

## 2007 Annual Report of the Humanitarian Coordinator on the Use of CERF Grants to Sudan

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**Report Date: 15 April 2008**



# Sudan Overview

2007 UN Workplan



**Legend**

- State Capital
- State Boundary
- Regional Boundary
- International Boundary

Projection: Geographic  
Datum: WGS 84

0 125 250 500  
Kilometers

**Data Sources:**  
Admin Boundaries : Ministry of Federal  
Governance, UNMIS, OCHA, SIM  
Settlements: UNMIS, OCHA, SIM

Printing Date: 17 Sept, 2006  
File: 17Sep06\_OCHA\_Sudan Work Plan Map

This map is work in progress. Please contact  
OCHA/IMU as soon as possible with any  
correction to the names or locations.

The boundaries and names shown in this map  
do not imply official endorsement or acceptance  
by the government of Sudan or United Nations.

## Abstract

The 2007 Annual Report of the Humanitarian Coordinator on the use of CERF Grants to Sudan comprises: Part I, OCHA Sudan report; Part II and Part III, CERF Recipient Agency reports; and Annexes with reports generated from the Resource Tracking Database. Part I provides background information on the CERF, summary of the humanitarian situation, detailed information on each CERF grant, and impact analysis. Part II includes detailed achievements reporting on projects receiving CERF funds in 2007. Part III contains CERF success stories. And Annexes include financial information relevant to this report. All financial analyses included in this report are based on financial tracking done by OCHA Sudan and FTS in OCHA Geneva.

Key words: CERF, CHF, Work Plan for Sudan, Humanitarian Funding, Fund Management, Sudan, OCHA

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# PART I – Analysis of CERF Assistance to Sudan

Reported by OCHA Sudan

15 April 2008

## What is the Central Emergency Response Fund?

The Central Emergency Response Fund (CERF) is a stand-by fund established by the United Nations to enable more timely and reliable humanitarian assistance to victims of natural disasters and armed conflicts.

The CERF was approved by consensus by the United Nations General Assembly on 15 December 2005 to achieve the following objectives:

- Promote early action and response to reduce loss of life;
- Enhance response to time-critical requirements; and
- Strengthen core elements of humanitarian response in under-funded crises.

The CERF has up to US\$ 500 million a year, including a grant facility of up to US\$ 450 million and a loan facility of US\$ 50 million. The CERF grant component has two windows; one for rapid response and one for under-funded emergencies. The CERF is funded by voluntary contributions from around the globe from Member States of the United Nations, private businesses, foundations and individuals.

The Fund is managed by the Emergency Relief Coordinator (ERC), on behalf of the United Nations Secretary-General. The Fund allows the UN to react immediately when a disaster strikes by making funding available for life-saving activities to eligible agencies such as UN and its funds, programmes, and specialized agencies and the International Organization for Migration.

CERF is intended to complement, not to substitute, existing humanitarian funding mechanisms such as the UN Consolidated Appeals. The CERF provides seed funds to jump-start critical operations and fund life-saving programmes not yet covered by other donors.

Grants from the CERF are made for two general purposes: (a) for rapid response to sudden onset of emergencies or rapidly deteriorating conditions in existing emergencies and (b) to support activities within existing humanitarian response efforts in under-funded emergencies. One-third of the CERF grant facility is earmarked for under-funded emergencies.

The CERF grant component contains funds of up to US\$ 450 million, depending on the voluntary contributions received. UN humanitarian organizations and IOM are eligible to apply. NGOs are eligible as implementing partners of UN humanitarian organizations and IOM. All funds from the CERF grant component must address core emergency humanitarian needs. Applicants must justify the need for funds, taking into consideration other available resources such as relevant internal emergency reserves and un-earmarked funds that would be appropriate to meet the immediate humanitarian needs. If donor resources are foreseen, the CERF's revolving loan facility should be used.

The application process is field-driven and would benefit most from active involvement of the Country Team under the leadership of the Humanitarian Coordinator (HC). All project applications to the CERF must be based on needs assessment(s) and must be approved by the HC in consultation with the IASC Country Team. Eligible humanitarian organizations must verify that their proposed project(s) for grant financing has been endorsed by the HC to be eligible to apply.

The following table includes a list of the biggest recipients of CERF Funds in 2007.

Country	CERF Funds Received in 2007 \$
Democratic Republic of Congo	52,506,578
Bangladesh	26,747,096
<b>Sudan</b>	<b>25,475,033</b>
Somalia	15,664,775
Uganda	13,001,015
Ethiopia	12,365,659
Mozambique	12,232,995
Zimbabwe	11,999,076
Democratic Peoples Republic of Korea	11,098,577
Sri Lanka	10,888,085

Source: CERF Website

For more details, please refer to the CERF website: <http://cerf.un.org>.



## Sudan Country Overview

Sudan, covering 2.5 million km<sup>2</sup>, is the largest country in Africa. It has a 750 km coastline along the Red Sea and is bordered to the north by Egypt; to the west by Libya and Chad; to the south by Central African Republic, Democratic Republic of Congo, Uganda, and Kenya, and to the east by Ethiopia and Eritrea. Khartoum, the economic and national capital, is located in the north.

The population is culturally and ethnically diverse and people have migrated internally for generations. The population of Sudan is estimated at 37.8 million (UNFPA:2007) with 30 percent living in Khartoum and the six largest cities, Port Sudan, Kassala, Omdurman, El Obeid, Wad Medani, Gedaref and Juba. (UNEP)

As a result of the Comprehensive Peace Agreement (CPA) in January 2005, a federal system of governance was introduced. The Government of National Unity (GNU) was formed as a power-sharing government. The Government of Southern Sudan (GoSS) was also formed under the CPA with jurisdiction over Southern Sudan. The CPA requires national elections to be held no later than July 2009 and a Referendum in the south on self-determination in 2011.

