

CHF 2008

2008 Common Humanitarian Fund for Sudan

CHF Allocation Details by Organisation - NGOs

2008 Second Allocation Round

Monday, August 11, 2008

TOTAL CHF ALLOCATION: \$10,159,316

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: (HER) = Humanitarian/Early Recovery (RD) = Recovery and Development

Cross Cutting Codes: [HIV] = HIV/AIDS, [Gnd] = Gender, [CB] = Capacity Building, [Env] = Environment, [ERA] = Early Reintegration Activities, [FA] = Foundational Activities (Darfur)

Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
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International NGOs	\$9,869,316					
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ACTED	\$436,500					
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Southern Sudan	\$436,500					
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Basic Infrastructure and Settlement Development	\$436,500					
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Regional Sector Priorities

- Emergency repair of strategic transportation routes.
- Support to basic service delivery by constructing public infrastructure (priority: water and sanitation).
- Support service delivery in underserved and remote areas.
- Support projects with funding shortfall which have not been able to mobilize other resources.
- The projects meet the priorities outlined in the CHF policy paper.

• Allocation has been put on hold pending further decision of the sector

ACTED	SUD-08/BI28	\$436,500					
01-Jul-08 Index: 1218 [1]	Emergency Road Repair and Livelihood Support in Western Bahr el Ghazal - [S] - [Gnd][CB][Env][ERA] - (HER)	<u>Project Budget</u> Q1: \$600,000 Q2: \$1,000,000 Q3: \$1,560,000 Q4: \$1,560,000	Note: Government has started building a road paralleling this allocation activities. ACTED and the sector lead are identifying another site and will revert mid Augusts with revised location. This project was ranked as the first priority of the sector during the first round, but was allocated only 370,000. Another 630,000 were pre-allocated to the second round. The project aims at conducting emergency repair on the Wau-Raja road, which are ongoing up to km 60 with the funding received last year and from the first allocation round. To date, 30 km of the road have been repaired, and the next 30 km are in progress since April following the receipt of the first allocation of 370,000. The 450,000 allocated through the second round would go towards the repair of the ensuing 40 km. If the project is not supported by this CHF round, it will run out of funding in August and will have to demobilize. Since the initial start up costs have been covered (which are usually considerable for road repair projects), further allocations will build upon current activities and go directly into the implementation of works. The project road continues to be a priority of GoSS, yet funding from other sources could not be secured to date. The aim of the works is to conduct emergency repairs to keep the road open during the rainy season.	<ul style="list-style-type: none"> • Emergency repair of 40 km of roads along the Wau-Raga corridor 60-100 km) through cash for works, including filling of mudpits and potholes, reinforcement through gabions and rockfilling and compacting. • Maintain/repair of 4 bridges along the route. • Build and install 22 culverts. 	<ul style="list-style-type: none"> • 15 to 20 villages are opened. • Reduction in transportation time from Wau to Raga. • Small business are opened along the way. • Income provided through cash for work throughout the project. • Facilitation of movement of goods and services, economic recovery and reduction in prices of commodities. 	<ul style="list-style-type: none"> • Repair of 40 km of road. • Repair and maintenance of 4 bridges. • Construction of 22 culverts. 	<p>The repairs will be conducted from Km 60 (Ngomboro village) to Km 100 (Jamus village) along the Wau-Raga Road; the three main villages along this section are Ngorombo, Kpango and Ghana.</p> <p>-----</p> <p>Approximately 2,000 (about 1200 female and 800 male) or 60% of beneficiaries alongside the road will be involved in CFW activities.</p> <p>-----</p> <p>September 2008 - February 2009</p>

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ADRA	\$450,000					
Blue Nile	\$200,000					
Food Security and Livelihoods	\$200,000					
<i>Regional Sector Priorities</i>						
<ul style="list-style-type: none"> • Provide access to food aid for vulnerable and highly food insecure groups and increasing the resiliency of livelihood coping mechanisms. • Promote and strengthen livelihoods coping mechanisms through livelihoods diversification and income generating activities. • Enhance and improve food security through agriculture (mostly horticulture) diversification support in the winter season. • Support to natural resources management and rehabilitation and prevention and mitigation of natural resource conflict. • Food security and livelihood assessment. 						
ADRA 01-Jul-08 Index: 1140 [6]	SUD-08/FSL129 Support Household Food Security and Livelihoods Among Returnees and Sedentary Communities in Geissan, Blue Nile - [BN] - [HIV][Gnd][CB][Env][ERA] - (HER) <u>Project Budget</u> Q1: \$200,000 Q2: \$350,000 Q3: \$500,000 Q4: \$500,000	Assessments carried out in early 2008 indicated the strong need for interventions in Geissan locality. In partnership with the Canadian Food Grains Bank, a school feeding programme is operating, as part of the first phase of an expanded food security program in Damazine and Geissan localities. The supplementary funding will bridge the two phases and secure initiation of phase two. While continuing to emphasize activities that reduce acute food insecurity, the funding will strengthen activities which restore and maintain household food security.	<ul style="list-style-type: none"> • Distribute (restock) animals to selected families • Train farmers in improved farming skills • Establish model gardens and nurseries • Facilitate tree planting 	<ul style="list-style-type: none"> • Increased productivity due to improved access to seeds, tools and improved methods. • Improved income due to increased animal production. • Improved nutritional status due to milk and food provided by increased access to animals. • Improved nutrition 	<ul style="list-style-type: none"> • 1,500 animals distributed to 500 families. • 500 farmers trained in improved farming techniques and provided with seeds and tool. • 7 tree nurseries established and providing for local tree planning activities. • 6,000 fruit trees distributed and strategy. 	7 villages in Geisan Locality (Blue Nile) ----- 500 HHs (2,500 individuals) ----- November-December 2008
Darfur	\$250,000					
Water and Sanitation	\$250,000					
<i>Regional Sector Priorities</i>						
<ul style="list-style-type: none"> • Construction of new water and sanitation facilities for new IDPs (displaced in 2007 and 2008). • Operation and maintenance of existing water and sanitation facilities. • Conduct AWD/Cholera preparedness and prevention activities including hygiene and environmental awareness. • Conduct water quality surveillance, monitoring and testing of water samples. 						
ADRA 07-Jul-08 Index: 1240 [3]	SUD-08/WS110 Community Health Education, Sanitation and Hygiene Promotion in West Darfur - [D] - [HIV][Gnd][CB][Env] - (HER) <u>Project Budget</u> Q1: \$700,000 Q2: \$1,050,000 Q3: \$1,400,000 Q4: \$1,400,000	ADRA has working in Krenik Locality and has capacity to implement project interventions immediately. ADRA has done assessment in the locality and identified most critical needs. CHF 1st allocation has been fully utilized and project activities are completed. ADRA is addressing two sector priorities: a) increase access to safe sanitary means of excreta disposal; and b) increase awareness of proper personal and environmental sanitation and hygiene practices.	<ul style="list-style-type: none"> • Household latrines construction. • Household hygiene and sanitation visits. • Community Health Promoter/Supervisor training. • Public health presentations. • General cleaning campaigns. • Community incinerator construction. 	<ul style="list-style-type: none"> • Households gained knowledge and skills in hygiene and sanitation management and disease prevention. • Community health promoters and teachers gained appropriate knowledge and skills to conduct community health education. • Latrines and waste disposal units established. • Prevalence of open defecation measurably diminished. • Prevalence of water-borne disease measurably decreased. 	<ul style="list-style-type: none"> • 1,000 household latrines constructed. • 4,680 home hygiene visits. • 65 CHPs trained. • 6 public health presentations. • 6 general cleaning campaigns. • 1 community incinerator constructed. 	Um Tojuk and Krenik Locality in Western Darfur ----- Approximately 15,000 IDPs, host and nomadic peoples ----- August – October 2008

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AHA	\$200,000					
Darfur	\$200,000					
Health and Nutrition	\$200,000					

Regional Sector Priorities

- Ensuring access to health care services at primary care level i.e. maternal and child care, and emergency services.
- Floods season preparedness and emergency response in conflict areas including pre-positioning of emergency supplies.
- Hygiene promotion interventions to mitigate and protect against water-borne and vector-borne disease.
- Nutrition to the most vulnerable (TFC/SFC).

AHA	SUD-08/HN238	\$200,000	Poor primary health coverage and associated high maternal mortality in all the targeted areas. There is no any other operational INGO all over the targeted areas. Children who are under 5 yrs of age in the targeted areas have low vaccination coverage. Health facilities are inaccessible and the professionals lack capacity.	<ul style="list-style-type: none"> • Rehabilitation of health infrastructure. • Provision of basic medical equipment, reagents and essential drugs for the Health facilities. • Training of health service providers. • EPI campaign, ANC and ensure safe delivery. • Timely reporting, monitoring and evaluation, etc. 	Improved health service delivery.	84,647	Mallit, Sayeh and Malha ----- 233,117 people ----- July - December 2008
08-Jul-08 Index: 1203 [8]	Provision of Basic Primary Health Care to Residents and IDPs in Mellit, Sayaha, Sarfaya, Birka and Korma, North Darfur. - [D] - [HIV][Gnd][CB][Env] - (HER)	<u>Project Budget</u> Q1: \$180,900 Q2: \$300,000 Q3: \$500,000 Q4: \$980,900					

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ARC	\$1,039,484					
Darfur	\$796,984					
Health and Nutrition	\$446,984					
<i>Regional Sector Priorities</i>						
<ul style="list-style-type: none"> • Ensuring access to health care services at primary care level i.e. maternal and child care, and emergency services. • Floods season preparedness and emergency response in conflict areas including pre-positioning of emergency supplies. • Hygiene promotion interventions to mitigate and protect against water-borne and vector-borne disease. • Nutrition to the most vulnerable (TFC/SFC). 						

ARC	SUD-08/HN57	\$446,984	Integrated approach, service provider in underserved area.	<ul style="list-style-type: none"> • Continue to support 4 PHCC in the Nyala- Gereida corridor, 7 PHCC in the Nyala-Tulus corridor and a large PHCC in the Gereida camp by provision of supplementary drugs, equipment and various supplies. • Continue to support 6 mobile sites and establish 2 new mobile sites. • Train community health volunteers (at least 20 per site, totalling to 60 CHVs). • Conduct a KAP survey in each corridor to assess the impact of health education • Ensure Supply of clean delivery kits to all pregnant women reporting for ante natal checkups. • Conduct Training of health staff including Midwives on SMoH health and EmOC protocols. Reproductive health staff receives advanced training in collaboration with JHPIEGO. • Treat moderately malnourished children in the SFP. • Promote active case finding, home visits, defaulter and absentee tracing. • Establish referral link with the SFP and the health centre or hospitals that carry out therapeutic feeding pregnant and lactating mothers will receive ITN through the health care delivery system in the respective localities. • Co-setting a construction of RH facility within Gereida Rural Hospital that will improve RH services in Gereida locality. 	<ul style="list-style-type: none"> • Basic health needs met and health status of the population improved. • Reduced maternal and infant mortality rates and general health of women of childbearing age improved. • Targeted IDPs, returnees, and war-affected residents have access to sustainable quality Primary Health Care services (including Reproductive Health services). • Acute malnutrition among vulnerable prevented and 80% of malnourished children rehabilitated. • The Global Acute Malnutrition (GAM) rate maintained to acceptable level for developing country (10%) by the end of 2008. Women in Gereida will have access and use to comprehensive RH services within Gereida Hospital. 	<ul style="list-style-type: none"> • ARC PHC Clinics health workers trained in IMCI protocols in 12 PHCC. • All ARC supported PHCCs are staffed with midwives who render MCH services in 12 PHCC. • SFP integrated in 7 ARC clinics along both Nyla-Tulus and Nyala Gereida corridors with plan to open the 8th one, targeting 1,560 and more moderately malnourished children, pregnant and lactating mothers by the end of the year. • Mothers supplemented with Vitamin A after delivery Target 4000 and more. • 30 reproductive health staff receives training by JHIEGO. 	<ul style="list-style-type: none"> • Nyala Tulus Corridor : Bulbul Abou Jazoo, Bulbul Tembesco, El Wehda West, Abou Ajura, Al Safia, Abu Salalah, Dimso, Tulus and El Tomat Nyala Gereida Corridor: Abou Jabra, Ditto and Gereida . • Mobile Clinic Sites: Nyala Women's Prison, Towal, Tokomaya, Birkatuli, Greiga. Birkatuli Mobile clinic is planned to be converted to static and ensure continuous health service provision in area. ----- 92,000 (46,920 F) of which 23,000 IDPs (11,30 F) and 23,400 women of childbearing age and 15,600 under-five population 8,000 F) ----- 15 July - 31 December 2008
08-Jul-08	Humanitarian Support for Conflict Affected Persons and Communities in South Darfur - [D] - [HIV][CB] - (HER)	Project Budget Q1: \$1,000,000 Q2: \$2,000,000 Q3: \$3,000,000 Q4: \$3,375,608					

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Water and Sanitation**\$350,000**Regional Sector Priorities

- Construction of new water and sanitation facilities for new IDPs (displaced in 2007 and 2008).
- Operation and maintenance of existing water and sanitation facilities.
- Conduct AWD/Cholera preparedness and prevention activities including hygiene and environmental awareness.
- Conduct water quality surveillance, monitoring and testing of water samples.

ARC 07-Jul-08 Index: 1245 [8]	SUD-08/WS97 Integrated Water, Environment, Sanitation and Hygiene Promotion Project - [D] - [HIV][Gnd][CB][Env] - (HER)	\$350,000 <u>Project Budget</u> Q1: \$760,000 Q2: \$1,520,000 Q3: \$2,280,000 Q4: \$3,040,000	1. The activities are to serve newly arrived IDPs in the Tulus, Dimo and Gereida area and therefore are lifesaving. 2. ARC is the only NGO working in the area and hence the only service provider in WASH. 3. ARC has no other funds currently to carry out these activities as its current OFDA funding is ending by 31 July 2008.	<ul style="list-style-type: none"> • Carry out CHAST training to pupils. • Hygiene promotion and sensitisation on AWD and cholera preparedness./ • Water testing and chlorination at source and at household levels. • Construct household latrines. • Construct school latrines. • Rehabilitate hand pumps. • Rehabilitate water yards. • Monitor water levels in selected boreholes. • Train hand pump technicians and water yard operators. • Drill boreholes with hand pumps. • Training Community Health Volunteers (CHV). 	<ul style="list-style-type: none"> • School going children are aware of and are practicing simple ways to keep personal hygiene. • Households in targeted area are kept clean. • Water consumed is free from any faecal contamination and Water found to be contaminated is immediately treated. • Household and school environments are kept clean and hygienic. • Hand pumps and water yards in villages are operating normally. • Water aquifers are not depleted. • Hand pumps and water yards in villages are operating normally. • IDPs have clean and adequate water for their use. • Community Health volunteers are able to sensitise the community on simple health and hygiene matters and are able to give feedback to ARC on the same. 	<ul style="list-style-type: none"> • Construction of 400 household latrines for 8,000 new IDPs. • Construction of school latrines in 8 schools targeting 16,000 school children mostly IDPs. • Rehabilitation of 30 hand pumps and 3 water yards in areas surrounding IDPs to serve 25,000 people 	Dimo, Abuajura, Tulus Gereida ----- 54,000 people in total comprising 38,000 women and 16,000 men, of these 22,000 are IDPs ----- August - October 2008
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Southern Sudan	\$242,500					
Health and Nutrition	\$242,500					

Regional Sector Priorities

- To strengthen disease control and prevention programme and emergency preparedness and response capacity in Southern Sudan.
- To enable the provision of the basic package of health services and support to referral systems in Southern Sudan.
- To contribute to the reduction of maternal and under five mortality and morbidity in Southern Sudan.
- To strengthen coordination, communication, health systems and human resources for health of health and nutrition interventions.
- To improve the nutritional status of women and children under five and other vulnerable groups.

