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OFFICE OF UN RESIDENT AND HUMANITARIAN CO-ORDINATOR FOR THE SUDAN

10 February 2004
RCHC/SUD/Note 28

NOTE TO MR. EGELAND

Humanitarian Preparedness in the Darfur Region, Sudan

1. Following my note to you of 8 February on promises made by the Government of Sudan (GoS) during recent days to allow wide ranging access in Darfur, we have increased our preparedness activities and planning in anticipation of a large-scale humanitarian response. I understand from today's OCHA-HEB's e-mail message that this will also be the subject of today's ECHA meeting. Prior to giving a summary of existing capacity, we need to keep in mind the two overriding conditions that need to be fulfilled before a specific assistance plan can be realized. These are: the issuance of travel permits (the major obstacle to date) and an assessment of the current humanitarian situation.

2. The level of preparedness is today better than it was following the September 2003 cease-fire, when access became possible to most conflict-affected areas following six months of almost no access. Three international and three national staff have since been deployed through my office for humanitarian coordination, and UN agencies and NGOs have expanded their presence. In addition three more international NGOs are now on the ground in Darfur. A total of $19.5 million has since been pledged or allocated by donors for the conflict affected population (including refugees in Chad), some of which remains unspent due to lack of access. There are no reported funding shortages for the short term. Furthermore, WFP and UNICEF report that their delivery pipeline of food and medical supplies is sufficient to cover the entire conflict affected population for between 3 and 6 months. There are also more concrete plans on the table for additional interventions once access becomes possible than there were in September 2003. MSF-France, for instance, plans to expand their current number of international staff in the region from the current five to 18. Additional NGOs such as Concern, MSF-Belgium, CARE International and IRC are either in the process of establishing themselves in Darfur or considering an intervention. Finally, local government capacity has been enhanced through three public health officers (one in each state capital) seconded by WHO.

3. In terms of surge capacity, agencies and NGOs have staff in Khartoum and elsewhere in the country that can be deployed rapidly to Darfur. In some instances, staff intended for Darfur have been stuck in Khartoum without travel permits for months. It will be imperative that no surge staff in the future face this obstacle – a waste of valuable resources and time. Surge staff from OCHA-Geneva and DfID are either in or en route to Khartoum and will travel to Darfur as soon as travel permits are issued. A standard UNDAC is also a possibility. There will however, be a need to replace the two SIDA staff who have been serving in Darfur for the last 6 months and who will be ending their contracts later this month. NRC and DfID are being contacted in this respect.

3. On the local government level capacity remains very weak both in terms of personnel and equipment. There is a lack of national and international NGOs with experience in the health and nutrition sector. For some areas with suspected IDP populations there are no NGOs who have expressed an interest in operations there.

4. There is a need for additional advocacy also by UNHQ to encourage additional international NGOs to assist in Darfur once access becomes a reality and, more generally, to advocate in various fora for Darfur and unhindered humanitarian access there.

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