The Darfur Peace Agreement was signed between the Government of National Unity and the Sudan Liberation Movement in May 2006. The Eastern Sudan Peace Agreement with the Eastern Front was signed in October 2006.

The Sudanese economy has expanded rapidly in recent years, due to the peace between the north and south and new petroleum exploitation. The average annual growth rate of GDP increased from 4.3 % for 1985-95 to 6.2 percent for the 1995-2005 period.

The recent strong economic growth is not necessarily indicative of general economic transition. The majority of the population remains poor, especially in war-affected and return areas. In both the south and north, the governments have been unable to keep up with the demand for basic services including education, health, water and sanitation.

The inequitable distribution of the benefits of economic growth is captured in two important indices: the UNDP Human Development Index (HDI) and World Bank Resource Allocation Index (RAI). Sudan ranks in the bottom twentieth percentile of nations on the HDI (HDR:2006) and in the bottom ten percentile with respect to the RAI (World View:2007).

A number of key indicators are important in understanding population well-being. Overall, the population growth rate is 2.9, the under 5 mortality is 90 per 1,000 (UNICEF:2005) and life expectancy is 56.6 years (UNDP: 2006). However these figures vary greatly between regions.



Photo by: Louise O'Rourke, GOAL ©

Overall, an estimated 24 % of the population is undernourished (FAO:2004) while 30 % is without access to safe drinking water (UNDP:2006). The adult literacy rate in 2004 was 61 percent. The national percentage of the population below the poverty line was 50 % in 1999/2000 (over 90 % in the south). Given these statistics the majority of Sudanese population is considered vulnerable. The ECHO Vulnerability and Crisis Index score puts the population of Sudan at the most severe rank.

Natural disasters have had a significant impact on well-being. Over the past twenty-five years, Sudan has recorded 18 droughts, the most severe of which occurred between 1980 and 1984 and were accompanied by famine and displacement. Recurring instances of drought combined with local farming and land management practices have changed the landscape, leading to erosion and desertification.

Flooding has also been a serious problem over the past 25 years. Environmental changes, including vegetation loss and development in flood plain areas have aggravated the impact of riverine flooding in years of high rainfall. They have also contributed to an increased frequency of flash floods.

Conflict and natural disaster as well as economic hardship have contributed to massive levels of displacement. There are approximately 5.4 million IDPs, representing about 14 % of the population (IDMC June 2007). An additional 0.7 million people live abroad as refugees (UNHCR June 2007). The signing of the CPA brought an end to over 20 years of conflict between north and south. At the same time, conflict and insecurity in Darfur continue to disrupt livelihoods and cause displacement.

During 2007, wide-spread fighting and violence in Darfur have continued to displace people into camps and rural IDP locations, challenged sustained humanitarian access to populations in need and further eroded people's coping mechanisms and livelihoods. Over 200,000 people have been newly displaced since the beginning of 2007, overstressing the capacity of existing camp facilities in all three Darfur states and dangerously depleting natural resources. Many humanitarian indicators that had stabilized since the massive humanitarian intervention in 2004/2005, have started to deteriorate as the impact of a year-long restricted humanitarian access to rural locations and the limitations of "remote control" programme management strategies are starting to be felt. Humanitarian indicators such as global acute malnutrition, crude mortality rates, access to clean water, school enrolment, access to primary health care and immunization rates have all started to gradually deteriorate; endangering the health and well-being of an already highly vulnerable population.

The effect of violence on markets and agricultural production continues to cause hardship and suffering to the civilian populations. The economy has suffered as traditional trading relationships and routes have been destroyed. In some areas, agricultural production has virtually ground to a halt as displaced populations are unable to access their fields. Further impoverishment is possible as a result of the wide-spread destruction or attrition of livelihood options coupled with the erosion of coping mechanisms. Increased migration over the past

years has heightened tensions over natural resources. Water, firewood and land for grazing remain flashpoints for localized conflicts and fuel existing tensions.

The ongoing displacements and occupation of villages and the imposition of restrictions to access water and resources remain protection concerns in Darfur. The increasing politicization and militarization of some IDP camps, with armed youth groups and militia roaming the camps, is another significant protection concern that has resulted in a general increase of violence within the camps; especially against women. Displaced youths are becoming increasingly radicalized as their lives show less promise and rifts with their traditional leaders grow. Forced recruitment of child soldiers is an ongoing concern in some regions, as well as the abduction of children and to some extent women. Gender-based violence is prevalent in areas of conflict and where women venture out of IDP camps and settlements for firewood.

Humanitarian organizations continued to struggle to protect humanitarian space throughout 2007. Although the signing of the Joint Communiqué on 28 March has significantly facilitated humanitarian operations and administrative procedures, its implementation remains uneven; especially at the local level. Meanwhile, escalating insecurity has forced the withdrawal of many organizations from rural locations, leaving highly vulnerable populations with only the bare minimum of support.

*Source: 2008 Work Plan for Sudan*



## Introduction to the 2007 UN and Partners Work Plan for Sudan

The 2007 UN and Partners Work Plan for Sudan is the strategic planning, coordination and fundraising tool covering both humanitarian, recovery and development activities in Sudan. For organizational purposes, the Work Plan is divided into seven planning regions and one national programme, each covering up to 12 sectors with four cross cutting issues. The planning regions are: Abyei, Blue Nile, Darfur, Eastern States, Khartoum and Other Northern States, Southern Sudan, Southern Kordofan, and National Programmes. There are 12 sector groups established at the central level in Sudan with the following lead agencies.