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ARC 25-Jun-08 Index: 1230 [5]	SUD-08/HN64 \$242,500 <u>Project Budget</u> Q1: \$252,845 Q2: \$505,691 Q3: \$505,691 Q4: \$505,691	<ul style="list-style-type: none"> Magwi County sits on the border of Uganda and on a major transport route from Kampala up to Juba. The county is heavily militarized, with both SPLA and UPDF battalions located there and an increasing threat of LRA presence. Further, it is currently one of the largest areas of return for UNCHR in South Sudan. Return figures as of April 8 (as reported by GTZ) were 23,486 individuals (6,035 HHs). Since then repatriation has been continuing at a rapid rate. Given these factors, Magwi is at a high risk for HIV transmission and, currently, has limited resources. VCT is provided at only one location, in Nimule, there is no ART and no Home Based Care anywhere in the county. Based on the sector priorities of areas of high return and "gateway" areas, Magwi is a grossly under-serviced county in need of immediate service provision for HIV prevention and care. ARC has applied for funding under BPRM to establish services in Nimule, however, the funding has not yet been approved and will not allow for a comprehensive response. CHF funding will allow for immediate programming to meet the needs of the returning community in such key areas as Parajok, Magwi Center and Nimule to encourage behaviour change, testing to know your status and accessing treatment and care in the community as it becomes available. Kajo Keji County, on the border with Uganda, was one of the first areas of large return in Southern Sudan. Isolated, due to road conditions from much of Sudan, most movement and trade happens with Uganda, leading to large scale movement of population across the border. This connection with Uganda, and its higher prevalence rate, as well as the large returns seen in the county last year, make it very vulnerable to increasing infection rates. HIV programs were established in Kajo Keji very early on, implemented by a number of actors such as ARC, IMC, UNHCR, DRC, PSI, CHF and others. However, as funding has decreased for the area in favour of newer areas of return, HIV activities in Kajo Keji are rapidly diminishing. IMC will be withdrawing, DRC has reduced their activities, CHF has left the area and many other partners are considering withdrawing as well. ARC currently is running three VCT sites and a large prevention campaign which covers most of the county via outreach events, peer educators and condom distribution sites. With the rapid reduction in HIV prevention and response services available, there is a serious gap emerging in Kajo Keji county. The ARC is seeking funding to continue providing services while future funding is found and to allow time to work with local service providers such as MoH and LNGOs to transfer as much 	<ul style="list-style-type: none"> To improve awareness and knowledge of HIV/AIDS and STI transmission and prevention methods in Magwi and Kajo Keji Counties. To improve access to care and support services to PLHAs and individuals affected by HIV/AIDS in Magwi and Kajo Keji Counties. To build the technical capacity of the Magwi and Kajo Keji County AIDS Commission (CAC) and County Health Department (CHD) to effectively monitor HIV/AIDS programming, improve linkages between key stakeholders, and strengthen referral networks amongst service providers. 	NO INFORMATION PROVIDED.	NO INFORMATION PROVIDED.	Magwi and Kajo Keji Counties ----- NO INFORMATION PROVIDED. ----- January - December 2008

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of the responsibility for HIV prevention and response to them in a responsible manner.

CAM	\$627,200					
Darfur	\$627,200					
Health and Nutrition	\$427,200					

Regional Sector Priorities

- Ensuring access to health care services at primary care level i.e. maternal and child care, and emergency services.
- Floods season preparedness and emergency response in conflict areas including pre-positioning of emergency supplies.
- Hygiene promotion interventions to mitigate and protect against water-borne and vector-borne disease.
- Nutrition to the most vulnerable (TFC/SFC).

CAM	SUD-08/HN16	\$427,200	<p>This project targets highly vulnerable and isolated communities, including nomad populations, in localities in rural Western Darfur where CAM is the only provider of primary health care services. In addition the project encompasses the women's and child health clinic in the Ryad IDP camp which is the only specialist maternal and child health service in West Darfur. Maternal and child health is a primary focus of all program activities. Finally the project includes activities in a new locality, Armankul, which has recently seen a high influx of IDPs and where CAM has responded rapidly to meet PHC needs.</p>	<ul style="list-style-type: none"> • Maintain and rehabilitate current health facilities. • Support and improve the referral system in general and for emergencies including obstetric and gynecological complications. • Accelerate routine immunization and outreach activities. • Procure and preposition supplies and equipment for outbreak response and active surveillance. • Supply stocks for LLITNS, reproductive health kits, anti-malarials and other essential medicines. • Redesign/re-organize mobile clinic activities for response based activities in line with identified gaps especially to nomadic populations. <p>Recruit and train community volunteers to carry out health promotion and education.</p> <ul style="list-style-type: none"> • Build capacity of national medical staff through training and support supervision. • Develop a pilot program of promotion of MCH services in the communities and carry out extensive public awareness campaigns with targeted health messages. 	<ul style="list-style-type: none"> • Improved knowledge and coverage of mother and child health care services including ANC,PNC, family planning, safe delivery and referral and EPI in all areas of operation. • Increased access to appropriate treatment and care to health facility catchment population and other disadvantaged groups. • Close partnership created with the health authorities and the communities in our project areas and local capacities reinforced. • Empowered people capable of managing their health through knowledge acquisition. • Reduced morbidity and mortality due to diarrhoeal diseases, malaria, and other preventable illnesses. • Quality of consultations and level of care, in particular regarding mother and child health care improved. 	<ul style="list-style-type: none"> • 60% of all target/ eligible children are immunized (as the program is ongoing until 06/2009). • 100% of the staff are trained on EWARS and common illnesses according to WHO case definitions. • Over 80% of the mothers attending ANC have assisted deliveries and return for postnatal care. • All Community leaders (focal points of the health committees) as well as all local Community Health Educators (CHEs) - 1 CHE per 1,000 beneficiaries per fixed clinic site - trained on health and hygiene, HIV/AIDS and sexual and gender based violence and further aspects of preventive health and good hygiene. 	<p>All activities will be undertaken in West Darfur, El Geneina areas:</p> <ul style="list-style-type: none"> • Fixed clinics in the El Geneina AU in Gelu, Tandulti, Seraf Jidad, Ryad IDP camp, Armankul, Zeinah (Armankul is included as a new location following the displacement of the population which has fled there from Seraf Jidad) and in the Sirba AU in Tanjekee. • Mobile clinics in the NW of El Geneina in Radgharat, Rijil Kubri and Banjedeed, in the NE of El Geneina in Zeinah and in the SE of EL Geneina in Habila Kanari and Sekillinge. <p>-----</p> <p>Target population: 122,214 persons Distinction of target population by gender: women = 62,329, men = 59,884 Number of direct beneficiaries: 70,750 persons Type of beneficiaries:</p> <ul style="list-style-type: none"> • IDPs (Ryad IDP camp, NW of El Geneina in Tandulti, Armankul) • Resident population in remote rural areas • Refugees (Chadians in NW of El Geneina in Gelu, Tandulti, Armankul) • Nomads (NE of El Geneina in Zeinah, Tanjekee, Orteg; SE of El Geneina in Habila Kanari, Sekillinge) <p>-----</p> <p>July - December 2008</p>
08-Jul-08 Index: 1196 [1]	<p>Promotion of Sustainable and Integrated Quality Primary Healthcare Services with Specific Focus to Maternal and Child Health - [D] - [HIV][Gnd][CB][Env] - (HER)</p> <p><u>Project Budget</u> Q1: \$500,000 Q2: \$900,000 Q3: \$1,777,304 Q4: \$1,777,304</p>						

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Water and Sanitation**\$200,000**Regional Sector Priorities

- Construction of new water and sanitation facilities for new IDPs (displaced in 2007 and 2008).
- Operation and maintenance of existing water and sanitation facilities.
- Conduct AWD/Cholera preparedness and prevention activities including hygiene and environmental awareness.
- Conduct water quality surveillance, monitoring and testing of water samples.

CAM 07-Jul-08 Index: 1241 [4]	SUD-08/WS111 Sustainable Water and Sanitation Services for Conflict-Affected Populations in West Darfur - [D] - [HIV][Gnd][CB][Env] - (HER)	\$200,000 <u>Project Budget</u> Q1: \$118,881 Q2: \$356,644 Q3: \$416,085 Q4: \$594,407	This project targets highly vulnerable and isolated communities, including nomad populations, in localities in rural West Darfur. The proposed activities will ensure the maintenance and operation of existing water and sanitation facilities in close collaboration with local communities through communal focal points within the water committees. The project will also improve access to safe water and the given sanitation situation for areas where CAM started intervening in the last program through further construction activities whilst ensuring improved water quality surveillance through the monitoring and testing of water samples. Establishing communal network through Community Health Educators (CHE) around the fixed clinics - will permit us to carry out more efficiently health awareness and education activities in our areas of intervention.	INFORMATION PENDING.	<ul style="list-style-type: none"> • Digging 2 dug well if access given (in Banjadeed + sekillingei). • Building 6 latrines if access given (in Rjil Kubri, Orteg, Ryad IDP camp). • Renew 10 slaps of existing wells. • Repair and maintain existing 43 wells if access is given. • Cleaning uncovered wells and covering wells in accordance with community. • Regular monthly water sampling (bacteria and chemical). • Monthly training sessions with local communities on repairing + maintenance of water points and latrines. • Further hygiene promotion sessions with local health committees and local Community Health Educators (CHEs) (comprehensive 3 days training sessions with all CHEs in El Geneina by the end of this funding period). 	<ul style="list-style-type: none"> • 100% of the planned water points are done (if accessibility is given!). • 100% of the new latrines have been completed (if accessibility is given!). • 100% of the given water and sanitation facilities are maintained and repaired on a monthly base (if ac 	<p>Western Darfur: Banjadeed, Sekillinge, Rjil Kubri, Orteg, Ryad IDP camp</p> <p>Western Darfur: NW of El Geneina, NE of El Geneina, SE of El Geneina (throughout our catchment areas)</p> <p>-----</p> <p>Target population: 157,515 persons (80,333, women; 7,182 men)</p> <p>Direct beneficiaries: 70,750 persons</p> <p>Type of beneficiaries:</p> <ul style="list-style-type: none"> • IDPs (Ryad IDP camp, NW of El Geneina in Tandulti, Armankul) • Resident population in remote rural areas • Refugees (Chadians) <p>-----</p> <p>October - December 2008</p>
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CARE	\$550,000					
Darfur	\$250,000					
Food Security and Livelihoods	\$250,000					

Regional Sector Priorities

- To reduce acute food insecurity among vulnerable populations.
- To promote and strengthen livelihoods coping mechanisms with emphasis on food security and livelihood assessments and support to winter season production.

CARE	SUD-08/FSL26	\$250,000	The second round of allocation will fully fund the project and allow it to fully realize its objectives. Vegetable crops and winter crops represent a significant source of seasonal income and offer employment opportunities for women and those without land. The current allocation will continue to enhancing livelihoods activities targeting mainly poor and the most vulnerable households with access to land achieve improved agricultural production and start new income generating activities to improve economic security, reduce aid dependency, and cultivate resilience in the population.	<ul style="list-style-type: none"> • Income Generating activities targeting mainly women. • Establish small scale irrigations for winter season production and environmental conservation. • Capacity building for farmers through Farmers Field Schools. • Capacity Building of LNOs and VDcs. • Environmental conservation through planting of fruit tree. • Provide extensions services through progressive farmers. • Provide of seeds and tools for winter season production. 	<ul style="list-style-type: none"> • 40,000 vulnerable farming households improved food security through increased crop production, accessing seeds and tools and IGA activities in West and South Darfur. • 1,000 HH met their household food needs through increased knowledge in food production, and income generation activities. • 1,000 HH improved environmental conservation through increased environmental awareness, distributed and planted tree seedlings, and piloted revived systems for rangeland management. 	<ul style="list-style-type: none"> • Well established and participatory local committees throughout project implementation. • 40,000 HHs produced their own food. • 10,000 tree seedlings produced and distributed; 1000 HH from the 3 communities have improved environmental conservation through increased environmental awareness, distribution and planted tree seedlings. • 500 trained farmers benefited from ToT in Farmers Field School the project sites. 1000 vulnerable families have access to IGA grants through VDCs. 	Western and Southern Darfur ----- Most vulnerable household ----- July - December2008
14-Jul-08 Index: 1185 [1]	Integrated Community Based Food Security and Livelihoods Project in Southern and Western Darfur States - [D] - [HIV][Gnd][CB][Env][FA] - (HER)	<u>Project Budget</u> Q1: \$250,000 Q2: \$440,000 Q3: \$530,000 Q4: \$530,000					

Project Details		CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
Southern Kordofan		\$300,000					
Food Security and Livelihoods		\$200,000					
<i>Regional Sector Priorities</i>							
<ul style="list-style-type: none"> • Provide access to food aid for vulnerable and highly food insecure groups and increasing the resiliency of livelihood coping mechanisms. • Promote and strengthen livelihoods coping mechanisms through livelihoods diversification and income generating activities. • Enhance and improve food security through agriculture (mostly horticulture) diversification support in the winter season. • Support to natural resources management and rehabilitation and prevention and mitigation of natural resource conflict. • Food security and livelihood assessment. 							
CARE	SUD-08/FSL52	\$200,000	This project focuses on increasing food production and improving food security among both returnees and residents. In response to the gap in crop production, the activities mentioned above will help improve production quality and quantity. Additionally, the project addresses the scarcity of vegetables that affects the balance diet of a bigger population and represents a significant source of seasonal income especially for women and those can access bigger market towns as well as winter season crops which offer employment opportunities for women and those without land. The additional inputs will improve agricultural production which in turn will contribute to improved economic security, a reduction in aid dependency, and cultivates food security resilience.	<ul style="list-style-type: none"> • Agriculture extension services • Training in and inputs for vegetable production • Training in pest control • Post harvest activities 	<ul style="list-style-type: none"> • Improved crops and vegetable production, improved nutritional status among the beneficiaries, better farming, harvest and post harvest practices. 	<ul style="list-style-type: none"> • 140 kg of vegetable seeds. • 10,000 pieces of hand tools and irrigation equipments procured and distributed to 2,000 households. • 500 individuals trained in vegetable production, pest control, harvest and post harvest practices. 	Kadugli, Dilling, Lagawa Localities (Southern Kordofan State) ----- 1,200 returnee households (both organized and spontaneous) 800 host community ----- July-December 2008
01-Jul-08 Index: 1142 [2]	Livelihoods and Food Security Re-Establishment Project - [SK] - [Gnd][CB][Env][ERA] - (HER)	<u>Project Budget</u> Q1: \$200,000 Q2: \$500,000 Q3: \$700,000 Q4: \$700,000					
Water and Sanitation		\$100,000					
<i>Regional Sector Priorities</i>							
<ul style="list-style-type: none"> • Lifesaving. • Supporting un-served areas and new IDP locations. • High priority projects that not received funding in the 1st allocation. • Only implementing agency in a geographical area. • Funding needs (fund against activity costs and gaps). 							
CARE	SUD-08/WS18	\$100,000	Poor water and sanitation coverage in project areas. For example, in Nugra village 1,000 households were surveyed and result shows that 0% has latrines, in Umshouran 1,050 households were surveyed and only 0.003 households have pit latrines. Few water points and education facilities were constructed in the target areas which MUST be accompanied by software - sanitation and hygiene facilities and messages. CARE is the only agency working in the target areas. The second allocation complement interventions undertaken with CHF first allocation. There is a big number of returnees population in the areas and hence need to provide sanitation facilities. Water supply will be provided by UNICEF in these areas.	<ul style="list-style-type: none"> • Community mobilization for pit latrine construction - awareness raising sessions, collection of local materials by the communities. • Procurement of pit latrines' construction materials, training in slabs production, production of slabs, and construction of pit latrines. • Training on sanitation and personal hygiene, development and dissemination of hygiene messages. 	<ul style="list-style-type: none"> • Access to safe sanitary facilities for returnees and host communities. • Increase awareness on sanitation and personal hygiene, environmental sanitation and protection. 	<ul style="list-style-type: none"> • Improved pit latrines for 3 schools and 50 HHs. • 30 community members trained in slab production and 50 HH pit latrines construction. • 3 public sessions conducted, 20% of the community members are aware on the importance of pit latrines. • Improved personal and sanitation practices for 50% of the population in the targeted villages. 	Kadugli County and Locality ----- 5,000 beneficiaries (70% returnees, 30% host communities) ----- July - December 2008
08-Jul-08 Index: 1169 [1]	Water and Sanitation Project for Returnees - [SK] - [HIV][Gnd][CB][Env][ERA] - (HER)	<u>Project Budget</u> Q1: \$200,000 Q2: \$300,000 Q3: \$450,000 Q4: \$450,000					

Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
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CCM**\$100,000**

Southern Sudan

\$100,000**Health and Nutrition****\$100,000**Regional Sector Priorities

- Assist with construction of temporary shelter over the rainy season.

