

Common Humanitarian Fund (CHF) for Sudan

CHF Allocation Details by Region

2007 Emergency Reserve Allocation

Tuesday, January 29, 2008

TOTAL CHF ALLOCATION: \$11,929,695

For further information on the Common Humanitarian Fund for Sudan please visit

www.unsudanig.org/workplan/chf

Project Coding: Region Codes: [NP] = National Programmes, [S] = Southern Sudan, [D] = Darfur, [A] = Abyei, [BN] = Blue Nile, [SK] = Southern Kordofan, [E] = Eastern States, [KN] = Khartoum and Other Northern States
Assistance Category: (HA) = Humanitarian Action, (RD) = Recovery and Development

Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline	
Darfur		\$856,248					
Common Services and Coordination		\$254,530					
UNDP (on behalf of OCHA) 27-May-07 Index: 536 [1]	SUD-07/CCS31 Information Management for HAC (Humanitarian Aid Commission) Fast Track [D] (HA)	Q1: \$125,059 Q2: \$125,059 Q3: \$125,059 Q4: \$125,059	\$64,530	<ul style="list-style-type: none"> Establish the necessary infrastructure and information systems to enable HAC to efficiently manage 'Fast Track' data. Improving the transparent tracking of NGO applications to HAC in connection with the 'Fast Track' system. Ensure the HAC 'Fast Track' system supports and complies with international and government data standards. 	<ul style="list-style-type: none"> Recruitment of key staff Procurement and installation of hardware and software Detailed IM and ICT assesment of HAC capacity Create IM plan for Fast Track Develop and implement specific IM tools User acceptance testing Training of HAC staff Follow up trouble shooting and repair Hand over 	<ul style="list-style-type: none"> Information system for Fast Track data is functioning HAC using Fast Track IM systems to generate regular and ad-hoc reports for stakeholders Supporting ICT infrastructure for HAC is installed and functioning HAC is fully trained and competent to manage Fast Track IM system 	<ul style="list-style-type: none"> Darfur, Khartoum HAC - approx. 25 staff working on Fast Track systems NGOs working in Darfur who use the Fast Track system - approx 291 organizations July-Dec 2007
UNDSS 02-Dec-07 Index: 612 [1]	SUD-07/CCS7 UN Inter-Agency (and INGO) Security Telecommunications Network - Sudan [NP] (HA)	Q1: \$0 Q2: \$0 Q3: \$0 Q4: \$1,089,000	\$190,000	Establishing and maintaining a 24/7 communications network in areas where UN and NGO staff are permanently based is a Sudan-specific MOSS requirement. The network is a vital component for the safety and security of UN staff members and continuing programs and operations.	20 interagency radio networks deployed and fully staffed with 24/7 radio rooms equipped with VHF, HC ans satellite communications support for UN and NGOs.	Interagency security telecommunications networked functional 24/7.	<ul style="list-style-type: none"> Darfur. UN agencies, NGOs. November-December 2007.