Sector	Acronym	Lead Agency
Basic Infrastructure & Settlement Development	BI	UNOPS
Common Services and Coordination	CCS	OCHA
Cross-Sector Support for Returns	RR	UNMIS RRR
Demobilization, Disarmament and Reintegration	DDR	UNMIS DDR
Education	E	UNICEF
Food Security and Livelihoods	FSL	FAO, WFP
Governance and Rule of Law	GRL	UNDP
Health and Nutrition	HN	WHO, UNICEF
Mine Action	MA	UNMAS
NFI and Emergency Shelter	NS	UNJLC
Protection and Human Rights	PHR	UNMIS, UNHCR
Water and Sanitation	WS	UNICEF

This one-year Work Plan detailed the overall country strategy as well as regional strategies with situational/contextual analysis, planning assumptions, strategic priorities with accompanying indicators, and targets to be achieved. Approximately 100 UN and Partner Agencies participated in the 2007 Work Plan which included over 770 projects.

In 2007 UN Agencies and Partners requested a total of US\$ 1.86 billion through the Work Plan for Sudan. The funding to the Work Plan as recorded by OCHA Sudan as of 15 April 2008 is presented in the following table:

2007 Work Plan	Requested \$	Secured \$
Humanitarian Action	1,299,891,296	1,015,614,409
Recovery and Development	562,584,007	283,762,539
<b>TOTAL</b>	<b>1,862,475,304</b>	<b>1,299,376,948</b>

Funding sources to the humanitarian component of the 2007 Work Plan for Sudan included bilateral donations, allocations from the Common Humanitarian Fund (CHF), and Grants from the Central Emergency Response Fund (CERF).

Funding Modality	Amount Contributed \$	% of Total
Bilateral	841,255,655	82.8%
CHF	148,883,721	14.7%
CERF	25,475,033	2.5%
<b>TOTAL</b>	<b>1,015,614,409</b>	<b>100%</b>

The CHF for Sudan is a pooled funding mechanism for humanitarian activities. CHF was first established in 2005 as a pilot project and has been fully operational since 2006. The main objective of the CHF is to provide early and predictable funding to the most critical humanitarian needs of Sudan.

Under the CHF, donors pool their funds; however, the HC manages the funds with support from OCHA and UNDP. OCHA serves as the CHF Technical Unit and is responsible for managing the allocation process, whereas UNDP is the Administrative Agent managing the disbursement of funds to recipient UN agencies and, as management agent, to NGOs.

The CHF is designed to give the HC greater ability to target funds to the most critical needs and encourage donor contributions allowing for rapid response to unforeseen needs. Both the Work Plan and the CHF help advance humanitarian aid reforms such as strengthened response capacity, more predictable and timely funding, strengthened coordination, and good donorship principles.

Donors to CHF	2006 Contributions \$	2007 Contributions \$
Ireland	2,541,600	3,935,100
Netherlands	51,330,000	37,037,000
Norway	14,162,924	17,511,442
Spain		9,510,800
Sweden	15,796,001	19,975,765
United Kingdom	88,556,899	79,091,480
<b>TOTAL</b>	<b>172,387,426</b>	<b>167,061,588</b>

## Summary of CERF Assistance to Sudan in 2007

CERF Assistance to Sudan in 2007	
Work Plan for Sudan - Humanitarian Requirements	US\$ 1,299,891,296
Total Humanitarian funds Received	US\$ 1,015,614,409
CERF Funding Received	<b>US\$ 25,475,033</b>
CERF Funding Received - Rapid Response	US\$ 19,475,033
CERF Funding Received – Under-funded	US\$ 6,000,000
CERF Funding for Direct UN Implementation	US\$ 16,901,077
CERF Funding Forwarded to Implementing Partners	US\$ 8,573,956
Geographic Areas of Implementation	Darfur, Southern Sudan, Northern Sudan

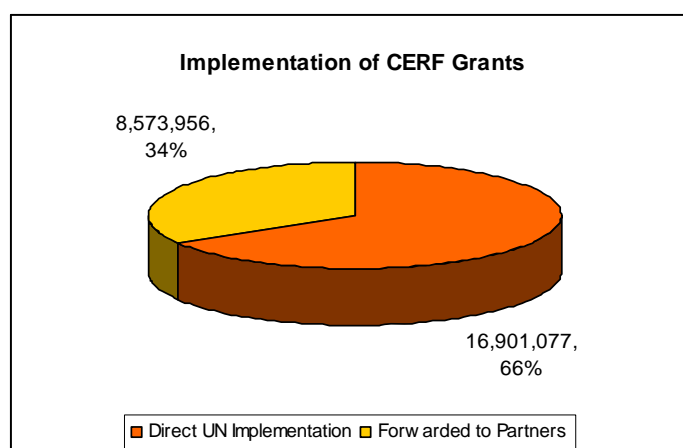
The 2007 UN and Partners Work Plan for Sudan included the total requirement of US\$ 1.3 billion for humanitarian interventions in the country, out of which US\$ 651 million for Darfur, US\$ 296 million for Southern Sudan, and US\$ 353 million for the rest of Northern Sudan. At the end of March 2007 the funding situation towards the entire Work Plan for Sudan looked promising with almost 50% of humanitarian requirements already covered. Nevertheless, a great majority of these funds were committed or pledged towards food aid leaving other sectors severely underfunded. Similarly, the total recorded contributions at the end of the year to the humanitarian component of the Work Plan for Sudan stood at US\$ 1.02 billion, which is over 78% of requirements; however some key humanitarian sectors such as Cross-sector Support for Return, Health and Nutrition, Mine Action, NFIs and Emergency Shelter, and Protection and Human Rights were critically underfunded. Please see Annex I for detailed funding information towards the 2007 Work Plan for Sudan.