CCM 07-Jul-08 Index: 1260 [3]	SUD-08/HN223 Providing Primary Health Care services in Tonj East and North Counties (Warrap State) - [S] - [HIV][Gnd][CB] - (HER)	\$100,000 <u>Project Budget</u> Q1: \$400,000 Q2: \$784,409 Q3: \$784,409 Q4: \$784,409	NO INFORMATION PROVIDED.	<ul style="list-style-type: none"> • Provide 24 hours surgical emergency interventions. • Supply drugs, disposable items and medical equipment. • Health education session. • Provide curative health service everyday. • Treat severe cases referred from PHCCs and PHCUs. • Staff supervision. • Training (refresher courses and on the job training). • Monitoring and evaluation of project activities. 	<ul style="list-style-type: none"> • 24 hours surgical emergency provided. • Improved quality and increased utilization of hospital services. At least 90% of staff trained. • All the severe cases referred from PHCCs and PHCCUs correctly treated. • Regular drugs and medical equipment supply assured. 	<ul style="list-style-type: none"> • The hospital services receive essential resources (drugs, vaccines teaching and educational material, transport, salaries, etc.). • ~300,000 inhabitants in Twic County benefit directly from the hospital care. • 6,000 consultations. • 200 surgical interventions. • 10 staff trained. 	Turalei/Twic County ----- ~ 300,000 inhabitant (estimated population) ----- NO INFORMATION PROVIDED.
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Concern**\$367,500**

Darfur

\$183,500**NFIs and Emergency Shelter****\$183,500**Regional Sector Priorities

- Target populations affected by conflict and disaster, as well as returnees and displaced populations not residing in large camp areas.
- Improve needs assessment methodology and monitoring and evaluation of activities.
- Build capacity of national NGOs ability to conduct assessments, distribution and monitoring.
- Improve information availability and sharing on NFI needs both inter- and intra-sectorally.
- Establish pilot project on culturally appropriate and environmentally-friendly shelter, engage technical experts on developing and constructing appropriate emergency shelter, identify and collaborate with new actors on sustainable shelter, and identify methods for environmental damage reduction.

Concern 08-Jul-08 Index: 1178 [1]	SUD-08/NS24 Using NFIs to Mitigate Vulnerability in Kulbus and Kerenik Localities of Western Darfur - [D] - [HIV][Gnd][CB][Env] - (HER)	\$183,500 <u>Project Budget</u> Q1: \$425,901 Q2: \$859,232 Q3: \$891,172 Q4: \$891,172	Timely distribution of non-food and emergency shelter items is essential to alleviate the suffering of those that have lost all household belongings due to conflict. The sector is 100% dependent on national and international NGOs to carry out distributions to targeted populations in Darfur.	<ul style="list-style-type: none"> • Needs assessments. • Distributions of non-food and emergency shelter items to targeted beneficiaries. 	<ul style="list-style-type: none"> • To mitigate health threats. • Improve basic living conditions. • Contribute to protection of vulnerable individuals through the provision of key NFIs. 	<ul style="list-style-type: none"> • Sector partners including UN and NGO actors to follow the Common Pipeline Guiding Principles - prepared by UNJLC - when executing activities in the NFI and emergency shelter sector. Some 36,000 targeted households receive non-food and emergency shelter items. 	Kulbus Locality and Krenick Locality (Western Darfur) ----- • Kulbus Locality - 12,900 HH • Krenick Locality (Mornei IDP Camp and Environs) - 23,100 HHs ----- From date of receipt of CHF allocation letter to 2008-12-31
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Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
Southern Sudan		\$184,000				
Health and Nutrition		\$184,000				
<i>Regional Sector Priorities</i>						
<ul style="list-style-type: none"> To strengthen disease control and prevention programme and emergency preparedness and response capacity in Southern Sudan. To enable the provision of the basic package of health services and support to referral systems in Southern Sudan. To contribute to the reduction of maternal and under five mortality and morbidity in Southern Sudan. To strengthen coordination, communication, health systems and human resources for health of health and nutrition interventions. To improve the nutritional status of women and children under five and other vulnerable groups. 						

Concern	SUD-08/HH146	\$184,000	Concern is providing essential health and nutritional services in 16 facilities in Aweil West and North counties, an area which has seen large numbers of returnees this year as well as in past years. The services provided will contribute to the reduction of mortality and morbidity while improving the nutritional status of women and children under five. Integrated services of health and nutrition services are provided in 8 facilities in Aweil West while the remaining 8 sites in Aweil North provide nutritional services with emergency health through mobile teams. Concern is working closely with the State Ministry of Health to develop referral systems especially in the area of maternal health. Community health activities will assist in defaulters of EPI and nutritional services to be traced and referred back to facilities. In close collaboration with the county health departments supervision and monitoring systems are being developed.	<ul style="list-style-type: none"> Train staff on detection and management of malnutrition. Train community health promoters to screen, identify and refer children under 5 and pregnant women with malnutrition to the feeding sites and clinics. Provide necessary equipment and supplies for treatment of malnutrition. Provide drugs, equipment and other medical supplies to PHCUs and PHCC. Provide inpatient, outpatient and community based care for malnourished children and women. Provision of immunization services at the facility and outreach sites to children under 1 years and women on reproductive age groups. In conjunction with the country health departments standardize treatment protocols and guidelines for various diseases used by the health workers and monitoring of these. Provision of basic and comprehensive EmOC at the PHCC and PHCU. Provision of minimum health package at two clinics in Aweil North. Provision of emergency health care to the community at four SFP sites in Aweil North. Conduct 1 nutritional survey and 1 KAP study. Provision of antenatal and delivery care. 	<ul style="list-style-type: none"> Increased availability and access to improved health care through 5 directly supported PHCUs, one PHCC, and community based services. Children, lactating and pregnant mothers recovered from malnourishment with provision of supplementary feeding and medical care. Reduced maternal and under 5 mortality and morbidity in Aweil West and Aweil North Counties. Increased capacity of County Health Departments and health staff to plan and deliver improved health services. 	<ul style="list-style-type: none"> By the end of 2008, a total of 705 children (105 from 2007) with severe malnutrition will be admitted/ treated for malnutrition and other infections. By the end of 2008, a total of 6,191 (1,491 from 2007) beneficiaries - children, pregnant and lactating women and elderly with moderate acute malnutrition will be provided nutritional therapy. By the end of 2008, 897 in-patients and their caretakers will be provided food at SC and PHCC. By the end of 2008, a total of 35,000 people will be educated on various health topics related to the prevention and treatment of malnutrition. By the end of 2008, 100 Community Health Promoters (CHPs) will be trained on promotion of breast feeding, balanced diet and personal and environmental hygiene practices. Concern will organize a series of training on various topics to the CHPs who then train others to promote health education to the wider community. 50 Traditional Birth Attendants (TBAs) will get a refresher training. October 2008 nutritional surveys will be carried out. 	<p>Aweil West and Aweil North Counties, NBEG</p> <p>-----</p> <p>This project is expected to target 78,000 beneficiaries (both returnees and host communities) from 1 January - 31 December 2008. The number of returnees (spontaneous and organized) are estimated to be 33,559 in Aweil West and 44,401 in Aweil North County.</p> <p>-----</p> <p>January - December 2008</p>
25-Jun-08 Index: 1228 [3]	Improved Health Service Delivery in Aweil West and Aweil North Counties, NBEG - [S] - [HIV][Gnd][CB] - (HER)	<u>Project Budget</u> Q1: \$443,633 Q2: \$652,008 Q3: \$893,721 Q4: \$893,721					

Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline	
CRS	\$100,000						
Khartoum and Other Northern States	\$100,000						
Water and Sanitation	\$100,000						
<i>Regional Sector Priorities</i>							
<ul style="list-style-type: none"> • IDPs/returnees population. • Drought-affected population. • Flood-affected population. • Population in high risk disease outbreak areas. 							
CRS	SUD-08/WS102	\$100,000	Very low sanitation coverage in project area. The project will reduce sanitation gap in Jebel Awlia IDPs camp. The project will build the IDPs capacity to prevent water and vector borne diseases and mobilize community participation for improved environmental sanitation. Monitoring , testing and chlorination of water points will be conducted jointly with WES to ensure safety of water available to 6,000 IDPs. WATSAN activities will be integrated with flood emergency preparedness to reduce risk outbreak of communicable water borne diseases during the rainy season.	<ul style="list-style-type: none"> • Construct 200 latrines. • Train 30 health promoters. • Clear 3 main drainage canals. • Conduct 3 environmental hygiene campaigns. • Sandbag basements of 1,000 latrine superstructures. • Monitor, test and chlorinate 26 water points. • Conduct 10 hygiene education sessions. 	<ul style="list-style-type: none"> • Increased access of IDPs to sanitation facilities and improved environmental sanitation situation in the camp. • Improved rain water drainage during the rainy season. • Reduced sanitation facility damage by flood waters. • Improved water quality for domestic consumption. • Improved hygiene practices. 	<ul style="list-style-type: none"> • Construction of 200 latrines. • Training of 30 health promoters. • Clearing of 3 main drainage canals. • Conduct 3 environmental hygiene campaigns. • Sandbagging basements of 1,000 latrine superstructures. • Monitor, test and chlorinate 26 water points. • Conduct 10 hygiene education sessions. 	Jebel Awlia IDP Camp ----- 6,000 IDPs in Jebel Awlia Camp ----- August - November 2008
07-Jul-08 Index: 1161 [2]	Increase Access to Safe Water and Sanitation Facilities in Khartoum IDP Camps - [KN] - [HIV][Gnd][CB][Env] - (HER)	Project Budget Q1: \$214,500 Q2: \$319,040 Q3: \$430,980 Q4: \$430,980					

Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
DCV	\$250,000					
Southern Sudan	\$250,000					
NFIs and Emergency Shelter	\$250,000					

Regional Sector Priorities

- Assist with construction of temporary shelter over the rainy season.

DCV 07-Jul-08 Index: 1258 [1]	SUD-08/NS34 Humanitarian Assistance to Flood-Affected Households, Spontaneous Returnees and Vulnerable Communities in North Bahr El Ghazal, Southern Sudan - [S] - [Gnd][ERA] - (HER)	\$250,000 <u>Project Budget</u> Q1: \$206,109 Q2: \$258,926 Q3: \$294,720 Q4: \$313,441	The program will focus on: (a) Standardization of 4,000 light emergency kits to be distributed to women head of huts displaced by the conflicts in the area of south Abyei, Warrab and NBeG States. The NFI are already in loco and will be made available by UNJLC (3,000 kits) and IOM (2,000 kits). (b) Provision of hand tools for construction of temporary shelter to 4,000 high vulnerable women head of huts. (c) Procurement and pre-positioning of loose items for the standardization of 4,000 repatriation/reintegration NFI packages for the return expected to happen before the end of 2008. Basic NFI kits will be provided by UNJLC (2,800 kits) and IOM (IOM 1,500). (d) Improve targeting and distribution capacity. (e) Increase Payam/County monitoring capacity. DCV can prefinance.	<ul style="list-style-type: none"> • Procure and pre-position 21,000 pcs of hand tools and 6,500 rolls of sisal twine necessary for shelter construction. • Procure and pre-position 4,000 emergency cooking kits and 6,000 reintegration items. • Handle the standardization of 4,000 emergency NFI kit through the utilization of the NFI kits already on ground (UNJLC and IOM Kits) and Caritas Procured Handtools and cooking kits. • Handle the standardization of 3,000 repatriation/reintegration NFI kit through the utilization of additional Kits from IOM and Caritas procured handtools and cooking kits. • Pre-position 3,000 HHs standardized repatriation/reintegration NFI kits in key hubs or with key agencies/NGOs on the ground. • Cover cost of transportation of handtools, cooking kits and NFIs procured or previously pre-positioned in Agok, Warrap and NBeG. • Direct handling and distribution of procured and pre-positioned NFI kits to women head of huts affected by conflict and displacement, vulnerable host community HHs (max 10%). • Oversee NFI coordination and distributions via field offices. • Maintain external coordination and reporting through UNOCHA/ UNJLC/RCO's/RRR state authorities and SSRRC. • Participate and support inter-agency assessments and response to emergencies. • Participate in inter-agency post-distribution monitoring exercises. 	<ul style="list-style-type: none"> • Coordinated response mechanism for NFI/ES established with partners. • Strengthened survival and coping mechanisms among most vulnerable groups of host communities affected by large IDP influx and or conflict or disasters. • Reduced strain on local host community by supporting both vulnerable IDPs and host community members. • Facilitate the reintegration process of 3,600 IDP HH after repatriation and 400 HH from high vulnerable host community. • Improved coordination and cooperation with other stakeholders principally RC office, OCHA, UNJLC and partners. 	<ul style="list-style-type: none"> • Procurement of 21,000 pcs of hand tools and 4,000 cooking sets for standardization of existing emergency NFI HHs kits and pre-positioning in Agok/Turalei, Aweil and Gordim warehouses. • Procurement and pre-positioning of hand tools and construction supply necessary for the standardization of reintegration kits in Turalei and Aweil. • Identification of conflict affected and unserved Women Head of huts and high vulnerable HHs within the host community in the targeted areas. • Participate in inter-agency post distribution impact assessment. 	<ul style="list-style-type: none"> • Abyei Administration (Agok, Abathok, Majak, Gole and Galary). • Warrap State: Turalei, Mayen Abun, Panjok, Mayen Panjoc, Akor and Akoc. • NBeG Aweil East (Mabil and Malial Uel) and Aweil South. ----- • 3,600 women head of huts (approximately 16,000 people) displaced by conflict. • 400 HHs high vulnerable hosting communities. ----- • Procurement and prepositioning of hand tools and cooking sets: July - early August 2008 • Distributions finalised at beginning of dry season 2008.
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Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
EM-DH	\$200,000					
Darfur	\$200,000					
Protection and Human Rights	\$200,000					

Regional Sector Priorities

The Regional Priorities supported by the second tranche CHF allocation include:

- Support to monitoring, reporting, prevention and response to GBV;
- Support capacity building of authorities and communities to identify, monitor, and report and response to violations of the rights of civilians taking into consideration age, gender and diversity, and;
- Strengthening the protective environment and the capacity of communities and authorities to promote the protection, respect and realisation of the rights of children.

EM-DH	SUD-08/PHR1	\$200,000	<p>The project activities have been reviewed by the Steering Committee and found important and relevant to the sector priorities especially to strengthen protective environment, respect and realization of the rights of children in Northern Darfur (Abou Shouk Camp), with more focus on promoting psychosocial support for war affected children and youths in North Darfur including providing outreach services for most vulnerable groups. Also, this project is addressing the protection needs of children in the rural areas. Thus, the Steering Committee has agreed and recommended an allocation of \$200,000, to continue the activities in Abou Shouk Camp. In addition, EMHD has shortfall of funds (\$200,000) to continue their project activities up to the end of 2008.</p>	<ul style="list-style-type: none"> • Animation of educative activities in 15 child friendly spaces. • Screening of children in difficult circumstances to be served under outreach activities. • Psychosocial care for traumatized and marginalized children. • Capacity building (training and awareness) on child rights issues. 	<ul style="list-style-type: none"> • Children under 6 years old affected by war benefit from psychosocial and educational opportunities. • Children on a path of marginalisation can access to social, medical, nutrition and psychosocial assistance. • Communities of Abou Shouk are actively engaged in building a protective environment for their children.. • Communities have a better understanding on child rights and children needs. 	<ul style="list-style-type: none"> • 15 child friendly spaces, serving 3,900 children daily. • 15 PTAs mobilizing 60% of mothers monthly on child protection issues. • Screening of 100% of pre-school children and primary schools of Abou Shouk. • 200 children to be provided with specific psychosocial care within 6 months period. • 1,000 persons sensitized punctually on child rights and other related protection issues. • 600 couples counselled on parental counselling skills. 	<p>Northern Darfur (Abou Shouk Camp/EI Fasher) ----- 4,100 children (50% females and 50% males) 15,000 adults/parents (90% females) ----- July - December 2008</p>
02-Jul-08 Index: 1173 [1]	<p>Psychosocial and Education Support to Vulnerable and War-affected Children - [D] - [Gnd][CB] - (HER)</p> <p><u>Project Budget</u> Q1: \$330,000 Q2: \$660,000 Q3: \$770,000 Q4: \$770,000</p>						

Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
FAR	\$150,000					
Southern Kordofan	\$150,000					
Food Security and Livelihoods	\$150,000					

Regional Sector Priorities

- Provide access to food aid for vulnerable and highly food insecure groups and increasing the resiliency of livelihood coping mechanisms.
- Promote and strengthen livelihoods coping mechanisms through livelihoods diversification and income generating activities.
- Enhance and improve food security through agriculture (mostly horticulture) diversification support in the winter season.
- Support to natural resources management and rehabilitation and prevention and mitigation of natural resource conflict.
- Food security and livelihood assessment.

