

Common Humanitarian Fund (CHF) for Sudan

CHF Allocation Details by Organisation

2007 Second Allocation Round

Tuesday, January 29, 2008

TOTAL CHF ALLOCATION: \$14,395,039

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

www.unsudanig.org/workplan/chf

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

Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline	
National NGOs		\$333,000					
ADEO		\$320,000					
Southern Sudan		\$320,000					
<i>Health and Nutrition</i>		<i>\$320,000</i>					
ADEO 13-Mar-07 Index: 494 [10]	SUD-07/HN89 Primary and Secondary Health Care Provision to Understand Areas in Eastern and Western Equatoria [S] (RD)	Q1: \$700,000 Q2: \$800,000 Q3: \$1,000,000 Q4: \$1,500,000	\$320,000	Eastern Equatoria State Allocation: (i) Kapoeta North County has only one primary health centre. Similarly, Lafon also has only one primary health centre. Both facilities are ill-equipped and staffed with inadequately trained health personnel. There is need to rehabilitate, equip and train personnel for at least two health facilities in Kapoeta North County and an equal number in Lafon. (ii) Drilling of one borehole in the hospital, installation of submersible pump, construction of bath shelters, plumbing and installation of overhead tank. Construction of a warehouse and kitchen for the hospital.	(i) Rehabilitation of and equipping two Primary Health Centres in Lafon, Rehabilitation and equipping of two PHCU in Kapoeta North, as well as training of staff in Kapoeta south, North and Lafon. (ii) Drilling of one borehole in the hospital, installation of submersible pump, construction of bath shelters, plumbing and installation of overhead tank. Construction of a warehouse and kitchen for the hospital.	(i) Four health facilities rehabilitated and equipped. At least 50 health workers trained. (ii) one bore hole drilled, plumbing works done and bath shelters constructed. Increased access to portable water by patients, attendants and staff	<ul style="list-style-type: none"> (i) Lafon, Kapoeta North and Kapoeta South (ii) Kapoeta Hospital, Kapoeta South County (i) Approximately 100,000 persons including returnees and community residents; (ii) 20 patients /day Nine Months
SUDO		\$13,000					
Blue Nile		\$13,000					
<i>Water and Sanitation</i>		<i>\$13,000</i>					
SUDO 27-Feb-07 Index: 367 [3]	SUD-07/WS34 Sanitation and hygiene promotion by Sudan Development Organisation (SUDO) [BN] (HA)	Q1: \$43,000 Q2: \$43,000 Q3: \$43,000 Q4: \$43,000	\$13,000	(1) To support IDPs and return of refugees/IDPs before the rainy season. (2) These activities cannot be undertaken during the rainy season. (3) Contribute to the control of disease outbreak during the rainy season.	Construction of household latrines, training of VHCs members, Social Mobilisation Workshop, hygiene promotion interventions.	About 2000 IDPs and host communities provided with sanitary means; 300 household latrines constructed; 30 VHCs members are trained and operational; One Social mobilization workshop conducted; 300 home visits conducted	<ul style="list-style-type: none"> Blue Nile State (Kurmuk , Geissan Damazine locality and areas surrounding) About 2,000 IDPs and host communities January-May

Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
International NGOs		\$14,062,039				
ACF-USA		\$1,325,600				
Southern Sudan		\$1,325,600				
<i>Food Security and Livelihoods</i>		\$400,000				
ACF-USA 03-Apr-07 Index: 467 [4]	SUD-07/FSL123 Reduction of food insecurity and associated malnutrition in Southern Sudan. [S] (HA)	Q1: \$500,000 Q2: \$750,000 Q3: \$1,000,000 Q4: \$1,000,000 \$400,000	Warrap State Allocation: Warab State has extensive needs for food security and livelihood interventions. There is a lack of access to diversified seeds, basic tools and markets. Interventions are needed that can increase the availability and access to food and that can also diversify livelihoods through livelihood interventions. Capacity building is central to achieving sustainable results. The food security and livelihood intervention will be fully integrated with other ACF-USA programs such as nutrition, health education and water and sanitation. Food security programs will be established in areas found to have high rates of malnutrition therefore while the ACF Nutrition team is treating the problem, the ACF food security team will work together with the water and sanitation program to prevent future reoccurrence. By doing this, ACF will tackle the root causes of malnutrition and food insecurity in a comprehensive integrated approach.	<ul style="list-style-type: none"> •Workshops given for new (cash crops and vegetable) and existing crops (inputs distributed if deemed necessary) to 750 identified farmers, including demonstration plots and cooperatives if necessary; •Workshops on market training to 750 identified farmers; •Establishment and/or support to 2 fisheries cooperatives with fishing equipment distribution; management is improved and the small business and trade capacity is developed; •Fishing equipment distributed to 1500 vulnerable households; 	Improvement of the local crop storage mechanisms, seeds multiplication methods and the farmers' planning capacity development. Improvement of farms' efficiency through the implementation of ox-plough activities (FAO will be approached for assistance). Returnees will be able to re-establish their farms through seeds and tools distribution. The irrigation practices taught and implemented will help farmers to plant vegetables all year long reducing the yearly 'hunger gap'. School children will learn about farming and agricultural practises and learn about vegetable growing.	<ul style="list-style-type: none"> • Gogrial West, Gogrial East and Twic Counties. • Agriculture and new crops = 50 farmers per group x 10 groups = 500 farmers • Horticulture = 50 farmers per group x 5 groups = 250 farmers • Fisheries = 40 people per cooperative x 2 cooperatives = 80 people • Fishing Equipment Distribution = 1500 vulnerable households • March-December 07
<i>Health and Nutrition</i>		\$600,000				
ACF-USA 13-Mar-07 Index: 496 [12]	SUD-07/HN88 Prevention and Treatment of Acute Malnutrition with Community Based Health Education [S] (HA)	Q1: \$840,249 Q2: \$1,190,353 Q3: \$1,400,415 Q4: \$1,400,415 \$300,000	Jonglei State Allocation: ACF-USA's projects in Jonglei are focused on the treatment of acute malnutrition through capacity building of the MoH and local health structures. This project is a continuation of projects from 2006, which is covered until March 2007. However, after March, no funding has been secured and without further funding the project will be forced to close. This project addresses the nutritional needs of women and children and returnees in traditionally underserved communities in Upper Nile. This program will run in collaboration with ACF water and sanitation (SUD-07/WS59) and food security (SUD-07/FSL123) programs in northern Jonglei as 1 comprehensive program. ACF will work in collaboration with Merlin and other health NGOs to assist in construction/renovation of facilities in ACF operational areas.	<ol style="list-style-type: none"> 1) Designing of targeted feeding programs. 2) Implementation of the targeted feeding programs. <ol style="list-style-type: none"> a) Continued support for Outpatient Therapeutic Feeding in Khorfolus County PHCC's and PHCU's. c) Continued capacity building of PHCC's and PHCU's along the Nile River in Growth Monitoring and Surveillance. 3) Health education through targeted feeding programs. 4) Continued nutritional surveillance in all locations where targeted feeding programs are implemented: a) Capacity for emergency OTP and SFC programs in the Nile River Communities as needs arise. 5) Monitoring and evaluation of programs. 6) Community targeted workshops on HIV/AIDS, malaria and breastfeeding/early childhood nutrition 7) Community health education targeting at the household level 	<ol style="list-style-type: none"> 1) PHCC's and PHCU's have the capacity to perform growth monitoring as part of routine Primary Health Care. 3) PHCC's and PHCU's in areas of acute malnutrition have the capacity to deliver OTP and SFC services to 1600 SAM and 1600 MAM children. 4) Communities where malnutrition is a problem are educated on the root causes of malnutrition 	<ol style="list-style-type: none"> 1) Khorfolus County. 2) River communities along the Nile River within Jonglei state. • For One Year: 15,240 Beneficiaries Severely malnourished individuals = 1600 Moderately malnourished individuals = 1600 Recipients of health education via TFC/SFC = 3840 Community health education workshops = 1200 Community health education at the ho • Overall Project - 1 Jan 2007-31 Dec 2007; First Allocation: 1st April, 2007-30th June, 2007

Project Details		Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
ACF-USA 13-Mar-07 Index: 505 [21]	SUD-07/HN88 Prevention and Treatment of Acute Malnutrition with Community Based Health Education [S] (HA)	Q1: \$840,249 Q2: \$1,190,353 Q3: \$1,400,415 Q4: \$1,400,415	\$300,000	Upper Nile State Allocation: ACF-USA's projects in Upper Nile/Jonglei are focused on the treatment of acute malnutrition through capacity building of the MoH and local health structures. This project is a continuation of projects from 2006, which is covered until March 2007. However, after March, no funding has been secured and without further funding the project will be forced to close. This project addresses the nutritional needs of women and children and returnees in traditionally underserved communities in Upper Nile. It will provide medicalized nutritional treatment of acutely malnourished children under-five, pregnant and lactating mothers, and adults/adolescents in two nutritionally critical locations within South Sudan through the implementation of TFC/CTC/SFC programs as well as provide health education at the community and household levels. RETURNS	1) Designing of targeted feeding programs. 2) Implementation of the targeted feeding programs. a) Continued logistic and technical support to the MoH run TFC in Malakal own. b) Continued support for Outpatient Therapeutic Feeding in Malakal Town PHCC's and PHCU's. c) Continued capacity building of PHCC's and PHCU's along the Nile and Sobat Rivers in Growth Monitoring and Surveillance. 3) Health education through targeted feeding programs. 4) Continued nutritional surveillance in all locations where targeted feeding programs are implemented. a) Capacity for emergency OTP and SFC programs in the Nile and Sobat River Communities as needs arise. 5) Monitoring and evaluation of programs. 6) Community targetted workshops on HIV/AIDS, malaria and breastfeeding/early childhood nutrition 7) Community health education targeting at the household level	<ul style="list-style-type: none"> MoH has the logistic and technical capacity to run the Malakal TFC. PHCC's and PHCU's have the capacity to perform growth monitoring as part of routine Primary Health Care. PHCC's and PHCU's in areas of acute malnutrition have the capacity to deliver OTP and SFC services to 1600 SAM and 1600 MAM children. Communities where malnutrition is a problem are educated on the root causes of malnutrition >75% of exists in TFP/SFP in identified programs area are recovered/cured, and less than 10% and 3% of exists from TFP and SFP, respectively, are deaths. >50% of children estimated to be malnourished (from nutritional survey) are covered by the TFP/SFC programs in selected area(s). 100% of all feeding program beneficiaries receive health education. 600 direct beneficiaries of health education workshops 	<ul style="list-style-type: none"> 1) Malakal Town. 2) River communities along the Nile and Sobat Rivers that are reachable from Malakal Town - Monitoring will take place in Sobat; Tonga; and Fashoda Counties. Exact locations to be identified as deteriorating nutrition situations develop due to the hunger gap. For One Year: 15,240 Beneficiaries Severely malnourished individuals = 1600 Moderately malnourished individuals = 1600 Recipients of health education via TFC/SFC = 3840 Community health education workshops = 1200 Community health education at the ho Overall Project - 1 Jan 2007-31 Dec 2007; First Allocation: 1st April, 2007-30th June, 2007. It is essential that funding be obtained in the second round allocation as the hunger gap season is approaching and if funding is secured at a later time it will result in a break of programs during the hunger gap
Water and Sanitation			\$325,600				
ACF-USA 03-Apr-07 Index: 470 [3]	SUD-07/WS59 Prevent malnutrition by addressing the underlying causes such as poor hygiene and accessibility to clean water, in a sustainable manner [S] (HA)	Q1: \$500,000 Q2: \$650,000 Q3: \$800,000 Q4: \$800,000	\$325,600	Jonglei State Allocation: Khorflus County and surrounding areas are extremely susceptible to cholera outbreaks. In March 2006 there was a cholera outbreak in Malakal and surrounding area and again in November 2006. These areas need accessible safe drinking water, latrines and hygiene/health education in order to prevent future outbreaks and increase the overall quality of life in these locations. This program will run in collaboration with ACF nutrition (SUD-07/HN88) and food security (SUD-07/FSL123) programs in northern Jonglei as 1 comprehensive program. ACF will be focusing on construction of water points near to the health centers in which ACF run nutrition programs. ACF will also be focusing on food security projects in schools and include these areas in the water/sanitation assessments. The goal of ACF water and sanitation projects in Atar/Khorflus County and/or Old Fangak County is to increase access to functioning and sustainable water and sanitation systems together with improved hygiene knowledge and practices.	S_WS_1 <ul style="list-style-type: none"> Construction of at least 8 shallow wells (pilot project in different soil types) Provision of tool kits for latrine construction to groups and/or communities for construction of household latrines in 3 locations Construction of 4 latrines per school with handwashing stations in up to 10 schools Construction of 10 (5 female and 5 male) latrines per location for public use with handwashing stations in 3 locations Establish functional and effective water management committees that have women membership and train accordingly in locations where shallow wells are built S_WS_5 <ul style="list-style-type: none"> Support public awareness on hygienic/health behaviours and social marketing of latrines Training of hygiene promoters Support hygiene promotion targeting pupils and teachers in 3 locations Distribution of hygiene kits in coordination with workshops/trainings specifically personal hygiene, environment & sanitation (latrines) and prevention of malaria, diarrhea and other waterborne disease. 	<ul style="list-style-type: none"> at least 8 shallow wells constructed at least 150 latrines constructed in households 70 latrines constructed in institutions and public places. 3 Water Committees established (or support for existing) and trained Hygiene/Health and behaviour messages are understood and accepted 3000 households targeted with hygiene promotion messages 2400 hygiene/health kits distributed 24 workshops/trainings conducted 	<ul style="list-style-type: none"> Northern Jonglei: Atar/Khorflus County and/or Old Fangak County 10,000 (vulnerable, returnees, IDPs, host, women, children) in underserved rural locations Jan to Dec 2007

Project Details		Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
ACTED			\$100,000				
Southern Sudan			\$100,000				
<i>Basic Infrastructure and Settlement Development</i>			\$100,000				
ACTED 12-Mar-07 Index: 514 [1]	SUD-07/B12 Road Repair and Livelihood Support in Western Bahr El Ghazal [S] (RD)	Q1: \$0 Q2: \$500,000 Q3: \$1,200,000 Q4: \$1,200,000	\$100,000	The population living in and around Raga town (approximately 75,000) and in the wider Raga County are totally cut-off from the rest of Southern Sudan and have to rely on sporadic supplies by air. The dilapidated road network as well as the conflict in Darfur has destroyed potential for market activity and self-sufficiency during the wet season. ACTED's rehabilitation work will ensure accessibility of most settlements along the Wau – Raga road otherwise cut off during the rains. Communities will be able to increase their movements, leading to exchange of information and revival of trade. The increased movement of and lesser delays also means reduced costs and better supply of commodities. With the first quarter CHF funding, ACTED has already mobilized key personnel and equipment, established an office in Wau, repaired two of the twelve water crossings and is working with the Ministry on capacity building exercises through the secundering of local ministry staff. Further funding is imperative to continue work at this expedited rate and continue to repair seven more key water crossings before the rains.	<ul style="list-style-type: none"> • Assessment of 321 km of road from Wau to Raga town via Deim Zubeir; the road assessment will especially focus on crossing details that make the road difficult or impossible to use during the rainy season; • Profiling of all settlements along the Wau–Raga road during the road assessment; • GIS mapping of all findings from the road assessment; • Rehabilitation/construction of crossing points (culverts, irish bridges, paved ford, concrete drift, ventilated/floating/metallic bridge etc.) and filling of large potholes along the Wau–Raga road that impede traffic, especially during the rainy season; • Income generation through Cash-for-Work (CFW) activities; and, • Capacity building of engineers from the Ministry of Physical Infrastructure. 	<ul style="list-style-type: none"> • Development of technical solutions for crossing points along the Wau – Raga road; • Humanitarian community as well as Western Bahr el Ghazal State Government has accurate data on settlements and needs among the Wau–Raga road as results of the assessment and settlement profiling will be made public; • Crossing points become passable during the rainy season and large potholes are filled thus facilitating the transportation of relief assistance and commercial goods; • Trade is reinforced; • Support to resumption of basic livelihoods strategies through availability of cash (through availability of cash, people will be able to make choices and use the use the cash to buy commodities for their shop, seeds and tools to plough their field, livestock, and so on). 	<ul style="list-style-type: none"> • South Sudan, Western Bahr el Ghazal State, Wau and Raga County, Wau–Deim Zubeir–Raga Road Corridor • 93,638 residents and returnees along the Wau–Deim Zubeir–Raga road; humanitarian community as well as traders plying the route • 15/02/2007 30/04/2008
				(Justification for funding of RD project provided in separate note)			

Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
ADRA		\$341,000				
Darfur		\$306,000				
<i>Water and Sanitation</i>		\$306,000				
ADRA 03-Apr-07 Index: 404 [4]	SUD-07/WS3 Water accessibility as basis for peace building between nomadic persons and IDPs with sanitation, community health and hygiene education [D] (HA)	Q1: \$700,000 Q2: \$1,100,000 Q3: \$1,450,000 Q4: \$1,450,000 \$306,000	The Regions of North West Darfur are very badly in need of water resources. Often the nomads living in these areas find it hard to provide water for their animals and as result they move into the areas of local community and demand or forcefully take the meager water resources the local communities have. In the process, a lot of people are forced to flee from their villages and seek shelter in IDP camps. Providing water resources to nomads living in this area can become an instrument in brining peace to this region and also encourage the local population to return to their village from the IDP camps. The IDP camps are also crowded and lack sanitary and hygiene services like latrines and waste disposal facilities.	Water drilling, sanitation activites and peace building between nomads and local community.	<ul style="list-style-type: none"> • Drilling 60 boreholes; • Installing 60 hand pumps; • Building facilities for providing water to the cattle owned by the nomads; • Train handpump mechanics based in the communities; • Establish 30 village water committees; and, • Constrution of 1,500 pit latrines hygiene and sanitation training. 	<ul style="list-style-type: none"> • West Darfur • 102,000 nomads IDPs and host community • January to December 2007
Khartoum and Other Northern States		\$35,000				
<i>Protection and Human Rights</i>		\$35,000				
ADRA 06-Mar-07 Index: 349 [5]	SUD-07/PHR1 Assistance for the safe return of children of returnees [KN] (HA)	Q1: \$50,000 Q2: \$100,000 Q3: \$150,000 Q4: \$150,000 \$35,000	ADRA needs urgent funding support to carry out its project activities for safe return of children and women especially helping separated/unaccompanied children and other vulnerable persons (elderly, disabled, single women headed families having many children) to reach their destinations safely and in dignified manner by accompanying them on the river barges. This will include raising the awareness of children/young people/elderly by conducting sessions about the potential risks associated with the return journey, of separations, abuse, exploitation and measures that individuals have to take to protect themselves.	<ul style="list-style-type: none"> • Registration of returning vulnerable children and women; • Accompanying separated/Unaccompanied children and other vulnerable persons on the barge to ensure their safety and dignified return; • Information dissemination for children/other vulnerable persons on potential risks associated with the return journey; • Distributing NFI and emergency food rations to vulnerable; and, • Facilitate family reunification. 	<ul style="list-style-type: none"> • Registration of returning vulnerable children/women initiated.ADRA staff accompanying the barges from Khartoum to destinations in Southern Sudan states to assist the returning vulnerable children/women/elderly; Information dissemination activities for the return carried out in the camps and host communities; and, • Separated children reunified with there family. 	<ul style="list-style-type: none"> • Kosti- to destination point in Southern Sudan. • 8,000 vulnerable children and women • March -Dec. 2007

Project Details		Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
AMURT			\$450,000				
Southern Sudan			\$450,000				
<i>Education</i>			<i>\$450,000</i>				
AMURT 13-Mar-07 Index: 462 [6]	SUD-07/E71 Improving Access to Education [S] (RD)	Q1: \$770,000 Q2: \$1,000,000 Q3: \$1,000,000 Q4: \$1,000,000	\$450,000	Norther Bahr el Ghazal State Allocation: With high influx of returnees and IDPs coming back to Northern Bhar El Ghazal accompanied by large numbers of school age going children overstretching existing basic facilities,this project is proposed to receive CHF funding for the costruction of 4x8 classroom schools in 4 different high return payams:1.Pakkow (Malou) in Baac Payam, 2.Akuem in Yargot Payam, 3.Marol Ajuong in Mangartong Payam and 4.Malual Kuel in Wun-lang Payam. Funding has to be now,during this dry spell for ease of materials transport unlike during the rains when most roads are impassible. (This is an Early Reintegration Activity (ERA) project)	1) Mobilizing communities for participation 2) Mobilizing construction resources and materials on site 3) Construction of the 4 schools, 25 improved pit latrines,sinking of 4 boreholes 4) Training of school PTAs in school management 5) Evaluation,commissioning and handing over.	(1).More children accessing basic education. (2).More girls enrolling in schools and empowered in their guest for education and economic development. (3).Sustainable economic development realised in the community with improment in standard of living. (4). Improved access to quality water. (5).Quality of hygiene and sanitation and WES awareness improved.	• Aweil East and Aweil North Counties: 1.Pakkow in Baac Payam 2.Akuem in Yargot Payam 3.Marol Ajuong in Mangar tong 4.Malual kuel in Wun lang Payam • 1. 2400 5600 3200 • March 2007 2. 3. 4. 2200 to August
CARE			\$478,665				
Blue Nile			\$200,000				
<i>NFIs and Emergency Shelter</i>			<i>\$200,000</i>				
CARE 01-Mar-07 Index: 324 [1]	SUD-07/NS22 Logistics Services for Non-Food and Emergency ShelterItems in Rest of Sudan (RoS). [A][BN][SK][E][KN] (HA)	Q1: \$141,960 Q2: \$212,940 Q3: \$283,920 Q4: \$283,920	\$200,000	In order to provide NFIs to organised returns and other goups CARE require funding to provide transportation of NFIs for organised returns as a partner in the establishment of the new NFI Common Pipeline in Rest of North Sudan. The NFI/Emergency Shelter sector received NO funding in the first allocation for Blue Nile. In the meantime, CARE has been borrowing funds from other programs in order to continue transporting NFIs to Blue Nile to support the returns program.	Transportation of NFIs to warehouse in Blue Nile and dispatch to distribution partners for organised returns and ERS, M&E activities.	NFI items will be available for organised returns and ERS in a timely manner.	• Blue Nile • Organised Returns - 3,000HH, ERS - 8,000HH • 1 January - 31December 2007

Project Details		Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
Khartoum and Other Northern States			\$145,000				
<i>Protection and Human Rights</i>			\$45,000				
CARE 06-Mar-07 Index: 348 [4]	SUD-07/PHR3 Strengthening civil society organizations (CSOs) to prevent SGBV and to promote women's leadership role in the society [D][KN] (HA)	Q1: \$100,000 Q2: \$200,000 Q3: \$400,000 Q4: \$400,000	\$45,000	Prevention and response to SGBV issues in Khartoum and Other Northern States is currently given less priority in terms of programming. CARE urgently need initial seed fund for developing a demonstration project to prevent, respond and monitor SGBV issues at community level involving the civil society organisations.	<ul style="list-style-type: none"> • Development of demonstration project on SGBV prevention, response and monitoring at community level involving the civil society organisations. 	<ul style="list-style-type: none"> • A pilot demonstration project on SGBV prevention, response and monitoring at community level involving the civil society organisations developed; and, • This include provision of legal support to GBV survivors. 	<ul style="list-style-type: none"> • IDP camps and other urban poor settlements in Khartoum. • 1,000 IDP women • March - Dec 2007
<i>Water and Sanitation</i>			\$100,000				
CARE 24-Mar-07 Index: 395 [2]	SUD-07/WS6 Emergency water supply project for Sodari and Gebra localities of North Kordofan [KN] (HA)	Q1: \$115,003 Q2: \$141,542 Q3: \$200,000 Q4: \$200,000	\$100,000	Water is a major problem for the livelihoods of people living in Sodari and Gebra. There is no any other means other than rehabilitating the existing water sources. The area has scarce resources of water due to basement complex and the desert encroachment also contributing significantly to the scarcity of the water in area. CARE already constructed more than three enhanced haffirs and the CHF allocation will suport what have been done in the past.	<ul style="list-style-type: none"> • Water yard repair and maintainance; • Repair of hand pumps associated with Haffirs, which are providing water for hand pumps; • Water Management Committee (WMC) establishment; • Training of WMC on water management and minor repair; and, • Training of hygiene promoters and conducting hygiene household visits. 	<ul style="list-style-type: none"> • 25,000 HHs will have increased access to improved drinking water and reached with hygiene, sanitation messages; • Strengthened community and public sector management of water resources; and, • Improved institutional capacity to develop, run and manage safe drinking water. 	<ul style="list-style-type: none"> • Northern Kordofan State, Sodari and Gebra Localities • 25,000 HHs direct and indirect beneficiaries • April 2007 to March 2008
Southern Kordofan			\$133,665				
<i>Food Security and Livelihoods</i>			\$128,665				
CARE 14-Mar-07 Index: 381 [3]	SUD-07/FSL7 Food security support and enhancement to returnees and vulnerable households in Southern Kordofan. [SK] (HA)	Q1: \$800,000 Q2: \$2,200,000 Q3: \$2,800,000 Q4: \$2,800,000	\$128,665	1. This is a critical humanitarian project which will address reintegration needs of returnees and vulnerable host communities. An increased number of returnees are expected during this period (Jan-March 2007), both through IOM organised and spontaneous returns; 2. The project will be intergrated with other CARE's projects operational in the area to increase the impact and sustainability; and, 3. Procurement and distribution of seeds and hand tools should be completed in April before the begining of the rainy season because of the bad infrastructure in the areas targeted.	<ol style="list-style-type: none"> 1. Recruitment of the project staff; 2. Identification of returnees and vulnerable host communities in Lagawa, Dilling and Kadugli localities; 3. Procurement, transportation and pre-positioning of basic farming production inputs; and, 4. Start training of beneficiaries on the best farming practices, for proper utilisation of the farming inputs. 	<ol style="list-style-type: none"> 1. 2,000 returnees and vulnerable farmers identified; 2. Seeds and hand tools for 2,000 returnees and vulnerable farmers procured and prepositioned; and, 3. Agriculture training needs identification of farmers completed. 	<ul style="list-style-type: none"> • Kadugli locality, Dilling locality, Lagwa locality. • 2,000 returnees and vulnerable households. • Jan to March 07: Identification of returnees and vulnerable households; procurement and prepositioning of seeds and tools; training needs identification of farmers.
<i>Water and Sanitation</i>			\$5,000				
CARE 06-Mar-07 Index: 369 [2]	SUD-07/WS7 Improving access for safe drinking water in South Kordofan [SK] (HA)	Q1: \$120,966 Q2: \$241,932 Q3: \$362,898 Q4: \$362,898	\$5,000	To increase access to safe, affordable and sustainable water and sanitation services for 5,000 returnees and host communities (ADJUSTMENT TO 1st ROUND ALLOCATION)	<ul style="list-style-type: none"> • Construction and rehabilitation of HPs; • Train HP caretakers; • Water quality monitoring; • Chlorination of water points; • Training on hygiene and sanitation education for school children; and, • Establishment of two spare parts centres. 	<ul style="list-style-type: none"> • An additional 5,000 returnees and host communities with access to safe, affordable and sustainable drinking water; awareness increased for appropriate personal and community hygiene and sanitation practices. 	<ul style="list-style-type: none"> • Kadugli County and Locality • 5,000 returnees and host communities, including school children • 1 March to 31 May 2007

Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
Southern Sudan		\$0				
<i>NFIs and Emergency Shelter</i>		\$0				
CARE 09-Mar-07 Index: 334 [10]	SUD-07/NS2 Emergency Response Preparedness in Upper Nile and Northern Bahr el Ghazal States [S] (HA)	Q1: \$300,000 Q2: \$600,000 Q3: \$650,000 Q4: \$650,000	\$0 Pending. CARE did attend the last two meetings. Good efforts were made to contact-- several managers in CARE to ensure participations. Information from 2006 End Year Report has not been provided. Unless information on resources, projects plans are provided soon they should be excluded again.		Emergency response.	• NBEG • •
CHF International		\$110,400				
Darfur		\$110,400				
<i>NFIs and Emergency Shelter</i>		\$110,400				
CHF International 03-Apr-07 Index: 386 [4]	SUD-07/NS16 Environmentally Friendly Shelter Provision for up to 20,000 IDP Families in North and South Darfur States [D] (HA)	Q1: \$500,000 Q2: \$800,000 Q3: \$950,000 Q4: \$950,000	\$110,400 Addressing Objective 3 in the Work Plan. Emergency shelter and sustainability is an under-served sector to date. Pilot project for improving the sustainability of shelter. Funding will front load the start up of the project.	Shelter material distribution, shelter construction by beneficiaries with CHF technical assistance. Grass mat weaving as an income generating activity for IDP women in CHF community centres.	Provide 20,000 IDP families with sturdy, well insulated shelters that have a minimal environmental impact. Provide an additional 5,000 IDP women with an income generating activity from grass mat weaving.	• North/South Darfur, IDP camps in the vicinity of El Fasir and Nyala. • 20,000 HH IDPs • 1 January 2007 - 1 May 2007

Project Details		Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
CMA			\$474,400				
Southern Sudan			\$474,400				
<i>Health and Nutrition</i>			\$474,400				
CMA 13-Mar-07 Index: 500 [16]	SUD-07/HN96 Nutritional Support for Mothers and Children [S] (HA)	Q1: \$64,025 Q2: \$128,050 Q3: \$128,050 Q4: \$128,050	\$474,400	Jonglei State Allocation: Availability of clean drinking water for the patients remains a challenge and the situation might aggravate with the influx of returns. Water is essential for improving the well being of the patients and to improve sanitation at the health facilities. An adequate supply of water is also crucial for the success of the feeding program. CMA hopes to be supported for a supplementary and a therapeutic program that will be part of the larger Primary health program in Bor county. This feeding program will also use the same health facilities and it is hoped that funds will be made available to renovate and expand not only the PHCC in Baidit payam but also the TB center that serves communities well beyond Bor county . In addition, we are seeking assistance of construction of a borehole, drugsfor PHCC's , 4 PHCUs and salaries for a nutritionist and 20 national staff.	1. Renovation of the PHCC Baidit payam, Bor county 2. Renovation of the TB center in Baidit payam. Bor county. 3. Construction of a boreholes in at the Baidit PHCC .4. Provision of drugs and materials to Baidit payam PHCC.	1. Reduced malnutrition in children under 5 yr and mothers through services provided in the PHCC facilities in Jalle and Baidit payams 2. Reduced mortality and morbidity through services provided in the TB center and the PHCC facilities 3.A borehole constructed in the PHCC in Baidit payam. 4. Adequate supply of drugs and materials the PHCC and TB in Baidit payam.	• Baidit payam, Bor County, Jonglei state. • 95,454 • From March to December 2007
Concern			\$458,335				
Darfur			\$158,335				
<i>Health and Nutrition</i>			\$158,335				
Concern 12-Mar-07 Index: 413 [1]	SUD-07/HN65 Community-Based Supplementary Feeding (SFP) and Outpatient Therapeutic Feeding (OTP) Programme - West Darfur [D] (HA)	Q1: \$247,093 Q2: \$494,186 Q3: \$741,279 Q4: \$988,372	\$158,335	This allocated fund is minimal requirement to achieve the target, after considering the fund from other sources. To integrate CTC activities into the routine primary health care systems/activities in all four administrative units/programme localities (El Geneina, Selea, Kulbus, Mornei) to improve quality and sustainability of CTC services. The amount requested plus already secured funds is enough to meet the project's mid-year targets as submitted for the WP2007.	• Continue with SFP where currently operational; • Expand the number of SFCs, as required and transfer to existing SMoH clinics, where feasible; and, • In coordination with WFP and UNICEF, preposition SFP/OTP food and required drugs at sites.	• A CTC service which is sustainable, improved in quality and integrated into the primary health care systems in the programme localities; and, • Emergency intervention plans in place in case of increased malnutrition rates.	• El Geneina, Selea, Kulbus, Mornei • 86,664 potential beneficiaries (all under fives, pregnant and lactating women). • January-December

Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
Southern Sudan		\$300,000				
<i>Health and Nutrition</i>		\$300,000				
Concern 13-Mar-07 Index: 503 [19]	SUD-07/HN97 Supplementary Feeding and Community-based Therapeutic Care (CTC) Programme, Aweil West and North Counties [S] (HA)	Q1: \$414,300 Q2: \$655,350 Q3: \$896,400 Q4: \$896,400	\$300,000 Norther Bahr el Ghazal State Allocation: Aweil west and north counties are one of the chronically food insecure areas. Results of a nutrition survey by Concern in November'05 showed global acute malnutrition (GAM) at 14.9% and severe acute malnutrition (SAM) at 1.1%. It is envisaged that the influx of returnees to both counties will have adverse impact on the host community, which are already food insecure. In addition to this are the inadequate health services to address the childhood illness/infection contributing to malnutrition. Returnees continue to return to Aweil west/north counties. It is estimated that almost 90,000 returnees including spontaneous will be reintegrated in the two counties.	(1) Screen and refer children in the villages using MUAC tape by community based outreach workers and volunteers; (2) Treatment of severely malnourished children through provision of ready-to-use Therapeutic Food and medical care; (3) Provision of inpatient care services for severely malnourished with serious medical illness; (4) Treatment of moderately malnourished children and pregnant/lactating women through provision of dry supplementary ration and medical care; (5) Health education; (6) Training of health clinic staff; (7) Nutrition surveys and rapid assessments.	(i) 500 severely malnourished children treated; (ii) 5000 moderately malnourished children treated and 700 pregnant/lactating women rehabilitated in the supplementary feeding programme; (iii) 40 local health clinic personnel to identify, refer and manage malnutrition; (iv) 10,000 community members benefited from health education directly and 55,000 members benefited indirectly (v) 2 nutrition survey conducted.	<ul style="list-style-type: none"> • Gomjuer East and west, Ayat east, centre and west payams in Aweil west county. Malual West, Centre, North, East and Ariath payams in Aweil North county. • (i) 500 children under five year old and their carer; (ii) 5,000 moderately children less than 5 year old and 700 pregnant and lactating women in SFP (iii) Health education for 10,000 community members directly and 55,000 indirectly (iv) 40 health clinic • January 2007 to December 31st 2007

Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
COOPI		\$154,000				
Darfur		\$154,000				
<i>Water and Sanitation</i>		<i>\$154,000</i>				
COOPI 03-Apr-07 Index: 409 [9]	SUD-07/WS47 Sustaining access to safe water through rehabilitation support to WAP and IDPs in rural areas of Um Kadadah Locality, North Darfur [D] (HA)	Q1: \$350,000 Q2: \$500,000 Q3: \$600,000 Q4: \$700,000 \$154,000	Um Kadadah Locality is a forgotten area. The situation is worsened by the complete absence of interventions by humanitarian organisations. COOPI is working in this area since 2005. Availability of water in relation to number of people and livestock in the Locality is far below SPHERE standard. Most people access less than 15 litres per person per day (the recommended amount) or even less than 10 litres. Availability and accessibility of water in the locality does not meet also water requirement for livestock. An average of 8,000 people and 15/30,000 animals in the locality depend on a single borehole for their daily water needs, making the functioning boreholes operate even up to 24 hours cycle. The main consequences generated from the assessed problems for the water sector are the following: • Overgrazing and oversteering water resources; • Lack of or poor capacity in managing water resources; and, • Scarce awareness of hygiene and sanitation issues leading to risks of water borne diseases. The main objective of the project is to ensure safety drinking water for the vulnerable people through rehabilitation of water yard, capacity building and hygiene promotion campaign etc. This is a continuation of funding from the first round.	<ul style="list-style-type: none"> • Carry out rehabilitation of two water yards; • Skills upgrading and training of local staff working in the intervention Area; • Conduct theoretical and practical (on-the-job) training on water sources management and O&M for water committees and/or pumping system operators; • Carry out awareness campaign on hygiene and sanitation in targeted communities; and • Provision and delivery of needed equipment and material. 	<ul style="list-style-type: none"> • Two water yards rehabilitation completed; • Two water committees active; • 10,000 people gained access to safe water; and, • Awareness on hygiene key issues strengthened. 	<ul style="list-style-type: none"> • Um Kadadah, Al Tawisha and Allait Rural Councils, Um Kadadah Locality, North Darfur State, Republic of Sudan • Approximately 10,000 people • 1st April- 30 September 2007
CRS		\$664,168				
Blue Nile		\$120,000				
<i>Water and Sanitation</i>		<i>\$120,000</i>				
CRS 27-Feb-07 Index: 366 [2]	SUD-07/WS12 Water and sanitation in Blue Nile State [BN] (HA)	Q1: \$100,000 Q2: \$200,000 Q3: \$300,000 Q4: \$300,000 \$120,000	Increase access to safe water, sanitation and hygiene promotion for returnees, repatriated refugees and vulnerable host communities. Good capacity is on ground, organised and voluntary return is valid in areas already deprived or underserved. CHF allocations could certainly accelerate attaining good targets before rainy season.	<ul style="list-style-type: none"> • Construction/rehabilitation of HPs, 150 latrines, five hand-washing facilities; • Training of three O&M teams, refuse pits; train community members on hygiene and sanitation, mobilise communities in the targeted areas, hygiene promotion interventions. 	<ul style="list-style-type: none"> Access to save water supply increased for additional 4500 people and sanitation and to sanitaion for 2700 and improved hygiene behavior practiced by 4500 people . 	<ul style="list-style-type: none"> • Blue Nile • 4,500 people (returnees, repatriated refugees and communities emerging from conflict) • January-May

Project Details		Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
Darfur			\$329,168				
Food Security and Livelihoods			\$250,000				
CRS 11-Mar-07 Index: 521 [4]	SUD-07/FSL13 Livelihoods enhancement and diversification for IDPs and marginalized communities in West Darfur [D] (HA)	Q1: \$170,312 Q2: \$227,038 Q3: \$283,854 Q4: \$681,249	\$250,000	1. The potential for major crop production and livestock husbandry practices. 2. Displacement and harassment lead to significant livelihoods destruction and poor agricultural production. 3. Reduced access to agricultural inputs, market information, and led destruction of agricultural assets and market systems. 4. Irrigation for horticulture and cash crops is the main activity during winter and summer seasons along the wadis and banks. 5. Break down of market systems and absence of rural finance and infrastructure undermine the income from agriculture. 6. The basic livelihood needs goes beyond the seed and tools. 7. A functioning rural market is also part of the developmental relief for rehabilitation and recovery. 8. Very poor and segmented market systems as a result of the conflict. 9. Strong and frequently mutually hostile tribal identities, highly resilient traditional leadership structures.	<ul style="list-style-type: none"> • Distribution of vegetable seed and farm implements; • Training of Community Animal Health Workers; and, • Market opportunity identification, and establishment of agro-enterprise groups. 	<ul style="list-style-type: none"> • 7,250 of HHs access vegetable seed and farm implements to diversify livelihood assets; • 3,500 HHs (both from the IDPs, returnees and agro-pastoralist community) will access improved community-based vet services; • Community Animal Health Workers trained to carry out vital animal health interventions; • Active participation of IDPs and semi-nomadic pastoralists; • Increased access to agricultural resources for both IDPs and semi-nomadic pastoralists • Reduction of potential sources of conflict between semi-nomadic pastoralists and IDPs; • Market opportunity identification, and establishment of agro-enterprises groups; • Enhancement of agriculture marketing and local market system; and • Improvement of women participation in the local market development. 	<ul style="list-style-type: none"> • 1. Villages (15) in the northern corridor of West Darfur: Kulbus, Selea, Sirba administrative locations leading subsistence farming; • 2. Significant number of people rare livestock, both in the camps and the resident villages; • 3. Individuals living in and around Kulbus, Selea and Sirba are IDPs, returnees and conflict-affected resident communities; • 4. A number of semi-nomadic Arab and African tribes and a small number of returned refugees are also represented. <p>• Total HHs benefiting from the project are 10,250:</p> <ol style="list-style-type: none"> 1. 7,000 IDP, returnee and resident farming HHs for the agriculture-based support, vegetable seeds, tools and water lifting pumps (treadle); 2. 250 model farmers (preferably women) will access treadle pump and the extension package; 3. 3,500 semi-nomadic pastoralists HHs; and, 4. The market promotion and development will benefit the 10,250 farmers directly and the 12 villages community in Kulbus, Sirba and Selea clusters. <p>• The project could be implemented in eight months (April to November 2007).</p>
Health and Nutrition			\$79,168				
CRS 12-Mar-07 Index: 414 [2]	SUD-07/HN62 Health and Nutrition Project [D] (HA)	Q1: \$50,000 Q2: \$150,000 Q3: \$200,000 Q4: \$250,000	\$79,168	This allocated fund is minimal requirement to achieve the target, after considering the fund from other sources, it fits the sector priority and the funding requirements as partially funded, require these funds for the gap in March. The amount requested plus already secured funds is enough to meet the project's mid-year targets as submitted for the WP2007.	<ul style="list-style-type: none"> • Train pregnant mothers on improved feeding practices during pregnancy; • Train 200 community volunteers in improved infant feeding practices; • Establishment of 40 nutrition mother-to-mother support groups; and, • Conduct appropriate local food demonstration to mothers. 	<ul style="list-style-type: none"> • Increased knowledge on appropriate infant and young child feeding practices; • Improved infant and young child feeding practices; • Improved feeding practices for pregnant and lactating women; and, • Increased community support for breastfeeding mothers. 	<ul style="list-style-type: none"> • Al Geneina, Kulbus and Sirba locations <p>• 1,100 pregnant and lactating mothers. 2100 infants and young children aged less than five years 3.29 communities receiving general food relief through CRS.</p> <p>• January-December</p>

Project Details		Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
Eastern States			\$90,000				
<i>Water and Sanitation</i>			\$90,000				
CRS 12-Mar-07 Index: 398 [2]	SUD-07/WS11 Water and sanitation project in East States [E] (HA)	Q1: \$100,000 Q2: \$200,000 Q3: \$300,000 Q4: \$300,000	\$90,000	<ul style="list-style-type: none"> Water provision is directly linked with health as well as with conflict resolution and is crucial for recovery/development activities. To support IDP and rural communities to have access to adequate and safe water and sanitation facilities. Provision of safe water and sanitation facilities decreases water-borne or related diseases hence improvement in health. 	<ul style="list-style-type: none"> Construction/rehabilitation of boreholes; Construction of pit latrines, refuse pits; Hygiene/promotion education; and, Establishment and training of hygiene and sanitation committees. 	<ul style="list-style-type: none"> Two boreholes constructed/rehabilitated; 10 pit latrines constructed; Two water and sanitation committees established; and, Six hygiene and sanitation promotion education sessions carried out. 	<ul style="list-style-type: none"> Kassala State-Kassala, Al Gash and Hameshkoreb localities. 4500 IDPs and host communities-mixed January-May and October-December 2007
Southern Sudan			\$125,000				
<i>NFIs and Emergency Shelter</i>			\$125,000				
CRS 09-Mar-07 Index: 332 [8]	SUD-07/NS4 Essential Household Items for Vulnerable Refugee and IDP Returnees [S] (HA)	Q1: \$180,000 Q2: \$180,000 Q3: \$180,000 Q4: \$180,000	\$125,000	Should be a high priority--but ranked lower due to lack of info from CRS and not attendance. 1) NFI provision to spontaneous returnees--ERA assistance; 2) Priority regions; and 3) Small 1st round CHF allocation (both CRS sheets have been combined into one).	Distribution of NFI to target population.	Early reintegration of spontaneous returnees facilitated through the provision of NFIs.	<ul style="list-style-type: none"> Jonglei and Upper Nile 2,000 HH spontaneous refugee and IDP returnees
CRS 09-Mar-07 Index: 333 [9]	SUD-07/NS5 Essential Household Items for Vulnerable Refugee and IDP Returnees [S] (HA)	Q1: \$100,000 Q2: \$100,000 Q3: \$100,000 Q4: \$100,000	\$0	Should be a high priority--but ranked lower due to lack of information from CRS and not attendance. 1) NFI provision to organised and spontan returnee; 2) ERA assistance; and 3) Small 1st round allocation to be topped-up.	Distribution of NFI to target population.	Early reintegration of spontaneous returnees facilitated through the provision of NFIs.	<ul style="list-style-type: none"> Eastern Equatoria

Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
DRC		\$0				
Darfur		\$0				
<i>Food Security and Livelihoods</i>		<i>\$0</i>				
DRC 11-Mar-07 Index: 522 [5]	SUD-07/FSL2 Enhancing livelihoods and natural resource management within conflict affected communities in West Darfur [D] (HA)	Q1: \$200,000 Q2: \$400,000 Q3: \$600,000 Q4: \$600,000	\$0 (\$250,000 in CHF funding will be allocated to FAO (SUD-07/FSL101) who will sign an LOA with DRC and provide the inputs for implementing the activities outlined here) November 2006 assessments show rural communities of West Darfur are food insecure—compared to WFP Food Needs Standards the average household in the targeted area had a food shortfall of 25 per cent. On-going conflict has robbed communities of their livelihood assets and reduced access to their fields and local markets. Conflict and displacement has put considerable strain on community mechanisms for assisting the most vulnerable and maintaining peaceful co-existence between the various tribes living in rural areas. For those who stay in the rural areas—both host communities and IDPs—rather than move to IDP camps there has been little humanitarian assistance. DRC's interventions are aimed at preventing the increasingly precarious livelihood situation of the targeted communities (4,000 farmers) of Treje village and surrounding damras and north east Wadi Salih from becoming untenable.	1. Distribution of seeds, seedlings, tools, etc., to the targeted population; 2. Training in diversified agricultural and livestock practices to sustain the effect of the distributed implements; 3. Support to horticulture production (backyard nurseries, vegetable production).	1. Prevent further displacement motivated by the need of assistance; 2. Provide basic life-saving and life-sustaining assistance; and, 3. People have been provided with adequate agriculture inputs and improved agricultural techniques to ensure their food security.	<ul style="list-style-type: none"> • Total 4,000 farmers: <ol style="list-style-type: none"> 1. Zalingi Rural Area: <ul style="list-style-type: none"> • Treje: 1,000 • Orokum: 1,000 2. Northern part of Wadi Salih: <ul style="list-style-type: none"> • Guino: 151 • Barege: 147 • Futi: 29 • Dabenera: 17 • Waro: 267 3. Abata Region: <ul style="list-style-type: none"> • Abata: 667 • Kalgo: 82 • Tamara: 300 • Andrew: 250 • Kidibu: 20 • Derlew: 70 • Total 4,000 farmers. The primary target population are small holder subsistence farming communities of IDPs and host communities living in non-abandoned villages (heelas). The secondary beneficiaries are sedentary (agro) pastoralist communities living in damras close to the crop farming communities' villages. • Eight months (from April to November).

Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline	
EM-DH		\$125,000					
Darfur		\$100,000					
<i>Protection and Human Rights</i>		\$100,000					
EM-DH 06-Mar-07 Index: 336 [5]	SUD-07/PHR88 Psychosocial and Education Support to Vulnerable and War Affected Children [D] (HA)	Q1: \$273,400 Q2: \$273,400 Q3: \$357,400 Q4: \$904,100	\$100,000	This allocation of \$100,000 justified/acceptable the fact that Protection /Human Rights shared only \$1,500,000 from the overall Darfur CHF ceiling and therefore the \$200,000 minimum allocation can not be strictly applied given the number of humanitarian projects in the Darfur workplan which are equally a priority and deserve funding support. This CHF fund is crucial for the continuation of EMDH project activities in Darfur up to September 2007. Priority assistance is needed for psychosocial support activities for children in the Child Friendly Spaces in Abou Shouk camp and for the community development initiatives for vulnerable IDPs families. This allocation is continuation of funding allocated during the 1st round CHF allocations in 2007.	<ul style="list-style-type: none"> • Psychosocial support activities in the Child Friendly Spaces to benefit 3,680 children; • Training of 254 animators/volunteer teachers, social workers, caretakers of children; • Support for multiple community development initiatives for IDP families and the host communities; and, • Guidance and trauma counseling and awareness sessions on child protection issues for the vulnerable families and their children in Abou Shouk camp. 	<ul style="list-style-type: none"> • 10,680 vulnerable families/youths and children assisted through the activities provided in the child friendly spaces, guidance and psycho- therapeutic training center, community development initiatives in Abou Shouk and in its surrounding communities . 	<ul style="list-style-type: none"> • Abou Shouk camp and in the surrounding communities • 3,680 children (2.5-6 years old) of which 2,500 are pre-schol children; 1000 vulnerable IDPs families and their children in Abou Shouk camp; 254 animators/volunteer teachers; 5,000 IDP families participating in the community development initiatives • March - Sept. 2007
Khartoum and Other Northern States		\$25,000					
<i>Health and Nutrition</i>		\$25,000					
EM-DH 12-Mar-07 Index: 451 [8]	SUD-07/HN10 Improve Access To Basic Health Services And Health Education For Vulnerable Families Affected By Demolitions And Replanning Process, Al Fateh [KN] (HA)	Q1: \$50,000 Q2: \$50,000 Q3: \$50,000 Q4: \$50,000	\$25,000	EM-DH will use these funds to contribute to reduce mortality and morbidity among families affected by the demolitions in ensuring a free access of health services to the most vulnerable families. This allocated fund is minimal requirement to achieve the target, after considering the fund from other sources. The amount requested plus already secured funds is enough to meet the project's mid-year targets as submitted for the WP2007.	<ul style="list-style-type: none"> • To reduce mortality and morbidity among families affected by the demolitions in ensuring a free access of health services to the most vulnerable families. 	<ul style="list-style-type: none"> • Staff received adequate training (emergency preparedness, new malaria treatment, etc.)/increase of performance. 	<ul style="list-style-type: none"> • Al Fateh 3 in Kerari Locality - Omdurman - Khartoum State • 2,880 people affected by demolitions and replanning process, with particular focus on women and children. • March-May

Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline	
FAR		\$350,000					
Khartoum and Other Northern States		\$100,000					
<i>Water and Sanitation</i>		\$100,000					
FAR 24-Mar-07 Index: 396 [3]	SUD-07/WS13 Household and community latrine project in Khartoum State [KN] (HA)	Q1: \$150,000 Q2: \$200,000 Q3: \$255,000 Q4: \$255,000	\$100,000	The IDPs living in Khartoum State are a vulnerable and often marginalised group. There is a severe lack of HH latrines in the IDP camps causing improper disposal of waste and a higher incidence of disease. The HH latrines and sanitation awareness will improve the living conditions of the target HHS.	<ul style="list-style-type: none"> Facilitate formation of project committees and orientation on goals/objectives; Orientation for staff on the project through workshops and development of sanitation ideas; Set up criteria, identify, and register 200 relocated households for latrine construction; Procurement of materials for latrine construction; Provide tools and equipment; Hire staff/animators and provide training and mobilisation; Provide storage facilities for latrine materials; Identify masons and labourers; and, Facilitate and support construction of latrines. 	200 HH latrines are in use by 4,000 relocated population	<ul style="list-style-type: none"> Khartoum State - Omdurman El Salaam IDP camp and Wad El Bashir IDP camp Vulnerable IDPs living in camps in Khartoum State April 2007 to August 2007
Southern Kordofan		\$50,000					
<i>Food Security and Livelihoods</i>		\$50,000					
FAR 14-Mar-07 Index: 382 [4]	SUD-07/FSL26 Western Nuba Community Driven Agricultural Development Project [SK] (HA)	Q1: \$350,000 Q2: \$500,000 Q3: \$500,000 Q4: \$500,000	\$50,000	<ol style="list-style-type: none"> This project focuses on the agricultural needs of returnees and most vulnerable households in encouraging them to engage in or increase their agricultural production and thereby contributing to their livelihood; The project also looks at encouraging the diversity and nutrition of crops grown by distributing vegetable and fruit trees; The project will be integrated with FAR's other agricultural activities in increasing the capacity and productivity of small scale farmers through the use of agricultural extension thus encouraging sustainability; The project will also look at issues of environmental protection; The project encourages development of capacity of CAHW's and therefore addresses livestock issues in the area; and, The project looks at the agricultural sustainability of the area in encouraging saving seed by promoting the use of seed stores. 	<ol style="list-style-type: none"> Seeds and Tools distribution to most vulnerable and new returnee populations (after identification of numbers in each village); Agricultural extension trainings and demonstrations in cultivation of seeds, vegetables, fruits, pest control; Environmental protection trainings including education in issues of erosion control, deforestation and overgrazing; CAHW refresher trainings; Completion of 10 seed stores and 10 seed store management trainings 	<ol style="list-style-type: none"> 10,000 of most vulnerable including returnees, widows, women headed households able to provide sufficient food for household needs; 20 Rural blacksmiths have capacity to produce tools to meet local demand; Farmers realize 10 % increase in crop yields compared to 2006, due to use of improved crops and reduced pest damage; 50% of farmers reached are practicing terracing, establishing windbreaks and contour farming by 2008; 80% of the 30 supported CAHWs have enhanced their capacity to diagnose and treat basic animal diseases; 10 seed stores are completed and functional; 50% of the farmers are trained on post harvest management and have access to seed stores. 	<ul style="list-style-type: none"> Dilling County, Dilling Locality Total: 27,000 beneficiaries. <ol style="list-style-type: none"> 10,000 HHS of returnees and most vulnerable (crop seed distribution); Vegetable seed distribution to 7,000 HH (targeting womens groups, returnees and most vulnerable); Fruit seedlings to 400 HHS (targeting womens groups); Wind brake seedlings to 300 HHS (targeting HH who would most benefit); Extension trainings to 5,000 HHS (womens groups, returnees and vulnerable populations, community general assemblies, etc. 30 CAHWs. February-December 2007

Project Details		Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
Southern Sudan			\$200,000				
<i>Food Security and Livelihoods</i>			\$200,000				
FAR 03-Apr-07 Index: 466 [3]	SUD-07/FSL46 Upper Nile Food Security Project. [S] (RD)	Q1: \$180,000 Q2: \$230,000 Q3: \$300,000 Q4: \$300,000	\$200,000	<p>Upper Nile State Allocation: This project aims to support the return and reintegration process in Northern Upper Nile by providing farm inputs (seeds and tools) to 6000 HH's. FAR is the only agency working in the Renk area (in household food security) and is in a very good position to access returnees and aide the reintegration process. FAR works in 3 counties; Melut, Maaban & Renk. All three are experiencing high returnee rates both from the urban centres where they had sought refuge during the battles for the oil fields & from neighboring countries. Some communities such as Peikeji with 660HH (in Maaban) are composed entirely of returnees. Current regional plans by NGO's and other institutions fall far below the needs that have risen considerably in the recent months. NUNRRP is the only 'NGO' carrying out HHFS activities. Apart from seeds, there is a dire need for distribution of farm tools as most HHs are either without and are still using the crude spear-like hoes which are unsuitable for this terrain.</p> <p>(This is an Early Reintegration Activity (ERA) project)</p>	Beneficiaries identified (6,000 households) through a participatory method with the local administration and provided with vouchers. Blacksmiths to manufacture tools identified, contracts signed and work commenced. Market locations identified and project publicised in conjunction with local government departments. Progress report submitted to FAO. Farm inputs distributed to 6,000 households. Through seedfairs, 6,000 households receive seeds in good time for 2007 rainy season. Seed banks and seed loaning systems established in participating communities. Agricultural extension services provided to project beneficiaries.	To support resettlement of returnees in Northern Upper Nile through the distribution of farm inputs to 6000 HH's (of which 40% are returnees). To support the resettlement of returnees and minimize the strains on the host population by providing farm inputs to vulnerable HH's in both populations. Through seedfairs & manufacturing of tools locally, to inject cash directly into the local economy	<ul style="list-style-type: none"> • Northern Upper Nile - (Mabaan, Melut and Renk) • 6000 vulnerable HH's - 2500 HH's in Maaban, 2000 HH's in Melut, 1500 HH's in Renk • Feb 2007 - Dec 2007
GOAL			\$689,168				
Abyei			\$100,000				
<i>Health and Nutrition</i>			\$100,000				
GOAL 12-Mar-07 Index: 434 [1]	SUD-07/HN12 Moving From An Emergency to Long Term Development Focus in The Provision of Quality and Sustainable PHC, Nutrition, HIV and Health Promotion Services [D][A][BN] (HA)	Q1: \$386,000 Q2: \$810,000 Q3: \$1,196,000 Q4: \$1,196,000	\$100,000	GOAL is the sole primary health care provider in Abyei. This fund will support GOAL's Nutrition and Primary Health Care Programme, including emergency preparedness, in GOAL's operational areas in Abyei. This fund will be used in the procurement of supplies and routine EPI services in static PHC clinics. The over all sector envelope was 100,000 so the sector decision was to allocated to one project to ensure the implementation and achieving the targets.	<ul style="list-style-type: none"> • Establish routine EPI services in all rural health centre PHC clinics; • Provision of supplies to SFP clinics and PHC clinics; and, • Provision of supplies for emergency preparedness response capacity. 	<ul style="list-style-type: none"> • SFP is functioning in accordance with national protocol; • Less than 60% coverage of DPT 3; and, • Abyei has emergency preparedness plans in place for high risk outbreaks. 	<ul style="list-style-type: none"> • Abyei State • 55000 • All activities will be conducted from January 2007 to April 2007. The project will continue until December 2007.

Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline	
Blue Nile		\$60,000					
<i>Health and Nutrition</i>		\$60,000					
GOAL 12-Mar-07 Index: 440 [6]	SUD-07/HN12 Moving From An Emergency to Long Term Development Focus in The Provision of Quality and Sustainable PHC, Nutrition, HIV and Health Promotion Services [D][A][BN] (HA)	Q1: \$601,477 Q2: \$1,202,954 Q3: \$1,804,431 Q4: \$1,804,431	\$60,000	This fund was the critical gap to maintain the intervention till mid-2007 to maintain current level of Primary Health Care services and mobilise communities to actively contribute to local health promotion initiatives. The amount requested plus already secured funds is enough to meet the project's mid-year targets as submitted for the WP2007.	<ul style="list-style-type: none"> Routine immunisation in all locations, including outreach. 	Static clinics will be providing routine EPI.	<ul style="list-style-type: none"> Blue Nile 5,000 IDPs and conflict-affected populations. January-May
Darfur		\$79,168					
<i>Health and Nutrition</i>		\$79,168					
GOAL 12-Mar-07 Index: 415 [3]	SUD-07/HN12 Moving From An Emergency to Long Term Development Focus in The Provision of Quality and Sustainable PHC, Nutrition, HIV and Health Promotion Services [D][A][BN] (HA)	Q1: \$700,000 Q2: \$1,400,000 Q3: \$2,100,000 Q4: \$2,100,000	\$79,168	This allocated fund is minimal requirement to achieve the target, after considering the fund from other sources, to maintain current level of Primary Health Care services interventions. The amount requested plus already secured funds is enough to meet the project's mid-year targets as submitted for the WP2007.	<ul style="list-style-type: none"> Static clinics will be providing routine EPI; and, Conduct HIV peer education activities in all locations. 	GOAL locations are prepared to respond to identified emergency situations.	<ul style="list-style-type: none"> Kassala, Abyei, Kutum, Kurmuk 150,000 IDPs and conflict-affected populations. January-December
Southern Sudan		\$450,000					
<i>Health and Nutrition</i>		\$450,000					
GOAL 13-Mar-07 Index: 509 [25]	SUD-07/HN100 Supplementary Feeding Programmes in Twic County, Warrap State and Malakal Town, Upper Nile [S] (HA)	Q1: \$122,098 Q2: \$220,830 Q3: \$320,464 Q4: \$320,464	\$450,000	Warrap State Allocation: Approximately three-quarters of the Twic County population rely on subsistence agriculture for food and petty trading is the chief source of monetary income. Communities have limited access to safe drinking water and live with high food insecurity. Moreover, Twic County is experiencing the transit of large numbers of returnees coming from the north on their way further south. The partner has a proven track record in supplementary feeding programmes and it is well established amongst the government, the relief players and the local community.	<ul style="list-style-type: none"> Run 10 supplementary feeding centres in Twic County; Recruit, train, supervise and support SFP staff; Provision of health and nutrition education to beneficiaries and wider community; Rehabilitation of food storage tents; Promotion of food security awareness through kitchen garden demonstration plots at SFP centres in Twic County and associated seeds and tools distributions; Carry out a 30X30 nutrition survey in each location; 	<ul style="list-style-type: none"> Prevention of infant mortality due to malnutrition; Effective, efficient and equitable distribution of supplementary food rations to eligible under 5s; Improved food hygiene practices; Increased food security awareness among the beneficiary community; 	<ul style="list-style-type: none"> Twic County (across all 6 payams). 6,000 malnourished under five's monthly May-December 07

Project Details		Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
IMC			\$468,752				
Darfur			\$118,752				
<i>Health and Nutrition</i>			\$118,752				
IMC 12-Mar-07 Index: 416 [4]	SUD-07/HN80 Humanitarian Assistance to Conflict Affected Persons in Darfur [D] (HA)	Q1: \$150,000 Q2: \$300,000 Q3: \$450,000 Q4: \$450,000	\$118,752	The project has now received more than the minimal with this allocation. Continue nutrition monitoring through community-based nutritional surveillance system and run selective feeding programs such as SFP, CTC, when need arises. The amount requested plus already secured funds is enough to meet the project's mid-year targets as submitted for the WP2007.	Recruitment of CHWs, nutritional surveillance training, anthropometric survey, feeding programs.	Increased access to PHC services rehabilitation of health posts, strengthen nutritional surveillance systems.	<ul style="list-style-type: none"> • South and West Darfur • 20,000 IDPs and resident populations in West and South Darfur • January-December
Southern Sudan			\$350,000				
<i>Health and Nutrition</i>			\$250,000				
IMC 13-Mar-07 Index: 498 [14]	SUD-07/HN2 Expanded and Improved Access to Primary Health Care, Nutrition, and Water and Sanitation Services in Bieh State, Eastern Upper Nile Southern Sudan [S] (HA)	Q1: \$471,210 Q2: \$706,815 Q3: \$1,413,630 Q4: \$1,884,840	\$250,000	Jonglei State Allocation: 1) Basic health services across Akobo county are scarce and grossly sub-standard. Currently there are less than 15 functioning PHCUs (all mud and thatch structures), 2PHCCs (only one of which is a brick structure) and no hospitals. There is still no functioning County Health Department on the ground in Akobo County 2) IMC is increasingly called upon to treat gunshot patients and obstetric emergencies in the Walgak PHCC. 3) Through DFID funding, IMC is currently the only NGO providing health care assistance in the area; this includes rehabilitating/constructing one male/female ward, one surgical ward and laboratory room structures at the Walgak PHCC. Additionally, IMC is in the process of drilling 10 boreholes and construction of 150 latrines in the area. With this project submission, IMC is requesting additional funding from CHF to consolidate and strengthen the existing programs to provide quality health services, whilst also building local capacity.	<ol style="list-style-type: none"> 1. Rehabilitate/Construction of Primary Health Care Center (PHCC) structure. 2. Procure essential equipment and supplies to donate to PHCC as well as provision of drugs. 3. Install the equipment and train staff for proper utilization 4. Provide quality curative and preventative care at the PHCC, including emergency obstetric care and surgery, maternal Service 5. Provide quality Community Therapeutic Care (CTC) nutrition program 6. Borehole drilling for clean water supply and hygiene promotion activities including latrine construction 6. Provide on-the-job trainings of health staff and other involved personnel 7. Screen and monitor TB suspect cases to detect new cases and provide adherent treatment 8. Provide basic laboratory service 	<ol style="list-style-type: none"> 1) In the Walgak PHCC, one pediatric ward, one TB ward and one maternity ward constructed/rehabilitated and equipped to provide quality service. 2) Improved medical services provided at the Walgak PHCC, including both in-patient and out-patient care, curative and antenatal consultations, health education, laboratory diagnosis, pharmacy, TB treatment, emergency obstetric care and surgery including nutrition service. 3) Three (3) borehole drilled and equipped with hand pumps. 	<ul style="list-style-type: none"> • Boung, Tangyang, Yidit and Walgak, Akobo County and Waat, Niyrol County of Jonglei state. • 45,500 resident population of Diror and Waat sub-counties and up to 10,289 returning IDPs and Refugees. • 1. March 07- Sept '07: Rehabilitate/construction of permanent PHCC structure in Walgak. 2. March 07- Oct '07: Procure essential equipment and supplies to donate to PHCC as well as provision of drugs 3. March 07-May 07: Drilling of three boreholes, all equipped with hand pump 4. March 07- Oct 07: Monitoring and follow up

Project Details		Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
Protection and Human Rights			\$100,000				
IMC 02-Mar-07 Index: 476 [1]	SUD-07/PHR56 Integrated response to sexual exploitation and gender-based violence among refugee and host populations in Southern Sudan [S] (HA)	Q1: \$120,000 Q2: \$240,000 Q3: \$360,000 Q4: \$360,000	\$100,000	This project aims at empowering communities in Eastern and Western Equatoria (Tambura and Yambio) to effectively prevent and respond to Gender Based Violence (GBV) and provide comprehensive treatment and counselling to survivors. There is a high rate of GBV in southern Sudan with cases of domestic violence and rape regularly reported. If not properly addressed, the number of cases will increase, curtailing the overall protection and realisation of human rights as well as general development of communities. The challenges of addressing GBV including lack of awareness, documentation and health facilities have already been highlighted. One of the entry points identified to respond to GBV is awareness raising and capacity building of civil society. The second tranche of CHF funds allocated to this project will enable IMC to deepen its involvement in empowering communities in Western Equatoria (Tambura and Yambio) to effectively prevent and respond to GBV, providing comprehensive treatment and counseling to survivors and capacity building of women's groups. IMC has a different source of funding for HIV related interventions.	Empowering communities to effectively prevent and respond to Gender Based Violence (GBV) and provide comprehensive treatment and counseling to survivors.	Provide at least two more sessions of at least 20 participants each of 5-day counseling and communication skills training for service providers. Establish three more functional Women's Centres with Child Friendly Spaces. Train 20 additional Primary Health Care staff, on Gender-Based Violence response and prevention, and recording keeping, and reporting. Train 10 additional CHW on Gender-Based Violence response and prevention, and recording keeping and reporting. Conduct 2 more sessions for sensitising and advocating for available services for SGBV survivors. 3 more Social Forums (consisting of 10 boys, Girls, 10 men, 10 women) will be formed to raise awareness on GBV.	<ul style="list-style-type: none"> • Eastern and Western Equatoria (Tambura and Yambio) • SGBV Victims/survivors, affected communities, health care providers • 1 January - 31 December 2007
IRC			\$200,000				
Southern Sudan			\$200,000				
Health and Nutrition			\$200,000				
IRC 13-Mar-07 Index: 501 [17]	SUD-07/HN105 Immediate Health Assistance to IDPs, Returnees and Receiving Communities in Aweil East and North Counties and Aweil Town, Northern Bahr el Ghazal [S] (HA)	Q1: \$91,542 Q2: \$256,318 Q3: \$476,019 Q4: \$476,019	\$200,000	Norther Bahr el Ghazal State Allocation: As the organised returns process will begin on the 4th March 2007, IRC's returnee health team will lead in responding to the health needs of the organised and spontaneous returning populations along the major return routes in collaboration with the sector leads ie IOM,UNOCHA and other NGOs and through the NBEG returns working group. Funds will provide support to IRC facilities situated along major return routes through the provision of drugs, medical equipment, reproductive health care, emergency obstetric care and coordination of emergency health needs. The IRC mobile clinics will receive further support to continue to respond to emergency health situations.	Equipping and staffing of IRC facilities located on major return routes; Capacity-building of health workers for quality service delivery; Provision of a basic health service package including maternal health, preventive and promotive, and curative health services; Mapping of key returnee routes & monitoring of returnees through interviews; Information sharing and networking with key partners; Support to 2 mobile clinics operating along return routes; Training of health workers on key protection issues.	(i)The provision of the Basic Health Package defined in the Health emergency plan, namely: curative and preventive care; (ii) The provision of safe hygiene messages to the target communities on safe water sources and distribution and promotion of oral rehydration salts and zinc therapy to enhance hygiene awareness; (iii) Increased exposure to the principles of protection and human rights among the IDP, returnee and receiving communities (iv) 2 fully operational mobile clinics.	<ul style="list-style-type: none"> • Aweil Centre, North and East counties, Northern Bahr el Ghazal State • 30,000 (approximately 50% of the total returns to NBEG) of the organised and spontaneous populations returning to the NBEG. • Apr to Dec 2007

Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline	
Malaria Consortium		\$1,005,000					
Khartoum and Other Northern States		\$55,000					
<i>Health and Nutrition</i>		\$55,000					
Malaria Consortium 12-Mar-07 Index: 445 [2]	SUD-07/HN22 Malaria Prevention Khartoum [KN] (HA)	Q1: \$200,000 Q2: \$252,172 Q3: \$252,172 Q4: \$252,172	\$55,000	Priority area for health care--no funds received from outside sources other than the first allocation funds. The amount requested plus already secured funds is enough to meet the project's mid-year targets as submitted for the WP2007.	Procurement and distribution of LLTNs in Khartoum camps.	Raise coverage of LLINs in IDP populations in Khartoum IDP camps: • The IDP population living the Khartoum IDP camps and squatter areas have access to LLINs to ensure on-going protection from malaria within Khartoum and on their return to the more highly endemic areas of Southern Sudan.	• Soba Aradi • 5,000 families covered with nets. • January-June 2007
Southern Sudan		\$950,000					
<i>Health and Nutrition</i>		\$950,000					
Malaria Consortium 13-Mar-07 Index: 497 [13]	SUD-07/HN113 Scaling-up Coverage of Long Lasting Insecticide Treated Nets in Southern Sudan [S] (HA)	Q1: \$500,000 Q2: \$705,000 Q3: \$905,000 Q4: \$905,000	\$200,000	Jonglei State Allocation: Due to the malaria burden and low coverage of preventive interventions, scaling-up coverage of long-lasting insecticide treated nets (LLINs) among under-fives and pregnant women is a high priority. Rapid deployment of preventive measures will have an impact provided these measures are urgently put in place before the wet season. The majority of the population of Southern Sudan have no access to insecticide-treated nets currently. Some LLINs distribution is taking place through health facilities; however these are only accessible by the 25% of the population who have access to health facilities.	(1). Establish community-based distribution system for hard-to-reach populations (2). Procurement of 20,000 LLINs (3). Compile and review numbers and locations of previous LLINs distributions by organisation to identify target populations with least current access to preventive measures. (4.) Adapt, pre-test and finalise training materials, reporting tools and simple BBC tools and print materials. (5). Identify organisations with close existing community links to ensure most efficient distributions. (6). Conduct payam level training courses for distribution partners on the distribution system, health education, reporting, monitoring and evaluation requirements. (7). Distribute 20,000 LLINs to beneficiaries through distribution partners	Reduced mortality and morbidity from malaria as a result of: 20,000 LLINs distributed to hard-to-reach populations; a standard delivery, monitoring and evaluation system is in place for community-based and health facility-based distribution of free LLINs in Southern Sudan for future LLIN distributions.	• Jonglei • 20,000 families with pregnant women or children under-five living in hard to reach areas with limited access to health facilities. At least 4 communities based organisations trained on distribution of nets in hard to reach communities and at least two wor •
Malaria Consortium 13-Mar-07 Index: 495 [11]	SUD-07/HN113 Scaling-up Coverage of Long Lasting Insecticide Treated Nets in Southern Sudan [S] (HA)	Q1: \$500,000 Q2: \$705,000 Q3: \$905,000 Q4: \$905,000	\$350,000	Eastern Equatoria State Allocation: Due to the malaria burden and low coverage of preventive interventions, scaling up coverage of long-lasting insecticide treated nets among under-fives and pregnant women is a high priority. There is no NGO is Eastern equatoria that is distributing Long Lasting Insecticide treated Nets. There is also lack of a standardised delivery system including reporting.	Identify populations with least access to health facilities. Establish storage and delivery logistics system. Conduct State level training sessions for distribution partners on the distribution system, reporting as well as Monitoring & Evaluation requirements. Procure and distribute LLINs to identified beneficiaries.	68,000 LLINs distributed to hard-to-reach individuals. Standardised reporting instruments introduced.	• All eight counties of Eastern Equatoria. • 50,000 Households • June - December 2007

Project Details		Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
Malaria Consortium 13-Mar-07 Index: 489 [5]	SUD-07/HN116 Case Management Training of Government and NGO Health Workers in Non Global Fund Recipient States of Southern Sudan [S] (HA)	Q1: \$202,512 Q2: \$288,782 Q3: \$345,151 Q4: \$345,151	\$200,000	Malaria can cause severe illness and death within 24 hours. It is imperative that patients with fever are promptly diagnosed and receive effective treatment. In Southern Sudan, the first-line antimalarial drug is Artesunate-Amodiaquine (AST-AQ). Treatment guidelines for the new policy have been developed and training of staff has occurred in Global Fund recipient states. In the other states, training has not occurred. In addition, with the introduction of the ACT the need exists to increase the capacity for diagnosis in order to avoid unnecessary treatment. For peripheral health facilities the use of Rapid Diagnostic Tests (RDTs) has been recommended and guidelines as well as training materials have been developed. However, health workers have yet to be trained in RDT use.	Training of county trainers on malaria case management and RDT use; Training of frontline health workers on malaria case management and RDT use; Printing and distribution of existing treatment guidelines for malaria case management; Design and broadcasting of messages on new treatment policy; Design and printing of wall charts for guiding severe malaria case management; One round of follow up support supervision visits to all health facilities	Reduced mortality and morbidity from malaria as a result of: Improved malaria case management, improved compliance with ACT drug policy, improved diagnostics.	<ul style="list-style-type: none"> • Bahr el Ghazal, Eastern Equatoria, Jonglei, Lakes, Unity, Upper Nile) • 150 trainers trained on case management in 52 counties; 45 PHCCs and 420 PHCUs diagnosing malaria using rapid diagnostic tests; 5 radio spots per daily broadcasting 3 messages on care seeking and malaria treatment for 6 months broadcast over X FM radio st • Mar to Dec 2007
Malaria Consortium 13-Mar-07 Index: 499 [15]	SUD-07/HN20 Support to Visceral Leishmaniasis (Kala-azar) Diagnosis, Treatment and Prevention [NP][BN][E][KN] (RD)	Q1: \$0 Q2: \$0 Q3: \$0 Q4: \$411,000	\$200,000	Jonglei State Allocation: Visceral Leishmaniasis is of major public health importance in Sudan, killing thousands of people every year. Transmission is perennial, but peaks in April to May, resulting in an increased case-load from September onwards. Control efforts have been patchy and intermittent. Large, endemic foci exist in the east and south of the country, some of which have seen little or no efforts at control. Health care providers have little or no specific technical expertise on kala-azar, which affects the quality of case-management and cure. As a result of the returning political stability in the region population dynamics are changing, leading to an influx of non-immunes into endemic areas. To prevent epidemics and to ensure an effective response to any outbreak, technical and commodity support is urgently required. This needs to focus on surveillance, case-management, health education and prevention.	1 Standardise the approach for data collection and sharing; review, update and distribute kala-azar diagnosis and treatment manuals; review and amend health education messages and materials; 2 Procure and distribute laboratory consumables; provide training/refresh training on diagnosis, treatment, health education and prevention; 3 Train community health workers on health education, kala-azar symptoms and referral procedures.	Reduced mortality and morbidity from kala-azar as a result of: 1 Strengthened operational partners to deliver quality diagnosis and treatment and report their data; provide updated national picture of kala-azar epidemiology and burden based on better reporting and centralised analysis; 2 Standardised diagnostic and treatment procedures; 3 draft national strategy developed; Kala-Azar control activities in Jonglei boosted by providing technical and material assistance, and targeted distribution of LLINs. Drugs will be placed in health facilities in endemic areas where there are facilities for inpatients. (in patient stay beds).	<ul style="list-style-type: none"> • Old Fangak, Atar and Korfulus Counties. • 23,000 direct beneficiaries, and 100,000 indirect. • Mar to Oct 2007

Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
Malteser		\$79,168				
Darfur		\$79,168				
<i>Health and Nutrition</i>		\$79,168				
Malteser 12-Mar-07 Index: 429 [17]	SUD-07/HN173 Malteser North Darfur PHC/RH integrated Health programme [D] (HA)	Q1: \$0 Q2: \$285,000 Q3: \$280,000 Q4: \$850,000 \$79,168	MALTESER will continue to provide essential reproductive health services and management of relevant diseases improved (including EPI and IMCI). This allocated fund is minimal requirement to achieve the target, after considering the fund from other sources. The amount requested plus already secured funds is enough to meet the project's mid-year targets as submitted for the WP2007.	<ul style="list-style-type: none"> • Provide monitoring and supervision for five facilities; and, • Improve referral system from community to primary facility and from PHC facility to secondary facility. 	Services are in place and management of relevant diseases improved (including EPI and IMCI).	<ul style="list-style-type: none"> • South of El Fasher in Abu Zerega, Galab, Tabit, Shangil Tobaya and Wadah • IDPS in Darfur approximately 80,000 households 160,000-400,000 people up to who will benefit from sleeping under the LLIN • January-December 2007
Medair		\$1,431,670				
Darfur		\$471,670				
<i>Health and Nutrition</i>		\$316,670				
Medair 12-Mar-07 Index: 417 [5]	SUD-07/HN24 IDP Emergency Relief in West Darfur, Phase 5 [D] (HA)	Q1: \$678,500 Q2: \$1,357,000 Q3: \$2,035,500 Q4: \$2,035,500 \$316,670	Continue provision of quality Primary Health Care through supported facilities (PHC units) and support provision of appropriate ante natal and reproductive health care.	<ul style="list-style-type: none"> • Expanded Program of Immunisation (EPI) provided in Western Jebels; and, • ANC and RH care supervision combined with Safe Delivery Kits distributions. 	Targeted population have access to quality PHC services.	<ul style="list-style-type: none"> • West Darfur, Geneina locality and habila locality (Furbaranga, Gemiza, Hagarbagar and Umjukuti). • 120,000 PHC attendees • January-December

Project Details		Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
Water and Sanitation			\$155,000				
Medair 03-Apr-07 Index: 403 [3]	SUD-07/WS23 IDP emergency relief in West Darfur [D] (HA)	Q1: \$471,500 Q2: \$943,000 Q3: \$1,414,500 Q4: \$1,414,500	\$155,000	The project supports the sector priorities of sustaining water and sanitation services in existing IDP locations and the provision of immediate WES facilities to newly displaced, through our emergency response capacity. The CHF funding will provide essential funding enabling programming to continue uninterrupted.	The CHF funds will contribute towards the following overall activities: <ul style="list-style-type: none"> • Maintain stocks for emergency response; • Provide up to six emergency water systems (jetted water points, 3 x water tanks and 18 tap stands) in the event of displacement, outbreaks or returns; • Maintain existing 3 x water towers, 12 emergency water systems; • Assist communities in operation and maintenance of existing hand pumps; • Rehabilitate 15 existing hand dug wells and install handpumps on them; • Construct 10 jetted water points, fitted with hand pumps; • Provide bricks, slabs, pumps and training for local construction of four new hand dug wells; • Training of 20 local pump mechanics; • Maintain spare parts centres in three locations, including provision of management training; • Complete two water towers (Abu Suruj and Um Shalea); and, • Trial approaches to facilitate beneficiary information, feedback and complaints. 	<ul style="list-style-type: none"> • Access to sufficient quantities of water (15l/person/day within 1 km) that meets WES approved quality levels for up to 160,000 conflict-affected people in the project area; and, • Sustainable improvement in the health and hygiene related behavior of up to 160,000 conflict-affected people in the project area. 	<ul style="list-style-type: none"> • West Darfur: Geneina Province, Kulbus Province, Habila Province, Zalingei Province • 160,000 vulnerable and conflict affected people (IDP and host populations) • The project will enter its sixth phase in June 2007, the activities are ongoing and currently planned to May 2008. Phase 5 commenced in July 2006.
Khartoum and Other Northern States			\$55,000				
Health and Nutrition			\$55,000				
Medair 12-Mar-07 Index: 444 [1]	SUD-07/HN25 Primary Healthcare for IDPs in Khartoum State [KN] (HA)	Q1: \$143,000 Q2: \$286,000 Q3: \$430,000 Q4: \$430,000	\$55,000	This is needed as a critical supplement to cover the gap after all other sources exhausted. Medair provides quality Primary health care services for IDPs in Khartoum State, focussing on curative and preventative services (sector priority 1). Medair has the capacity to respond to health emergencies within three days of notification of a disease outbreak (sector priority 2). Medair does not have enough confirmed funding till the end of March to run the program and therefore needs US\$70,000 to run the project till the end of March 2007.	<ul style="list-style-type: none"> • Provide a static PHCC; • Provide mobile clinic outreaches; • Distribute leaflets (health and return information) to potential returnees; • Provide (reproductive) health and hygiene education, HIV/AIDS awareness; • Train health staff in emergency response, drug prescription; and, • Maintain Health Information System and emergency response materials. 	<ul style="list-style-type: none"> • Static PHCC has capacity for 2,400 patients per month; • Mobile clinic outreaches twice a month for four days; • 70% of returnees in target area have received leaflets regarding health and return issues; • 80% of presented cases treated correctly; and, • HIS functioning and coordinated response to health emergencies planned within 24 hours after notification. 	<ul style="list-style-type: none"> • Khartoum State • 50,000 beneficiaries, mostly IDPs • All activities will be conducted from January 2007 to April 2007. The project will continue till December 2007.

Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline	
Southern Kordofan		\$15,000					
<i>Water and Sanitation</i>		\$15,000					
Medair 06-Mar-07 Index: 371 [4]	SUD-07/WS25 Access to water and sanitation in South Kordofan [SK] (HA)	Q1: \$130,000 Q2: \$260,000 Q3: \$390,000 Q4: \$390,000	\$15,000 (ADJUSTMENT TO 1st ROUND ALLOCATION)	To sustain improvement in access to safe drinking water and behaviour changes with regard to risk sanitation practices in eight returnee locations	<ul style="list-style-type: none"> • Construction of 10 HPs, six rainwater harvesting systems and 350 HH latrines; • Rehabilitation of four water points; • Construction of terraces and check dams; • Hygiene promotion; • Water resource management training courses; • Monthly groundwater monitoring; • Construction and promotion of bio-sand filters; • Refresher training of HP mechanics and capacity building of watsan committees. 	<ul style="list-style-type: none"> • Increase access to safe drinking water to 3,750 returnees and host communities and to safe means of excreta disposal facilities to another 2'500 persons; and, • Sustainable improvement in the health and hygiene related behaviour of up to 8,000 people in the project area. 	<ul style="list-style-type: none"> • Kadugli Locality, Petrol Admin Unit (Sabori, Alfien, Ruseries, Daldaga, Dorot and Arkwie) • 3,750 returnees and vulnerable host communities • 1 March to 31 May 2007
Southern Sudan		\$890,000					
<i>Health and Nutrition</i>		\$800,000					
Medair 13-Mar-07 Index: 506 [22]	SUD-07/HN118 Improve and Increase Access to Curative, Preventative and Promotional Health to Communities in Melut County, Upper Nile with a Focus on Maternal and Child Health [S] (RD)	Q1: \$850,000 Q2: \$1,270,000 Q3: \$1,650,000 Q4: \$1,650,000	\$400,000	Upper Nile State Allocation: Support required for salaries, drugs, nutrition component, and clinic construction support. Melut had high returns last year, primarily spontaneous, with the county level monitoring body listing over 10,000 within a six month period. Melut is a key area in the transportation of IDPs and returnees from Kosti and Khartoum, and in addition has seen significant in county displacement through the search for extractive natural resources. Over the returns period IDPs and returnees must be able to see services in their areas of return while the host community also needs to see some benefits of peace. This programme is time sensitive due to the approaching rains threatening to put a stop to construction. (This is an Early Reintegration Activity (ERA) project)	CHF allocation will support these activities over 2nd quarter: <ul style="list-style-type: none"> • Construction of 1 new PHCC and 4 new PHCU's clinics, 1 TB treatment and 1 KA treatment facility. • Continous medical and consumable supply to all supported health facilities • Train and refresh all health staff including HHP's • Train and refresh all CHW's in adapted IECHC and MA's and CO in EMOC • Train auxillary lab assiatant at each of the sites with EPI services to increase coverage. • Provide LLTNs for over 10,000 pregnant women and children under 5 years old via EPI and during emergency responses as needed+L21 • Training of Health workers in nutrition assessment and treatment • Treatment of identified malnutrition at PHCU/PHCC level in up to 7 facilities • Assessment, referral and treatment of TB patients • Assessment and treatment of Kalazar patients • Assessment and treatment of malaria • Awareness raising of HIV and testing • Building local capacity 	<ul style="list-style-type: none"> • 60% of PHCU's improve on adapted IECHC survey • 10% increase in women receiving IPT, TT and iron • 90% of all PHCU health worker trained and/or refreshed in adapted IECHC • DPT3 coverage rate of under 1 year increased by 10% in PHC implementation area • Measles coverage rate increased by 30% in PHC implementation area • 20% increase in malnourished children (< 5 year) at PHCU/PHCC who were correctly treated or referred • 80% of HHP's giving health/hygiene messages • TB referral facility constructed • 80% of TB patients successfully complete treatment • 80% of Kalazar patients successfully complete treatment • 80% of malaria cases correctly identified • VHC, PHCC HC, CHD, CHA trained • English Maths class initiated in Melut County 	<ul style="list-style-type: none"> • Payams - Goldora, Malek, Paloich, and Melut town itself in Melut County, Upper Nile • 70,000 persons based on SSRRC figures. Medair will carry out household survey before end 2006. • Support sought from April - June (Project period January - December)