Given several emergencies that Sudan experienced during the year and funding shortfalls in some key humanitarian sectors, the HC requested the support of the CERF on six occasions. Each request was positively reviewed by the CERF Secretariat and funding was granted in support of life-saving humanitarian activities in Sudan.

In 2007 the CERF provided US\$ 25.5 million to Sudan through one grant from the Under-funded window of the CERF and five grants for Rapid Response.

Over 75% of the overall CERF funding to Sudan was provided for rapid response to the onset or sudden deterioration of humanitarian emergencies, while the rest of the funds were provided from the under-funded window of the CERF to support key humanitarian sectors struggling with funding shortfalls.

Recipient agencies formed a number of partnerships in implementation of projects funded by the CERF. According to agency reports, out of the total US\$ 25.5 million CERF funding to Sudan in 2007, US\$ 8.57 million was forwarded to implementing partners, which is approximately one-third of received funds. The amount of CERF funds provided to Implementing Partners is, however, believed to be higher as some of the data are not available.



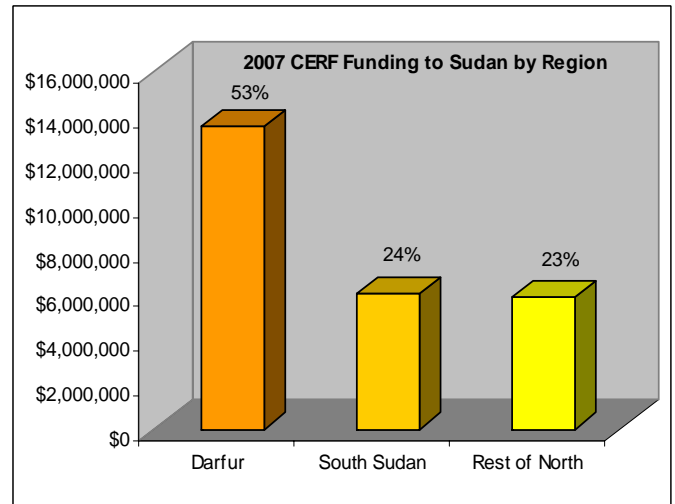
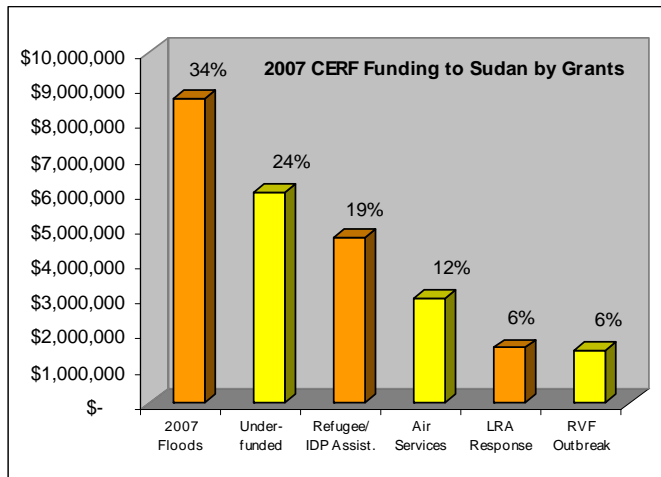
The CERF funding to Sudan in 2007 was provided through the following six grants: US\$ 6 million for under-funded sectors in March; US\$ 3 million for Humanitarian Air Services in May; US\$ 1.6 million for rapid response in Lords Resistance Army (LRA) affected areas in May; US\$ 8.7 million for floods response in August; US \$4.7 million

for refugee/IDP assistance in December; and US\$ 1.5 million for rapid response to Rift Valley Fever (RVF) outbreak in December. The following table outlines CERF grants provided to Sudan in 2007, recipient agencies, and supported projects.

CERF Grant	Grant Type	Month	Requesting Agency	Project Title	Amount Received \$
Under-funded sectors; \$6,000,000	UF	March	UNICEF	Integrated Primary Health Care (Including Immunization) (HN)	640,000
			UNICEF	Safe Motherhood (HN)	200,000
			UNICEF	Micronutrient and Integrated Maternal and Child Nutrition (HN)	250,000
			UNICEF	Treatment of Acute Malnutrition (Supplementary and Therapeutic Feeding Programmes) (HN)	270,000
			UNICEF	WASH project for conflict affected and vulnerable population (WS)	2,620,000
			UNICEF	Strengthening Basic Education (E)	450,000
			UNICEF	HIV/AIDS Life-skills Education in Darfur (E)	50,000
			WHO	Promotion of Environmental Health Services to Control WS Related Diseases (WS)	380,000
			WHO	Ensure Access to Quality Health Care Services (HN)	840,000
			WFP	Emergency Food for Education (E)	300,000
HAS; \$3,000,000	RR	May	WFP	Provision of Humanitarian Air Services (CCS)	3,000,000
LRA; \$1,575,000	RR	May	UNDP	Humanitarian Response to LRA affected areas of Southern Sudan (Multi-sector)	1,575,000
2007 Floods; \$8,679,942	RR	August	FAO	Emergency Assistance (Livestock & Fisheries) to flood victims in Southern Sudan (FSL)	320,001
			FAO	Restoration of Agricultural and Livestock production (FSL)	375,000
			UNFPA	Emergency interventions for safe motherhood (HN)	214,000
			UNICEF	Support to Health Services in Flood Affected Areas in Southern Sudan (HN)	454,283
			UNICEF	Rapid Response for Emergency Health Flood Interventions (HN)	2,802,480
			UNICEF	NFI Procurement for the NFI Common Pipeline (NS)	1,300,001
			UNICEF	Emergency WASH Project for Flood affected population in Northern Sudan (WS)	1,661,720
			UNICEF	Emergency WASH Response for Flood affected States In Southern Sudan (WS)	392,958
			UNJLC	NFI Coordination for Flood-affected Population in Sudan (NS)	200,000
			WHO	Emergency Response to the Flood Affected Populations of North Sudan (HN)	664,072
			WHO	Emergency Flood Health Assistance to Floods Affected Areas in Southern Sudan (HN)	295,427
Refugee/IDP Assistance; \$4,719,318	RR	December	UNHCR	Return of Sudanese refugees to Southern Sudan (PHR)	2,869,478
			UNHCR	Protection and Assistance to IDPs and Refugees in West Darfur (PHR)	1,849,840
RVF Response; \$1,500,773	RR	December	WHO	Rapid Control of Rift Valley Fever Outbreak in humans in Sudan (HN)	941,163
			FAO	Emergency preparedness for potential outbreak of RVF in livestock in Sudan (FSL)	559,610
<b>TOTAL</b>					<b>25,475,033</b>