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<i>Health and Nutrition</i>		\$601,718				
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Project Details		Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
Humedica 17-Sep-07 Index: 578 [1]	SUD-07/HN190 Primary Health Care for IDPs and Host Population in Kass South Darfur [D] (HA)	Q1: \$0 Q2: \$0 Q3: \$247,888 Q4: \$247,888	\$237,718	<p>In January and February 2007 heavy fighting erupted around the regional town of Kass, approximately 30 km from Nyala leaving dozens of people dead. The fighting caused an influx of refugees to Kass-town, with a host population of 25,000 which is already overburdened with IDPs from earlier conflict in Buram area. Between November 2005 and December 2006 around 70,000 fled into the city. The estimated number of people currently in Kass is 129,000 people of which 104,000 IDPs.</p> <p>Insecurity and change of strategies caused other INGOS active in medical health to leave the area, the only agencies who are currently providing medical aid are IRC and Kass Hospital. Since April 2007, humedica has been and continues to carry out an emergency response to meet the needs of the population. However, a more stable approach is now needed, so we are able to reach out to those in need and build capacity for the future. For this purpose, we have requested funds from USAID. In April 2008, a USAID predominantly funded project will most probably start in Kass. However, there is a gap between the emergency project that finishes in the beginning of October and the start of the USAID project. To cover the gap, we would like to request support from CHF.</p> <p>Based on humedica's Kass assessment, the discussion with NGOs and the State Ministry of Health providing health services as well as humedica's current presence in Kass, it becomes clear that there is a lack of PHC services to reach the whole population of Kass. Due to the high influx of refugees, the caseload for all organizations is still high. The fact that there are approximately 129,000 people of which 104,000 IDPs who are in need of health care in relation to the amount of services providers present in Kass, makes that a humanitarian actor needs to provide primary health care services.</p> <p>humedica served the population in Kass via the Kass Out Patient Department in the hospital. However, we had some concerns in continue working in a state supported hospital. Firstly, the WHO together with ECHO pledged their support for the secondary health care services. This support would include the inpatient and outpatient department of the hospital. This could lead to the duplication of efforts. Additionally, by opening a third clinic (IRC clinic, humedica clinic and the hospital) in Kass, the capacity of health services increases. Furthermore, the staff already working in the hospital is State Ministry of Health staff therefore the span of control is limited which makes it difficult to operate and collaborate with the staff currently present. The SMoH staff has no obligations in regard to their commitment towards humedica.</p>	<ol style="list-style-type: none"> 1. Provide the framework to improve the health status of the IDPs in KASS. <ul style="list-style-type: none"> • Construction of a PHC clinic/Buying a house (looking into viable options due to lack of land in Kass town) • Construction of waiting area and store • Recruiting staff • Renting office/guesthouse • Provision of necessary equipment and materials for clinic • Provision of necessary equipment and materials for office/guesthouse • Paying salaries to staff • Referral system in place 2. Reduced rate of child morbidity and mortality and increased protection of this vulnerable group. <ul style="list-style-type: none"> • Provision of essential medicines for child health care activities • Support the SMoH and WHO in their accelerated EPI campaign in Kass • Ensure nutritional growth monitoring and referral to CARE feeding centre • Working closely with health centers, community associations (community health committees), women's groups, men's groups, youth and church groups to improve awareness about child health care 3. Reduced rate of maternal morbidity and mortality and increased protection of this vulnerable group <ul style="list-style-type: none"> • Provision of essential medicines for maternal health care activities • Provision of basic midwifery equipment • Distribution of ITN to target group (pregnant women) • Provision of antenatal care • Clean deliveries • Provision of post-natal care • Provision of family planning activities • Prevention, screening and treatment of anaemia • A referral system for women at risk 4. Increased access to effective treatment for the common causes of morbidity and mortality due to distribution of essential medicines and medical equipment <ul style="list-style-type: none"> • Receive drugs from UNICEF • Distribute drugs on a monthly basis from Nyala to Kass • Supervision of the prescription of drugs • Receive medical equipment • Distribute the medical equipment • Training of the doctors, nurses and medical assistants to use the medical equipment 	<p>Objective 1: General health Provide the framework to improve the health status of the IDPs in KASS. The expected results:</p> <ul style="list-style-type: none"> • Construction of a PHC clinic/Buying a house (looking into viable options due to lack of land in Kass town) • Necessary equipment and material available in clinic • 34 staff of which 2 expat staff hired • Necessary equipment and material available in office/guesthouse <p>Objective 2: Child Health Reduced rate of child morbidity and mortality and increased protection of this vulnerable group.</p> <p>The expected results:</p> <ul style="list-style-type: none"> • Stable number of the population under five effectively treated in Kass primary health care clinic with an average of 450 patients per week. • Improved provision and coverage of EPI services from 84.5 % to 90% for children under 5 and pregnant women 	<ul style="list-style-type: none"> • Kass-Localty, South Darfur • 60.000 of which 50,000 IDPs and 10,000 host population • From 1st of October - 31st of March

