

Common Humanitarian Fund (CHF) for Sudan

CHF Allocation Details by Organisation

2007 Emergency Reserve Allocation

Tuesday, January 29, 2008

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| TOTAL CHF ALLOCATION: | \$401,718 |
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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 |
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| International NGOs | | \$401,718 | | | | |
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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 | | \$237,718 | | | | |
| Darfur | | \$237,718 | | | | |
| <i>Health and Nutrition</i> | | <i>\$237,718</i> | | | | |

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| Humedica 17-Sep-07 Index: 578 [1] | SUD-07/HH190 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</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.</p> <p>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-Locality, 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>no obligations in regard to their commitment towards humedica. 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 | | \$164,000 | | | | | |
| Darfur | | \$164,000 | | | | | |
| <i>Health and Nutrition</i> | | \$164,000 | | | | | |
| 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. | |