated additional supplies to WHO Operation in Darfur, including 5 new emergency health kits, five UNFPA kits 6, three UNFPA kits 8, among other items. The shipment arrived in Nyala on 22 June. Efforts underway to further decentralize WHO operations. As the road between Geneina and Zallengi had now been opened to the UN, WHO will establish a field office in Zallengi. WHO participated in 29 June IASC Task Force on Darfur which provided an update on the 30-day plan with regard to deployment of international staff, the security situation, funding and the forthcoming mission by the Secretary-General.
<p>July 2004</p> <ul style="list-style-type: none"> The international response to the Darfur crisis has increased dramatically. By this time, 20 international NGOs have been operating in Darfur and an additional 10 agencies have commenced operations. Partners' and donors call for evidence on humanitarian situation and intense debate on crude mortality levels. WHO DG statement: "People are dying now because they are living in totally unsatisfactory conditions, and many more could die in the coming weeks unless we prevent the lack of sanitation, malnutrition, shortage of clean water and the coming rains from combining into a recipe for 	<ul style="list-style-type: none"> The UN General-Secretary, Mr Kofi Annan, visited Al Fasher, North Darfur on 1 July accompanied by the US Secretary of State, Colin Powell. Health sector agencies aimed to cover the needs of 800,000 people by end of August, excluding secondary health care and epidemiological sector. In response to a high number of diarrhoeal cases in Abu Shouk camp, ICRC, IRC and UNICEF established 25 ORS centres. Most residents have acute diarrhoea, one-third of which is bloody diarrhoea. Samples were sent to Khartoum for investigation. Shigellosis dysentery, type 1, was reported in West Darfur. MSF-France set up an isolation tent and is using Ciprofloxacin for treatment. First round of the Oral Cholera Vaccination (OCV) Campaign in Kalma was completed 25 July: 42,000 people vaccinated. 	<p>Field information and coordination</p> <ul style="list-style-type: none"> In Khartoum, the Darfur health coordination group meetings focused on morbidity and mortality projections, validating their findings against available data, the Oral Cholera Vaccination Campaign, the mop-up polio campaign and sample collection and transport data for EWARS. In order to better plan for health activities and to fill gaps, WHO, MSF-Switzerland, FMOH and ICRC conducted a field assessment mission in the Habila, Fur Baranga, Um Kher, Garsila, and Sirba-Silea-Kulbus administrative units. Three out of 10 samples of bloody diarrhoea were sent to Khartoum last week for lab tests. The tests confirmed the presence of Shigella dysenteria (type 1) in North Darfur. Tests also revealed sensitivity to Nalidixic Acid and Ciprofloxacin. WHO recommended the former for the current

² In addition, 20 cases of acute jaundice with 4 deaths reported among Sudanese refugees in Chad during the 19-24 July period.

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...July 2004	<p>death. We must work urgently to prevent a health catastrophe." - WHO Director-General LEE Jong-wook.</p> <ul style="list-style-type: none"> The SFOH committed 100 million Sudanese pounds (USD 40,000) per State per month to hospitals to provide services without charging user fees. It also committed to facilitating WHO-assisted training in hospital administration. Overall, the UN estimates the costs of humanitarian relief in Darfur to be USD 240 million. To date, less than half of that has been pledged. The new policy for travel beyond state capitals was not yet implemented. Agencies were still required to apply for travel permits. This caused major operational delays. Some reports indicate a deepening food crisis, with overall severe malnutrition rates between 5 and 10%. Jaundice reported in all states of Greater Darfur. Epidemiological investigations ongoing². Interventions to address the health aspects of the humanitarian crisis—including cholera, malaria, and dysentery—in Darfur continued non-stop, despite serious difficulties posed by rainy season and continued insecurity. End of July/August: Hepatitis E outbreak 	<p>The SMOH, WHO, UNICEF, and Médecins du Monde-France jointly conducted round one, which provided the first vaccination dose to approximately 42,000 of the 47,000 camp inhabitants. Second round of Oral Cholera Vaccination Campaign in Kalma was expected to start on 2 August, however, heavy rains during night of July 25 washed out three of the seven sectors of Kalma camp and several immunization points utilized for the cholera vaccination affected. Access to parts of the camp became problematic. A team was put in place to conduct a needs assessment on the morning of 27 July and intense efforts were made to ensure the second round of vaccination proceeds as planned.</p> <ul style="list-style-type: none"> National Immunization Days (NIDs) for polio were held 27-29 July across the three Darfur states. International NGOs participated by providing transportation, cold chain equipment, incentives or fuel at the request of WHO and SMOH. For security reasons, the campaign could not be implemented outside of Tawila and Mahla. On 29 July, the UN Secretary-General appealed to GoS to ensure the protection and security of the more than 1.2 million IDPs in Darfur. On 30 July, the UN Security Council adopted Resolution 1556, demanding that the GoS disarm Janjaweed militias. A joint assessment mission to north-eastern North Darfur of WHO, OCHA, UNICEF, WFP, FAO, GOAL Ireland, MSF-Spain, IRC and GAA took place on 10-13 July. Key findings include: lack of health facilities; no transportation for medical obstetrical or trauma cases; insufficient water and sanitation; significant malnutrition among children aged under five; and acute respiratory infections, malaria, diarrhoeal diseases, and measles as the main causes of illness and death. 	<p>situation, with the latter being reserved for outbreaks.</p> <ul style="list-style-type: none"> Oral cholera vaccination in South Darfur. First session of cholera preparedness training conducted 5 July in North Darfur. 21 participants including NGO representatives in El Fasher trained. Two more training sessions, in Kabkabiya and Kutum. Training a collaborative effort between SMOH & WHO. Cholera kits distributed according to expected case load in Kass, Dagadussa, Um Kaddada, Kubum, Edel Fursan and Kalma. In North Darfur, a visit was conducted to the Zam Zam camp (population: 15,382). Findings included among others, insufficient sanitation, lack of adequate shelter, and the need for malaria treatment. EPIET offer of collaboration and WR, EMRO, FMOH and UNCT agree on need for a CMR survey. The DG and RD assessed health situation at Kalma camp, which houses 50,000 people having 300 new arrivals each day, and commenced preparations for a cholera vaccination campaign in the camp. <p>Disease and outbreak control</p> <ul style="list-style-type: none"> WHO advanced preparations for meetings between the SMOH, NGOs and aviation companies in each state to identify ways to better coordinate transportation of samples for disease surveillance. In North Darfur, WHO facilitated training and follow-up with SMOH staff in charge of implementing EWARS for disease surveillance and response. Renewed training planned for SMOH staff in charge of EWARS. The number of reporting units increased to 9 sites now reporting. July 20&21, FMOH & WHO 2-day training course in West Darfur on communicable disease surveillance. Participants included 2 medical doctors from International Islamic Relief Agency (from Geneina Hospital and Kerinding), 4 medical assistants (from Kulbus, Habila, Sirba and Abu Serog), 1 community health worker (from Kerinding), 1 health inspector and 4 statisticians, among others. <p>Environmental health</p> <ul style="list-style-type: none"> In collaboration with SMOH, WHO organized training on environmental health emphasizing water and sanitation. Attendees included 18 participants from IDP camps and NGOs. WHO continued to support vector control in Abu Shoak, including jerry can cleaning, waste collection, and latrine covering. WHO conducted a rapid needs assessment