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				<p>All the advantages of working outside of the hospital makes that humedica would like to move out of the hospital and into a new structure in agreement with the Director of the hospital, IRC, CARE and local authorities. All parties agreed that humedica would be the suitable candidate for a takeover of IRC old currently underused health care facility. However, IRC Khartoum does not want to hand over the clinic. Therefore, an alternative location will be found.</p> <p>The objective is to improve the health status of the IDPs and host population in Kass, South Darfur, Sudan by providing primary health care.</p>			
PAI 02-Dec-07 Index: 614 [1]	SUD-07/HN168 Relief and Primary Health Care in Khazan Tunjur Area, Phase III [D] (HA)	Q1: \$250,000 Q2: \$470,000 Q3: \$685,000 Q4: \$685,000	\$164,000	PAI is the only NGO active in Al Salam IDP camp, Dar Al Salam Town and Khazan Tunju region in the health sector. This request to fill a funding gap until another donor can be identified.	Health services for rural people and IDPs in Northern Darfur.	People supported with health services.	<ul style="list-style-type: none"> Northern Darfur. Approximately 160,000 people. November-December 2007.
WHO 03-Jun-07 Index: 541 [1]	SUD-07/HN53 Coordination of the Health Sector and Health Information System (HIS) Management [D] (HA)	Q1: \$1,400,000 Q2: \$1,700,000 Q3: \$2,100,000 Q4: \$2,100,000	\$200,000	<p>WHO is the sector lead for HN in Darfur, the need for proper information and regular gap analysis is increasing, with the dynamic situation in the field, while, WHO as an agency is exhausting the available resources to achieve this mandate.</p> <p>-WHO is supporting the sector partners and the local authority in achieving a functional coordination and information sharing mechanism over the last 3 years, with the new situation demands regarding the early recovery phase, the needs to surge the capacity at the field level to support the response and preparedness to the health risks in 2007 and following years</p>	Deploy health emergency coordinator per State; Make available at State level buffer medical kits; Rehabilitate and equip one HIS Unit/SMOH.	Support to the Coordination project would ensure that the Sector lead: <ul style="list-style-type: none"> - maintains structures and institutional processes for representation, participation, transparency and accountability in the regions; - supports capacity building of staff and indirectly of partners staff through training; - ensures greater and improved monitoring of delivery of services, facilities and infrastructure; and - facilitates improved government-donor coordination and cooperation in these areas. 	<ul style="list-style-type: none"> Darfur 4 million January 2007 - March 2008

Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
Khartoum and Other Northern States		\$200,000				
<i>Cross-sector Support for Return</i>		<i>\$200,000</i>				
UNICEF 24-Oct-07 Index: 571 [1]	SUD-07/RR9 Sudan Information Campaign for Returns (SICR) [NP][SK] (HA)	Q1: \$0 Q2: \$0 Q3: \$0 Q4: \$750,000 \$200,000	In the coming 3 months SICR will focus on information that support decision making with emphasis on spontaneous returns (while also supporting organized returns) issues to help IDPs and returnees make informed choices and decisions on their returns options including gathering and disseminating information about conditions prevailing in places of return, reintegration opportunities and challenges, generic knowledge, attitude and practice issues around health, security and related issues. 2. Emphasis on community engagement processes to help IDPs clarify issues around returns process. 3. Support partnership and capacity building for effective engagement with IDPs.	1. Development and dissemination of 3 video documentaries on conditions prevailing in places of return. 2. Community engagement and dialogue including door-to-door and focus group discussions, partnership with local CBOs and NGOs, video parlours and government agencies for mobile video/community mobilisation, public transporters/ trip organizers, etc. 3. Printed visual materials. 4. radio spots and programmes.	1. 500,000 IDPs have access to timely and accurate information to help make informed decisions about the returns process. 2. Coordinated system exist within UN/IOM/GoSS/GoNU/INGO agencies for disseminating information to IDPs.	<ul style="list-style-type: none"> • Khartoum and Other Northern states • 500,000 IDPs including men and women heads of households and school going children • October-December 2007
National Programmes		\$7,073,447				
<i>Common Services and Coordination</i>		<i>\$4,273,447</i>				
OCHA 03-Jun-07 Index: 539 [1]	SUD-07/CCS11 Coordinating Effective and Rapid Response to Humanitarian Needs and Facilitating the Transition from Humanitarian to Recovery Programme Coordination [NP] (HA)	Q1: \$1,245,018 Q2: \$1,867,528 Q3: \$2,490,037 Q4: \$3,112,546 \$2,000,000	To strengthen coordination of humanitarian action and facilitate the transition from humanitarian to recovery coordination. OCHA currently face a shortfall of approximately \$8 million to maintain planned operations throughout the country. If this amount cannot be adequately resourced it will have an impact on vital field and support operations. To maintain operations, and specifically field staff salaries, OCHA Sudan has borrowed from the CERF (loan facility). This amount has to be reimbursed in June - a deadline which has already been exceptionally extended.	<ul style="list-style-type: none"> • Provide training and information; • Engage in consultation with advocacy/policy personnel in agencies and NGOs to develop common strategy; • Recruit and train emergency preparedness and response (EP&R) staff, including development of standards and tools; • Review and finalise handover policy from humanitarian to recovery coordination; • Manage and convene humanitarian policy forum; and • Conduct internal lessons learnt studies for hand-over process to the Office of the Resident Coordinator (RCO). 	<ul style="list-style-type: none"> • Strengthened quality of humanitarian coordination (accurate 'who does what where', strong analytical reporting); • Greater awareness of humanitarian issues and accurate reporting in media; • Finalised handover policy from humanitarian to recovery coordination; • Mitigation of new crises in Northern Sudan; and • Successful establishment of RCO in all areas of Northern Sudan (except Darfur) and phase out of OCHA presence. 	<ul style="list-style-type: none"> • Northern Sudan. • Over 100 NGOs throughout Sudan; over 12 agencies and international organisations; HAC and SSRRC. • June-Dec 2007