FAR 01-Jul-08 Index: 1141 [1]	SUD-08/FSL55 Western Nuba Food Security and Environmental Conservation Project - [SK] - [Gnd][CB][Env][ERA] - (HER)	\$150,000 <u>Project Budget</u> Q1: \$200,000 Q2: \$300,000 Q3: \$400,000 Q4: \$400,000	The project addresses recommendations of the Interagency Rapid Food Assessment that indicated a great need for increased income to enhance food security. Unsustainable livelihood practices of selling firewood, charcoal and grass will be addressed by the project, and offset by increased community awareness, and increased support to new income generating schemes. The \$400,000 project was allocated \$250,000 by CHF for agricultural inputs and the initiation of IGA trainings. The additional \$150,000 will address both humanitarian and longer term environmental and food security needs in the area. The additional allocation will fully fund the project.	<ul style="list-style-type: none"> • Income generating projects/credit to improve their basic livelihoods. • Windbreaker seedlings, shade and fruit trees distributed to communities targeting schools, clinics, irrigation sites, community establishments. • Communal forestry units established. • Environmental conservation campaigns. • Workshops for local leaders conducted in environmental conservation. • Bi-laws produced by local leaders to govern environmental practices in communities. 	<ul style="list-style-type: none"> • Increased household income. • Increased vegetable and poultry production and therefore increased HH food security. • Increased environmental awareness of community leaders and children and environmental protection laws passed. 	<ul style="list-style-type: none"> • 150 HHs participated in IGAs. • 3,500 HHs have increased knowledge and practices of natural resource management. • 3,500 HHs supported with FFW/FFA to initiate environmental conservation and IGAs. • 2 Fruit tree seedling nurseries established with a total of 6,400 fruit tree seedlings. 	Dilling Locality, Dilling County ----- At least 5,000 HHs received environmentally sustainable livelihoods support ----- July-December 2008
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Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
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IAH	\$62,500					
Darfur	\$62,500					
NFIs and Emergency Shelter	\$62,500					

Regional Sector Priorities

- Target populations affected by conflict and disaster, as well as returnees and displaced populations not residing in large camp areas.
- Improve needs assessment methodology and monitoring and evaluation of activities.
- Build capacity of national NGOs ability to conduct assessments, distribution and monitoring.
- Improve information availability and sharing on NFI needs both inter- and intra-sectorally.
- Establish pilot project on culturally appropriate and environmentally-friendly shelter, engage technical experts on developing and constructing appropriate emergency shelter, identify and collaborate with new actors on sustainable shelter, and identify methods for environmental damage reduction.

IAH	SUD-08/NS59	\$62,500	The sector is 100% dependent on national and international NGOs to carry out distributions to targeted populations in Darfur. As a national NGO, IAH is targeting the most vulnerable members of society, being disabled or handicapped, who are displaced due to either conflict and/or natural disasters. Timely distribution of non-food and emergency shelter items is essential to alleviate the suffering of those that have lost all essential household belongings, most especially of the disabled.	Identification of and distributions to newly displaced, most especially the disabled and those not residing in organised camps.	<ul style="list-style-type: none"> • Ensure the timely provision of Non-Food and emergency shelter items to households of disabled/handicapped IDPs in South Darfur; within this targeted community there are returnees, newly displaced, disaster affected and most vulnerable persons. 	<ul style="list-style-type: none"> • Sector partners including UN and NGO actors to follow the Common Pipeline Guiding Principles - prepared by UNJLC - when executing activities in the NFI and emergency shelter sector. Some 3,000 extremely vulnerable targeted individuals receive non-food and emergency shelter items. 	Southern Darfur ----- 3,000 HHs of disabled/handicapped IDPs in Southern Darfur ----- From date of receipt of CHF allocation letter to 2008-12-31
08-Jul-08 Index: 1212 [2]	Effective and sustainable NFI Distributions within South Darfur's Disabled Community - [D] - [CB] - (HER)	<u>Project Budget</u> Q1: \$25,000 Q2: \$75,000 Q3: \$125,000 Q4: \$125,000					

IMC	\$270,000					
Darfur	\$270,000					
Health and Nutrition	\$145,000					

Regional Sector Priorities

- Ensuring access to health care services at primary care level i.e. maternal and child care, and emergency services.
- Floods season preparedness and emergency response in conflict areas including pre-positioning of emergency supplies.
- Hygiene promotion interventions to mitigate and protect against water-borne and vector-borne disease.
- Nutrition to the most vulnerable (TFC/SFC).

IMC	SUD-08/HN25	\$145,000	High priority, service provider in a rural underserved area, integrated intervention. This allocation was the full funding amount requested; this is the minimum funding required to reach the targets by the end of the year.	<ul style="list-style-type: none"> • Conducting nutrition screening through community-based active nutrition surveillance. • Training community-based workers on the nutrition surveillance. • Provide referral services to malnourished children to the appropriate selective feeding centers. • Community-based health education. 	<ul style="list-style-type: none"> • Nutritional status of U 5 children and expectant/lactating mothers monitored, areas of high concern are flagged, investigated and appropriate interventions designed. • CHWs trained on nutrition surveillance and health education. • All detected cases of malnutrition are referred to the nearest SFP/OTP. • Increased community awareness on nutrition issues. 	<ul style="list-style-type: none"> • At least 75% of pregnant and lactating women screened. • At least 75 % of children < 5 screened. • 200 CHWs in Western and Southern Darfur project sites receive refresher training. • 100% of detected cases of malnutrition referred to OTP/SFP 5. At last 75% of the population reached with appropriate health education messages. 	<ul style="list-style-type: none"> • Western Darfur: Um-Dukhun, Zallingie, Wadi-Saleh, Mukjar and Genina. • Southern Darfur: Al Salam, Intifada and Al Serif. ----- • Under five children 70,767 • Pregnant and Lactating women 7,701 Grand Total 78, 468 ----- 1 July - 31 December 2008
08-Jul-08 Index: 1198 [3]	Nutrition Surveillance in West and South Darfur - [D] - [HIV][Gnd][CB] - (HER)	<u>Project Budget</u> Q1: \$200,000 Q2: \$345,000 Q3: \$345,000 Q4: \$345,000					

Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline	
Water and Sanitation		\$125,000					
<i>Regional Sector Priorities</i>							
<ul style="list-style-type: none"> • Construction of new water and sanitation facilities for new IDPs (displaced in 2007 and 2008). • Operation and maintenance of existing water and sanitation facilities. • Conduct AWD/Cholera preparedness and prevention activities including hygiene and environmental awareness. • Conduct water quality surveillance, monitoring and testing of water samples. 							
IMC 07-Jul-08 Index: 1244 [7]	SUD-08/WS124 Improve Access to Potable Water and Sanitation Facilities to Inhabitants of Garsilla and Mukjar in West Darfur - [D] - [HIV][Gnd][CB][Env] - (HER)	\$125,000 <u>Project Budget</u> Q1: \$125,000 Q2: \$250,000 Q3: \$250,000 Q4: \$250,000	<ol style="list-style-type: none"> 1. Proposed interventions are in line with sector objectives. 2. As IMC is implementing PHC and nutrition surveillance projects in same areas, integration of sanitation and hygiene promotion interventions along with those interventions will have a better impact, particularly on reduction of Acute Jaundice Syndrome (AJS) and diarrhoeas. 3. Project areas are high risk areas and IMC has been working in these areas for some time. 4. The second CHF allocation will help IMC to complete all 2008 planned activities as per work plan. 	<ul style="list-style-type: none"> • Construct new latrines and digging of new water wells. • Rehabilitate maintain existing water and sanitation facilities. • Establish village WES committees and dissemination of positive health information. 	<ul style="list-style-type: none"> • Population have access to water and sanitation facilities. • Village committees are formed and functional ensuring full community participation in WES related issues. • CHWs trained. • Population reached with awareness messages on water borne diseases like AWD, AJS, hygiene and environment. 	<ul style="list-style-type: none"> • 200 latrine slabs are distributed. • 50 existing latrines rehabilitated. • 200 CHWs receive refresher training. • 1 water well dug. • 80% of the population reached with appropriate hygiene and environmental promotion messages. 	Western Darfur: Um-Dukhun, Mukjar, Wadi Saleh and Zallingie ----- 1,500 people will be benefit directly. 160,000 people will be reached with hygiene and health messages. ----- 1 July - 31 December 2008
INTEROS		\$70,000					
Darfur		\$70,000					
NFIs and Emergency Shelter		\$70,000					
<i>Regional Sector Priorities</i>							
<ul style="list-style-type: none"> • Target populations affected by conflict and disaster, as well as returnees and displaced populations not residing in large camp areas. • Improve needs assessment methodology and monitoring and evaluation of activities. • Build capacity of national NGOs ability to conduct assessments, distribution and monitoring. • Improve information availability and sharing on NFI needs both inter- and intra-sectorally. • Establish pilot project on culturally appropriate and environmentally-friendly shelter, engage technical experts on developing and constructing appropriate emergency shelter, identify and collaborate with new actors on sustainable shelter, and identify methods for environmental damage reduction. 							
INTEROS 08-Jul-08 Index: 1179 [3]	SUD-08/NS7 Supporting Conflict-Affected Vulnerable People with NFIs in Western Darfur - [D] - [Gnd] - (HER)	\$70,000 <u>Project Budget</u> Q1: \$44,683 Q2: \$134,049 Q3: \$134,049 Q4: \$134,049	The sector is 100% dependent on national and international NGOs to carry out distributions to targeted populations in Darfur. The allocation is necessary to fulfil the objective and to achieve the activities.	<ul style="list-style-type: none"> • Distribution of NFIs to affected communities. • Monitoring and needs assessments. 	<ul style="list-style-type: none"> • To ensure the provision of appropriate and timely non-food and emergency shelter items to people affected by conflict and disaster, and to other vulnerable populations such as returnees. 	<ul style="list-style-type: none"> • Sector partners including UN and NGO actors to follow the Common Pipeline Guiding Principles - prepared by UNJLC - when executing activities in the NFI and emergency shelter sector. Over 14,000 conflict-affected HHs will receive non-food and emergency shelter items. 	Western Darfur ----- 45,000 conflict-affected households in Western Darfur ----- From date of receipt of CHF allocation letter to 2008-12-31

Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
IRC	\$150,000					
Eastern States	\$150,000					
Water and Sanitation	\$150,000					

Regional Sector Priorities

- Lifesaving.
- Supporting un-served areas new IDP locations.
- High priority projects that not receive funding in the 1st round allocation.
- Only implementing agency in a geographic area.
- Funding needs (fund against activity costs; gaps).

IRC 25-Jun-08 Index: 1167 [2]	SUD-08/WS15 Comprehensive Multi-sectoral Humanitarian Interventions for Vulnerable Communities - [E] - [HIV][Gnd][CB][Env] - (HER)	\$150,000 <u>Project Budget</u> Q1: \$150,000 Q2: \$300,000 Q3: \$450,000 Q4: \$450,000	The requested fund will be used to implement activities supporting in areas affected by Acute Water Diarrhea (AWD) and cholera or at high risk areas and IDP locations with poor water supply coverage to prevent these areas from the out breaks. IRC is the only organization working in rural Kassala and Telkook localities other than WES/SWC and these areas has low level of water supply (23.9%) and sanitation coverage. The project interventions will also help returnees in these areas. The allocated fund will cover the total planned budget of IRC and will be able to complete all planned activities of 2008.	<ul style="list-style-type: none"> • Construction/rehabilitation water sources. • Construct HH latrines. • Conduct hygiene awareness activities. • Conduct vector control. 	<ul style="list-style-type: none"> • Access to improved water supply increased, re-established and sustained for returnees and host communities emerging from conflicts. • Access to improved sanitation facilities established for returnees and host communities. • Returnees/host communities reached with hygiene messages. • Train/and build capacity of people at state, locality and village levels in management skills to sustain functionality of water sources. 	<ul style="list-style-type: none"> • 15,000 people with access to improved water supply. • Improved water supply reestablished for 5,000 people. • 10,000 people use chlorinated water. • 90 people provided with management skills and training on O&M of water schemes. • 15,000 have access to safe sanitation facilities. • Reach 150,000 people with sanitation and hygiene. 	South Talkook and Kassala Localities ----- 15,000 returnees and host communities will get water supply and sanitation facilities. 150,000 returnees and host communities will have access to hygiene messages (50% women). ----- July - November, 2008
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Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline	
Islamic RW	\$250,000						
Khartoum and Other Northern States	\$100,000						
Water and Sanitation	\$100,000						
<i>Regional Sector Priorities</i>							
<ul style="list-style-type: none"> • IDPs/returnees population. • Drought-affected population. • Flood-affected population. • Population in high risk disease outbreak areas. 							
Islamic RW 07-Jul-08 Index: 1162 [3]	SUD-08/WS117 Water and Sanitation Promotion in North Kordofan - [KN] - [HIV][Gnd][CB][Env] - (HER)	\$100,000 <u>Project Budget</u> Q1: \$135,000 Q2: \$200,000 Q3: \$339,000 Q4: \$339,000	This project target drought/flood affected population in Northern Kordofan. No other agency is working in this area. The project areas are both under the recurrent flood, cyclic droughts and with low access to potable water, poor sanitation and increased incidences of diseases. WASH package of interventions will be implemented to get maximum benefit.	<ul style="list-style-type: none"> • To rehabilitate 3 water yards in the drought/floods prone areas of North Kordofan for the benefit of 15,000 individuals. • Dig and construct 2 protected hand dug wells for the benefit of 2,000 drought/floods affected population. • Train 60 community volunteers on sanitation and hygiene and management. • Construct 4 school/health facilities latrines for the affected communities. 	<ul style="list-style-type: none"> • Access to improved water sources increased/reestablished and adequate sanitation promoted for 17,000 flood and drought affected population. 	<ul style="list-style-type: none"> • Provide access to safe drinking water for 17,000 flood & drought affected population through the rehabilitation of 3 water bores and digging of 2 protected hand dug wells. • Provide access to hygiene and sanitation information to 5,000 individuals through training of 60 community volunteers and use them for the dissemination of hygiene messages. • To provide access to sanitation facilities for 2 schools and 2 health facilities through the construction of 2 school and 2 health facilities latrines. 	Flood and drought affected areas of Northern Kordofan ----- 17,000 floods and drought affected population in Northern Kordofan ----- July - December 2008
Southern Kordofan	\$150,000						
Water and Sanitation	\$150,000						
<i>Regional Sector Priorities</i>							
<ul style="list-style-type: none"> • Lifesaving. • Supporting un-served areas and new IDP locations. • High priority projects that not received funding in the 1st allocation. • Only implementing agency in a geographical area. • Funding needs (fund against activity costs and gaps). 							
Islamic RW 08-Jul-08 Index: 1172 [4]	SUD-08/WS23 Water Supply and Sanitation Promotion in Southern Kordofan - [SK] - [HIV][Gnd][CB][Env][ERA] - (HER)	\$150,000 <u>Project Budget</u> Q1: \$188,000 Q2: \$240,000 Q3: \$275,000 Q4: \$275,000	The project is targeting Deliba, Juba, Nour ElHuda, ElFarashaya, ElGos in ElFarashaya Payam and Jueigiena, Tunguro, and Soliuen Jewikaya in Dilling locality, where no other agency is operating. The water and sanitation service level is quite low in these areas. IRW has capacity and presence to implement the project interventions.	<ul style="list-style-type: none"> • Rehabilitate 40 hand pumps to serve at least 4,000 individuals. • Drill 5 hand pumps (possibly mini-boreholes based on productivity) to serve 4,000 IDPs and host communities. • Form 5 health committees and reformation of 40 health committees. • Conduct orientation sessions on sanitation and hygiene for 60 communities. • Train 60 mechanics on hand pumps maintenance. • Construct 4 public latrines. 	<ul style="list-style-type: none"> • Access to improved water, sanitation and hygiene for 4,000 IDPs and 8,000 hosting vulnerable communities in 10 villages of Dilling. 	<ul style="list-style-type: none"> • To provide access to potable drinking water facilities to 12,000 population (4,000 IDPs and 8,000 host community) with a walking distance of less than 1 km. • To provide access to sanitation and hygiene information to 10,000 population. 	IDPs and vulnerable hosting communities of Dilling localities ----- 12,000 Population (4,000 IDPs & 8,000 Hosting vulnerable communities) in Dilling Payam & Dilling localities ----- June - December 2008

Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
Medair	\$270,000					
Southern Kordofan	\$70,000					
Water and Sanitation	\$70,000					

Regional Sector Priorities

- Lifesaving.
- Supporting un-served areas and new IDP locations.
- High priority projects that not received funding in the 1st allocation.
- Only implementing agency in a geographical area.
- Funding needs (fund against activity costs and gaps).