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<p>...July 2004</p>		<p>of the water supply and sanitation situation in Krindang camp in West Darfur. Preparations were made for a joint assessment mission in light of a marked increase in diarrhoea cases.</p> <ul style="list-style-type: none"> The WHO-backed vector-control team began spraying Kalma and Kass camps in South Darfur, then North and West Darfur, with insecticides for malaria mosquitoes. Preparations made for malaria spraying operations in El Fasher and El Geneina, to be conducted in late July and early August. Indoor residual spraying completed in Kalma with full community involvement. In South Darfur, WHO conducted training with MoH and NGO staff for malaria control. WHO continued to support MOH environmental health efforts throughout Darfur. The malaria spraying team completed operations in South Darfur, and moved on to El Fasher. Plans to go to Geneina. WHO also participated in a UNICEF-led hygiene campaign. <p><i>Strengthening hospitals and referral care</i></p> <ul style="list-style-type: none"> WHO made plans to establish a referral system for IDPs affected by war-related injuries between Kass hospital and Nyala hospital. This implicates the rehabilitation of Kass hospital and upgrading of Nyala hospital to surgical capacity for trauma treatment. Done in close collaboration with FMOH team of orthopaedics and traumatology. After assessing the hospital's needs in Geneina, WHO found the following areas as key for general rehabilitation of the referral system: physical rehabilitation of surgical ward, laboratory service, blood bank, in-service training for surgeons, providing more staff and amelioration of the hospital's reporting system. A WHO surgeon provided technical assistance and staff training, and finalized assessments in hospitals throughout Darfur. WHO supported refurbishment of wards, operating rooms, laboratories and training staff in key referral hospitals. Mid July: Despite improvements in water system and paediatric ward of Kass Hospital, recent monitoring indicated the urgent need to improve quality of care; for instance, the latest caesarean section mother died and the latest weapon injury at the time developed peritonitis. Efforts were made to identify the specific training needs of health staff. In North Darfur, WHO visited Kebkabiya District referral hospital. MSF-Belgium fully renovated the hospital, which provided free treatment for IDPs and the host population. Out Patient Department consultations were estimated to be at around

Darfur & International	UN & NGOs	WHO
<p>...July 2004</p>		<p>1,500 per week. Unmet needs included: drug shortages; low quality performance of laboratory facilities; and lack of a blood bank. WHO continued its efforts toward rehabilitation of El Fasher hospital delivery room, including renovation of water and sanitation system.</p> <p><i>Programme management, advocacy and support</i></p> <ul style="list-style-type: none"> • Visit by WHO DG and RD for EMRO invited by GoS 12-16 July 2004, to: work with GoS to complete a first-hand assessment of public health and health sector issues in Darfur and to review the UN system's contribution to reducing suffering. WHO strategy was reviewed following visit of Director-General and EMRO Regional Director. The visit emphasized WHO's commitment to working with the SMOH and other partners to coordinate the health response, prevent communicable disease outbreaks and rehabilitate hospitals. The visit underlined the need to counter the threat of major outbreaks of communicable diseases including cholera. • 28 international & 18 national WHO staff involved in programme in Darfur and Khartoum. First ever WHO Chief of Operations arrives. • WHO needed between USD 1.5m and USD 2million per month to carry out its operations. • Funding provided for WHO humanitarian operations in Darfur by AfDB, USAID, DFID, and the Governments of Netherlands, Italy, and Norway. • Partners' and donors called for evidence on the humanitarian situation and intense debate on crude mortality levels. EPIET offer of collaboration and WR, EMRO, FMOH and UNCT agree on need for a CMR survey. • WHO took part in 3rd meeting of IASC Task Force on Darfur. Agenda included follow-up to the visit of the UN Secretary-General to Sudan and Common Services. • WHO participated in the joint assessment mission to north-eastern North Darfur • In North Darfur, WHO participated in a "train the trainer" workshop on the protection of women and children. • End of July/August: supporting office instructed EHA Khartoum to close bank account