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ORCHC 07-Jun-07 Index: 542 [1]	SUD-07/CCS29 Support for Strengthening the Work Plan and Administering the Common Humanitarian Fund (on behalf of the Office of the UN Resident and Humanitarian Coordinator) [NP] (HA)	Q1: \$2,500,000 Q2: \$3,000,000 Q3: \$3,422,200 Q4: \$3,422,200	\$2,273,447	The objective of this project is to strengthen the Work Plan and CHF processes through creation of a dedicated M&E unit and via support to existing OCHA planning structure. The project is envisaged to be funded primarily through the CHF2006 to cover the first year of operation. The project is now in need of additional funds to maintain operations.	<ul style="list-style-type: none"> • Maintain an M&E unit with offices in Khartoum, Juba and El Fasher • Provide OCHA Planning unit with additional staff to support the CHF and Work Plan processes • Support sectors in improving internal planning and monitoring capacity • Facilitate external evaluations of sectors • Monitor implementation of Work Plan and performance against indicators • Undertake accurate tracking of funding against the Work Plan • Support sector leaders and participating organisations in preparation of the Work Plan 	<ul style="list-style-type: none"> • An effective and informed CHF allocation process • Improved sector plans within the Work Plan • Detailed reports on sector progress in implementation of the Work Plan (at the mid- and end-year reviews) • Improved planning and monitoring capacity within key sectors • Regular funding updates for the Work Plan • A 2008 Work Plan meeting the needs of Sudan is developed in a timely manner 	<ul style="list-style-type: none"> • Nationwide • - • April-Dec 2007
Cross-sector Support for Return			\$2,800,000				
IOM 25-Oct-07 Index: 577 [3]	SUD-07/RR1 IDP Tracking and Monitoring Program for Sudan [NP][S][A][BN][SK][KN] (HA)	Q1: \$0 Q2: \$0 Q3: \$0 Q4: \$3,042,300	\$200,000	Urgent funding is required to ensure continuity of the main activities implemented under the IDP Tracking Programme between the end of 2007 and 2008.	<ul style="list-style-type: none"> i) Tracking of DPs going through Kosti in collaboration with ADRA; and ii) Tracking of IDPs in 5 States of Southern Sudan in collaboration with SSRRC. 	<ul style="list-style-type: none"> i) 75% of the IDPs going from Khartoum to Southern Sudan via Kosti are tracked by IOM/ADRA in Kosti; and ii) 75% of the IDPs returned into 5 states are tracked by IOM in collaboration with SSRRC. 	<ul style="list-style-type: none"> • Khartoum, Southern Sudan • IDPs • October to December 2007
IOM 07-Jun-07 Index: 544 [1]	SUD-07/RR14 Facilitating Sustainable Return of Sudanese [NP] (HA)	Q1: \$15,765,100 Q2: \$20,615,900 Q3: \$24,254,000 Q4: \$24,254,000	\$800,000	Unforeseen and urgent priority to cover the costs of a pilot air operation for return of IDPs from Khartoum to Western and Central Equatoria. In principle agreement to this from DSRSG at the GNGoSS-UN Policy Committee meeting on 23 May.	Air transportation of 1600 IDPs to Western Equatoria (Tambura, Yambio, Mundri, Maridi) and to central Equatoria (Juba and Yei), includ dispersalo by land.	1600 IDPs returned during rainy season to far destinations in the South.	<ul style="list-style-type: none"> • Khartoum, Juba, and final destinations in Western and Central Equatoria. • 1600 IDPs in Khartoum camps. • June- September 2007
IOM 25-Oct-07 Index: 575 [1]	SUD-07/RR14 Facilitating Sustainable Return of Sudanese [NP] (HA)	Q1: \$15,765,100 Q2: \$20,615,900 Q3: \$24,254,000 Q4: \$24,254,000	\$1,500,000	IOM needs urgent funding to ensure the IDP Return Operation can start at the beginning of November 2007 as originally planned, and to mobilize the resources and prepare the structure required for the 2008 operations.	<ul style="list-style-type: none"> i) Reestablishment of the Departure Centres and way stations on the Khartoum/South Corridor. ii) Completion of the Juba Way Station in support to the Equatoria-Jonglei movements. iii) Transport assistance of 3,500 IDPs from Khartoum to Southern Sudan and Southern Kordofan. 	<ul style="list-style-type: none"> i) Two Departure Centres in Khartoum re-established and 8 Way Stations from Kosti to Northern Bagh el Ghazal reestablished; ii) Juba way station completed; and iii) Movement of 3,500 IDPs from Khartoum to the Transitional Areas and Southern Sudan. 	<ul style="list-style-type: none"> • Khartoum, White Nile, Southern Kordofan, Southern Sudan • IDPs • October to December 2007
IOM 25-Oct-07 Index: 576 [2]	SUD-07/RR15 Registration of IDPs in Greater Khartoum [NP][KN] (HA)	Q1: \$0 Q2: \$0 Q3: \$0 Q4: \$1,978,200	\$300,000	IOM needs urgent funding to maintain 8 registration and verification points in the IDP camps of Khartoum used for the registration of the IDPs, verification of the IDPs, provision of key information to the IDPs on the organized returns, and as pick-up points to transport the IDPs to the Departure Centres.	<ul style="list-style-type: none"> i) Registration activities of all IDPs wishing to voluntarily return; ii) Information Campaign through the provision of key-information on the returns for all IDPs who verify for departure; and iii) Pick-up of the IDPs selected for return from the registration/verification center to departure centres. 	<ul style="list-style-type: none"> i) 8 registrations points maintained in Khartoum for the registration of up to 10,000 IDPs; ii) Verification of 4,000 IDPs who confirm their intention to return after receiving key information on the returns; and iii) Pick up and transport of 4,000 IDPs from registration points to departure centres. 	<ul style="list-style-type: none"> • Khartoum • IDPs • October to December 2007