Medair 08-Jul-08 Index: 1171 [3]	SUD-08/WS24 Access to Water and Sanitation in Southern Kordofan Phase 2 - [SK] - [HIV][Gnd][CB][Env][ERA] - (HER)	\$70,000 <u>Project Budget</u> Q1: \$206,000 Q2: \$413,000 Q3: \$618,800 Q4: \$618,800	Medair is the only implementing agency in Allirri Hills area. Medair has capacity for implementation, including an Emergency Water Treatment System to provide clean drinking water for 3,000 people in case of an emergency (life saving). With the provision of US\$70,000, Medair will be able to complete all planned WES interventions as per 2008 Work Plan.	<ul style="list-style-type: none"> • 300 household latrines constructed (150 in NE Kadugli and 150 in Allirri Hills). • 6 rainwaterharvesting systems constructed (NE Kadugli). • Hygiene promotion training courses in 4 locations. • 150 biosandfilters constructed (in 5 locations in NE Kadugli). • Coordinated response to water needs in emergencies for 3,000 persons. 	<ul style="list-style-type: none"> • Increased access to safe water for 16,500 persons and to safe means of excreta disposal for 2,000 persons in the project area. • Sustainable improvement in the health and hygiene related behaviour of up to 15,000 people in the project area. 	<ul style="list-style-type: none"> • 300 household latrines. • 150 biosandfilters. • 6 rainwater harvesting systems. • Hygiene promotion in 4 locations. • Emergency response up to 3,000 persons for water supply. 	Allirri Hills and North East Kadugli ----- <ul style="list-style-type: none"> • 16,500 people will benefit directly from improved access to safe drinking water. • 15,000 people will benefit directly from hygiene promotion activities. • 2,000 people will benefit directly from the sanitation activities. • 3,000 people will benefit ----- January - December 2008
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Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline	
Southern Sudan				\$200,000			
Health and Nutrition				\$200,000			
<i>Regional Sector Priorities</i>							
<ul style="list-style-type: none"> To strengthen disease control and prevention programme and emergency preparedness and response capacity in Southern Sudan. To enable the provision of the basic package of health services and support to referral systems in Southern Sudan. To contribute to the reduction of maternal and under five mortality and morbidity in Southern Sudan. To strengthen coordination, communication, health systems and human resources for health of health and nutrition interventions. To improve the nutritional status of women and children under five and other vulnerable groups. 							
Medair 25-Jun-08 Index: 1227 [2]	SUD-08/HN91 Primary Health Care in Upper Nile State - [S] - [HIV][Gnd][CB][Env][ERA] - (HER)	\$200,000 <i>Project Budget</i> Q1: \$900,000 Q2: \$1,350,000 Q3: \$1,799,600 Q4: \$1,799,600	The need for this grant has only grown since the first CHF allocation. Medair has a funding Gap of 200,000 in the second half of 2008 which will cause programmes to stop before the end of the year. The closing of BSF grant and the massive delays (and small size) of the forthcoming MDTF grant mean that Medair urgently needs the pre-allocated funding in order to maintain healthcare services in Upper Nile. Medair's programme in Melut also has a nutritional component which has not been financially supported so far in 2008 – while a potential nutrition partner (ACF USA) was not able to implement. Medair has therefore supported a horizontal programme through its own private funding so far. However this funding is running short and will not be sustainable for the rest of the year – even though the bulk of cases will be seen in the coming months. With this CHF allocation in addition to limited private funding from Medair the funding gap will be bridged. Medair will then be able to access other early recovery funding mechanisms in early 2009 and maintain provision of health care to one of the least reached areas in Upper Nile.	<ul style="list-style-type: none"> Primary Health Care support to 85,000 people through 6 PHCUs and 1 PHCC (approximately 30,000 beneficiaries pa). TB and Kalazar programme (approximately 25 beneficiaries pa). Integrated feeding programme within primary health care (therapeutic and supplementary) (approximately 400 beneficiaries pa). Integrated health and hygiene promotion activities. EPI (approx 1200 beneficiaries pa). Capacity building of County Health Department. Birth Assistance through MCHWs and TBAs (approximately 2,000 deliveries pa). 	<ul style="list-style-type: none"> High quality primary health care provided by Medair supported health facilities in Melut County according to MoH basic package of health services. Increased family and community awareness and practice of health and hygiene promoting behaviours. Increased capacity of individuals and the local authority to practice good governance in supporting, managing and delivering sustainable health services. 	<ul style="list-style-type: none"> 25% of patients with malaria receive correct treatment at the health facilities. Increased birth attended by skilled birth attendants by 2% compared to June 2007. Increased DPT3 immunisation by 10% compared to June 2007. 50% of all health personnel working in Medair supported health facilities is trained in malaria case management or IECHC. 	Melut, Payuer, Paloich, Wunumum, Goldora, Pariak, Thangrial (all in Melut County) ----- <ul style="list-style-type: none"> Melut County, Upper Nile State 1 PHCU in each payam: Panamdith, Goldora, Paloic, Wunumum, Melut, Pariak 1 PHCC in Melut Town ----- January - December 2008

Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
MERCY CORPS	\$75,000					
Abyei	\$75,000					
<i>Common Services and Coordination</i>	\$75,000					

Regional Sector Priorities

Not available

Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
MERCY CORPS 06-Aug-08 Index: 1271	SUD-08/CCS26 \$75,000 <u>Project Budget</u> Q1: \$0 Q2: \$75,000 Q3: \$75,000 Q4: \$75,000	<p>This allocation was originally a CHF 2007 emergency allocation to rehabilitate the Abyei airstrip so that UNHAS could land fixed wing aircraft into Abyei thereby assisting humanitarian access into Abyei. Although delays in finalizing the PCA with the FMU nearly resulted in cancellation of this allocation in the first quarter of 2008, the humanitarian community advocated on behalf of this allocation. Armed conflict in Abyei in mid-May has halted many CHF projects. USAID has indicated they will completely rehabilitate the airstrip. Given that there has been a special allocation for Abyei in the CHF 2008 second allocation round to meet humanitarian requirements caused by the fighting, that this reallocation is towards a new project in a different sector, and that an additional two-month no-cost extension is required to complete this CHF 2007 emergency allocation, this allocation will be cancelled. The US\$75,000 will be reallocated under the CHF 2008 special allocation for Abyei listed in the CHF 2008 second round allocation policy paper.</p> <p>Following the heavy fighting around Abyei Town which started on May 13, 50,000 people were displaced mostly south and around Agok. In addition, the UN and NGOs that were operating from Abyei Town lost their premises and shifted their center of operations for the emergency response to Agok/Joljok. There are no UN premises or storage facilities in this area except for Mercy Corps. Mercy Corps compound in Joljok has served as the main common office, common accommodation and storage facility. Local authorities and the community as allocated land around Joljok for the common premise and warehouse. Three things are needed to support and sustain the emergency response for the displaced people. The first is the construction of a short feeder road to the premise and warehouse. This will also serve the Goal Health Clinic and is also requested by UNDSS in case of evacuation as the vehicles can't move out during the rainy season. The second is to build a fence around the common warehouse for the security of goods. This fence will also provide accommodation for national staff in particular drivers. The third is to up-grade the current borehole to a mini-water yard that provides water to the UN/NGOs agencies, the Goal clinic and surrounding community.</p> <p>While an Abyei agreement has been signed, agencies will continue to provide substantial services from Jol jok / Agok due to the large numbers of displaced populations and the continued insecurity in the region</p>	<ol style="list-style-type: none"> 1. Planning with local authorities and non-governmental organizations. 2. Contract the road to construction company. 3. Procure materials for water upgrade and fence. 4. Contract labor and provide technical oversight on completion of projects. 5. Interagency coordination: <ul style="list-style-type: none"> • UNICEF to upgrade the borehole • UNICEF to provide a small generator • SC-US to over see the set up of the water system • MC to subsidize the fuel/ operations and maintenance of the system • GOAL to provide oversight for the completion of the fence. 6. Assumptions and Challenges: <ul style="list-style-type: none"> • Access to materials and transport on time • Road company availability in the area is subject to the Agok airstrip project being contracted to the same company which is currently being negotiated with USAID contractor PADCO. 	<ul style="list-style-type: none"> • Feeder road to common premise, warehouse and PHCC. • Mini-Water yard to serve UN/NGOs, PHCC and Community. • Fencing for common warehouse. 	<ul style="list-style-type: none"> • 300 meter road to provide secure and all weather access to the GOAL clinic and common humanitarian agency premise 300. • Procurement for a fence around rubhalls to serve as inter agency warehouse for humanitarian response to displaced populations in Abyei. • Upgraded water system to increase access to the local community, medical support service provider and inter-agency compound. 	Joljok, Abyei area ----- Host and Displaced Community in Abyei area. ----- June - December 2008

Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
Merlin	\$183,602					
Darfur	\$183,602					
Health and Nutrition	\$183,602					

Regional Sector Priorities

- Ensuring access to health care services at primary care level i.e. maternal and child care, and emergency services.
- Floods season preparedness and emergency response in conflict areas including pre-positioning of emergency supplies.
- Hygiene promotion interventions to mitigate and protect against water-borne and vector-borne disease.
- Nutrition to the most vulnerable (TFC/SFC).

Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
Merlin 08-Jul-08 Index: 1197 [2] SUD-08/HH179 PHC, Nutrition and Community Reproductive Health for IDP and Host Communities in South Darfur - [D] - [FA] - (HER)	\$183,602 <u>Project Budget</u> Q1: \$1,240,918 Q2: \$2,481,836 Q3: \$3,722,756 Q4: \$3,722,756	<p>The sustained insecurity and displacement in the Gereida area warrants continued emergency response to meet the basic health needs of the population. There are currently 3 health facilities in the camp serving over 120,000 IDPs and an estimated 40,000 surrounding communities (far below the recommended sphere standards). The risk of epidemics, high mortality rates, and peaks in morbidity patterns threaten to further destabilise the targeted IDP and host community. Due to their increased vulnerability, this proposal places emphasis on maternal and child health with interventions on PHC services, nutrition, malaria, emergency preparedness and response (key priority areas that have been agreed by the Southern Darfur health sector).</p> <p>Funds are needed for staff deployment and continuation of activities in Gereida in preparation of expected funding from other donors (OFDA). This is the minimum funding required to reach the targets by the end of the year.</p>	<ul style="list-style-type: none"> • Conduct curative consultations at one static and five mobile clinics with appropriately qualified, regularly appraised, trained and supervised medical staff offered at all supported health facilities, mobile clinics and community outreach. • Provide ANC services through health facility and outreach mobile clinics for all pregnant women including the provision of clean delivery kits in their 3rd trimester, TT, IPT, micronutrient supplementation and mebendazole and ensure distribution of LLITNs to all pregnant women and children < 5years during their first visit to Merlin clinic. • Ensure delivery and supply of essential drugs, equipment and non-medical supplies through Merlin orders and UNICEF PHC kits. • Support routine vaccinations at static and mobile clinic services in collaboration with MoH EPI Dept. and UNICEF. • Provide village midwives with clean delivery kits. • Identify and refer all pregnant women at risk of complication to Gereida hospital. • Maintain a local health information system and disease surveillance system. • Support capacity building of health workers through a series of structured trainings, in-service coaching and regular supervision as provided by Merlin technical staff. • Train Health workers on health education messages targeted at women and children <5 years in each area. • Training of community reproductive health promoters on safe motherhood. • Conduct community health education on safe motherhood, childhood disease, communicable diseases, hygiene and sanitation and management of early signs and symptoms, and health service utilisation in the IDP camp and host communities through the network of CHPs and CRHPs. • Provide growth monitoring (weight for height in clinics and MUAC for community outreach workers) for all children <5years, to identify severely malnourished cases for referral to ICRC in Gereida. • Conduct community health education on safe motherhood, childhood disease, communicable diseases, hygiene and sanitation and management of early signs and symptoms, and health service utilisation in all target IDP camps and host communities through the network of CHPs and CRHPs. 	<ul style="list-style-type: none"> • Increased access to PHC services with special emphasis on services for women and children < 5. • Increased utilization of preventative health services with a comprehensive maternal and child health focus in all target communities. • Increased ANC, IPT2, ITN coverage. • Increased vaccination coverage. • Improved nutrition status among children under-5. • Increased capacity of health workers at community level to provide quality health care services to their communities. 	<ul style="list-style-type: none"> • At least 1 consultation/person/year. • At least 40,000 clients attend health education sessions. • At least 80% ANC 2+, 50% IPT2, 40% ITN coverage for under-5s and pregnant mothers. • At least 80% of children less than 1 year have received PVT3. • 90% of children under-5 attending Merlin's clinics receive growth monitoring and nutritional screening with appropriate referral of moderately and severely malnourished children. • 90% Merlin staff receive training on common health conditions (in particular malaria, diarrhea, respiratory tract infections and obstetric emergencies). 	<ul style="list-style-type: none"> • Gereida camp and surrounding host communities. ----- • IDPs estimated at 120,000 and host communities estimated at 40,000 ----- July 2008 - December 2008

Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
NRC	\$80,000					
Khartoum and Other Northern States	\$80,000					
Protection and Human Rights	\$80,000					

Regional Sector Priorities

- Support to protection activities for groups with specific needs (including women and children).
- Support to the capacity of authorities and communities to identify, monitor, report and respond to violations of the rights of civilians taking into consideration age, gender and diversity.
- Support to monitoring, reporting and response to gender-based violence.
- Strengthening the protective environment and the capacity of communities and authorities to promote the protection, respect and realisation of the rights of children.

NRC	SUD-08/PHR41	\$80,000					
08-Jul-08 Index: 1148 [4]	Information, Counselling and Legal Assistance - [KN] - [HIV][Gnd] - (HER)	<u>Project Budget</u> Q1: \$200,000 Q2: \$400,000 Q3: \$500,000 Q4: \$500,000	<ul style="list-style-type: none"> • The provision of legal assistance to IDPs and the implementation of legal rights awareness workshops help to promote a protective environment for IDPs in the Khartoum camps and squatter areas. The provision of information on durable solutions assists IDPs in making informed and voluntary decisions regarding whether to return, locally integrate or relocate. The project activities are in alignment with the sector priorities. • NRC has received US\$200,000 from UNHCR and 200,000 from MFA for this project leaving the project US\$100,000 short for full completions of the activities described in the workplan. The CHF allocation would allow for a completion of the project and the possible increase on certain targets (documentation). 	<ul style="list-style-type: none"> • Provision of legal counselling. • Assistance with the provision of identity documents for IDPs. • Dissemination of information on durable solutions. • Implementation of legal rights awareness workshops. 	<ul style="list-style-type: none"> • 6 ICLA centers operational in Khartoum camps and squatter areas. • 2,900 IDPs assisted in either legal counseling, representation or procurement of identification documents. • 26 legal rights awareness, protection or human rights workshops implemented, targeting IDPs, local authorities, community leaders, UN agencies, NGOs or CBOs. • 58,000 information leaflets on return related issues, as produced by the Sudan Information Campaign on Returns, are disseminated to IDPs. • 40,000 IDPs provided with information, via individual counseling sessions or group information sessions, on local integration or return related issues. • ICLA regularly feeding information regarding IDP protection concerns to advocacy fora, both nationally and internationally. 	<ul style="list-style-type: none"> • Provision of legal counselling and representation to at least 100 IDPs. • Assistance with the provision of identity documents for 400 IDPs. • Dissemination of information on durable solutions to at least 10,000 individuals (movie screenings & info sessions with Q&A). • Implementation of 2 legal rights awareness workshops with at least 40 participants in each. 	4 IDP camps and 2 squatter areas in Khartoum ----- Some 10,500 IDPs in Khartoum camps and squatter areas, target at least 50% women. ----- January-December 2008

Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
OXFAM GB	\$500,000					
Darfur	\$500,000					
Water and Sanitation	\$500,000					

Regional Sector Priorities

- Construction of new water and sanitation facilities for new IDPs (displaced in 2007 and 2008).
- Operation and maintenance of existing water and sanitation facilities.
- Conduct AWD/Cholera preparedness and prevention activities including hygiene and environmental awareness.
- Conduct water quality surveillance, monitoring and testing of water samples.