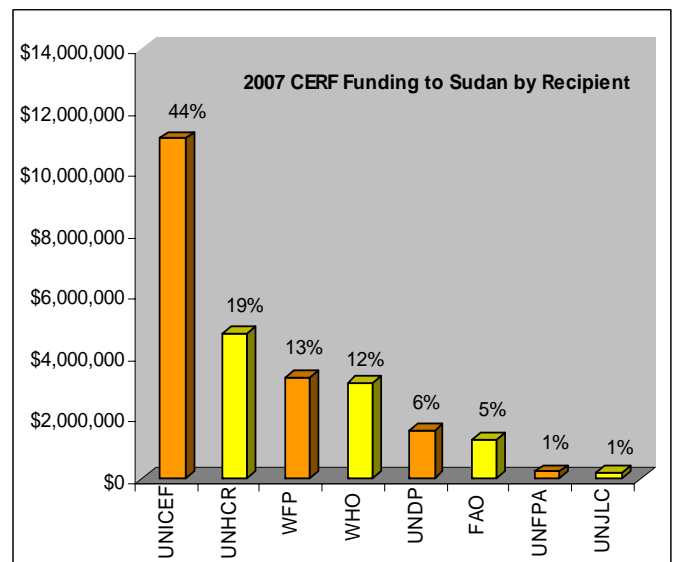
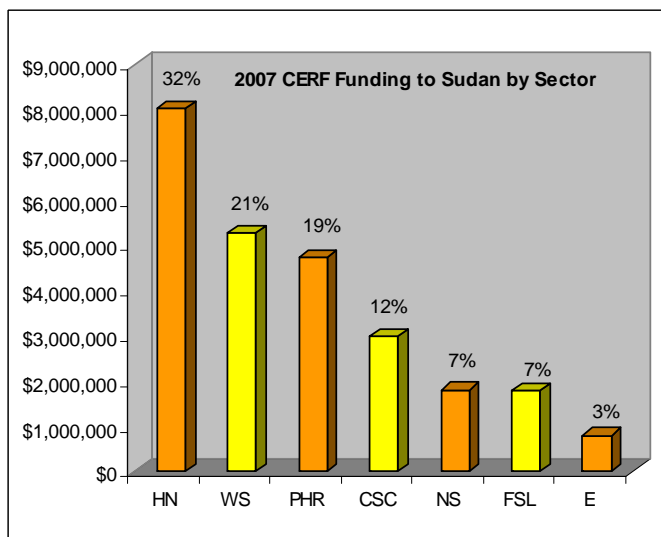
The biggest and the most complex CERF funded emergency operation in 2007 in Sudan was the response to flooding affecting an estimated 675,785 people. Throughout the year, CERF also enabled increased response to four smaller scale emergencies and provided one round of allocations to under-funded sectors.

In 2007 the CERF supported implementation of core humanitarian projects throughout Sudan. The majority of funds, 53%, were provided to Darfur, further 24% to the Southern Sudan, and remaining 23% supported projects in the rest of Northern Sudan.



The CERF grants to Sudan in 2007 supported core humanitarian activities in seven sectors. Nearly one-third of the overall CERF funds was provided to Health and Nutrition sector (HN, 32%), followed by Water and Sanitation sector (WS, 21%) and Protection and Human Rights sector (PHR, 19%). The remaining 29% supported projects in Common Services and Coordination (CSC), NFIs and Emergency Shelter (NS), Food Security and Livelihoods (FSL), and Education (E) sectors.

The 2007 CERF funds to Sudan were channelled to eight UN Agencies and further forwarded to a number of Implementing Partners. In 2007 UNICEF was the biggest recipient of CERF funds, receiving 44% of the overall figure, followed by UNHCR (19%), WFP (13%), and WHO (12%). The remaining four agencies, namely, UNDP, FAO, UNFPA, and WFP (UNJLC) received in total 13% of the 2007 CERF funds to Sudan.



## Coordination and Partnership Building

### Under-funded Grants

Following consultations in the UN Country Team, three sectors, namely, Health and Nutrition, Water and Sanitation, and Education were selected for CERF funding from the Under-funded window. These sectors were the highest humanitarian priority and they were critically under-funded. A breakdown of the US\$ 6 million available from the CERF between the sectors was decided as follows: Health and Nutrition US\$ 2.2 million, Water and Sanitation US\$ 3 million and Education US\$ 800,000.