	Darfur & International	UN & NGOs	WHO
<p>August 2004</p> <ul style="list-style-type: none"> • There are continued reports of sexual abuse and exploitation of IDPs. In particular, women seeking firewood were vulnerable. • MSF findings include a severe acute malnutrition prevalence of 5.5% and a global malnutrition prevalence of 25.5%. • In North Darfur, the 1-5 August inter-agency assessment mission to Umbaro, Kornoy and Tina revealed that there is no access to health facilities. Insecurity remains the biggest issue in this area, followed by lack of food, water and sanitation. • Special donor meeting on Sudan in Oslo, 27 August. <p>Sudan-</p> <ul style="list-style-type: none"> • HQ mission to Khartoum to participate in collection and analysis of health info relevant to needs assessment for North and South Sudan, within JAM. 	<ul style="list-style-type: none"> • Agencies sought to identify alternative sources of fuel as part of their efforts to address the issue of sexual abuse and exploitation of IDPs. • MSF-France released findings from their 26-29 June survey conducted among IDPs living in 12 camps in and around El Geneina. • Teams from the European Programme for Intervention Epidemiology Training (EPIET) began collecting data for the Darfur retrospective crude mortality survey (collaborative effort by WHO, MOH, local partners, UN agencies and NGOs). • Second round of Oral Cholera Vaccination (OCV) campaign began 5 August. Plans to implement OCV in Mussei and possibly other camps made. First round of OCV in Mussei camp, South Darfur started: 7,500 people vaccinated. Second round in Mussei scheduled 27-28 August. • Senior United Nations envoy to Sudan and Sudan's Foreign Minister signed agreement committing Government of Sudan to take "detailed steps" in the next 30 days to disarm militias in Darfur, to improve security for the 1.2 million IDPs and their host communities, and to alleviate the humanitarian crisis. • To improve flow of samples from field to National Laboratory in Khartoum for outbreak verification, a sensitization meeting was held between WHO, Federal Ministry of Health, NGOs and transport partners in Geneina. Other meetings for the same purpose and with the same participants must still be held in Khartoum, Nyala and El Fasher. • Among others, Hepatitis E became a major health concern with noted increase in jaundice cases across Greater Darfur (steep increases in West and North Darfur). Between 22 May and 30 July, a total of 625 cases and 22 deaths from acute jaundice syndrome were reported at health clinics in Darfur. Cases identified through EWARS. Hepatitis E virus was confirmed in 23 samples tested from West and South Darfur by ELISA at NAMRU3 laboratory in Cairo, Egypt. Increase in acute jaundice syndrome cases reported from Abu Shoak camp in North Darfur by late August. Between 22 May and 13 August, 1,788 cases of suspected Hepatitis E syndrome and 35 deaths reported from all reporting health clinics in Darfur through EWARS system. (Week 29-32 reporting period) 7 cases of neonatal tetanus reported (including 5 deaths) in Greater Darfur. In addition, a total of 14 cases of clinically diagnosed meningitis reported from West and North Darfur through EWARS. 	<p>WHO HEALTH ACTION IN CRISES EMERGENCY CRISIS IN DARFUR, SUDAN, HEALTH SECTOR OBJECTIVES, WHO TARGETS, PROGRESS, ACHIEVEMENTS AND OUTSTANDING NEEDS AUGUST-OCTOBER 2004, 24 AUGUST 2004</p> <p>Field information and coordination</p> <ul style="list-style-type: none"> • Full-scale crude mortality survey by WHO, EPIET and SMOH underway. Preliminary analyses anticipated ready by mid September. <p>Disease and outbreak control</p> <ul style="list-style-type: none"> • EWARS - WHO completed training on case definition, case management and filling Early Warning and Response (EWAR) forms in 8 IDP camps in West Darfur. • WHO & UNICEF with FMOH polio campaign in Darfur and conduct vaccination in SLA-controlled areas. In North and West Darfur, the first round of the Polio mop-up vaccination campaign coverage was 99.2% and 124.2%, respectively. Following agreement between UN and SLA/JEM leaders in Asmara, WHO and partners prepared for synchronized 3-5 day polio sub-NIDs campaign in late August. This was followed by a 7-10 day measles vaccination campaign (with Vitamin A supplementation) in SLA-controlled areas in September. Training of vaccinators for the immunization campaign in SLA-areas started on 22 August. It was followed by Polio National Immunization Days (NIDs) and the measles campaign in early September. • Cold chain supplies and vaccines pre-positioned and vaccinators trained for the September measles vaccination campaign in SLA areas. <p>Environmental health</p> <ul style="list-style-type: none"> • In North Darfur, vector-control activities began this week in Abu Shoak, to be followed by activities in Zam Zam and Tawila. In Geneina, West Darfur malaria spraying 20 August. In the Kalma and Mussei camps in South Darfur, insecticide spraying for malaria prevention completed for 12,184 households, benefiting a total population of 51,419 with an approximate coverage rate of 99.5%. • Water & hygiene - In West Darfur, the WHO field mission revealed that water sources are exposed to contamination, water transport to the shelters is not sufficient, and water storage at the shelter level is unsafe, suffering from inadequate containers and mishandling. There is also low awareness of hygiene and the impact of contaminated water on health. 	

Darfur & International	UN & NGOs	WHO
<p>...Aug 2004</p>	<ul style="list-style-type: none"> A scaling up of all water and sanitation interventions was now underway by UN agencies, NGOs, and partners in response to the Hepatitis E outbreak. Following an agreement with a UN team in Asmara, the Sudan Liberation Army (SLA) and the Justice and Equality Movement (JEM) would allow vaccination against polio and measles of thousands of children who have been cut-off from regular health services. Following confirmation of 3 new cases of polio in Darfur, the second round of the mop-up Polio Campaign in all Darfur states and West Kordofan began on 28 August and lasted 2 days. The campaign targeted 1.4 million children aged under five. The first round was conducted on 28 July. 	<ul style="list-style-type: none"> The second round of the oral cholera vaccination campaign in Kalma, South Darfur started on 6 August: 13,400 people vaccinated (38% of these were children under the age of six). This was jointly conducted by WHO, SMoH, UNICEF, Médecins du Monde (MDM) France, Care, International Rescue Committee (IRC) and Norwegian Church Aid (NCA). The campaign in Kalma camp was completed: 43,000 of the camp's 48,000 inhabitants were vaccinated. Preparations made for oral cholera vaccination campaign in Mussei camp scheduled to start 17 August. Since the risk of cholera outbreaks remained elevated, WHO prepared an inventory of cholera preparedness materials in the three Darfur states. Following outbreak of Hepatitis E in West and South Darfur, WHO's response includes ongoing support to health and hygiene promoters in all camps through active case finding, provision of health messages, chlorination of water at the household level, and improving water and sanitation facilities. These activities carried out with MOH, UNICEF and other partners. In West Darfur, WHO, MOH, NGOs and partners responded to the HepE outbreak by scaling up health education and hygiene promotion activities and water chlorination. An epidemiological investigation of the Hepatitis E outbreak in Morni camp (conducted by MSF-F/Epicentre and WHO) began on 23 August. WHO and partners, including UNICEF, Oxfam, MoH, MDM-F, MSF-H, UN Joint Logistics Centre and the IRC, began a mass hygiene education programme in Kalma camp, with similar programme throughout South Darfur. Responding to the Hepatitis E outbreak, WHO continued to support chlorination, soap distribution and hygiene promotion activities throughout Darfur. WHO hosted outbreak control meetings with WatSan representatives from the SMoH, UN agencies, and NGOs. Tracking system for chlorination and hygiene promotion activities in each IDP camp developed at the WHO office in West Darfur. The tracking system allowed the risk level for faecal-oral disease transmission via water sources to be determined. <p>Expanding access to PHC</p> <ul style="list-style-type: none"> WHO continued assessment of health facilities in El Fasher, North Darfur. In West Darfur, a WHO delegation visited PHC clinics managed by the MOH in Ardamata, Masteri, Beida, and Arara camps. An increase in whooping cough in Arara was noted. IDPs also communicated problems in accessibility