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Southern Kordofan		\$500,000				
Education		\$500,000				
FAO 19-Sep-07 Index: 545 [1]	SUD-07/E103C Integrated Community Rehabilitation and Development (ICRD) (Pilot joint programme implemented by UNICEF, WFP, FAO and WHO) [SK] (RD)	Q1: \$250,000 Q2: \$250,000 Q3: \$250,000 Q4: \$250,000 \$250,000	Seed money for FAO to start up joint programme activities in Southern Kordofan. WHO will also receive CHF funds whereas the other partners in the joint programme, UNICEF and WFP, will use existing resources to start activities. The joint programme pilot is multi-sectoral and is considered a priority project in Southern Kordofan.	The CHF allocation will allow partners to start implementation of joint programme activities as outlined in the 2007 Work Plan: <ul style="list-style-type: none"> • Conduct baseline survey and establish village profile and base line data for the 15 selected villages; • Build capacities of 15 villages to have effective structure to plan, manage and sustain social services; • Train 150 VDCs members on leadership, participatory planning, monitoring and community management; • Construction of 5 schools (including 5 latrines and boreholes) and procurement of school furniture (MDG 2); • Drill 20 boreholes for community water supply (MDG 7); • Construct and equip of 10 PHCUs (MDG 4 and 5); • Provide food for education for 1500 school children (MDG 1 and 2); • Provide general food distribution to 45,000 vulnerable people (MDG 1); • Provide agric-livelihood support (seeds and tools, farm traction implements, water harvest and livestock restocking) (MDG 1); • Conduct community need assessment; • Develop integrated watershed management planning (MDG 7); • Construct water harvesting structures. (MDG 7); • Train, provide and implement animal traction; • Train and provide better seeds, farm tools and other agriculture inputs.(MDG 1); • Train in livestock husbandry and providing small ruminants for restocking; • Establish and equip community vet centers; • Train and equip of CAHWs (MDG 4 and 5); • Vaccinate livestock; • Provide treatment to different species of livestock ; • Organize women for the establishment of small scale projects (MDG 3); and • Apply improved livestock breeding. 	In addition to benefits for returning IDPs and host communities, supporting organization, returns and basic social infrastructure in these communities would have a beneficial impact on reconciliation.	<ul style="list-style-type: none"> • Talodi locality, Kadugli locality, Lagawa locality, Rashad locality (former SPLM areas in Kauda and Julud). • The UN team in Southern Kordofan has identified with state government 15 communities in areas of high return that would be the start-up for this important project. These communities are in a very neglected part of Southern Kordofan between what was previously an SPLM area of control and a GoS area of control. • May-Dec 2007

Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline	
WHO 19-Sep-07 Index: 546 [1]	SUD-07/E103B Integrated Community Rehabilitation and Development (ICRD) (Pilot joint programme implemented by UNICEF, WFP, FAO and WHO) [SK] (RD)	Q1: \$250,000 Q2: \$250,000 Q3: \$250,000 Q4: \$250,000	\$250,000	Seed money for WHO to start up joint programme activities in Southern Kordofan. FAO will also receive CHF funds whereas the other partners in the joint programme, UNICEF and WFP, will use existing resources to start activities. The joint programme pilot is multi-sectoral and is considered a priority project in Southern Kordofan.	The CHF allocation will allow partners to start implementation of joint programme activities as outlined in the 2007 Work Plan: <ul style="list-style-type: none"> • Conduct baseline survey and establish village profile and base line data for the 15 selected villages; • Build capacities of 15 villages to have effective structure to plan, manage and sustain social services; • Train 150 VDCs members on leadership, participatory planning, monitoring and community management; • Construction of 5 schools (including 5 latrines and boreholes) and procurement of school furniture (MDG 2); • Drill 20 boreholes for community water supply (MDG 7); • Construct and equip of 10 PHCUs (MDG 4 and 5); • Provide food for education for 1500 school children (MDG 1 and 2); • Provide general food distribution to 45,000 vulnerable people (MDG 1); • Provide agric-livelihood support (seeds and tools, farm traction implements, water harvest and livestock restocking) (MDG 1); • Conduct community need assessment; • Develop integrated watershed management planning (MDG 7); • Construct water harvesting structures. (MDG 7); • Train, provide and implement animal traction; • Train and provide better seeds, farm tools and other agriculture inputs.(MDG 1); • Train in livestock husbandry and providing small ruminants for restocking; • Establish and equip community vet centers; • Train and equip of CAHWs (MDG 4 and 5); • Vaccinate livestock; • Provide treatment to different species of livestock ; • Organize women for the establishment of small scale projects (MDG 3); and • Apply improved livestock breeding. 	In addition to benefits for returning IDPs and host communities, supporting organization, returns and basic social infrastructure in these communities would have a beneficial impact on reconciliation.	<ul style="list-style-type: none"> • Talodi locality, Kadugli locality, Lagawa locality, Rashad locality (former SPLM areas in Kauda and Julud). • The UN team in Southern Kordofan has identified with state government 15 communities in areas of high return that would be the start-up for this important project. These communities are in a very neglected part of Southern Kordofan between what was previously an SPLM area of control and a GoS area of control. • May-Dec 2007

Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline	
Southern Sudan		\$3,300,000					
Common Services and Coordination		\$1,500,000					
OCHA 03-Jun-07 Index: 540 [1]	SUD-07/CCS25 Humanitarian Coordination [S] (HA)	Q1: \$1,850,843 Q2: \$2,776,265 Q3: \$3,701,686 Q4: \$4,627,108	\$1,500,000	To strengthen coordination and information provision and dissemination amongst UN and Partners; to facilitate and advocate for effective, timely and appropriate humanitarian assistance in the ten states of Southern Sudan; and to advocate for sustainable solutions to humanitarian challenges. OCHA currently face a shortfall of approximately \$8 million to maintain planned operations throughout the country. If this amount cannot be adequately resourced it will have an impact on vital field and support operations. To maintain operations, and specifically field staff salaries, OCHA Sudan has borrowed from the CERF (loan facility). This amount has to be reimbursed in June - a deadline which has already been exceptionally extended.	<ul style="list-style-type: none"> Facilitate coordination meetings with stakeholders; Conduct information exchange activities; Manage and update 3Ws ('who does what where') database, UN and Partners contact list, and maps; Prepare and disseminate information briefing packs for visits and missions; Provide regular reports on the humanitarian situation with gender, HIV/AIDS and environmental aspects being highlighted; Facilitate high level visits and missions; and Highlight gaps in humanitarian intervention; and Assist in the transition of Area Coordination offices to Resident Coordinator's offices in five states. 	<ul style="list-style-type: none"> Strengthened coordination structures between key humanitarian actors at all states with OCHA presence and at the National level; Effective CHF mechanism implemented and functional; Regular information disseminated to UN and Partners; and Regular public information provided to beneficiaries. 	<ul style="list-style-type: none"> National office in Juba, Field offices in Eastern Equatoria, Jonglei, Warrap, Northern Bahr el-Ghazal and Unity States. UN and Partners, Humanitarian AID Commission, and SSRRC. May-Dec 2007
Cross-sector Support for Return		\$1,000,000					
UNHCR 24-Oct-07 Index: 574 [1]	SUD-07/RR10 Establishment / management of way stations and dispersal of returnees from way stations to final destinations. [NP][S] (HA)	Q1: \$5,000,000 Q2: \$6,400,000 Q3: \$7,400,000 Q4: \$8,400,000	\$1,000,000	Way station management is an integral part of ensuring repatriation operations are conducted in safety and dignity. Way stations are rest stops where after long journeys overland or by air, returnees stop for relief. They are fed, screened medically, provided with reintegration packages comprising food and non food items, as well as HIV/AIDS awareness sessions and mine risk education.	Manage way stations, including reception, screening, feeding and transportation of returnees to the nearest drop-off points in their places of return.	All refugees who return to Southern Sudan with UNHCR's assistance do so in safety and dignity	<ul style="list-style-type: none"> Primarily Eastern Equatoria State, Jonglei State and Upper Nile State 20,000 returnees between October and December 2007 October-December 2007
Food Security and Livelihoods		\$300,000					
FAO 02-Dec-07 Index: 613 [1]	SUD-07/FSL78 Support to sustainable reintegration and improvement of basic food security for 200,000 households including IDPs, returnees, host communities and vulnerable resident population in Southern Sudan. [S] (HA)	Q1: \$4,750,000 Q2: \$7,500,000 Q3: \$8,500,000 Q4: \$8,500,000	\$300,000	The 2007 seeds and tools distribution campaign has been more costly than projected. This can be attributed to several factors mainly, fuel shortages leading to an increase in prices and the enormous amount of crop seed and hand tools distributed. The situation in the Food Security sector has further been worsened by the flooding in six states. Early assessments being received from the field suggest that Livestock and Fisheries activities have been severely affected. It is crucial that FAO maintain its presence in the States especially now that the State consultation meeting for the 2008 Work Plan have already commenced hence and to be able to respond not only to this recent emergency but also to guarantee the continued overall Food Security and livelihood programmes for 2007.	To maintain field presence in order to be able to address Food Security and Livelihood issues in the whole of Southern Sudan.	Continued support to returnees and vulnerable host communities by guaranteeing of Food security and livelihoods of the communities.	<ul style="list-style-type: none"> The priority states including; Warrap, EEQ, NBeG, Upper Nile and Jonglei as well as Unity State (floods). A total of 200,000 households benefiting from the Food Security and Livelihood Sector activities and programmes. August - December 2007

Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
NFIs and Emergency Shelter		\$300,000				
UNHCR 24-Oct-07 Index: 572 [1]	SUD-07/NS9 Provision of Shelter Materials and NFIs to Returning Refugees and IDPs [S] (HA)	Q1: \$3,000,000 Q2: \$3,500,000 Q3: \$4,570,000 Q4: \$4,570,000 \$300,000	Due to limitations on the volume of baggage allowed on repatriation convoys/flights, it is considered critical to provide returnees with domestic items, hygiene kits and shelter items in order to facilitate their initial reintegration in areas of return.	Purchase and distribute shelter materials and NFI packages to returning refugees and IDPs upon arrival at way stations.	All refugees who return to Southern Sudan with UNHCR's assistance receive support for their initial reintegration	<ul style="list-style-type: none"> Primarily Eastern Equatoria State, Jonglei State and Upper Nile State 20,000 returnees between October and December 2007 October-December 2007
Protection and Human Rights		\$200,000				
UNHCR 24-Oct-07 Index: 573 [1]	SUD-07/PHR72 Ensuring the safe and voluntary return of refugees and IDPs and protection monitoring of returnees (IDPs and refugees) in identified return areas [S] (HA)	Q1: \$1,000,000 Q2: \$1,500,000 Q3: \$2,000,000 Q4: \$2,350,000 \$200,000	Information gathered through monitoring activities helps to provide assurances of a safe, dignified and sustainable return including facts on the human rights situation and the status of infrastructure and basic services at state, county and payam level.	Carry out monitoring in areas of return, including village assessments, aimed at identifying and addressing existing and potential protection issues in collaboration with community members, local authorities, UN sister agencies, NGOs and other actors.	Information is available [a] to support mass information activities in countries of asylum (and among IDPs still remaining inside Sudan); [b] to inform programme interventions to address gaps in protection and/or basic services.	<ul style="list-style-type: none"> Primarily Eastern Equatoria State, Jonglei State and Upper Nile State 20,000 returnees between October and December 2007 October-December 2007