Based on the funding envelope available for each sector, the sector lead agencies (UNICEF and WHO) were requested to consult sector members in order to identify priority humanitarian activities for CERF funding. Through the framework of the Work Plan for Sudan the sectors already have prioritization and allocation mechanisms in place, which enable sector members (UN, NGOs and other partners) to identify and agree on priority projects for funding under the CHF for Sudan. The CERF allocation process was thus based on an already existing framework for prioritization and consultation within the sectors.

Informed by sectoral consultations, each sector lead submitted a consolidated list of key UN Work Plan projects for CERF funding. These were all identified as priority humanitarian activities in Darfur for which no other immediate source of funding was believed to be available. Upon endorsement by the sector leader, the prioritised requests for CERF funds were submitted to the HC and the Humanitarian Country Team for final review. Once allocation proposals were finalised, the HC submitted the requests to the ERC for consideration.

Upon approval of funds, recipient agencies formed partnerships in implementation of CERF grants. UNICEF worked closely with WFP, NGOs and Ministry of Health in the provision of emergency food rations and food for targeted supplementary feeding programme. This collaboration also included joint assessments required to establish the magnitude of the nutritional problems and the required intervention. UNICEF implemented a support programme for severely malnourished children, while WFP complemented this effort through School Feeding Schemes.

Furthermore, UNICEF relied heavily on NGOs on delivery of emergency nutrition interventions including treatment of acute malnutrition through supplementary and therapeutic feeding programmes and the implementation of nutrition surveys, especially in conflict-affected areas.

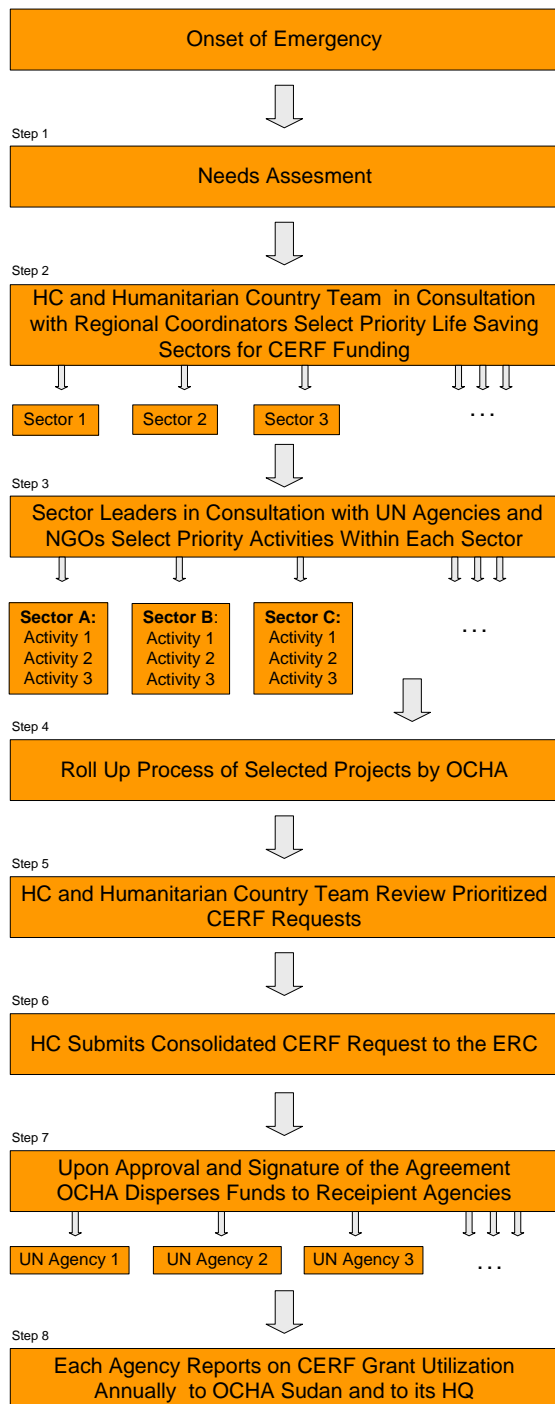
WHO continued to partner with UNICEF providing trainings and coordination within the sector. Moreover, WHO supported the State Ministry of Health by providing insecticides and water testing equipment to the IDP camps. Local and international NGOs were contracted to provide drugs and medical supplies.

### Rapid Response Grants

The diagram on the following page presents the CERF Rapid Response grants coordination and decision-making process, developed by OCHA Sudan. The process ensures that all concerned actors are involved in the development of proposals and makes the best possible use of already existing structures and methodologies.

Similarly to the implementation of Under-funded grants outlined above, the recipients of Rapid Response grants relied on partners in implementation of many CERF funded activities. In terms of partnerships, the grant of US\$ 1.57 million provided in 2007 to UNDP deserves special attention as it was fully implemented by NGOs. Following the approval of the grant, a call for proposals was issued and seven implementers were selected in a fully transparent process. The disbursements and overall management of the grant were done by UNDP with support from OCHA Emergency Preparedness and Response unit. For details of decision-taking and implementation process, please refer to chapter 8 – 'Rapid Response Grant – LRA Affected Areas'. For detailed achievements reports by each implementing NGO please refer to part II of this report.





In case of a **Humanitarian Emergency**, UN Agencies and IOM are eligible to apply for funds from the CERF only if all donor leads and relevant agency stand-by funds have been exhausted. NGOs may not apply directly for CERF funding, but may benefit indirectly through their partnership agreements with eligible agencies.

**Step 1:** All project applications to the CERF Secretariat must be developed based on a needs assessment undertaken following the onset of an emergency.