Darfur & International	UN & NGOs	WHO
<p>...Aug 2004</p>		<p>to drugs despite their provision to clinics by humanitarian agencies.</p> <ul style="list-style-type: none"> The vaccination teams provided Primary Health Care kits and nutritional supplements during vaccination campaign. <p>Referral care</p> <ul style="list-style-type: none"> The new gynaecology ward rehabilitated by WHO was opened in Geneina Hospital, West Darfur. In Habila Hospital, WHO rehabilitated laboratory and blood bank. WHO's rehabilitation of the wards, laboratory and blood bank at El Geneina Hospital continued. Plans for provision of equipment and reagent for the laboratory and follow up on the waiving of user fees in the hospital were made. In addition, one New Emergency Health Kit and one Trauma Kit were provided. In South Darfur, the WHO assessment of the ongoing rehabilitation of Nyala General Hospital revealed inadequate water supplies and the need for an improved electrical system to permit adequate treatment of emergency cases. WHO and other health actors drafted plans of work for the rehabilitation of four hospitals in South Darfur. <p>Programme management, advocacy and support</p> <ul style="list-style-type: none"> WFP, with support from WHO, UNICEF, FAO and CDC, planned a food security and nutritional survey in the camps where food assistance was provided. Commencing 30 August, the survey included a component that examined Under-five deaths in the past six months. WHO/Sudan efforts to strengthen cross-border work with WHO/Chad (included pooling of resources and increasing information and communication networks). WHO participated in the 3 August IASC Taskforce on Darfur and in 4 August UN Inter-departmental Taskforce on the Sudan in New York. Funding for WHO humanitarian operations in Darfur was provided by AfDB, USAID, DFID, and the governments of Netherlands, Italy, Ireland, the US and Norway.
<p>Sept 2004</p> <ul style="list-style-type: none"> Increasing insecurity US Secretary of State Colin Powell described Darfur killings as "genocide". Government said it had foiled a coup plot by supporters of Islamist leader Hassan al-Turabi. 	<p>SUDAN CAP 2004</p> <ul style="list-style-type: none"> UN Sudan Workplan 2005 preparations UN envoy said Sudan has not met targets for disarming pro-government Darfur militias and must accept outside help to protect civilians. A 90-day plan was developed by the Outbreak Preparedness 	<p>Information and coordination</p> <ul style="list-style-type: none"> CMR preliminary results circulated. Assessment mission to Malet Kabkabia, and Kutum by WHO team to monitor the progress in improving the access of IDPs to hospital care.

³ see <http://www.who.int/mediacentre/news/releases/2004/pr63/en/>

	Darfur & International	UN & NGOs	WHO
...Sept 2004	<ul style="list-style-type: none"> • Hepatitis E continued to be a significant health threat in Darfur. Between 22 May and 27 August, 3,753 cases and 55 deaths of suspected Hepatitis E were reported from all reporting health clinics in Darfur through the EWARS. • According to OCHA, the population affected by the humanitarian crisis in Darfur now stands at 1.8 million with approximately 1.4 million IDPs. • Between 22 May and 17 September, 6,861 cases and 87 deaths of suspected Hepatitis E were reported from the Greater Darfur Region through EWARS. • Bloody diarrhoea continued to contribute significantly to overall burden of disease in three Darfur states. Between 11 and 17 September, a total of 31,780 cases and 55 deaths of clinical bloody diarrhoea were reported through EWARS. 	<p>and Response Working group comprising representatives from WHO, UNICEF, SMOH, FMOH and NGOs. The aim of plan to reduce incidence of Hepatitis E in IDP camps of Kalma, Kass, Wehida, and Taiba in South Darfur. The total population to be covered by the control plan is approximately 120,000 IDPs.</p> <ul style="list-style-type: none"> • A three-week GOS, UN agencies and NGOs joint assessment linking food security and nutrition data began during week of 6 September. Assessment covers 60 locations across Greater Darfur region. • WHO, EPIET and MOH mortality survey preliminary findings for North and West Darfur released. Survey found crude mortality rate 1.5 per 10,000/day in North Darfur and 2.9 in West Darfur during 15 June to 15 August 2004. The survey team collected data by speaking directly to 1,500 displaced households in each state. Survey began in South Darfur but data incomplete³ • Measles immunisation campaign launched 7 September targeting 150,000 children from 9 months to 15 years in remote, previously inaccessible areas of North Darfur. This is preceded by June campaign that immunized more than 2 million children against measles⁴. At least 9,180 children (aged 9 months to 15 years) reported vaccinated against measles in SLA areas. • Following reports of a cholera outbreak in Chad (in locations between the capital city and border areas), agencies in West Darfur scaled up precautionary measures to improve hygiene standards in IDP camps. • The Humanitarian Coordination Group on Gender and Sexual Based Violence (GBV), comprising two technical working groups, Psychosocial-Legal and Medical, was set up at UNHCR in Nyala. The medical technical working group for GBV composed of representatives from UNFPA, WHO, World Vision, Care, MSF-H and SCF-UK, commenced assessment on human resources and material capacities in areas of clinical GBV services. • Survey to assess CMR among accessible IDPs in South Darfur for period Mid-June to Mid-August 2004 continued and expected to complete within three weeks. • A team commissioned by UN Under-Secretary-General for Humanitarian Affairs/Emergency Relief Coordinator, Jan Egeland, and the UN/NGO Consortium, IASC, travelled to 	<p>Disease and outbreak control</p> <ul style="list-style-type: none"> • WHO and UNICEF start polio vaccination in SLA-controlled areas. Polio vaccination in SLA areas of North Darfur successfully concluded. Polio vaccinations in several locations around Nyala and Ed Daein, South Darfur delayed due to security incidents. WHO supervised Training of Trainers courses 10 October National Immunization Day against polio. In North Darfur, WHO has also been providing the necessary cold chain and financial requirements. • Following increasing insecurity and at recommendation of UNSECOORD, launch of measles campaign postponed until 7 September. First phase of UNICEF/WHO and MoH measles campaign in SLA areas (occurred 7-13 September), proceeded as planned as a result of the efforts of all stakeholders involved. WFP supported campaign by providing a helicopter to move vaccines, vaccine carriers, syringes and other supplies. • In North Darfur, UNJLC and WHO worked together to identify technical counterparts in SLA areas to whom to provide medicines. A training session on outbreak investigation for staff from El Fasher MOH surveillance team 14 September. • WHO provided medical supplies to IRC and World Vision in South Darfur. <p>Environmental health</p> <ul style="list-style-type: none"> • WHO team supported WatSan work to control the HepE outbreak and took lead in cholera preparedness. In response to reported Hepatitis E outbreak in South Darfur, WHO and Health and Hygiene Working Group developed strategies to deliver community health education messages in IDP camps. Messages target high risk groups such as pregnant women. Preparedness actions against possible cholera outbreaks coordinated by FMOH, supported by WHO, NGO partners and UNICEF. Activities include surveillance mechanisms for verification, training in case management, social mobilization, hygiene education and pre-positioning for treatment sites ('cholera camps' and oral dehydration corners). Second round of cholera vaccination campaign in Mussei camp, South Darfur attained 94% coverage. WHO, UNICEF, and Water and Environmental Sanitation Department (WES) drafted Plan of Action for large scale chlorination and systematic water quality control in South