OXFAM GB	SUD-08/WS139	\$500,000	1.Oxfam's proposed activities link integrally to the sector priorities for 2008. 2.Oxfam is currently assisting an estimated 280,300 displaced and conflict affected persons in Kebkabiya, Shangle Tobay, Abu Shouk, and El Salaam Camps. 3.Oxfam do have funds to continue their operation particularly to sustain water and sanitation in above IDP camps and hence funds are required immediately to continue WES interventions. Oxfam has submitted plans for other donors and waiting for their response.	<ul style="list-style-type: none"> • Safe and equitable access to appropriate water, and beneficiaries are involved in the sustainable management of this resource. • AWD preparedness and prevention. • Safe access to sanitary facilities. • Sustainable management of groundwater resources. • Public health promotion and good hygiene practices. 	<ul style="list-style-type: none"> • Continue to operate and maintain 17 existing motorised water supply systems, and the water distribution network and delivery points. • Extension of the water system (2 boreholes) to cover the additional needs of people in rural areas, construct 10 open wells, each with animal troughs and sited along pastoralist migration routes and dig 8 boreholes in villages. • Community training – using new hygiene promotion approaches. • Maintain contingency plans and emergency stock for an additional 5,000 new displacements in areas of current Oxfam operation in Darfur. • Replacement or rehabilitation of 3,625 latrines. • 1,350 new latrines will be built across Oxfam's project areas, 25% of which will pilot a new latrine design. • 106 temporary school latrines will be provided, covering 41 schools. • 20 permanent latrines will be supplied across 5 schools and construction of 550 bathing and installation of new hand washing facilities in 10 schools. • Continue to organise monthly soap and hygiene-related NFI distributions, reaching a total of 190,926 beneficiaries. 	<ul style="list-style-type: none"> • O&M of 17 existing motorised water supply system. • Construction of additional 2 BH. • Construction of 10 open wells and animal troughs. • Digging of 8 BH. • Rehabilitation of 3,625 latrines. • Construction of 1,350 latrines. • Construction of 126 school 	Northern Darfur (Kebkabiya; Shangil Tobay; Abu Shouk camp and El Salaam Camp) ----- 280,300 ----- July - December 2008
07-Jul-08 Index: 1246 [9]	Sustainable Public Health Programme in Darfur for War-Affected People - [D] - [HIV][Gnd][CB][Env][FA] - (HER)	Project Budget Q1: \$3,561,280 Q2: \$7,122,560 Q3: \$10,683,841 Q4: \$10,683,841					

Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
PAI	\$372,000					
Darfur	\$372,000					
Health and Nutrition	\$372,000					

Regional Sector Priorities

- Ensuring access to health care services at primary care level i.e. maternal and child care, and emergency services.
- Floods season preparedness and emergency response in conflict areas including pre-positioning of emergency supplies.
- Hygiene promotion interventions to mitigate and protect against water-borne and vector-borne disease.
- Nutrition to the most vulnerable (TFC/SFC).

PAI	SUD-08/HN33	\$372,000	Integrated approach, plus maternal and child health focus	<ul style="list-style-type: none"> • Primary Health Care Clinics. • Mobile clinics. • Reproductive health outreach and midwife/TBA training. • Village health worker training. • EPI outreach in gap areas. 	<ul style="list-style-type: none"> • Broad improvement of health indicators in rural areas. • Provision of health services to displaced populations. • Lowering of maternal and under 5 mortality rates. • Incentive to non-displacement and voluntary returns due to service provision in previously unserved rural areas. 	<ul style="list-style-type: none"> • 130,000 patients treated in Primary Health Care facilities during 2008. • 100 community health workers trained in basic health and hygiene promotion and Accelerated Child Survival initiative. • 15 local health committees established to promote health in rural villages. • Participation in EPI/ vaccination campaigns in project and adjacent gap areas. 	Northern Darfur: Al Salaam IDP Camp (El Fasher Locality), Khazan Tunger (Rural Tawila), Tukamare (Rural Tawila), East Jebel Mara, Dar el Salaam ----- 157,000 people ----- Ongoing; January - December 2008
08-Jul-08 Index: 1205 [10]	Primary Health, Reproductive Health and Training Community Health Workers in Dar al Salam, Khazan Tunjur and Al Salam IDP Camp, North Darfur State - [D] - No cross cutting - (HER)	Project Budget Q1: \$400,000 Q2: \$800,000 Q3: \$1,096,033 Q4: \$1,096,033					

Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
Samaritan's Purse	\$175,000					
Eastern States	\$175,000					
Health and Nutrition	\$175,000					

Regional Sector Priorities

- Expand health care services such as EPI to children under 5 years, essential drugs, laboratory services, integrated health care packages, STI/HIV/AIDS counseling, and TB treatment services.
- Provision of health care services organized before and during IDP returns and improved access to vulnerable groups.
- Expand EmOC coverage.
- Undertake health awareness promotion campaign, inclusive of child spacing and breast feeding.
- Support existing and develop new TFC/OTP/SFC centers to rehabilitate moderately severely malnourished children and other vulnerable groups, including pregnant and lactating women and the elderly.

Samaritan's Purse 07-Jul-08 Index: 1234 [1]	SUD-08/HN43 Health and Nutrition Project for Kassala State - [E] - No cross cutting - (HER)	\$175,000 <u>Project Budget</u> Q1: \$600,000 Q2: \$600,000 Q3: \$980,000 Q4: \$1,580,000	Scored highly, identified as a priority by the region, target and geographical area is high priority. This allocation is the minimum funding required to reach the targets by the end of the year.	<ul style="list-style-type: none"> • Provide health and nutrition education and awareness training in rural areas (Priority 4). • Provide pre-natal, obstetric and maternal health care in a clinic setting in Hamesh Koreb in collaboration with the MoH (Priorities 1 and 2). • Provide 2 physicians who can perform C-sections and other EmOC, and medical experts to facilitate training courses in the MOH midwifery school (priorities 1-3). • Provide iron and other micronutrient supplements to pregnant mothers and women of child bearing age, therapeutic feeding to severely malnourished U5 children (RUTF) and supplementary feeding to moderately malnourished U5 children. (priority 5). 	<ul style="list-style-type: none"> • Significant decrease in severe and moderate malnutrition in U5 children and moderate malnutrition in pregnant and lactating mothers. • Decrease in diarrheal illnesses, lower respiratory tract infections (LRTI) and dehydration-related deaths. • Improved global acute malnutrition (GAM). • Decrease in maternal and neonatal mortality. • Increased understanding among women of causes of illness as evidenced by decrease in LRTIs, diarrheal diseases and dehydration-related deaths. • Decrease in severity of illnesses and conditions related to primary health and minor surgical problems e.g. abscesses, lacerations, fractured bones. 	<ul style="list-style-type: none"> • Decrease severe and moderate malnutrition by 30%. • Decrease maternal and neonatal mortality by 40%. 	Kassala State, primarily Hamesh Koreb and Telkook Localities ----- Pregnant women, lactating mothers and under 5 children in an area with an approximate population of 75-100,000. General population of Hamesh Koreb, Telkook, and other rural areas through health education. ----- July - December 2008
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Project Details (and regional quarterly project budget)	CHF Allocation	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
SC-Sweden	\$175,030					
Darfur	\$175,030					
Protection and Human Rights	\$175,030					

Regional Sector Priorities

The Regional Priorities supported by the second tranche CHF allocation include:

- Support to monitoring, reporting, prevention and response to GBV;
- Support capacity building of authorities and communities to identify, monitor, and report and response to violations of the rights of civilians taking into consideration age, gender and diversity, and;
- Strengthening the protective environment and the capacity of communities and authorities to promote the protection, respect and realisation of the rights of children.

SC-Sweden	SUD-08/PHR30	\$175,030	<p>The project has shortfall of funds to continue the implementation of their integrated activities on psychosocial, child recruitment, abandoning harmful traditional practices (female genital mutilation, child marriage, and discrimination against girls), education on violence against children, and promoting child participation. It supports addressing cross-cutting issues such GBV, HIV/AIDS, FGM and environment, and in building the capacities of authorities and communities to identify, monitor and report on protection violations in the targeted rural areas in Northern Darfur (El Fasher, Tawila, Kutum and Fatarbano). Hence, the Steering Committee recommends an allocation of \$175,030 from the 2nd tranche CHF allocation. This allocation was the full funding amount requested from SC-Sweden.</p>	<ul style="list-style-type: none"> • Provide psychosocial activities in the Child Friendly Spaces including incentives for 150 community animators. • Provide recreational activities and materials for children's and youth clubs. • Livelihood support for most vulnerable families, children and girls in 6 IDP camps. • Support to implement activity plans for 6 youth clubs. • Construct 4 youth centres. • Support the integration of 100 children associated with the fighting forces into schools and skills training centres. 	<ul style="list-style-type: none"> • Enhanced psychosocial well-being of war-affected children through the activities carried out by the CFSs, children and youth clubs. • Enhanced capacity of vulnerable families to meet their basic needs, and leading to self reliance and sufficiency. • 100 child soldiers returned, reintegrated and reunited with their families. 	<ul style="list-style-type: none"> • 8,000 war-affected children (3-6 years old) benefited from the psychosocial support activities in the child friendly spaces. • 150 community animators and other volunteer workers trained in psychosocial skills. • 12 children's clubs and 4 youth clubs provided recreational materials and equipments. • 60 vulnerable IDPs and 6 youth groups provided livelihood activities and 300 IDP girls participated in skills training activities. • 4 youth clubs constructed. • 2,500 children/youths provided awareness on child protection, GBV issues including HIV/AIDS and environmental concerns. • 100 children associated with the fighting forces returned, reunited with their families. 	<p>El Fasher, Tawila, Kutum and Fatarbano ----- 8,000 children aged 3-14 years old reach out by the psychosocial activities, 18,000 adolescents/youths involved in recreational and sports activities, 6,000 adults including community leaders, parents and other influential persons provided awareness on child protection/GBV, HIV/AIDS and environmental issues, 100 child soldiers ----- July - December 2008</p>
02-Jul-08 Index: 1174 [2]	Promoting the Protection and Psychosocial Well-being of Children in Northern Darfur - [D] - [HIV][Gnd][CB] - (HER)	<p><u>Project Budget</u></p> <p>Q1: \$87,864 Q2: \$235,728 Q3: \$383,592 Q4: \$383,592</p>					

Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
SC-UK	\$648,000					
Eastern States	\$190,000					
Health and Nutrition	\$100,000					

Regional Sector Priorities

- Expand health care services such as EPI to children under 5 years, essential drugs, laboratory services, integrated health care packages, STI/HIV/AIDS counseling, and TB treatment services.
- Provision of health care services organized before and during IDP returns and improved access to vulnerable groups.
- Expand EmOC coverage.
- Undertake health awareness promotion campaign, inclusive of child spacing and breast feeding.
- Support existing and develop new TFC/OTP/SFC centers to rehabilitate moderately severely malnourished children and other vulnerable groups, including pregnant and lactating women and the elderly.

SC-UK	SUD-08/HN44	\$100,000	Haya, a locality in the Red Sea State has some of the worst nutrition indicators in Sudan with the highest number of malnourished children in the Red Sea State. The acute malnutrition frequently goes above emergency cut-offs and chronic malnutrition standards. This allocation is the minimum funding required to reach the targets by the end of the year.	<ul style="list-style-type: none"> • Conduct refresher training on supplementary feeding protocols & nutrition messages for the Ministry of Health staff in Haya Locality, Red Sea State. • Improve the supply chain for STF and nutrition education inputs in Haya Locality, Red Sea State. • Review the methodology and carry out a nutrition survey in the pastoral communities of Haya Locality, Red Sea State to gain a better understanding of nutrition issues amongst the pastoral community. • Conduct a baseline on current knowledge, attitude and practices of the community as well as the current level of service delivery in Haya Locality, Red Sea State. 	<ul style="list-style-type: none"> • Improved implementation, management and delivery of existing nutrition (feeding protocols, nutrition messages, etc.) services by MoH personnel to the community of Haya Locality, in Red Sea State. • Increased/improved quality of nutrition programmes through better understanding of the needs for, and impacts of, nutrition interventions in the pastoral communities as well as the rest of Haya locality, Red Sea State, in general. 	<ul style="list-style-type: none"> • MoH staff in Haya Locality receive refresher training on supplementary feeding protocols and nutrition messages. • 1 STF supply chain for STF and nutrition education inputs. • 1 nutrition survey in pastoral community. • 1 baseline on KAP of the Haya Loca. 	Haya Locality, Red Sea State ----- 65,000 acutely malnourished Haya Locality community members ----- July 2008 - December 2009
07-Jul-08 Index: 1236 [3]	Nutrition for Impoverished Children, Haya locality, Red Sea State - [E] - No cross cutting - (HER)	<u>Project Budget</u> Q1: \$90,553 Q2: \$150,570 Q3: \$210,587 Q4: \$210,587					

Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
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Protection and Human Rights**\$90,000**Regional Sector PrioritiesE_PHR_1

- Monitor, report and follow up on reported human rights violations.
- Prepare situation analysis to identify disadvantage/deprived communities, vulnerable groups and their needs.
- Advocate with the State authorities for protection and respect for human rights of civilian population.
- Provide capacity building for law-enforcement, legal and judicial institutions to strengthen rule of law and provide legal assistance to civilians.
- Train government authorities and community leaders on protection and human rights principles.

E_PHR_3

- Provide support to unaccompanied/separated children among asylum seekers, refugees, IDPs and returnees.
- Strengthen coordination mechanism to monitor, report and analyze child protection violations/issues at state and community levels.
- Increase awareness of state authorities and communities on child rights and protection issues.

E_PHR_5

- Promote development and implementation of national refugee policy.
- Facilitate access of refugees to local integration (naturalization) and resettlement.
- Provide documentation and legal support for refugees, asylum seekers, IDPs and returnees.
- Raise awareness and build capacity of state government authorities, communities on relevant national and international laws and procedures.

SC-UK 25-Jun-08 Index: 1248 [3]	SUD-08/PHR89 Developing an Integrated Child Protection Response and Mechanism for Vulnerable, at-risk and marginalised children in Red Sea State. - [E] - [HIV][Gnd][CB] - (HER)	\$90,000 <u>Project Budget</u> Q1: \$0 Q2: \$125,000 Q3: \$200,000 Q4: \$200,000	<ul style="list-style-type: none"> • The project meets all the three priorities of the sector of support to GBV interventions, capacity building of communities and strengthening the protective environment and capacity of communities to promote the protection, respect and realization of the rights of children. • SC-UK did not include this project in the 2008 Work Plan for RSS however SC-UK interventions in education, food security and livelihoods and needs vis-à-vis child protection compelled SC-UK to intervene especially in establishing and strengthening a community-based child protection mechanism in the region. Although this project was not included in the Work Plan, the Steering Committee considered it important to support child protection activities and the sector in Red Sea State. Given that some of the DDR activities listed in the SC-UK proposal were already covered by UNICEF the allocation requested by SC-UK was reduced from \$200,000 to \$90,000. 	<ul style="list-style-type: none"> • Rehabilitate and reintegrate support for children in conflict with law, (education, recreation, skills trainings including vocational training, etc.). • Train, raise awareness and advocat on juvenile justice issues with key members of government- child council, judiciary and police and civil society in general. • Facilitate capacity building and awareness raising of Community Based Committees (CBCs), community-based child protection networks (CBCPN), CBOs, local NGOs and civil society to transform the protective environment for vulnerable children and address protection concerns. 	<ul style="list-style-type: none"> • Enhanced capacity of local communities to deal with at-risk children and GBV. 	<ul style="list-style-type: none"> • 206 children in conflict with the law to be assisted through formal education and in the vocational training. • 260 personnel from the government, NGOs, community leaders, civil society members to be trained on juvenile justice, child protection and GBV issues. • 11 CBCs and CBCPNs targeted to be involved in capacity building activities including women and youth groups. • 2,500 persons to be reached out in the GBV/child protection awareness raising activities. 	Red Sea State (Port Sudan, Hawa) ----- 20,000 at-risk and vulnerable children and adults ----- July - December 2008
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Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
Khartoum and Other Northern States						
\$70,000						
<i>Protection and Human Rights</i>						
\$70,000						

Regional Sector Priorities

- Support to protection activities for groups with specific needs (including women and children).
- Support to the capacity of authorities and communities to identify, monitor, report and respond to violations of the rights of civilians taking into consideration age, gender and diversity.
- Support to monitoring, reporting and response to gender-based violence.
- Strengthening the protective environment and the capacity of communities and authorities to promote the protection, respect and realisation of the rights of children.