Project Details		Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
Medair 13-Mar-07 Index: 508 [24]	SUD-07/HN7 Investigate and respond to nutritional emergencies [S] (HA)	Q1: \$160,000 Q2: \$183,900 Q3: \$318,000 Q4: \$318,000	\$200,000	Upper Nile State Allocation: As we enter the hunger season it is key that there is some degree of emergency nutritional support in Melut county, where we anticipate another nutritional emergency as we have seen in previous years. If there is no emergency nutritional needs in Melut County Medair will provide support for nutritional response in other counties. No other funding source available.	<ul style="list-style-type: none"> Investigate and respond (if verified) to nutritional emergencies Set up a TFP/SFP if levels of malnutrition indicate the need prioritising PHC sites Coordination with EP&R and MoH network at Federal and State level 	<ol style="list-style-type: none"> Reported nutritional emergencies in areas of PHC implementation assessed and responded to (if verified) either by Medair or via advocacy with other implementing partners (WHO, ACF, etc.) Nutritional assessments for monitoring of severe malnutrition occurring at PHC implementation site with timely reporting Establish 1 emergency nutritional programme if required 	<ul style="list-style-type: none"> Melut County - if needs dictate, otherwise support anywhere in Upper Nile Numbers and types of emergency beneficiaries will vary based on the type of emergencies that develop In Sudan during the project timeframe. By indication by Sept 2006 Medair had assisted 87,152 beneficiaries over 2006. In 2007 Medair will increase its em April - June
Medair 13-Mar-07 Index: 507 [23]	SUD-07/HN8 Investigate and respond to medical emergencies involving outbreaks, IDPs/returnees. [S] (HA)	Q1: \$541,000 Q2: \$811,500 Q3: \$1,082,000 Q4: \$1,082,000	\$200,000	Upper Nile State Allocation: To bolster emergency response capacity to address health crises in the state. This emergency response is often related to IDP and returnee movements in the area, over the 2nd quarter we expect an increasing amount of returns and an increase in strain on existing resources. In order to prevent the spread of medical outbreaks or epidemics, it is key that there is an organisation on ground who can quickly assess and provide case management in the form of treatment, training or an emergency vaccination campaign. No other funding available for this segment of the programme	<p>CHF allocation will support these activities over 2nd quarter:</p> <ul style="list-style-type: none"> Monitor, supervise and analyze health worker reporting of communicable diseases at the PHCU/PHCC level in PHC implementation sites Investigate and respond (if verified) up to 10 medical emergencies including outbreaks, IDPs/returnees. Monitor via monthly reporting from community authorities and health staff regular assessment and timely reporting on any IDP/returnee population changes at PHC implementation sites Coordination with EP&R and MoH network at Federal and State level 	<ul style="list-style-type: none"> Reported medical emergencies in areas of PHC implementation assessed and responded to (if verified) either by Medair or via advocacy with other implementing partners (WHO, ACF, etc.) Outbreak assessments and reporting by health workers at PHCU level following WHO EWARN procedures Ongoing monitoring with local authorities in PHC implementation sites of changes in population and settlement patterns of IDPs/returnees to determine adequate access to health services or need for increased interventions Ongoing monitoring of health worker reports and epidemiology in PHC implementation sites. 	<ul style="list-style-type: none"> Upper Nile prioritised with availability in all 10 states Because of unpredictable nature of nutritional emergencies exact figures are impossible. However judging by previous experience we may treat 100 severely malnourished children through a Therapeutic Feeding Centre, and approximately 500 persons through Su Support sought from April - June (Project period January - December)
NFIs and Emergency Shelter			\$90,000				
Medair 09-Mar-07 Index: 325 [1]	SUD-07/NS6 NFI Emergency Assistance to Most Vulnerable Spontaneous Returnees and Host Community Members [S] (HA)	Q1: \$250,000 Q2: \$250,000 Q3: \$250,000 Q4: \$250,000	\$90,000	<ol style="list-style-type: none"> Emergency response capacity and assistance to vulnerable spontaneous returnees (ERA humanitarian project); Working some of in the prioritised states and can focus attention to prioritised state if given resources; Small allocation from the 1st CHF allocation (USD\$110,000) to be topped-up, additionally, they have partnered with UNICEF for the supply of NFIs in Upper Nile, they need this allocation for the transportation of kits to Upper; and, Absorption capacity for funding. 	Assessment, transport and distribution of NFIs are planned to identified target groups.	Emergency needs of newly affected support and early reintegrated of spontaneously returnees facilitated.	<ul style="list-style-type: none"> Upper Nile (with possible expansion to other prioritised states if funding permits 1000 newly affect IDPs, vulnerable spontaneous returnee Feb-March

Project Details		Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
NCA			\$469,126				
Darfur			\$64,126				
<i>Health and Nutrition</i>			\$64,126				
NCA 12-Mar-07 Index: 418 [6]	SUD-07/HN33 Maternal and Child Nutrition [D] (HA)	Q1: \$46,544 Q2: \$87,482 Q3: \$124,990 Q4: \$124,990	\$64,126	No other funding--this is the requirement for January-March only. This allocated fund is minimal requirement to achieve the target, after considering the fund from other sources.	<ul style="list-style-type: none"> • Provide CSB, sugar and oil (premix) to the beneficiaries and medical treatment; • Capacity building through training; • Establish and incorporate CTC approach of severe malnutrition; and, • Targeted feeding of manourished children under-five and pregnant and lacating mothers. 	80% of the targeted beneficiaries would be recovered through the program.	<ul style="list-style-type: none"> • Kubum Corridor South • 14,000 • January-December
Southern Kordofan			\$50,000				
<i>Water and Sanitation</i>			\$50,000				
NCA 06-Mar-07 Index: 372 [5]	SUD-07/WS24 NCA Support to Water and Sanitation activities in Rashad and Kadugli Counties, South Kordofan [SK] (HA)	Q1: \$50,000 Q2: \$450,000 Q3: \$500,000 Q4: \$500,000	\$50,000	To increase access to safe drinking water and healthy sanitation facilities in returnee locations (ADJUSTMENT TO 1st ROUND ALLOCATION)	<ul style="list-style-type: none"> • Drilling and installation of 30 HPs; • Repair 25 HPs; • Management training in 30 villages; • Sanitation awareness in eight villages; • Assessment and establishment of water catchment; and, • Construction of 100 HH latrines and eight school latrines. 	<ul style="list-style-type: none"> • Increase access to safe drinking water to 13,750 returnees and host communities in 30 villages; • Hygiene promotion in communities, schools and health units; and, • Capacity building of authorities in water management. 	<ul style="list-style-type: none"> • Rashad and Kadugli Counties • 13,750 returnees and host communities, including school children • 1 March to 31 May 2007
Southern Sudan			\$355,000				
<i>NFIs and Emergency Shelter</i>			\$125,000				
NCA 09-Mar-07 Index: 331 [7]	SUD-07/NS7 Resettlement and Reintegration Assistance to Returnees, IDPs and Host Communities in Equatoria, Bahr el Ghazal and Nuba Mountains [S][SK] (HA)	Q1: \$165,000 Q2: \$408,100 Q3: \$658,350 Q4: \$658,350	\$125,000	Should be a higher priority and topped up to a minimum of 200,000 between 1st and 2nd allocation--like other projects that required allocations in the first round. 1) Assistance is ERA focused; 2) Small allocation; and 3) Working in three of prioritised states. Missing information, did not attend last meeting	Distribution of NFI to target population.	Early reintegration of spontaneous returnees facilitated through the provision of NFIs.	<ul style="list-style-type: none"> • WBEG, East and Central Equatoria • 1.378 HH returnees, IDPs and host communities •

Project Details		Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
Water and Sanitation			\$230,000				
NCA 03-Apr-07 Index: 468 [1]	SUD-07/WS71 Water and sanitation programme [S] (HA)	Q1: \$178,500 Q2: \$238,000 Q3: \$297,500 Q4: \$297,500	\$230,000	Eastern Equatoria State Allocation: It is estimated that more than 65% of the population of Eastern Equatoria lacks access to adequate safe water. Most conflicts in the state are caused by lack of access to water and grazing land. Provision of water in Eastern Equatoria is considered a peace building strategy. The incidence of water diseases is very high. Eastern Equatoria is one of the Guinea worm endemic areas in Southern Sudan. The situation has been compounded by the arrival of spontaneous and UNHCR - assisted returnees. There is need to improve the current low service coverage of rural water supply.	Drilling at least seven bore holes along the Torit - Juba road. Additional water points to be established in assessed communities in Kapoeta North and Lafon. Provide spares for broken pumps. Provide training for community residents to manage their hand pumps.	Additional water points established.	<ul style="list-style-type: none"> • Kapoeta North, Torit, Lopit and Lafon • IDPs, returnees and community residents • June - December 2007
NRC			\$500,000				
Southern Kordofan			\$300,000				
Education			\$300,000				
NRC 28-Mar-07 Index: 432 [2]	SUD-07/E111 Basic Education in Southern Kordofan [SK] (RD)	Q1: \$1,100,000 Q2: \$1,950,000 Q3: \$2,400,000 Q4: \$2,400,000	\$300,000	Increase access to and improve quality of basic education in areas of return in Southern Kordofan.	<ul style="list-style-type: none"> • Preparation and holding of Training of Teachers through three weeks seminars/courses with focus on life skills subjects and education science subjects; and, • Construction/reconstruction of 18 classrooms in five school locations including in cooperation with local communities and Ministry of Education. 	<ul style="list-style-type: none"> • Increased access to basic education; • Improved learning environment; • Improved quality of teaching; • Increased access to education for girls; • Improved motivation and support for basic education among teachers, students and parents in Southern Kordofan; and, • Increased dialogue between teachers and educationalists in former GoS and SPLM areas. 	<ul style="list-style-type: none"> • High IDP/returnee areas in Southern Kordofan State. • 3,000 basic schoolchildren in areas of return gain access to schools, 5,000 basic education-aged children benefit from improved quality of teaching. • March to May (or early June) 2007

Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
Southern Sudan		\$200,000				
<i>Protection and Human Rights</i>		\$200,000				
NRC 02-Mar-07 Index: 478 [3]	SUD-07/PHR63 Information, counselling and legal assistance [S] (HA)	Q1: \$600,000 Q2: \$1,000,000 Q3: \$1,330,000 Q4: \$1,330,000 \$200,000	The goal of this project is to improve overall protection of fundamental human rights of Sudanese refugees, returnees and IDPs, increase their access to administrative and legal assistance, and provide them with the option of making a free and informed decision on return, resettlement or local integration in safety & in dignity. Return is one of the priorities of the Government of Southern Sudan. Return can only be sustainable and durable if people are able to make a voluntary decision, through the availability of adequate and reliable information on all durable solutions available. At the same time, communities to where IDPs and refugees are returning need to be prepared to receive them. The project will collect, analyze and compile timely and accurate information on the situation in areas of high return focusing on the first half of 2007 on Central Equatoria, and in the second half, on Northern Bahr el Ghazal, and to a lesser extent on the other 8 states of Southern Sudan. Information will be disseminated to IDPs and refugees that wish to return through large and focused group presentations. Focused group presentations will enable discussions on specific issues such as land and property. Individual counseling sessions will also be provided. The modes of presentation will include verbal presentations, brochures, leaflets, photos, and a variety of media such as instructional film and radio.	Collection, analysis and compilation of timely and accurate information on the situation in areas of high return. Dissemination of information to IDPs and refugees that wish to return and communities receiving returnees. Individual administrative and legal counseling	Improved access to information for refugees in Uganda and IDPs in Khartoum about their rights and the situation in return areas. Improved conditions of harmonious integration of returnees in South Sudan	<ul style="list-style-type: none"> • Central Equatoria and Northern Bahr el Ghazal and to a lesser extent the other 8 states. • An estimated 16,000 refugees and IDPs in Uganda and Sudan contemplating return to southern Sudan, and 100 communities in the locations of return particularly in Central Equatoria and Northern Bahr el Ghazal and to a lesser extent in the other 8 States. • 1 April - 31 December 2007

Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
OXFAM GB		\$510,000				
Darfur		\$510,000				
<i>Water and Sanitation</i>		\$510,000				
OXFAM GB 03-Apr-07 Index: 402 [2]	SUD-07/WS27 Emergency integrated public health response for the marginalised and conflict affected people of Darfur [D] (HA)	Q1: \$4,000,000 Q2: \$7,000,000 Q3: \$11,000,000 Q4: \$11,000,000 \$510,000	Despite the longevity of many of our PH programmes, the worsening security situation is exacerbating the need for continued interventions in water supply, sanitation and hygiene promotion. The sustainability needs of PH programmes is increasing as access to field programmes and disruption to field programmes is occurring. Water supply activities must now recognise multi-purpose water usage within camps and long-term sanitation needs are still being met. Community participation, involvement and ownership is being prioritised also given the security threats that exist.	<ul style="list-style-type: none"> • Operation and maintenance of the existing water supply sources in the IDP camps; • Drilling of 90 boreholes and equipping with hand pumps for longer term sustainability of the water supplies; • Construction of 6,700 family latrines to promote safe excreta disposal; • Establishment and training of gender balanced community health committees in rural villages; • Public health promotion services and hygiene education; • Distribution of hygiene related NFIs; and, • Gender and protection will be mainstreamed in the above activities. 	<ul style="list-style-type: none"> • Up to 550,000 beneficiaries living in IDP concentrations and rural villages have safe access to sufficient quantity and quality of water-up to 550,000 beneficiaries living in IDP concentrations and rural villages have safe access to sanitation facilities; • Water distribution points and sanitation facilities are well managed and used by up to 550,000 people; and, • Up to 550,000 people have greater capacity to manage their own health through improved knowledge of good health, safe hygiene practices and disease prevention. 	<ul style="list-style-type: none"> • Abu Shouk and Al Salaam IDP camps in El Fasher, Shangil Tobaiy located about 75km south of El Fasher. Kebkabiya town and rural villages about 170 km west of El Fasher, Kalma camps, Gereida camp and surrounding villages. Um Dukhum, Wadi Saleh area of West Darfur. • 550,000 people living in IDP camp concentration and rural villages (50,000 in Kalma camp, 60,000 in Um Dukhum, 140,000 in Gereida camps, 150,000 IDPs and host community in Kebkabiya, 30,000 in the rural villages near Kebkabiya, 55,000 IDPs in Abu Shouk ca • 1 January 2007-31 December 2007

Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
PSI		\$200,000				
Southern Sudan		\$200,000				
<i>Health and Nutrition</i>		\$200,000				

Project Details		Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
<p>PSI</p> <p>13-Mar-07 Index: 491 [7]</p>	<p>SUD-07/HN124</p> <p>Behaviour Change Communications for the Prevention of HIV/AIDS in Southern Sudan [S] (RD)</p>	<p>Q1: \$100,000 Q2: \$250,000 Q3: \$350,000 Q4: \$350,000</p>	<p>\$200,000</p>	<p>HIV/AIDS special allocation: Transportation corridors are especially vulnerable high risk areas for the spread of HIV/AIDS and other sexually transmitted diseases. It is essential the Women and Youth (15-24 years) are aware of the risks of and how to prevent HIV/AIDS in order to reduce the spread throughout Southern Sudan. This project, which aims to prevent the spread of HIV/AIDS through behavior change communications program specifically oriented towards young people (15-24 years) and women in Southern Sudan, directly addresses the number one priority for interventions requiring urgent humanitarian response established by the HIV/AIDS Steering Committee February 2007. In light of the reduction in proposed funding and need to ensure the BCC program meets with national priorities, PSI consulted the Southern Sudan AIDS Commission in the selection of the target population and geographic location. Based on recommendations from the SSAC, the proposed behavior change communications program will be specifically oriented towards young people and (15-24 years) and women in Southern Sudan. Young people make up the vast majority of the population in Southern Sudan with an estimated 53% under the age of 18. Women, and particularly younger women, are also considered to be a particularly vulnerable population. Reduced funding also limits geographic reach. While radio and TV messages will be disseminated as widely as possible on available FM stations and Sudan Radio Service, priority will be directed towards reaching vulnerable populations living along the Juba – Yei – Mundri corridor and the Juba – Torit transport corridor in Southern Sudan. Since their opening in early 2006, the Juba-Yei-Mundri and Juba – Torit transport corridors are the primary arteries for people moving between neighboring countries and within Southern Sudan. As a result small towns along these roads have experienced a boom in economic and population growth, concurrent with a rise in increased high-risk behavior. Young people seeking employment and engagement in the development of Southern Sudan are particularly present along these corridors. They have returned from neighboring countries or smaller villages and are drawn by the re-emergence of commercial activity and convenience of modern life. Unfortunately there is a downside to this increase in commercial traffic along these corridors and anecdotal evidence confirms a rise in commercial and transactional sex and alcohol consumption at bars and so-called “tea” shops, particularly among young people. HIV prevalence estimates in Southern Sudan range from 0.7% to 7.2%, with prevalence in border towns and refugee camps much higher. HIV prevalence rates in border towns such as</p>	<p>Develop the communication strategy; Conduct a consensus Workshop (150 participants) led by the South Sudan AIDS Commission with key stakeholders on the communications strategy; Development of print materials (100000), radio spots (25) and television materials (15); Dissemination of materials in each of Sudan's 10 states.</p>	<p>Increased awareness of HIV/AIDS and adoption of safer sexual behaviors. In addition, a highly visible communications campaign can create space in which people may feel more comfortable discussing HIV/AIDS which can reduce stigmatization of the disease.</p>	<ul style="list-style-type: none"> • Yei – Juba – Rumbek and Juba – Torit transport corridors plus all areas accessible by radio and television • The main target will be the most at risk population such as IDPs, returnees, mobile population and the women and youth (15-24 years) as they are the most vulnerable to the HIV epidemic. • Q 2, 3, 4 (April – December)

Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
			<p>Yambio and Yei are between 4 to 7%, and well above 5% in refugee camps in the same region. Although the overall HIV epidemic is fairly new in Southern Sudan, it is evident that HIV/AIDS will become an enormous threat due to the escalating vulnerability of the population: overall poor health status of the population, increased risky behavior, a mixing of high and low prevalence populations, and a general lack of awareness and prevention. Despite these high risk factors, HIV/AIDS intervention efforts to date have been small in scale and scope. PSI will utilize this funding to work closely with the SSAC to lay the foundation for an integrated campaign which can be rapidly scaled up as additional funding is made available to the SSAC and partners. PSI will work with the SSAC to coordinate an initial BCC workshop to develop the strategy and key messages. PSI has a strong presence in Central and Western Equatoria as well as Lakes State and will be extending its presence into northern Bahr el Ghazal, Upper Nile and Eastern Equatoria during the course of 2007. PSI works closely with women's and youth organizations in all of its operational areas and consults closely with these groups in the preparation of program related messages, materials and outreach activities in order to ensure that they are appropriate and well understood by the target group. PSI will continue to utilize this methodology in collaboration with the SSAC in the development of materials for the proposed campaign.</p>			
SC-UK		\$110,000				
Khartoum and Other Northern States		\$30,000				
<i>Protection and Human Rights</i>		\$30,000				

<p>SC-UK 06-Mar-07 Index: 350 [6]</p>	<p>SUD-07/PHR17 Enhancing the capacity of duty bearers and rights holders for the protection of most vulnerable children and IDPs in Khartoum [KN] (HA)</p>	<p>Q1: \$50,000 Q2: \$100,000 Q3: \$200,000 Q4: \$200,000</p>	<p>\$30,000</p>	<p>SC-UK needs funding to continue its activities on monitoring and reporting child rights violations and protection of civilians in the IDP camps and urban poor areas. This will include providing direct assistance to vulnerable children (children at risks in recruitment into soldiers, separated/unaccompanied, street children, children working on the streets, SGBV survivors, out of school youths, etc.)</p>	<ul style="list-style-type: none"> • Monitoring and reporting on child rights and protection violations/issues feed in to the CPWG; and, • Provision of basic assistance to vulnerable children including IDPs children. 	<ul style="list-style-type: none"> • Children in need of special protection assisted through the provision of basic assistance and referral system; and, • Child protection violations regularly monitored and feed into the CPWG/PWG. 	<ul style="list-style-type: none"> • IDP camps and urban poor areas in Khartoum and other Northern States • 12,000 vulnerable children • March - Dec. 2007
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Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
Southern Sudan		\$80,000				
<i>NFIs and Emergency Shelter</i>		\$80,000				
SC-UK 09-Mar-07 Index: 326 [2]	SUD-07/NS8 Emergency Non-Food Items (NFI) Intervention [S] (HA)	Q1: \$100,000 Q2: \$130,000 Q3: \$150,000 Q4: \$150,000 \$80,000	1) Support to vulnerable spontaneous returnees (ERA humanitarian project) in the prioritised state of Jonglei, NBEG, and Warrap; 2) Small previous allocation--project should top-up to full value; and 3) Absorption capacity.	Assesment and distribution to vulnerable spontaneous returnees.	Early reintegration of spontaneous returnees facilitated through the provision of NFIs.	• Jonglei, NBEG, and Warrap • 10,000 returnee HH, 500 demobilised child soldiers • Feb-May
SC-US		\$395,835				
Abyei		\$30,000				
<i>NFIs and Emergency Shelter</i>		\$30,000				
SC-US 21-Feb-07 Index: 323 [1]	SUD-07/NS24 Provision of NFIs to the Extremely Vulnerable [A][SK] (HA)	Q1: \$25,000 Q2: \$50,000 Q3: \$55,000 Q4: \$55,000 \$30,000	There is a lack of NFI distribution and assessment capacity in Abyei. Funds are required to cover need assessment and distribution costs so as to increase the commitment and capability for NFI distributions and needs assessments. NFIs for distribution will be accessed through the Common Pipeline and then distributed and reported on by SCF-US. In addition, storage in Abyei is needed to allow for unimpeded access during the rainy season. SC-US will establish storage for an NFI contingency stock in Abyei. This second allocation will top-up the first allocation to provide SC-US with their total funding for the year.	1. Establishment of storage for NFI contingency stock. 2. Hiring of staff dedicated to NFI assessment and distributions. 3. Conducting of NFI assessments and NFI distributions.	- 400 HH contingency stock available in Abyei for rapid response to NFI needs. - Increased and improved NFI distributions to returnees and other vulnerables in Abyei region.	• Abyei Town and returnee settlements • Est: 4000 vulnerable HH • Feb - December 2007
Darfur		\$365,835				
<i>Health and Nutrition</i>		\$110,835				
SC-US 12-Mar-07 Index: 419 [7]	SUD-07/HN36 Therapeutic Feeding and Outpatient Therapeutic Program Supplies [D] (HA)	Q1: \$75,000 Q2: \$150,000 Q3: \$225,000 Q4: \$300,000 \$110,835	Partially funded for the Jan-Mar, the requested fund will enhance the coverage. This allocated fund is minimal requirement to achieve the target, after considering the fund from other sources. The amount requested plus already secured funds is enough to meet the project's mid-year targets as submitted for the WP2007.	• Strengthen CTC program; • Treat severe acute malnutrition with complications through SC health facilities; • Treat severe acute malnutrition cases through community-based OTP; and, • Treat moderate acute malnutrition among children under-five, pregnant and lactating mothers.	• Prevalence of global acute malnutrition less than 5%; • Prevalence of severe acute malnutrition less than one percent; • 100% of MOH hospitals in the save the children US (SC/US) catchment area have staff trained; and, • 100% of accessible sites covered by information system.	• West Darfur, Geneina locality and Habila locality (Furbaranga, Gemiza, Hagarbagar and Umjukuti). • 20,000 children under-five and 3,000 pregnant and lactating mothers. • January-December

Project Details		Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
Water and Sanitation			\$255,000				
SC-US 03-Apr-07 Index: 411 [11]	SUD-07/WS28 Emergency water and sanitation [D] (HA)	Q1: \$700,000 Q2: \$1,900,000 Q3: \$2,700,000 Q4: \$2,700,000	\$255,000	<ul style="list-style-type: none"> Ground water exploitation continues without proper monitoring in this semi-arid area where rainfall is sporadic and runoff high, we need to artificially recharge ground water after needed monitoring and study (D_WS_2). Community still do not have access to there livelihood and cannot support hygienic practices. Security in the region has worsen and not change from 2006 (D_WS_3). There is a need to build the capacity of key WES staff to exchange ideas and develop better concepts to sustain the activities (D_WS_5). 	<ul style="list-style-type: none"> Ground water and environmental studies and system to monitor ground water in overstressed zones. Development and construction of subsurface dams (D_WS_2). Developing household storage capacity for maintaining better hygiene by jerrycan provision. Awareness of proper disposal of solid waste (D_WS_3). Capacity building of WES staff and motivation by training and workshops at International and national levels and supporting the WES/NGOs staff in areas where they do not have offices (D_WS_5). 	<ul style="list-style-type: none"> Two sub-surface dams (D_WS_2) and also a study reports and papers about ground water and environment in some of the regions; Jerry can or household water storage tanks for 80,000 beneficiaries; 20% of the target population will practice appropriate solid waste disposal (D_WS_3); and, Two key WES and SC staff will attain needed training, SCUS will support 2-3 WES staff to maintain minimal required presence in Habila, Furbranga and Krenek (D_WS_5). 	<ul style="list-style-type: none"> Rural areas and semi-urban areas of Habila, Furbranga and Krenek, Geniena and Kulbus Locality (as we would like to select a best possible site for sub surface dam and study; we already have our presence in the above mentioned localities). 80,000 April 2007-December 2007
Solidarites			\$403,000				
Darfur			\$153,000				
Water and Sanitation			\$153,000				
Solidarites 03-Apr-07 Index: 405 [5]	SUD-07/WS29 Emergency and post emergency responses to IDPs, Returnees and host community in South and West Darfur [D] (HA)	Q1: \$400,000 Q2: \$800,000 Q3: \$1,200,000 Q4: \$1,200,000	\$153,000	<ul style="list-style-type: none"> Currently collaborating with WES/UNICEF to provide sustainable community-led sanitation and water supply in our areas of intervention through in-kind donations. Intervention in both signatories or non-signatories areas. These areas are greatly unstable since last months (Muhajeria, El Daien, Shaeria, Neriti, Jebel Mara.). The movements of the civil populations are quite important due to regular conflicts in these areas. These populations left often with little personal belongings and are in urgent need for basic needs as water, sanitation facilities, food and NFI. Therefore, the host populations have to support these floods of IDP's but do not the means to provide adequate assistance. Solidarités intend to support these populations (IDPs and host populations) by providing adequate water supply and sanitation facilities and implementing hygiene promotion campaigns. 	<ul style="list-style-type: none"> Construction of hand dug wells and digging new boreholes with HP or punping station installation; Rehabilitating existing hand pumps and water yards; Construction of familial, collectives and schools latrines; Drainage of water points in camps; and, Community hygiene promotion activities. 	<p>FOR TWELVE MONTHS TARGET</p> <ul style="list-style-type: none"> Rehabilitation and mainteance of 126 HP; Hygiene promotion compaigns in rural areas; Construction of 2,500 familial latrines, 10 schools latrines and 800 collective latrines; Construction of 16 wells and eight new boreholes; Hygiene promotion completed in 10 schools; Construction of one water retention pools; and, Chlorination of eight pumping stations. 	<ul style="list-style-type: none"> SOUTH DARFUR Shaeria Locality: Muhajeria, Labado, Seleah, Motorwed/Shaeria Town, Shaeria Rural, Missiryia El Daien Locality: North of El Daein, Ngabo, Shag Hassan East Jebel Mara: Feina, Dulda WEST DARFUR Neriti, Saga, Gornei, Khorumbra, Kutrum, Boldong, Kwila 308,000 peoples (Residents= 140,000/IDPs= 120,000/host community= 40,000/returnees= 8,000) From 1 January 2007 to 31 December 2007

Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
Southern Sudan		\$250,000				
<i>Water and Sanitation</i>		\$250,000				
Solidarites 03-Apr-07 Index: 469 [2]	SUD-07/WS79 Improvement of water and sanitation facilities for the population [S] (RD)	Q1: \$400,000 Q2: \$800,000 Q3: \$1,600,000 Q4: \$1,600,000 \$250,000	Jonglei State Allocation: Many returnee households are in process of settlement and reintegration in towns and the rural villages along the Nile and Sobat river corridor of northern Jonglei. Solidarites targeted the vulnerable areas with a very high rate of returnees: more than 40% of the population in the vulnerable areas of rural villages of Khorfulus and Atar in the North of Jonglei. The villages were affected by insecurity in 2006 but many returnees continue to arrive during this dry season. Population is facing the lack of access to basic facilities such as latrines (less than 2%) and water (only th2 from the rivers). There is no NGOs working on water and sanitation issues in the villages. An outbreak occured in 2006 and again in 2007 since the begining of February. Solidarites program started in Malakal town in February 2007 and operate from there but activities are not funded yet for rural areas in Jonglei. SOLIDARITES' program intends to improve their access to the basic facilities and to decrease the high rate of waterborne diseases morbidity (~37% in October 2006).	KHORFULUS / ATAR • Clean water supply in Khorflus 1 and Atar • Construction of 4 collective latrines for the two schools of Atar and Khorflus • Hygiene education • Promotion and construction of 600 latrines. • Intervention in case of epidemic outbreak with chlorination points on the river. • Feasability study on improved row bricks • Feasability study for the developement of low cost sandy spirofiltration plant.	KHORFULUS / ATAR • 30000 persons have access to clean water • 7200 persons have access to latrines and are sensitized to the deforestation problematic • 3000 children and 20 teachers in the schools have access to toilets facilities. • 34000 persons have better hygiene education knowledge and improved their practises • There is a capacity of intervention on site in case of epidemic outbreak in Atar/Khorflus	• Khorfulus and Atar villages • 40,000 persons in Khorfulus and Atar • from 1/03/07 to 31/12/07

Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
Tearfund		\$500,000				
Southern Sudan		\$500,000				
<i>Health and Nutrition</i>		<i>\$500,000</i>				
Tearfund 13-Mar-07 Index: 504 [20]	SUD-07/HN127 Emergency Nutrition Intervention in Aweil South and Wuror [S] (HA)	Q1: \$320,000 Q2: \$640,000 Q3: \$933,511 Q4: \$933,511 \$200,000	Norther Bahr el Ghazal State Allocation: High malnutrition levels are predicted for 2007 in the Aweil East and North Counties of Northern Bahr el Ghazal; an area prone to chronic food insecurity and where malnutrition rates have persisted, since 1998, at an average of a critical 15% or higher. Malnutrition rates at the time of harvest in October and November have always continued to be elevated; a sobering 13.2% being the lowest level to be expected through the year and set to increase as the 2007 hunger gap approaches. Preceding years have always confirmed high numbers of malnourished children, hence the need for a 'safety net' approach. High levels of returnees expected in 2007 (both organised according to IOM and spontaneous according to SRRC) will increase the strain placed on scarce food resources and the withdrawal of MSF from Akuem will significantly reduce the capacity of the County's health facilities to cope with increased incidence of severe acute malnutrition. Therefore, Tearfund's emergency nutrition intervention will seek to both reduce the impact of malnutrition on the under 5 population, and also strengthen the health resources available to respond to the nutritional situation.	(i) SFP provided to 3500 moderately malnourished under fives; (ii) SFP provided to 600 pregnant and lactating women; (iii) CTC provided to 600 severely malnourished children, including those referred to Tearfund's stabilisation centre in Malualkon (iv) Nutritional surveillance provided at critical points throughout the project period (v) Health education provided to at least 4700 caretakers of malnourished children, thereby addressing the underlying causes of malnutrition; (vi) Health facility staff trained in screening, identification and treatment of malnutrition (vii) Management of malnutrition integrated into existing Tearfund, IRC and DOR health facilities. (viii) Stabilisation Centre constructed in Malualkon.	Reduced levels of morbidity and mortality due to malnutrition in Aweil East County.	<ul style="list-style-type: none"> • All Payams in Aweil East County (Malualbai, Madhol, Baac, Mangartong, Wunlang, Yargot & Mangok) and 1 payam in Aweil North County (Malual East) • 9,410 direct beneficiaries from a target population of 593,690 and Under five population of 123,483 • April 2007- March 2008

Project Details		Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
Tearfund 13-Mar-07 Index: 502 [18]	SUD-07/HH129 Primary Health Care in the Highlands of Aweil East [S] (RD)	Q1: \$450,000 Q2: \$900,000 Q3: \$1,346,015 Q4: \$1,346,015	\$300,000	<p>Norther Bahr el Ghazal State Allocation: The Highlands of Aweil East and the County of Aweil South are underserved in the area of both health service provision and social services. Tearfund is the only agency in the two areas that provides health care services. The programme covers 10 PHCUs and 1 PHCC, which serve a population of approximately 507,300. Only 30-40% of people live within one day's walk of a health facility. The health facilities are mainly temporary mud tukuls which need upgrading to permanent structures in order to make the programme more sustainable. Clinic staff are still inexperienced at correct diagnosis and management of clinical conditions and need further capacity building. Village Health Committees and the MOH in the Aweils are in a fledgling state and need significant capacity building before they will be able to take over management of these clinics. Tearfund's projects are located in areas of high return, both organised and spontaneous: in the payams along the railway line of Aweil East, other payams of Aweil East and North (such as Malual East) and also in Aweil South (see table attached) placing further strain on limited local resources and services and potentially contributing to a growth in the incidence of HIV/AIDS. The anticipated withdrawal of MSF from Akuem in March will compound the precarious health situation and will place additional strain on the already overstretched health facilities.</p> <p>(This is an Early Reintegration Activity (ERA) project)</p>	Provision of curative and preventative health care via 11 health clinics; upgrading of clinics to permanent structures; distribution of ITNs; provision of antenatal and delivery care via MCHWs and TBAs; provision of immunisation to children under 5 and women of child bearing age; routine growth monitoring of children attending the clinics; training of health staff in universal precautions, EWARN and IECHC; refresher training of TBAs; provision of Community Health Education to clinic patients including education about HIV; establishment of at least 1 VCT centre; secondment of 4 MOH staff to build their capacity in management of health projects; training of village health committees; empowerment of community leaders.	Strengthened primary health care services, infrastructure and capacity of MoH provided to the populations of Aweil South and East Counties, Northern Bahr el Ghazal.	<ul style="list-style-type: none"> (i) 1 PHCC and 5 PHCUs will serve all 7 payams in Aweil South: Wathmok, Gakrol, Tialiet, Ayai, Panthou, Nyioc Awany and Tarwieng. (ii) 6 PHCUs will serve Omdurman, Rumwetkor, Malualdit, Bakau, Rumaker and Majok Aken Payams in the Highlands of Aweil East. The project aims to provide services to at least 74,942 residents and returnees in the 7 payams of Aweil South County, and 125,000 residents and returnees in Aweil East County. Jan to Mar 2007

Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
Windle Trust		\$200,000				
Southern Sudan		\$200,000				
<i>Education</i>		<i>\$200,000</i>				
Windle Trust 13-Mar-07 Index: 459 [3]	SUD-07/E97 Intensive English Language Courses for Teachers [S] (RD)	Q1: \$225,000 Q2: \$1,175,000 Q3: \$2,875,000 Q4: \$2,875,000	\$200,000 To ensure the successful change from Arabic to English language as the medium of instruction in education, as per the Comprehensive Peace Agreement, to support the MOEST 'Go to School' campaign by improving quality of teaching in the schools, and to prepare more young women for entry into the teaching profession in Southern Sudan. Windle Trust began training 900 primary school teachers in English language last year, in Juba, Malakal and Wau. This will be an expansion of that project into two new centres, Mongalla and Terekeka. The other element will be new classes targetted at young women wishing to enter the teaching profession in Malakal and Juba. (This is an Early Reintegration Activity (ERA) project)	1. Intensive English language classes for 150 primary school teachers in Mongalla and Terekeka. 2. Intensive English language classes for 60 young women in Juba and Malakal to prepare them for teacher training in English.	150 primary school teachers in Mongalla and Terekeka able to deliver the school curriculum through the medium of English language, intended participation of women teachers at least 25%. 60 young women prepared to undertake pre- or in-service English-language medium teacher training, hence increasing the number of women in the teaching profession in Southern Sudan, and thus encouraging more girls to enrol in school.	<ul style="list-style-type: none"> • Mongalla, Terekeka, Juba (Central Equatoria State) and Malakal (Upper Nile State) • 150 primary school teachers and head teachers, and their 6000 pupils, plus 60 young women intending to do formal pre- or in-service teacher training. • March - December 2007
World Relief		\$200,000				
Darfur		\$200,000				
<i>Food Security and Livelihoods</i>		<i>\$200,000</i>				
World Relief 11-Mar-07 Index: 523 [6]	SUD-07/FSL87 Food Security support through distribution of agro-inputs (Crop Seed and Tools) [D] (HA)	Q1: \$150,000 Q2: \$300,000 Q3: \$450,000 Q4: \$450,000	\$200,000 1. Host communities, IDPs and nomads require quick access to agricultural seeds and tools before the onset of the planting season. 2. Empowering communities through participation in programming is key to countering dependency on external assistance. 3. Internal input re-sourcing (e.g. through seed fairs, and participation of key stakeholders) is a strategy to revitalise the local economy. 4. Diversification and revitalisation of agricultural production among host communities, IDPs and nomads is to improve their food security.	1. Distribute millet and sorghum seeds to 10,000 farmers during the period mid-May to mid-June 2007 prior to the 2007/08 growing season; 2. Supply hoes and donkeys with ploughs to selected farmers; 3. Distribute groundnut seeds to 10,000 farmers; 4. Provide sunflower and sesame seeds to selected farmers on trial basis; 5. Establish Village Development Committees (VDCs); 6. Organize seed fair for farmers and other key stakeholders; 7. Undertake post-distribution monitoring surveys; and, 8. Carry out post-harvest assessment in November/December.	1. Land under cultivation in three target geographic areas increased; 2. 10,000 farmers in 3 target locations provided with seeds and tools; 3. Crop yield of 10,000 farmers considerably increased; 4. Increased community participation by host communities, IDPs and nomads; and, 5. Increased food availability and improved nutritional status of host communities, IDPs and nomads.	<ul style="list-style-type: none"> • Azirni, Sanidadi and Um-Tagouk localities • 10,000 HHs/60,000 people • Mid May-mid June 2007

Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
World Vision		\$1,668,752				
Darfur		\$518,752				
<i>Food Security and Livelihoods</i>		\$200,000				
World Vision 11-Mar-07 Index: 524 [7]	SUD-07/FSL121 Food Security in South Darfur [D] (HA)	Q1: \$3,000,000 Q2: \$4,500,000 Q3: \$4,500,000 Q4: \$4,500,000	\$200,000 1. Improve and maintain household food security for conflict-affected populations and new returnees. 2. To protect and enhance livelihoods coping mechanisms for severely conflict-affected communities through a livestock intervention program in three geographical areas. 3. Production of Lucerne to feed livestock with fresh and dry (in the off-season) forage. 4. Integrate food aid and food security activities through livestock production and pasture improvement. 5. Assist pastoralists moving from north to south with veterinary services.	1. Train 10,000 HHs in improved livestock techniques for large and small animals HHs (feeding, disease and pest prevention, housing, product marketing); 2. Train 10 paravets and provide them with essential drugs in start-up kits; 3. Facilitate the vaccination of 50,000 livestock and 5,000 small livestock and facilitate with a "cold chain"; 4. Organise demonstrations and training particularly for women to keep goats and sheep; 5. Implement small irrigation projects to grow lucerne (alfa alfa) along the wadis; 6. Liaise with Ministry of Animal Welfare to identify local and improved Lucerne varieties; and, 7. Prepare assessment on livestock (consultant).	1. 10,000 HHs to receive technical assistance in livestock services; 2. 10 Paravet workers trained and operational in and around Galod and Duma (north of Nyala); 3. 2,000 HHs produce fodder to feed their animals; 4. Monthly workshops held in Galdi (5 villages), Rehed Al Birdi (10 villages) and Edd Al Fursan (10 villages). Subject: Technical training on animal husbandry, feeding, product processing and marketing; 5. Farmer exchange visits with other communities. Objective: To learn from each other and improve production, marketing ties strengthened; 6. Two animal markets set-up to sell and buy stock.	<ul style="list-style-type: none"> • 1. Galdi and five surrounding villages: Al Beher, Drabalih, Alnillan, Al Naseen--South East of Nyala. 2. Rehed al Birdi: 10 villages 3. Edd al Fursan: 10 villages • 10,000 HHs or 50,000 people • To be determined
<i>Health and Nutrition</i>		\$118,752				
World Vision 12-Mar-07 Index: 430 [17]	SUD-07/HN60 World Vision Integrated Health Programme for in South Darfur [D] (HA)	Q1: \$1,000,000 Q2: \$1,500,000 Q3: \$1,500,000 Q4: \$1,500,000	\$118,752 In the IDP camps World Vision and other partner surveys have shown that diarrhoea and other diseases such as ARI and malaria are at high levels. These will tend to rise in the rainy season. There is a need to provide curative and preventative services in the camps. The amount requested plus already secured funds is enough to meet the project's mid-year targets as submitted for the WP2007.	<ul style="list-style-type: none"> • Provision of primary health care services in IDP camps; • Provision of a limited stock of medicines; and, • Training for the patients in the clinics. 	Contribution to reducing/maintaining mortality and morbidity rates in the IDP camps.	<ul style="list-style-type: none"> • South Darfur State • 126,029 people living in the catchment area. • April to June 2007

Project Details		Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
Water and Sanitation			\$200,000				
World Vision 03-Apr-07 Index: 401 [1]	SUD-07/WS53 Water and sanitation project in South Darfur [D] (HA)	Q1: \$1,500,000 Q2: \$2,000,000 Q3: \$2,000,000 Q4: \$2,000,000	\$200,000	<ul style="list-style-type: none"> • Access to adequate water supply is not only a fundamental need and human right, access to water supply also has considerable health and economic benefits to households and individuals. The improvement of access to water is a crucial element in the reduction of under-five mortality and morbidity, particularly in IDP camps. • Effective water and sanitation interventions must have a plan for sustainability and equity built into their designs, and begin using some means of verifying the progress being achieved once implementation gets under way for this reason demand responsive approaches can serve as the indicators of progress towards sustainability. Well-sustained and used water supplies and sanitation facilities mean that, for a period that covers the design life of the technologies used, each member of all households in the project area has a regular and dependable delivery of water--acceptable in terms of quality and quantity, and practices safe disposal of waste 365 days per year. The constructed water and sanitation facilities must satisfy the needs of the intended users in a permanent way. • For instance in the two camps Manawashi and Mershing of the constructed 2,605 family latrines in the last two years 648 are damaged because material used was adequate for emergency response), another 673 are full indicating the need for urgent intervention. The situation is similar in the other camps. • With regard to water supply the baseline assessment in 2006 in the camps considering the SPHERE standard (source type, quantity of water collected, queuing and fetching time) as the measure indicate that water supply coverage in the camps is 30%, 88%, 69% and 39% in in Manawashi, Mershing, Galdi and Duma respectively. This data indicate that the communities are forced to use unprotected water supply sources. However, with proper management and operation of the existing water supply infrastructures it is possible to increase the proportion of water supply coverage in the camps. • Therefore, from the assessment in the camps maintenance and operation of existing water supply schemes and capacity building at the community level and conducting continuous hygiene promotion activity with the distribution of personal hygiene materials (including soap) supported with cleanup campaigns will help enhance the health and living condition of the IDPs in camps. 	<ol style="list-style-type: none"> 1. Operation & Maintenance <ol style="list-style-type: none"> 1.1 Operation of six (6) motorised schemes in the five IDP camps for six months 1.2 Maintenance and expansion of two (2) water supply distribution networks in Mershing 1.3 Preventive maintenance of motorised schemes in all the camps 1.4 Maintenance of 16 hand pumps in the camps 1.5 Water quality surveillance to be done at the sources and household level 1.6 Construction of 85 family latrines 1.7 Conducting two major cleanup campaigns in each camp 1.8 Replacement of 85 family latrines 2. Capacity Building <ol style="list-style-type: none"> 2.1 Training of 40 caretakers 2.2 Supply of maintenance tools and spare kits for watsan committee 2.3 Refresher training of 80 watsan committee members 2.4 Training of 140 facilitators in the cleanup campaign 	Outcome 1: Increased household access to adequate safe water supply and sanitation facilities Outcome 2: Increased community knowledge and practice of appropriate hygiene practices for the prevention of water-borne and water-related diseases Output 1.1 Households access to water from protected water sources Output 1.2 Capacities of WATSAN committees built on management and operation of community water supply and sanitation services for the long term sustainability of projects Output 1.3 Households access to better sanitation facilities Output 1.4 Community members acquire knowledge and skills on appropriate sanitation and hygiene practices.	<ul style="list-style-type: none"> • Mershing, Manawashi, Duma, Galdi and Kerere • Approximately 94,900 IDPs in the selected five camps. • To be used between April and October 2007

Project Details	Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
Southern Sudan		\$1,150,000				
<i>NFIs and Emergency Shelter</i>		\$150,000				
World Vision 09-Mar-07 Index: 330 [6]	SUD-07/NS12 NFI and Emergency Shelter Assistance to the Most Vulnerable Spontaneous Returnees and Host Community Members [S] (HA)	Q1: \$1,200,000 Q2: \$1,800,000 Q3: \$1,950,000 Q4: \$2,050,000	\$150,000 1) Targeting returnees with NFI assistance; 2) Working in prioritised states of NBEG; and, 3) Absorption capacity.	Pre-positioning of NFIs, distribution of NFI to vulnerable spontaneous returnees and host communities.	Early reintegration of spontaneous returnees facilitated through the provision of NFIs	<ul style="list-style-type: none"> • (Just for 2nd ranche NBEG funding) • 1,400 HH (8,400 vulnerable spontaneous returnees and host community members) •
<i>Protection and Human Rights</i>		\$250,000				
World Vision 02-Mar-07 Index: 477 [2]	SUD-07/PHR83 Reintegration Assistance for Youth in Tonj Counties [S] (HA)	Q1: \$100,000 Q2: \$200,000 Q3: \$250,000 Q4: \$250,000	\$250,000 This project aims at strengthening community youth capacity to prevent, identify and address protection and human rights abuses, and to support the social economic reintegration of returnees in Tonj county. There is a high number of youth in Southern Sudan who have not had access to primary education and/or who are former armed combatants and this number will increase as more IDPs and refugees return and as more people are disarmed. The youth are often left out of assistance programs and yet they have specific and different needs and their successful reintegration is key to a successful reintegration of the whole community. In addition, if the youth are not reintegrated into society, they are likely to join or rejoin armed groups and become vulnerable to sexual exploitation, prostitution, etc. World Vision will work with local youth groups and local NGOs such as SEDA to implement this project. World Vision has been implementing protection activities in Tonj County since mid-2004 and has two operational camps in Thiet and Warrab town. World Vision Sudan will rely on financial support from its offices in North America, Europe and East Asia to pre-finance CHF projects.	Strengthening community youth capacity to prevent, identify and address protection and human rights abuses, and to support the social economic reintegration of returnees.	Establishment of 3 youth groups and initiate training, support 300 youths with literacy/numeracy courses, access life skills/vocational training for 200 youths, 2 ToTs for peer trainers.	<ul style="list-style-type: none"> • Tonj • Over 500 youths and their communities • Up to second quarter

Project Details		Regional Project Requirements by Quarter	CHF Allocation	Justification	Planned CHF Activities	Expected Outcome/Output	Locations, Beneficiaries and Timeline
Water and Sanitation			\$750,000				
World Vision 03-Apr-07 Index: 473 [6]	SUD-07/WS88 Tonj Water and Sanitation for Host Communities and Reintegration of Returnees [S] (RD)	Q1: \$450,000 Q2: \$600,000 Q3: \$600,000 Q4: \$600,000	\$450,000	<p>Warrap State Allocation: This ERA project aims to improve water access in underserved host and returnee communities of Tonj County where basic services, especially safe water, is very poor. WV has adequate capacity with 2 drilling rigs in Warrap state (one drilling rig and related support vehicle and crew is stationed in Gogrial West County and the other in Tonj South County). WVI is well established in Tonj South County and experienced in watsan projects in the area.</p> <p>(This is an Early Reintegration Activity (ERA) project)</p>	<ul style="list-style-type: none"> •17 boreholes drilled, water quality assessed and handpumps will have been installed; •4 small water supply schemes will have been established; •14 water schemes will have been rehabilitated; •24,800 people will have access to safe water supply/source; •4000 households will have been reached with hygiene and sanitation messages; •35 water committees will have been established and trained on operation and maintenance of community water supply, and training of 70 village-level pump mechanics/attendants in repair and maintenance of water points; 	<p>Addressing basic humanitarian needs of communities with critically low levels of basic services as a result of prolonged isolation/marginalisation during the war;</p> <p>Improving access to safe and sustainable water source for underserved communities and returnees/DPs in Tonj East and South Counties;</p> <p>Improving hygiene and sanitation practices;</p> <p>Reducing conflict risk associated with inadequate access to water sources;</p>	<ul style="list-style-type: none"> • Tonj South and Tonj East • Direct beneficiaries 24,800 people (4,000 households) • March-December 07
World Vision 03-Apr-07 Index: 472 [5]	SUD-07/WS90 Shilluk Water and sanitation project for reintegration of returnees to host communities [S] (HA)	Q1: \$300,000 Q2: \$450,000 Q3: \$450,000 Q4: \$450,000	\$300,000	<p>Upper Nile State Allocation: This project commenced last year and the current phase ends on 31st March 07. The current phase was under-funded (out of the US\$ 450,000 projected annual budget, only first tranche allocation of USD150,000 was availed through CHF). Thus this Second tranche funds will enable some of the set objectives be achieved and more returnees and host communities access safe water sanitation. The project is located in Panyikang county, an area that is experiencing spontaneous returnees coming back and grossly underserved host community who has very limited safe water access. The returnees having settled in Malakal as a stop over point, they move upstream settling in different parts of Panyikang and Tonga payams. Other returnees have been crossing the River Nile from Sobat and Pangat corridors and settling in Tonga payam. The partner has capacity to undertake this project and is currently has ongoing operation in water and sanitation in the proposed location. For now being a dry season it is the best time for implementation of water and sanitation projects which needs a lot of construction works thus immediate availability of funds will enable timely start of the project. Construction works will be paramount followed by the software component (hygiene promotion) thus maximum impact will be realised.</p>	<ul style="list-style-type: none"> • Ground water survey for 10 new boreholes sites • Construction of 10 new boreholes and equip with hand pumps • Construction of 40 (10 blocks each with 4 rooms) latrines for institutions (schools and health facilities), public places and support to solid and liquid waste disposal • Identify 2 existing boreholes with high water yield cover to water supply through installation of solar powered pumping system, elevated tanks and water distribution pipelines. • Establish and train water committees, ensuring at least 40% of the committee membership is comprised of women, to represent women who are main users of water • Rehabilitation of 5 existing non functional water points at strategic places. 	<p>• Address basic humanitarian needs of communities with critically low levels of basic services as a result of prolonged isolation/marginalisation during the war through:- i) Improved access to safe and sustainable water source for marginalized communities and returnees/IDPs in Panyikang County, ii) Improved the hygiene and sanitation practices, iii) Support return and reintegration for the Sudanese</p>	<ul style="list-style-type: none"> • Panyikang County. In this county we will be targeting three payams namely Tonga payam, Panyikang payam and Pakang payam. i) In Tonga payam we will be targeting Papwojo, Ayithajo and Nyibodo bomas. ii) In Panyikang payam we will be focussing on the following bomas: Dor, Nyilwak, Pakano, Tuoro, Wobo, Dhiel, Wilnyang, Bur, Nyilwal, Oduoch, Pakwar, and Nyiyar. iii) In Pakang payam, WV target: Ajog and Pakang bomas. • Direct Beneficiaries: 9,000 returnees and host communities of which over 2000 will be school pupils and teachers. • Jan- May 07