⁴ see <http://www.who.int/mediacentre/news/releases/2004/pr62/en/>

Darfur & International	UN & NGOs	WHO
<p>... Sept 2004</p>	<p>Darfur to conduct a "real-time" evaluation aimed to strengthen humanitarian response.</p> <ul style="list-style-type: none"> • Preparations made for 10 October National Immunization Day (NID) against polio throughout Sudan. • In Darfur, the NID builds upon the August 2004 polio mop-up campaign, during which 22,400 and 264,827 children aged under five were vaccinated in SLA and non-SLA areas, respectively. 	<p>Darfur, focusing on IDP camps. WHO also ordered water quality inspection equipment for WES/South Darfur. The WHO environmental health team has started to inventory water chlorination activities in camps. WHO facilitated sectoral work on cholera preparedness: 3 cholera kits (each meeting needs of 100 acute cholera cases) pre-positioned and 10 more kits soon to be equally distributed throughout the Darfur States. As part of Cholera Preparedness Plan, WHO, NGOs, government and UN agencies continued intensive efforts to improve environmental health; WHO focused on coordinating control plans, supplies, training sessions on outbreak investigation for surveillance team staff and upgrading the three state hospital laboratories in Darfur by supplying the necessary equipment and reagents to diagnose and confirm cholera cases and outbreaks.</p> <ul style="list-style-type: none"> • WHO preparations made to provide technical support to South Darfur SMoH's anti-malaria activities and includes indoor spraying, training, and health education activities for next 3 months. Approximately 70,000 ACT (Artemisinin-based Combination Therapy) blisters for the first line treatment of malaria have been dispatched by WHO to the three Darfur states. <p>Expanding access to PHC</p> <ul style="list-style-type: none"> • Agencies mobilized medical supplies including primary health and trauma kits to go to conflict-affected areas South of El Fasher. OCHA coordinated efforts, in consultation with WHO, UNICEF, Malteser and other health providers. WHO and SMoH provided MCH kit to International Medical Corps (IMC) to establish its clinic in the Al Jeer and Al Sharef camps near Nyala. • WHO and SMoH assisted the Norwegian Church Aid to re-activate their primary health care facilities in Shataya, Kubum, Dogodussa and Unlabassa. • WHO, UNICEF and SMoH supported IMC in starting its MCH clinic in Al Jeer Camp. • WHO, NGOs, MoH and partner agencies produced a uniform scale of incentives as a reference for national staff employed in the health sector in Darfur. WHO provided training to medical staff of four health units opened by UNICEF near Hashaba, Kerban, Gar el Ghanani, and Um Ajajar in North Darfur

Darfur & International	UN & NGOs	WHO
<p>...Sept 2004</p>		<p>Referral care</p> <ul style="list-style-type: none"> The rehabilitation of Kass Hospital has progressed through a strategic partnership between WHO and the NGO Die Johanniter. WHO/Nyala released USD 5,000 for the completed rehabilitation of Kass Hospital outpatient department. WHO, UNICEF, and Malteser conducted assessment of hospital in Dar El Salam in the SLA area (North Darfur). One trauma kit (covering 100 interventions) was provided. T.O.T for nursing school teachers in Fasher and Training Course for the nursing staff in the Fasher Hospital was done by WHO in collaboration with UNFPA. WHO coordinated medical supplies for El Fasher Hospital and monitored free access to services at hospitals. The obstetric department was relocated to the new Fasher Hospital to work as a specialized referral centre for emergency obstetric patients <p>Programme management, advocacy and support</p> <ul style="list-style-type: none"> 21 international and 16 national WHO staff involved in the programme, between Darfur and Khartoum WR prepared and disseminated operating procedures for Darfur programme (strategic operational framework (SOFT)). HQ assisted WR in planning for 2005. Review of plans and resources needed. Funding for WHO humanitarian operations in Darfur provided by AfDB, DFID, ECHO, and the governments of Netherlands, Italy, Ireland, Norway and United States.
<p>October 2004</p> <ul style="list-style-type: none"> Security concerns increase 2 million estimated affected by Darfur conflict as of mid-October (OCHA). Of these, 1.4 million are receiving international assistance. More than 200,000 Darfur refugees in Chad and increasing. Urgent requirements of affected population continue to be: safe water & adequate sanitation, sufficient food & good nutrition, shelter & protection, access to PHC services, action to prevent outbreaks, health services for women and functioning trauma services. In past 2 weeks, total of 14 cases and 2 deaths of clinically diagnosed meningitis reported in West Darfur. 	<ul style="list-style-type: none"> Multi agency polio NIDs on 10-12 October in 23 sub-Saharan African countries targeting more than 80m children synchronized and first launched in Sudan 10 October in West Darfur. During epidemiological week 38 (18-24 September), 80% of the 56 trained reporting units in Darfur provided surveillance data through WHO-instigated EWARS system. Specifically, 21/26 in West Darfur, 11/14 in South Darfur and 13/16 in North Darfur provided data. Multi-stakeholder preparedness actions against possible cholera outbreaks continue and include: surveillance mechanisms, training in case management, social mobilization, hygiene education and pre-positioning for treatment sites, throughout Darfur. 	<p>Information and coordination</p> <ul style="list-style-type: none"> Continued dialogue between WHO and GOS on levels of mortality among IDPs. <p>Access to hospital care and referral systems</p> <ul style="list-style-type: none"> WHO is supporting health staff training and the creation of a referral health structure in Hashaba area, North Darfur. As part of WHO's support to physical and functional rehabilitation of secondary level health facilities in South Darfur, a New Emergency Health Kit (NEHK) was distributed to Nyala Teaching Hospital to meet emergency medical supply requirement for next three months. WHO is supporting health staff training and creation of referral health structure in Hashaba area, North Darfur. As part of WHO's support to the physical and functional rehabilitation of secondary level health facilities in South Darfur, a New Emergency Health Kit (NEHK) distributed to