**Step 2:** The Humanitarian Coordinator (HC) and the Humanitarian Country Team in consultation with regional coordinators select priority life-saving sectors, area of implementation, and type of interventions for CERF support. The levels of other funding, namely CHF, ERF, agency resources, and donor emergency funds are taken under consideration in the identification process.

**Step 3:** Regional Coordinator and Sector Leaders identify sector priorities and needs for funds. Selection of activities within each sector is a transparent process involving all concerned actors. Once prioritized activities are selected, proposals are developed using standardized templates. All requests should be endorsed by sector leaders prior to submission. Application templates can be downloaded from the CERF website.

**Step 4:** CERF project proposals are submitted to OCHA Sudan Policy and Planning Unit. Project proposals are then consolidated into one request for CERF funds covering all priority sectors. The consolidated proposal for CERF funds is then submitted to the Humanitarian Coordinator for final approval.

**Step 5:** Under advice from the Humanitarian Country Team the Humanitarian Coordinator verifies the accuracy and technical soundness of the consolidated request for CERF funds.

**Step 6:** Upon the final endorsement by the Humanitarian Coordinator, the consolidated request for CERF grant is submitted to the Emergency Relief Coordinator.

**Step 7:** Once the request is approved by the Emergency Relief Coordinator, the contractual grant agreement is signed between OCHA and each recipient agency and funds are dispersed.

**Step 8:** Each recipient agency of CERF grants is required to report annually to OCHA Sudan. OCHA consolidates CERF reports and submits annual reports on the use of CERF grants to Sudan by 30 March each year to the CERF Secretariat. Additionally, all CERF grant recipient agencies are required to submit annual reports at the headquarters level in April each year. Reporting at the country and agency levels offers two perspectives on how CERF made a difference in timely and coordinated response to emergency situations.

# US\$ 6 Million Grant for Under-funded Sectors

## Background of the Grant

In the beginning of 2007 the situation in Darfur continued to deteriorate. The demand for health assistance had been steadily increasing since the beginning of the crisis. At the same time the total input of resources had dropped considerably due to shrinking funding and factors affecting security and access to beneficiaries. Moreover, some international NGOs were evacuated, while others lost their means of logistics.

This resulted in a growing gap between needs and actual services, which was likely to widen as humanitarian access was getting more difficult, resources scarce and some coping mechanisms depleting.

According to the Federal Ministry of Health (FMoH) and WHO, in the beginning of 2006 the health service coverage had been above 50% of the Darfur population (excluding IDPs) and 96% of the internally displaced population in camps with the health facility utilization rate at 2.6 visits per person per year. By January 2007 health service coverage of the Darfur population dropped to 60% with the health facility utilization rate at 1.5 visits per person per year.

By the third trimester of 2006, many water-borne diseases had reappeared causing an increase in morbidity. Also, in the beginning of 2007 numbers of new cholera cases were on the rise posing a risk of a new epidemic.

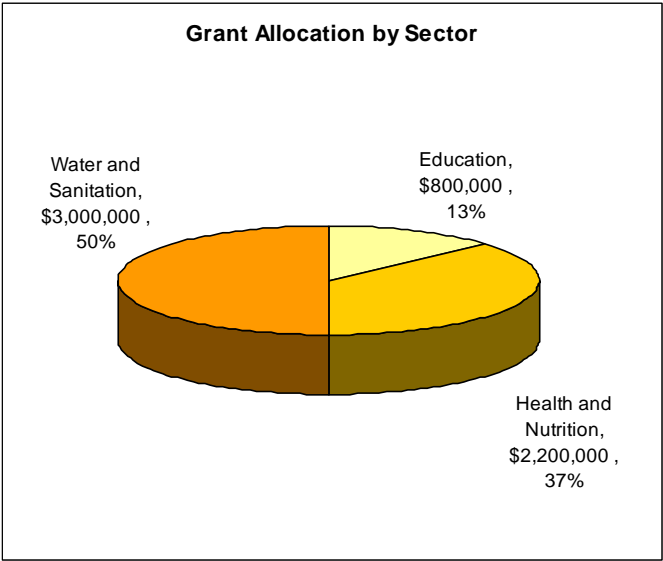
Furthermore, given the increase in IDP figures and poor funding situation, several key humanitarian projects in the education sector had been critically under-funded. As a result, there was a risk of interruption of Basic Education and Food for Education interventions, which are essential for provision of protective, familiar and safe environment for children in Darfur.

In view of this situation, a grant of US\$ 6 million from the under-funded window of the CERF was sought to support key humanitarian interventions.

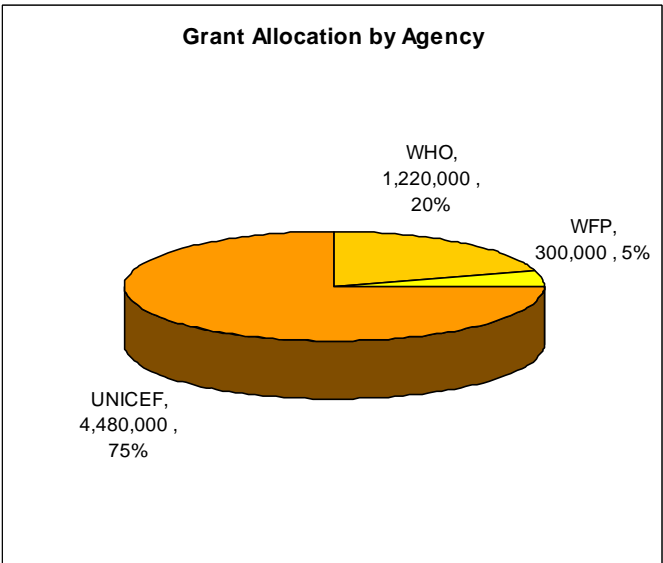
## Details of the Grant

The CERF grant of US\$ 6 million to Darfur was allocated between three implementing agencies namely, WHO, UNICEF, and WFP supporting under-funded projects in Health and Nutrition, Water and Sanitation, and Education

sectors. Following consultations in the Humanitarian Country Team on the most urgent humanitarian priorities in Darfur, the US\$ 6 million was divided as follows: Health and Nutrition - US\$ 2.2 million; Water and Sanitation US\$ 3 million, and Education US\$ 800,000.