SC-UK	SUD-08/PHR18	\$70,000	<ul style="list-style-type: none"> • The project responds to the core sectoral priorities, particularly on child protection and on response to GBV (Priority 2 and 3). • The activities are directly targeting the main protection gaps visible in Khartoum IDP sites and are complementary to the overall child protection action supported by UN agencies in the context of Khartoum. • Underfunding reported. 	<ul style="list-style-type: none"> • Provision of immediate emergency assistance to vulnerable children vis-a-vis identified protection concerns (including SGBV). • Alternative education for children at risk in cooperation with national partners (pre-school preparation, classes and trainings, including procurement of material). • Advocacy, also with national partners and relevant institutions, for support to the most vulnerable segments of the child population in Khartoum (street children, children victims of abuses, children in contact with the law). • Recreational support activities at children's centres and open days for children in cooperation with national partners. • GBV training. 	<ul style="list-style-type: none"> • The most urgent needs of IDP children and their families are addressed, with particular reference to violence and abuses (e.g. GBV). • The psychosocial and protection situation of children is improved through recreational support and other forms of training and cultural activities. • Awareness raised in the communities on the major protection challenges facing children, including GBV, and on the available response channels (e.g. Family and Children Police Unit). 	<ul style="list-style-type: none"> • 200 children provided with immediate assistance, including referral of GBV cases (transport, medical and legal assistance). • 100 children provided with alternative education. • 7,000 children supported with recreational activities. • Some 180 community members are targeted with training on GBV and child protection themes to increase their awareness and provide better protection. 	Khartoum IDP sites ----- <ul style="list-style-type: none"> • 200 children provided with immediate assistance, including referral of GBV cases (transport, medical and legal assistance) • 100 children provided with alternative education • 7,000 children supported with recreational activities • 180 community memb ----- January-December 2008
08-Jul-08 Index: 1151 [3]	Developing an Integrated Child Protection Mechanism for Vulnerable IDP and Other At-risk Children in Khartoum - [KN] - [HIV][Gnd][CB] - (HER)	<u>Project Budget</u> Q1: \$463,772 Q2: \$869,572 Q3: \$1,159,430 Q4: \$1,159,430					

Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline	
Southern Sudan		\$388,000					
Education and Culture		\$388,000					
<u>Regional Sector Priorities</u>							
<ul style="list-style-type: none"> • Procurement and distribution of educational materials (teaching and learning). • Construction of learning spaces. 							
SC-UK 07-Jan-08 Index: 1223 [1]	SUD-08/E111 Improving the Quality of Basic Education for Children in Southern Sudan - [S] - [HIV][Gnd][CB][Env][ERA] - (HER)	\$388,000 <u>Project Budget</u> Q1: \$803,636 Q2: \$1,205,449 Q3: \$1,607,251 Q4: \$1,607,251	This project had requested \$1.16m inter alia for 960 children benefiting from 3 new schools of 24 classrooms rehabilitated, latrines constructed, boreholes drilled, and 6,000 items of furniture supplied; the training of teachers, head teachers and women did not fall under the current CHF first tranche 2008 priorities. Costs for Operations, Admin and Recovery were deemed very high, but costs for three schools were suitable. A school for Lakes and one for Jonglei would also duplicate other projects. It had been proposed to allocate \$450 000 for this project for two schools in Upper Nile and the third in Western Bahr-el-Ghazal. The recommendation is that SC/UK be allocated \$400,000 for two schools in Upper Nile, a high priority state, where building costs are higher than most others, as the period for construction is limited and it would be easier to administer the project in one state rather than two.	<ul style="list-style-type: none"> • Procure building materials and construction activities. 	<ul style="list-style-type: none"> • Two 8-classroomed schools constructed. 	<ul style="list-style-type: none"> • Two 8-classroomed schools constructed. 	Jonglei State, Wurod and Nyirol Counties ----- 640 girls and boys ----- July - December 2008
SC-US		\$425,000					
Abyei		\$10,000					
NFIs and Emergency Shelter		\$10,000					
<u>Regional Sector Priorities</u>							
<ul style="list-style-type: none"> • To improve emergency preparedness and response. • To assist the affected populations returning to Abyei with basic household items. • To develop common sectoral guidelines for assistance. • To strengthen information sharing mechanisms and identify gaps in coverage. • To improve needs assessment methodology, and monitoring and evaluation of activities. 							
SC-US 18-Jun-08 Index: 1257 [2]	SUD-08/NS57 Returnees Re-integration and Re-settlement Project - [A] - [HIV][Gnd][CB][Env][ERA] - (HER)	\$10,000 <u>Project Budget</u> Q1: \$110,000 Q2: \$143,100 Q3: \$163,100 Q4: \$163,100	Since SC-US is considered one of the very limited number of UNJLCs' partners in Abyei, thus, this amount is considered very essential and adequate for SC-US to cover distribution costs and secondary transportation.	<ul style="list-style-type: none"> • Distribution of NFI & ES to affected populations returning to Abyei. 	<ul style="list-style-type: none"> • Affected populations returning to Abyei receive non-food and emergency shelter items in a timely manner. • Basic living conditions are improved and households are protected from elements. 	<ul style="list-style-type: none"> • Distribution to affected populations returning to Abyei. 	Abyei ----- 6,000 returnees that fled to north and east of Abyei during the May crisis. ----- January - December 2008

Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline	
Southern Kordofan	\$415,000						
Health and Nutrition	\$300,000						
<u>Regional Sector Priorities</u>							
<ul style="list-style-type: none"> • Ensuring access to health care services at primary care level i.e. maternal and child care and emergency services. • Flood season preparedness and emergency response in conflict areas including pre-positioning of emergency supplies. • Hygiene promotion interventions to mitigate and protect against water-borne and vector-borne disease. • Nutrition to the most vulnerable (TFC/SFC). 							
SC-US 08-Jul-08 Index: 1190 [7]	SUD-08/HN55 Integrated Community Rehabilitation and Development (ICRD) - [SK] - [Gnd][CB][ERA] - (HER)	\$300,000 <u>Project Budget</u> Q1: \$377,560 Q2: \$403,136 Q3: \$674,424 Q4: \$755,120	This project has been prioritized for funding because it is the only project providing services to almost four of the most underserved localities of Southern Kordofan. The nutrition interventions implemented through this project are the only nutrition act	<ul style="list-style-type: none"> • Planned activities related to CHF allocation include the running of the 2 CTCs in Talodi and Kauda. • Provision of essential supplies and drugs to approximately 50 clinics. • Train staff including SMOH staff and continued screening for nutrition at community levels. • Distribute ITNs to vulnerable groups. 	<ul style="list-style-type: none"> • Increased access and treatment of acute moderate and severe malnutrition in the communities of Talodi and Kauda. • Increased access to basic health care by the vulnerable groups. 	<ul style="list-style-type: none"> • GAM and SAM maintained at below threshold levels. • Cure rate at SFP and OTP of above 75%. • Drugs and supplies distributed to 85% of the target clinics. • 42,000 ITNs distributed. 	Southern Kordofan State - Rashad, Talodi and Abu Gebeha ----- 255,000 will be targeted for drugs while 28,631 direct beneficiaries will be expected at the CTC project. The CTC beneficiaries will include only children less than five years of age and pregnant and lactating women. ----- January - December 2008

Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
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Protection and Human Rights		\$115,000				
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Regional Sector Priorities

- The regional priorities supported by the second tranche CHF allocation include:
 - Support to monitoring, reporting, prevention and response to GBV.
 - Support capacity building of authorities and communities to identify, monitor, and report and response to violations of the rights of civilians taking into consideration age, gender an diversity.
 - Strengthening the protective environment and the capacity of communities and authorities to promote the protection, respect and realisation of the rights of children.
- Protection of returnees and recent displaced population from Abyei, especially those IDPs that have moved to Southern Kordofan areas.

SC-US 16-Jul-08 Index: 1192 [1]	SUD-08/PHR48 Capacity building for government and communities to address child protection and gender based violence (GBV) in South Kordofan - [SK] - [Gnd][CB] - (HER)	\$115,000 <u>Project Budget</u> Q1: \$0 Q2: \$100,000 Q3: \$150,000 Q4: \$250,000	<p>The project has been reviewed by the PHR Sector Steering Committee and supporting the sector priorities on strengthening the protection environment and the capacity of communities and authorities to promote the protection, respect and realisation of the rights of children as well as in addressing cross-cutting issues on GBV. In addition, this was also identified as one of the regional priorities of Southern Kordofan policy paper in the context of returns and recent displacement of population of Abyei, whereby some IDPs had moved to Southern Kordofan areas, which needs protection. To date, this project has not secured any funding support from any donors/partners to implement the planned activities.</p> <p>Also, it has to be noted that in the 1st CHF allocation, SC-US did not received any allocation, and it was agreed during the allocation meeting that SC-US will be given priority for the second tranche of CHF allocation. Considering the project funding need and the importance of this project to address child protection issues in south Kordofan, the PHR Steering Committee agreed and recommends the allocation of \$115,000 to implement the planned activities as proposed above.</p>	<ul style="list-style-type: none"> • Build capacity of the Ministry of Social Welfare (MoSW) and Family Tracing and Reunification (FTR) Agents on child protection and GBV. • Strengthen the CBCPNs on CRC, FTR, DDR, case management and GBV related issues. • Build capacity of youth and children's clubs on youth/children's participation in their own protection. • Build awareness on child protection and GBV within communities. • Coordinate with key stakeholders to develop a standardized protocols and referral pathways connected GBV. 	<ul style="list-style-type: none"> • Enhanced capacity of 30 MoSW and 15 FTR agents to deliver services and in addressing child protection and GBV related issues. • 430 CBCPN and YCC members trained on child protection issues. • Increased awareness of ,5000 community members on child protection and GBV issues. • Developed a standardized protocol and referrals pathway for GBV survivors. 	<ul style="list-style-type: none"> • 30 staffs of MoSW and 15 FTR agents will be trained on child protection and GBV issues. • 43 CBCPNs and 55 Youth Clubs will be involved 430 members. • 5,000 community members will benefit from the awareness raising on child protection and GBV. • 6 agencies will be involved in the referral pathway implementation. 	<p>Southern Kordofan (Kadugli, Dilling, Julud and Kauda ----- 2,500 community children including reunified separated children and other vulnerable children will be targeted ----- July - December 2008</p>
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Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
Solidarites	\$242,500					
Southern Sudan	\$242,500					
Basic Infrastructure and Settlement Development	\$242,500					

Regional Sector Priorities

- Emergency repair of strategic transportation routes.
- Support to basic service delivery by constructing public infrastructure (priority: water and sanitation).
- Support service delivery in underserved and remote areas.
- Support projects with funding shortfall which have not been able to mobilize other resources.
- The projects meet the priorities outlined in the CHF policy paper.

Solidarites	SUD-08/BI54	\$242,500	<p>This is a recently added project to the Work Plan which was not included during the first CHF allocation round, but is considered a high priority due to the nature of work, improve quality of water supply, and the number of beneficiaries (70,000) which can be reached with the amount of funding requested. The project can be implemented during the rainy season and is expected to show substantial impact by the end of 2008.</p>	<ul style="list-style-type: none"> • Survey and prioritization on the implementation of emergency repairs on the plant and network. • Discuss and sign a MOU with the local water authorities to define the role and responsibilities of Solidarités and the authorities on the implementation of emergency repairs. • Implement following emergency repairs identified to date (to be complemented by survey data): <ol style="list-style-type: none"> Installation of water meters. Repair of main distribution tank leaks. Change of 3 electric pumps engines filling the tanks. Repair of main network leaks identified in the course of the survey. Equip the water treatment plant laboratory. Conduct various other emergency repairs detected during the survey and all along the process. • Provide maintenance training to technical staff working in the plant and hand-over to local authorities. 	<ul style="list-style-type: none"> • 70,000 people supplied by the Malakal Water Treatment Plant have access to better water quality. • The production capacity of the Malakal Water Treatment Plant increases by at least 25% (estimated actual capacity 4,000 m3/day). • Increased capacity of staff working for the Urban Water Department and Water Treatment Plant through their involvement in the planning and implementation of the repair works. 	<ul style="list-style-type: none"> • Increase the water production capacity by at least 25%. Measurable by the water meters. (estimated actual capacity 4000 m3/day). • Increase the quality of the distributed water (80% analysis on conformity). • 70% of the Malakal treatment plant technicians succeed in the technical maintenance test following training (30 technicians estimated). 	<p>Malakal, Upper Nile, Southern Sudan ----- The entire community supplied by the Water Treatment Plant of Malakal, both residents and returnees (70,000 persons estimated). ----- August - December 2008</p>
01-Jul-08 Index: 1217 [2]	Emergency Repair of Malakal's Water Treatment Plant and Network - [S] - [CB][ERA] - (HER)	<u>Project Budget</u> Q1: \$0 Q2: \$300,000 Q3: \$300,000 Q4: \$300,000					

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Stromme Foundation	\$200,000						
Southern Sudan	\$200,000						
Education and Culture	\$200,000						
<i>Regional Sector Priorities</i>							
<ul style="list-style-type: none"> • Procurement and distribution of educational materials (teaching and learning). • Construction of learning spaces. 							
Stromme Foundation 07-Jan-08 Index: 1224 [2]	SUD-08/E115 Community-Based Education Interventions - [S] - [HIV][Gnd][CB][Env] - (HER) <u>Project Budget</u> Q1: \$423,064 Q2: \$846,128 Q3: \$1,269,192 Q4: \$1,269,192	\$200,000 The proposal sought \$225,000 for 8 classrooms to be constructed at Good Hope Primary School in Unity State. This is a priority state with no other proposals submitted, and the cost of construction deemed fair as materials are far more expensive in northern areas of Southern Sudan. The recommendation is that Stromme Foundation be allocated \$200,000 for this project (as had previously earlier proposed) as Unity is one of the key states.	<ul style="list-style-type: none"> • Procure building materials and construction activities. 	<ul style="list-style-type: none"> • One 8-classroomed school constructed. 	<ul style="list-style-type: none"> • One 8-classroomed school constructed. 	Unity State ----- 320 girls and boys ----- July - December 2008	
TNM	\$200,000						
Darfur	\$200,000						
Water and Sanitation	\$200,000						
<i>Regional Sector Priorities</i>							
<ul style="list-style-type: none"> • Construction of new water and sanitation facilities for new IDPs (displaced in 2007 and 2008). • Operation and maintenance of existing water and sanitation facilities. • Conduct AWD/Cholera preparedness and prevention activities including hygiene and environmental awareness. • Conduct water quality surveillance, monitoring and testing of water samples. 							
TNM 07-Jul-08 Index: 1238 [1]	SUD-08/WS140 Promotion of Safe Water Access to Underserved Areas in North Darfur - [D] - [HIV][Gnd][CB] - (HER)	\$200,000 <u>Project Budget</u> Q1: \$300,000 Q2: \$475,000 Q3: \$600,000 Q4: \$600,000	<p>The need for new water source is a high priority in the area of operation since it is not covered by any other agencies. Project is targeting under-served communities and will reduce tension between IDPs, nomads and host communities. Besides, the NGO has a dedicated drilling rig with capacity to operate. NGO did not get funds in the 1st CHF allocation.</p>	<ul style="list-style-type: none"> • Drilling new boreholes. • Install hand or submersible pumps. • Borehole rehabilitations. • Conduct community awareness and sensitisation workshops on core topics such as water point use and maintenance. • Identify unserved or underserved villages within the project area. 	<ul style="list-style-type: none"> • Access to safe potable water for domestic consumption to be increased and potential or occurrence of localised conflicts between nomadic and sedentary communities due to inadequate sources of water reduced. 	<ul style="list-style-type: none"> • Drilling of 15 new boreholes. • Rehabilitation of 25 pumps. • 5 community workshops. 	El Fasher Locality and Tawilla Locality ----- 37,500 people (60% expected to be women) ----- 1 July - 31 December 2008

Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
World Vision	\$1,050,000					
Blue Nile	\$200,000					
Water and Sanitation	\$200,000					

Regional Sector Priorities

- Provision of improved water supply, sanitation and promotion of hygienic practices are urgent humanitarian needs in Blue Nile State.
- Improvement of water supply by chlorination is urgent preparation measure for possible AWD out break in the State.
- Support completion of WASH activities in return areas and host communities.
- Only implementing agency in a geographical area.