	Darfur & International	UN & NGOs	WHO
<p>...Oct 2004</p> <ul style="list-style-type: none"> For third week in a row, reported cases of Hepatitis E in Darfur decreased. EWARS produced weekly figures of HepE distribution in Darfur region. The second phase of residual spraying programme for malaria all major camps throughout Darfur. WHO, other UN agencies, FMOH and NGOs collaborating in campaign. WHO, other UN agencies. 80% of the 56 trained reporting units in Darfur provided surveillance data through the WHO-instigated EWARS system. Specifically, 21/26 in West Darfur, 11/14 in South Darfur and 13/16 in North Darfur provided data. 		<p>Nyala Teaching Hospital to meet emergency medical supply requirement for next three months.</p> <ul style="list-style-type: none"> WHO and other organisations have donated goods to the refurbishment of the El Geneina Hospital in West Darfur. <p>Communicable disease control, surveillance and outbreak response</p> <ul style="list-style-type: none"> As part of the overall outbreak preparedness and response plan for South Darfur, WHO facilitated standardization of sample collection methods. Now focusing on training, providing emergency supplies and transport and upgrading state hospital laboratory's capacity for disease outbreak confirmation. One-day workshop organised by WHO on outbreak investigation in South Darfur resulted in a protocol for descriptive epidemiological investigation for suspected Hepatitis E outbreaks. In response to reports of an increase in cases of Acute Jaundice Syndrome from Kalma camp in South Darfur, WHO and SMOH conducted an outbreak investigation. Preparedness actions against possible cholera outbreaks continue throughout the Darfur in conjunction with the MOH and health stakeholders. Activities include surveillance mechanisms, training in case management, social mobilization, hygiene education and pre-positioning for treatment sites. WHO is supervising Training of Trainers courses for the 10 October National Immunization Day against polio. In North Darfur, WHO is also providing the necessary cold chain and financial requirements. WHO completed mass meningitis vaccination targeting 40,000 people aged two to 30 years in Morni, West Darfur's largest camp. MSF-F, SMOH, and UNICEF collaborated. <p>Access to primary health care and environmental health</p> <ul style="list-style-type: none"> WHO supported Water and Environmental Sanitation Department (WES) and SMOH in development of Emergency Environmental Health Plan for IDP camps in South Darfur. The WHO environmental health team's inventory of water chlorination activities in camps carried out. For WHO-backed vector-control programme for malaria throughout Darfur 65% of physicians and 35% of nurses trained. In West Darfur, WHO is working with SMOH on malaria treatment protocol. In South Darfur WHO, with MoH and UNICEF, identified gaps 	

Darfur & International	UN & NGOs	WHO
<p>...Oct 2004</p>		<p>in PHC delivery for IDPs and conflict-affected populations around which new NGOs can plan their health activities.</p> <p>Programme management advocacy and support</p> <ul style="list-style-type: none"> • WHO HQ mission Khartoum. Assisted WR on 2005 health sector plan (inter-state, subregional and medium term). • Banking system changed by EMRO leading to continual cash flow problems and increasing security risk. • WHO participated in briefing by Special Representative of Secretary-General for Sudan in New York 5 October. • Inter-Agency Standing Committee (IASC) Task Force on Darfur meeting in Geneva 12 October. WHO is member and participated. • WHO coordinated with UNICEF, UNFPA and relevant NGOs country-wide plans of work for the health sector in 2005. • IDPs. Senior Inter-agency Network on Internal Displacement (SN) on the future role of the SN took place in Geneva on 28 February. WHO is member and participated. • Funding for WHO humanitarian operations in Darfur provided by AfDB, DFID, ECHO and governments of Netherlands, Italy, Ireland, Norway and United States. <p>Sudan -</p> <ul style="list-style-type: none"> • Work on draft sector paper for the North Sudan.
<p>Nov 2004</p> <ul style="list-style-type: none"> • Forced returns to Darfur • WFP: global acute malnutrition rate of 21.8% and severe acute malnutrition rate of 3.9% for Darfur. • Almost half of households in Darfur, food consumption inadequate, i.e., not meeting minimum requirements for a healthy life. 1:6 households severely food insecure with food gap greater than 50% while twice as many struggled to meet minimum food intake levels. • Malaria rate continued to increase (the expected seasonal norm, between May and November). Malaria remains highest reported disease type; 109,659 cases clinically diagnosed (20 May to 15 October). 	<ul style="list-style-type: none"> • September 2004 WFP nutrition assessment WFP nutrition survey collected data from 46 sampled clusters, covering 880 households with 5339 individuals, 602 mothers, and 888 children. Anthropometric measurements obtained from 844 children and blood samples drawn from a random sub-sample of 319 reproductive-age women and 429 children to determine prevalence of anaemia and vitamin A deficiency. Data also collected on mortality using 7-month recall of household deaths⁵. • UN Joint Assessment on 30 November carried out to determine impact of previous week's fighting on IDPs. The assessment was conducted in Sarafaya, Korma, and Tawila. 	<p>Field information and coordination</p> <ul style="list-style-type: none"> • WHO distributed diphtheria fact sheets to MOH and NGOs. • In support of health sector coordination in South Darfur, WHO is organizing and chairing meetings on Outbreak Surveillance and Response and on Hospital and Referral System as a routine activity. <p>Disease and outbreak control</p> <ul style="list-style-type: none"> • Preparations for mass polio vaccination follow-up campaign. • In West Darfur, representatives of FMoH, SMoH and 22 NGO participated in WHO's EWARS Training of Trainers course on disease outbreak investigation. <p>Environmental health</p> <ul style="list-style-type: none"> • Second round of Darfur-wide malaria control programme. WHO and partners conducted training and pre-positioned testing kits, insecticidal spray and medicines. • Antitoxin made available in limited quantities and distributed to Darfur States as buffer stocks.

⁵ More information: <http://www.reliefweb.int/w/rwb.nsf/0/1b8f39e714f9ca5f49256f3b000fc8e7?OpenDocument>

Darfur & International	UN & NGOs	WHO
<p>...Nov 2004</p> <ul style="list-style-type: none"> • Diphtheria clinically diagnosed in a three-year-old boy in Kalma camp, South Darfur. • Hepatitis E appeared declining according to figures from Morni (West Darfur), Abu Shouk (North Darfur), and Kass (South Darfur). • Meningitis decreased in Morni. This was the focus of a vaccination campaign three weeks ago. • Neonatal tetanus confirmed in West Darfur. There were a total of 12 cases and 3 deaths (24 September to 15 October). • Through bacteriological water sampling throughout Darfur, in some locations, faecal contamination of water most likely occurs during collection, transport, and/or household rather than at water sources. • Throughout Darfur, clinically diagnosed malaria accounted for most mortality and morbidity reported through the WHO-instigated EWARS. • In North Darfur, 21 November polio campaign. Service provision agreements have been established between WHO, UNICEF and NGOs for certain Sudan Liberation Army (SLA) areas. • A gap analysis in West Darfur highlighted chronic shortage of health staff and facilities; only 4 of 6 hospitals were providing services. There was only 1 surgeon and no paediatricians, obstetricians, gynaecologists, ophthalmologists, orthopaedic surgeons, or dentists. No transport (e.g., ambulances) in health sector existed. • 22 May to 5 November 2004, a total 963 clinically diagnosed cases of measles with 43 deaths (CFR 4.5%) in Darfur reported, through EWARS. Number of cases 		<ul style="list-style-type: none"> • WHO supported partners promoting faecal contamination of water prevention through: (i) collecting and transporting water in clean, covered containers and implements; (ii) chlorinating water supplies to ensure adequate residual chlorine; (iii) jerry can cleaning campaigns and increasing hygiene promotion activities. • WHO worked with SMoH in North Darfur on vector control and environmental health interventions. • WHO supported environmental hygiene campaign in Kalma Camp, South Darfur through the payment of incentives to 224 volunteers and four supervisors. • 23 & 24 November Office of Water and Environmental Sanitation (WES) and UNICEF hosted a workshop on hygiene promotion effective methods in North Darfur, followed by workshop on drinking water surveillance and monitoring. <p>Expanding access to PHC</p> <ul style="list-style-type: none"> • In Khartoum, iodine capsules procured to address the chronic iodine deficiency in Darfur region indicated in recent WFP/CDC survey. <p>Referral care</p> <ul style="list-style-type: none"> • West Darfur, WHO rehabilitated the laboratory, blood bank, gynaecology, female surgical and medical wards of El Geneina State Hospital and contributed a generator, electrical goods and furniture. WHO also provided inputs (what are the inputs?) to 6 rural hospitals (that serve an estimated 336,240 population). • In West Darfur, WHO donated 10,000 Rapid Diagnostic Tests (to assist in the diagnosis of malaria) and 11 Basic Emergency Kits (each meeting the needs of a population of 1,000 for a period of 3 months) to NGOs. • In South Darfur, WHO supported FMoH and SMoH to conduct Standard Case Management training for 21 doctors at PHC facilities. • Training of Trainers (ToT) courses conducted for 9 doctors on child health activities in emergencies in South Darfur. ToT courses given to 11 NGO participants on key family practices to address health problems in children aged under five. • Flaws in specimen collection identified at the National Public Health Laboratory in Khartoum. A workshop, facilitated by

⁶ <http://ochadms.unog.ch/cap>

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<p>...Nov 2004</p> <p>markedly decreased following mass vaccination campaign in June 2004 that targeted 2.26 million children.</p> <ul style="list-style-type: none"> NIDs against Polio held 21-23 November in Darfur (except in SLA areas in North Darfur, where postponed due to security concerns). NIDs targeting 356,364; 350,493; and 671,809 children aged under 5 in North; West; and South Darfur, respectively. This second phase of the NIDS is being conducted by WHO, UNICEF, FMOH. Workshop will be held on effective measures for hygiene promotion in El Fasher, North Darfur. Agenda included linking disease control and hygiene promotion, communication techniques, and standardizing incentive rates. Following this, workshop on drinking water quality surveillance and monitoring held. Both workshops through joint efforts of MOH, WHO, Sudan project for Water, Environment and Sanitation (WES); and UNICEF. Due to increasing security fears, NIDs against polio, scheduled for implementation throughout Darfur 21-23 November, not fully carried out; North Darfur, polio campaign did not achieve full coverage. Joint supervision with UNICEF in Kerban, Gabr El Ghanam, Korma, and Kobe areas (SLA area) cancelled. In Tawila, campaign had not started. In South Darfur, MoH vaccinators prevented from immunizing by IDPs in Kalma Camp. Instead, plan to vaccinate children by staff from UN organizations and NGOs. <p>Sudan-</p> <ul style="list-style-type: none"> Agreement in Abuja after several rounds of talks 		<p>specialists from the National Public Laboratory and NAMRU-Cairo, held for 25-30 health workers involved in specimen collection.</p> <ul style="list-style-type: none"> WHO donated 120,000 ACT treatments (anti-Malaria drugs), basic emergency kits (each meeting basic health needs of 1,000 persons for 3 months), Rapid Diagnostic Test kits and IV fluids to El Geneina Hospital, the SMOH and NGOs in West Darfur. Kass Hospital, South Darfur large number (approximately 1000 per day) of Out-Patient Department attendances. The need for drugs has increased dramatically and there has been a disruption in stock during one week. Responding to an emergency request from Hospital Administration, WHO immediately delivered a New Emergency Health Kits (meeting basic health needs of 10,000 persons for three months) and a trauma kit (covering 100 interventions), in addition to requested drugs (specifically, Paracetamol, Quinine, Chloramphenicol and Flagyl). WHO made recommendations for 2005 to improve the management of drug/medical supplies distribution at the hospital level. WHO established Medical Emergency Response Teams (MERTs) in each of Darfur States. Teams to provide medical support to the UNAMIS medevac system through first aid training, post-incident trauma care and patient stabilization prior to and during medevac. MERTs to be established by 15 December. <p>Programme management advocacy and support</p> <ul style="list-style-type: none"> 19-20 October, WHO team leaders from Darfur met to discuss: revision of the Strategic Operational Framework, 2005 work plans, a communications strategy and issues on logistics, human resources, administration and finance. 15 November, WHO co-chaired IASC Gender Taskforce discussing its 2004 Progress Report and 2005 Work plan. WHO strategic health partnership with ICRC Departments of Governance; Stop Tuberculosis; Reproductive Health; Communicable Disease Control, Prevention and Eradication; Gender and Women's Health; and WHO Health Action in Crises involved. Emphases include standards for health work in crises (hospitals and management of health systems amidst conflict), health within peacekeeping operations, health of detainees, and health needs of women, especially when there is the threat of gender-based violence. The work