World Vision 07-Jul-08 Index: 1165 [2]	SUD-08/WS7 Blue Nile WV Watsan Programme - [BN] - [HIV][Gnd][CB][Env] - (HER)	\$200,000 <u>Project Budget</u> Q1: \$300,000 Q2: \$500,000 Q3: \$600,000 Q4: \$600,000	World Vision is present and working in Baw locality. A high percentage of the people have little or no access to safe water and hence majority of the people, mostly women and children, walk long distances to collect water, which in most cases unsafe and unprotected sources. Many of water facilities in these areas were destroyed during long civil war. Most of targeted areas are returnees' locations.	<ul style="list-style-type: none"> • Drill and construct 5 boreholes fitted with hand pumps in returnee villages. • Construct 150 household latrines in 3 returnee villages. • Construct 2 school latrines. • Distribute 300 sets of hygiene kits. • Establish and train 5 watsan committees. • Form and train 5 children groups on safe hygiene practices. • Train 10 hand pump care takers on operation and maintenance. • Train 300 community members on PHAST approach. 	<ul style="list-style-type: none"> • 2,500 people will have increased access to safe and adequate water. • 3,000 people able to use improved latrines. • 10 caretakers trained on operation and maintenance of handpumps. • 70,000 people have knowledge and are using improved sanitation facilities and practicing appropriate hygiene behaviours. 	<ul style="list-style-type: none"> • 5 drilled boreholes functional. • 150 household latrines constructed and in use. • 2 school latrines constructed and functional. • 300 sets of hygiene kits distributed to enhance safe hygiene promotion practices. • At least 15,000 people and 700 school children receive hygiene message with special emphasis on handwashing. 	Baw Locality (Mugum, Gummar el Tom, Baw, Soda, Tyfol) ----- 15,000 people in the five target villages. 700 of them are school children and 5,000 were returnees in Soda and Mugum villages. Women will be 50% of each training participants. ----- September - December 2008
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Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline	
Darfur	\$650,000						
Health and Nutrition	\$300,000						
<i>Regional Sector Priorities</i>							
<ul style="list-style-type: none"> Ensuring access to health care services at primary care level i.e. maternal and child care, and emergency services. Floods season preparedness and emergency response in conflict areas including pre-positioning of emergency supplies. Hygiene promotion interventions to mitigate and protect against water-borne and vector-borne disease. Nutrition to the most vulnerable (TFC/SFC). 							
World Vision 08-Jul-08 Index: 1204 [9]	SUD-08/HN229 To sustain and expand quality health services to the target population in South Darfur - [D] - [HIV][Gnd][CB][Env] - (HER)	\$300,000 <u>Project Budget</u> Q1: \$500,000 Q2: \$1,500,000 Q3: \$2,000,000 Q4: \$2,000,000	<p>Preliminary results of the 2007 Food Security and Nutrition Assessment of the conflict-affected population in Darfur (DFSNA) indicate that the nutritional and health situation among the conflict affected populations in Darfur continues to deteriorate. The main causes for the high disease prevalence and poor nutritional status among this population are 1) the limited coverage of nutrition and public health services resulting in limited capacity for early identification and treatment of malnutrition and contributing morbidities, 2) variable access to adequate sanitation, particularly after heavy rains, 3) deterioration in the overall food security situation, and 4) limited progress in preventing common illnesses and malnutrition through sustained behavior change.</p> <p>More than 70% of the conflict affected population in South Darfur has been displaced and is confined to IDP camps. World Vision Northern Sudan provides health and nutritional support to IDPs in camps and to surrounding communities through seven primary health care clinics (PHCs) and seven supplementary feeding centers (SFCs). On average, the primary health care clinics serve 12,000 patients annually while the SFCs provide care to 3,600 malnourished children and women per month.</p> <p>World Vision Northern Sudan is the only NGO providing any humanitarian assistance in many communities/ IDP camps in Shearia Locality and the only NGO providing H&N interventions in many of the IDP camps, which it targets in Nyala Locality. Insecurity in Shearia Locality in the first half of 2008 contributed to a large influx of displaced persons to IDP camps in this locality and to the surrounding communities. This project will provide life-saving interventions designed to reduce morbidity and mortality in the target areas by addressing high levels of malnutrition in the areas, improving access to primary health and nutritional services, enhancing individual hygiene practices, and building the capacity of local practitioners to provide clinic-based and outreach services.</p>	<ul style="list-style-type: none"> Continue ongoing activities at 4 PHC clinics and 4 SFCs through essential structural repairs, the provision of equipment and supplies, and refresher training for staff. Support routine immunization and supplementary immunization activities for at least 4,000 children and women at 4 PHC clinics. Conduct sessions on health promotion, education and awareness for 1,000 residents per month in 4 target IDP camps with a specific emphasis on nutrition, and RH issues. Establish one mobile SFC to address arising needs in areas where new IDPs are arriving in order to respond to hunger on an emergency basis (seasonal basis and during the hunger gap). Disease surveillance system in operation. 	<ul style="list-style-type: none"> Increased access to standard clinical and preventive health services for children under 5 and pregnant and lactating women. Increased knowledge of disease prevention and control. Reduces Global Malnutrition Rate (GAM) and Severe Malnutrition Rate (SAM) in the targeted areas. 	<ul style="list-style-type: none"> 4 PHC clinics and 4 SFCs offering health and nutrition services. 4 PHC clinics and 4 SFCs with adequate drugs and supplies. 12 health and nutrition staff trained at PHC. 1,000 residents educated per month on nutrition and RH issues. Disease surveillance system operating. Immunization given to 4,000 children and women. 	<p>Shearia and Nyala Localities, Southern Darfur State ----- 80,863 people ----- July - December 2008</p>

Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
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Water and Sanitation**\$350,000**Regional Sector Priorities

- Construction of new water and sanitation facilities for new IDPs (displaced in 2007 and 2008).
- Operation and maintenance of existing water and sanitation facilities.
- Conduct AWD/Cholera preparedness and prevention activities including hygiene and environmental awareness.
- Conduct water quality surveillance, monitoring and testing of water samples.

World Vision 07-Jul-08 Index: 1239 [2]	SUD-08/WS10 Southern Darfur WV Watsan Programme - [D] - [HIV][Gnd][CB][Env] - (HER)	\$350,000 <u>Project Budget</u> Q1: \$500,000 Q2: \$1,250,000 Q3: \$2,350,000 Q4: \$2,350,000	World Vision is the only INGO addressing the needs of safe and adequate water supply, proper sanitation and appropriate hygiene practices in Mershing, Manawashi, Duma and Khorabashi. The activities in this project are meant to sustain the current levels of water and sanitation services in the camps and reduce the possibility of acute watery diarrhoea (AWD) outbreak through hygiene promotion, regular water quality surveillance and rehabilitation of existing schemes and also increase the sanitation coverage in Khorabashi and Manawashi IDPs by constructing new latrines. The funding is requested for continuation of similar activities that are being implemented with the first round allocation.	<ul style="list-style-type: none"> • Operation and Maintenance of 8 motorized schemes in IDP camps. • Continue and sustain hygiene promotion activities in 4 IDP camps with special emphasis on hand washing with soap, clean up campaigns, water safety (from source to storage and usage). • Water quality surveillance and water source disinfection in the 4 IDP camps in preparedness of AWD. • Rehabilitate 3 motorized schemes. • Replace 200 latrines in the camps. • Construct 100 new latrines for vulnerable communities. 	<ul style="list-style-type: none"> • 71,500 people with continuous safe water supply. • 6,000 people with continuous use improved latrines. • 2,000 more people using improved latrines. • 70,000 people have knowledge and are using improved sanitation facilities and practicing appropriate hygiene behaviours. 	<ul style="list-style-type: none"> • 8 motorised systems operating. • 3 water supply network systems rehabilitated. • 200 latrines replacement. • 100 new latrines installed. • At least 5,000 people receive hygiene message directly with special emphasis on hand washing. 	Mershing, Manawashi, Duma and Khorabashi ----- 79,500 people ----- August - December 2008
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Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
Southern Sudan	\$200,000					
Food Security and Livelihoods	\$200,000					

Regional Sector Priorities

- Improve targeting of the most vulnerable households especially female headed households for food aid and agricultural inputs.
- Provide food, agricultural inputs and other livelihood support inputs to IDPs, returnees and host communities.
- Protect livelihoods of vulnerable host communities especially female headed households through targeted approach assistance.
- Promoting access to land and mitigate resources based conflicts in collaboration with Government and other key partners as a means to support resettlement and reintegration of returnees and IDPs.
- Improve crop, livestock, and fisheries production by IDPs, returnees and host communities.
- Improve access to food production inputs and techniques at households' level.

World Vision 25-Jun-08 Index: 1222 [2]	SUD-08/FSL122 Poultry Restocking project for Women in Western Equatoria - [S] - [HIV][Gnd][CB][Env][ERA] - (HER)	\$200,000 <u>Project Budget</u> Q1: \$300,000 Q2: \$350,000 Q3: \$375,000 Q4: \$400,000	<ul style="list-style-type: none"> • Western Equatoria State has received large numbers of returnees since the signing of the CPA in 2005. Attributed to its proximity to Central Africa Republic and Uganda, 156,400 returnees were received into the State between 2004 and 2007. FAO/WFP projected the return of an estimated that 67,000 returnees (refugees and IDPs) will return to the state in 2008. The returnees, majority of who are spontaneous often arrive with nothing and often require assistance from humanitarian organizations to enable them get back on their feet. Furthermore, the increased food demand owing to the returnee influx from CAR and DRC continues to cause escalation of market prices for food commodities. • The project is designed to improve poultry production and productivity of especially female headed HHs in Western Equatoria; CHF resources will facilitate timely procurement of inputs as well as successful implementation of the planned activities. This project will enhance early recovery opportunities especially for women. 	<ul style="list-style-type: none"> • Provide training on various poultry management and production skills. • Provide critical inputs including vaccines and improved poultry breeds into local poultry system to improve productivity. • Co-ordinate with MOARF at State and GoSS to ensure no risk of disease outbreak as a result of project activities. 	<ul style="list-style-type: none"> • 3,000 HHs resourced with improved poultry breeds and trained in improved poultry management. 	<ul style="list-style-type: none"> • 3,000 HHs reached with improved poultry breeds. • 3,000 HHs trained in improved poultry management. 	Yambio and Ezo Counties, Western Equatoria ----- 3,000 HHs (15,000 women) ----- June - December 2008
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Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
National NGOs	\$290,000					
PANCARE	\$190,000					
Southern Kordofan	\$190,000					
Health and Nutrition	\$190,000					

Regional Sector Priorities

- Ensuring access to health care services at primary care level i.e. maternal and child care and emergency services.
- Flood season preparedness and emergency response in conflict areas including pre-positioning of emergency supplies.
- Hygiene promotion interventions to mitigate and protect against water-borne and vector-borne disease.
- Nutrition to the most vulnerable (TFC/SFC).

PANCARE 08-Jul-08 Index: 1189 [6]	SUD-08/HN54 Health Service Support - [SK] - [HIV][Gnd][CB][ERA] - (HER)	\$50,000 <u>Project Budget</u> Q1: \$89,348 Q2: \$104,674 Q3: \$140,891 Q4: \$148,913	Only service provider in geographical area, money allocated covers whole 6 months of implementation. This allocation is the minimum funding required to reach the targets by the end of the year.	<ul style="list-style-type: none"> • Social mobilizations and health awareness sessions on RH, EPI, hygiene and sanitation promotion and HIV/AIDS problem. • Improve the coverage of EPI for children less than 5 years age through routine immunization at fixed posts. • Train health workers, village development committees, and local authorities on RDF system. 	<ul style="list-style-type: none"> • Social mobilization sessions conducted. • Coverage of EPI improved for under 5 in rural areas of Southern Kordofan from 20% and 40%. • Each facility in project area has at least 1 trained service provider. 	<ul style="list-style-type: none"> • Each facility in project area has at least 1 trained service provider. • 40% EPI coverage. 	Rural areas of Southern Kordofan - Kadugli and surrounding villages ----- 25,000 ----- July - December 2008
PANCARE 27-Jul-08 Index: 1251 [1]	SUD-08/HN54 Health Service Support - [SK] - [HIV][Gnd][CB][ERA] - (HER)	\$140,000 <u>Project Budget</u> Q1: \$89,348 Q2: \$104,674 Q3: \$140,891 Q4: \$148,913	Out of the \$4 million envelope for the Abyei emergency response, \$500,000 was set aside for organizations working on-the-ground in Muglad to address the most urgent needs.	<ul style="list-style-type: none"> • Set up of mobile clinic projects to access IDPs in the remote town areas. • Provide essential drugs. • Establish sustainable drug management system (RDF). • Train health cadres on IMCI, reproductive health and other primary health care. • Conduct HIV/AIDS awareness sessions. • Map main morbidity patterns in the area. 	<ul style="list-style-type: none"> • Increase access to health services. • Raise the capacity of the health staff on EPI, STI HIV/AIDS awareness, WBD. • Decrease of morbidities and associated mortalities of common diseases, including malaria and bilharziasis. • Improve mother and child health care and to decrease maternal and neonatal mortality rates. 	<ul style="list-style-type: none"> • 3 mobile clinics. • Provision of essential drugs to 5 locations in El Muglad and surrounding areas. • Establishment of RDF systems in 5 locations. • Training of 50 midwives on EmOC and reproductive health. • Conduct 20 HIV/AIDS awareness sessions. 	Muglad, Southern Kordofan ----- 200,000 people including IDPs from Abyei and host communities ----- July - December 2008

Project Details	CHF Allocation (and regional quarterly project budget)	Allocation Justification	Planned CHF Activities	Outcome/Output (broader outputs/outcome that the CHF supported activities will help achieve)	Allocation Targets (concrete/measurable targets to be directly achieved by the CHF supported activities)	Locations, Beneficiaries and Timeline
SUDO	\$100,000					
Khartoum and Other Northern States	\$100,000					
Water and Sanitation	\$100,000					
<i>Regional Sector Priorities</i>						
<ul style="list-style-type: none"> • IDPs/returnees population. • Drought-affected population. • Flood-affected population. • Population in high risk disease outbreak areas. 						

SUDO 07-Jul-08 Index: 1163 [4]	SUD-08/WS118 Integrated WASH Project for IDP (Emergency) Affected Population in Khartoum and North Kordofan - [KN] - [HIV][Gnd][CB][Env] - (HER)	\$100,000 <u>Project Budget</u> Q1: \$540,000 Q2: \$674,000 Q3: \$807,725 Q4: \$807,725	The project targets Khartoum IDPs and drought affected areas in Northern Kordofan, where the water and sanitation coverage is poor. SUDO is one of very few agencies working in these areas. SUDO is a national NGO. The project areas are most vulnerable for flooding during rainy season and hence high risk for disease outbreak. SUDO interventions include digging of draining systems and mobilize/support the community for a simple and proper waste management system together with hygiene promotion, training and awareness raising to continue improving of community health status.	<ul style="list-style-type: none"> • Improve rain drainage system in Mayo IDP Camps. • Conduct cleaning campaign in Khartoum State IDP Camps [Mayo, Jebel Awlia]. • Rehabilitate 1 Water yard and 2 mini water yards for drought affected population of NK. • Train 60 hand pump mechanics. • Train health promoters, 90 women/youth and 90 VHCs members. • Monitor and final evaluation. 	<ul style="list-style-type: none"> • Access to improved safe water increased for 5,500 drought affected population in NK and to hygienic and protected environment from floods for 221,500 in Khartoum IDP camps. 	<ul style="list-style-type: none"> • Increase access to improved water and sanitation facilities for 5,500 drought affected population through rehabilitating of 1 water yard and 2 mini water yards and training of 60 hand pump mechanics. • Increased access to hygienic and protected environment from floods for 221,500 in Khartoum IDP camps through digging of rain drainage systems and cleaning/hygiene campaigns. 	Khartoum IDPs camps and drought affected areas of Northern Kordofan ----- 216,000 IDPs in Khartoum and 5,500 drought affected population in Northern Kordofan ----- July - October 2008
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