Darfur & International	UN & NGOs	WHO
<p>... Nov 2004</p>		<p>was advanced at WHO-ICRC meeting 17 November 2004.</p> <ul style="list-style-type: none"> • WHO attended Humanitarian Liaison Working Group in Geneva 24 November brief on tripartite arrangement related to IDPs. • WHO participated in round-table discussion on Women, Peace and Security in Geneva. • 30 November, Jan Pronk, Special Representative of UN Secretary-General launched Sudan 2005 Plan of Work6. The Representative of the WHO Director-General for Health Action in Crises attended. • Funding for WHO humanitarian operations in Darfur provided by AfDB, DFID, ECHO and governments of Netherlands, Italy, Ireland, Norway and United States. <p>Sudan -</p> <ul style="list-style-type: none"> • WHO attended 1 November, Sudan United Nations Joint Assessment Mission (JAM) Coordinator and other members of Sudan country team provided update on Sudan JAM. • IDPs: WHO is a member and participated in Senior Inter-agency Network on Internal Displacement (SN) meeting on future role of the SN in Geneva 1 November. • 3 November, WHO participated in UN Inter-Agency Task Force meeting with Special Representative of the Secretary-General (SRSG) for Sudan. 4 November, the SRSG briefed Security Council on Sudan issues. • On 15 November in New York, WHO participated in UN Development Group Technical Working Group on status of trust funds for Sudan. • WHO participated in UNHCR donor briefing on Sudan Situation in Geneva 23 November. Meeting chaired by Director of Operations for Sudan Situation. • Interdepartmental Task Force (ITF) on Sudan

Darfur & International	UN & NGOs	WHO
<p>Dec 2004</p> <ul style="list-style-type: none"> In North Darfur, the leading cause of morbidity ARI in all age groups. 102 cases of Acute Jaundice Syndrome reported during two weeks in December from Habila, West Darfur. 	<ul style="list-style-type: none"> Measles vaccination campaigns conducted in West Darfur. The second round of the polio NIDs in Kalma camp, South Darfur interrupted due to security concerns. New polio National Immunization Days (NIDs) are scheduled for 10 January 2005 followed by two additional rounds at 30-day intervals. The two-month environmental health campaign was completed in Kalma camp, South Darfur. 	<p>Field information and coordination</p> <ul style="list-style-type: none"> MoH requested WHO's assistance for development of a 'Health Information Management System (HIMS)' for the state ministry in South Darfur. <p>Disease and outbreak control</p> <ul style="list-style-type: none"> EWARS for epidemic-prone diseases in South Darfur has expanded to four new sites (now 20 surveillance sites and covers more than 315,000 IDPs in South Darfur accessible camps). WHO worked with SMoH, NGOs, and local community to get polio NID campaign back on track. WHO trained 65 community health volunteers and 15 health workers to serve as vaccinators. The second round of the campaign had a coverage rate of 108%, with more than 16,500 children vaccinated. In anticipation of any possible meningitis outbreak during the coming dry season, WHO has developed a strategy for meningitis outbreak control in South Darfur. Based on this framework, the WHO sub-office in South Darfur is extending technical support to the Epidemiology Department of the SMoH to develop a preparedness and response plan for epidemic meningococcal diseases (EMD) outbreaks. WHO, UNICEF, and SMoH finalized the EPI campaign "Reaching every Child" for vaccination against preventable diseases in the IDP camps in South Darfur. <p>Environmental health</p> <ul style="list-style-type: none"> WHO provided technical and financial support to environmental campaign Kalma Camp and contributed to campaign's supervision, monitoring and evaluation. Preparations under way for water surveillance and monitoring workshop to strengthen water quality activities in camps in West Darfur. WHO, SMoH, WES, UNICEF, and NGOs contributing to one-day workshop 8 December. In North Darfur, WHO will provide malaria drugs and Malaria Diagnostic Test (RDT) Kits to agencies with trained service providers. WHO facilitated the hygiene promotion workshop which was sponsored by UNICEF and held 12-13 December in West Darfur. <p>Expanding access to PHC</p> <ul style="list-style-type: none"> WHO supplied the American Refugee Committee (ARC) in South Darfur with five basic health kits, malaria rapid diagnostic tests, ACT, technical guidelines, and standard

Darfur & International	UN & NGOs	WHO
<p>...Dec 2004</p>		<p>protocols.</p> <ul style="list-style-type: none"> In South Darfur and in the event of increased seasonal incidence of ARI, WHO is prepared to provide back-up support to NGOs running PHC clinics in camps. WHO will provide essential drugs (antibiotics, antipyretics and antihistamines) to facilitate case management as per standard treatment guidelines for ARI. <p>Referral care</p> <ul style="list-style-type: none"> In South Darfur, Kass Hospital rehabilitation continues. WHO provided funds (US\$ 86,000) for rehabilitation of the water supply system and is facilitating repair of the lighting system. In addition, WHO is assisting the hospital to fulfil its needs for emergency drugs and has prepared a list of drugs to be purchased locally (the estimated cost is US\$ 3,700 for a one-month supply). WHO provided \$34, 874 to El Geneina State Hospital (West Darfur) to implement waiver user fees. The funds will be used for running costs, staff incentives, training and drugs with the intention that all IDPs receive health care. WHO is financially supporting the Nyala Teaching Hospital (NTH) in South Darfur for replenishment of emergency drugs and consumable medical supplies. WHO is establishing Medical Emergency Response Teams (MERTs) in each of the Darfur states via an implementing partnership with the Swedish Rescue Services Agency (SRSA), a Swedish governmental entity. <p>Programme management advocacy and support</p> <ul style="list-style-type: none"> WHO participated in IASC Task Force on Darfur in Geneva 7 December. Funding for WHO humanitarian operations in Darfur has been provided by DFID, ECHO, AfDB, and the governments of Netherlands, Italy, Ireland, Norway and United States.

Annex 2: Acronyms

Acute Respiratory Infections	ARI
Centre for Environmental Health Activities	CEHA
Early Warning and Response Surveillance	EWARS
Eastern Mediterranean Regional Office	EMRO
Emergency Health in Action	EHA
Emergency Planning and Response	EPR
European Programme for Intervention Epidemiology	EPIET
Federal Ministry of Health	FMoH
Gender-Based Violence	GBV
Government of Sudan	GoS
Headquarters	HQ
Health Action in Crisis	HAC
Integrated Management of Child Diseases	IMCI
Internally Displaced Person	IDP
International Committee of the Red Cross	ICRC
Médecins Sans Frontières	MSF
Medical Emergency Response Team	MERT
Medical evacuation	medevac
Non Governmental Organizations	NGOs
Office for Coordination of Humanitarian Affairs	OCHA
Primary Health Care	PHC
Special Representative of the Secretary-General	SRSG
Standard Case Management	SCM
State Ministry of Health	SMoH
Training of Trainers	ToT
UN Coordinating Team	UNCT
United National Population Fund	UNFPA
United Nations	UN
United Nations Advance Mission in Sudan	UNAMIS
Water and Environment Sanitation Department	WES
WHO Representative	WR
World Food Programme	WFP
World Health Organization	WHO