As per sector decisions, the grant was allocated to one WFP project, two WHO projects, and seven UNICEF projects. In terms of the volume of funds, three-quarters of the grant were allocated to UNICEF, while 20% of the grant was allocated to WHO and 5% to WFP.



## Impact of the Grant

The main objective of this grant was to enable the continuation of poorly funded, core elements of the overall humanitarian response. In order to analyze its impact it is, therefore, necessary to compare the amount of funds available before its allocation against the amount of funds available after its allocation. The following table presents the timing of funding to the projects supported by this grant. It reveals that these projects secured only 24% of their funding requirements during the first quarter of the year.

Since the need for funds at the beginning of the year are the highest and in view of the increased beneficiary caseload, the 24% secured funds was not sufficient to maintain project activities at the desired level. In conclusion, by the end of the first quarter of the year, these projects experienced severe cash flow problems, and if not urgently provided with supplementary funding, would have to decrease the scope of their activities.

The CERF allocation of US\$ 6 million to these projects was approved on 22 March. Although this grant provided only 13% of the total required funding, it played a strategic role in the implementation of these projects. The 13% of funding requirements provided by the CERF on 22 March increased the average funding level of these projects in the first quarter of the year from 24% to 37%.

This injection of funds improved the cash flow of these projects allowing for continuation of activities until other funding was secured later during the year.

In conclusion, this grant, to a large extent, met its objective of enabling the continuation of poorly funded, core elements of the overall humanitarian response. Furthermore, the high funding level for the whole year shows that these projects were indeed key priorities in the humanitarian response in Sudan.

Recipient	Project Title	Funds Received Before CERF Grant (1 Jan – 22 Mar)	Funds Received from the CERF \$ (22 Mar 2007)	Funds Received After CERF Grant \$ (23 Mar – 31 Dec)	Total Received \$	Total Requested \$
WHO	Promotion of Environmental Health Services to Control WS Diseases (WS)	200,000	380,000	60,000	640,000	640,000
WHO	Ensure Access to Quality Health Care Services (HN)	300,000	840,000	687,819	1,827,819	2,400,000
WFP	Emergency Food for Education (E)		300,000	5,549,990	5,849,990	6,300,000
UNICEF	Safe Motherhood (HN)		200,000		200,000	1,500,000
UNICEF	HIV/AIDS Life-skills Education in Darfur (E)		50,000		50,000	50,000
UNICEF	Micronutrient and Integrated Maternal and Child Nutrition (HN)	925,441	250,000	414,847	1,590,288	1,600,000
UNICEF	Treatment of Acute Malnutrition (Supplementary & Therapeutic Feeding) (HN)	358,335	270,000	1,212,786	1,841,121	850,000
UNICEF	WASH project for conflict affected and vulnerable population (WS)	4,288,245	2,620,000	12,656,954	19,565,199	14,000,000
UNICEF	Integrated Primary Health Care (Including Immunization) (HN)	1,282,867	640,000	3,388,895	5,311,762	14,700,000
UNICEF	Strengthening Basic Education (E)	3,253,955	450,000	1,230,911	4,934,866	3,371,622
<b>TOTAL</b>		<b>10,608,843</b>	<b>6,000,000</b>	<b>25,202,202</b>	<b>41,811,045</b>	<b>44,771,622</b>
<b>Timing of Funds as Compared to Funding Requirements</b>		<b>24%</b>	<b>13%</b>	<b>56%</b>	<b>93%</b>	
<b>Impact of CERF Grant on Overall Funding</b>		<b>37%</b>		<b>56%</b>	<b>93%</b>	

## US\$ 3 Million Rapid Response Grant – Humanitarian Air Services

### Background of the Grant

Although May 2007 marked the first anniversary of the Darfur Peace Agreement (DPA), insecurity, displacement and loss of life and livelihood continued unabated some four years into the Darfur crisis. Targeted attacks against relief agencies posed the greatest threat to humanitarian interventions in Darfur. There had been a notable increase in carjacking and armed robbery targeting NGOs, UN and AMIS. Since the beginning of the year, AMIS had lost ten officers. UN agencies and NGOs had repeatedly warned that access to people in need had reached its worst since April 2004, and aid workers were almost exclusively reliant on helicopter transport to carry out food distributions and monitoring activities.

In 2006, the UN identified an urgent need to increase the overall air capacity in Darfur to support and allow more rapid assessments and monitoring of increasingly difficult-to-access areas. Subsequently, two helicopters were placed in Darfur to supplement the existing core fleet of four helicopters for five months (October 2006 to February 2007). The two additional helicopters were funded by two CERF grants provided in October and December of 2006 and during the five months of operation, these helicopters moved 2,500 passengers, completed 300 scheduled services and assessments mission flights and carried 25,800 kg of light cargo. In addition, the HAS core fleet of four helicopters served a monthly average of 3,500 passengers.

In view of the escalating insecurity in Darfur and its ongoing impact on relief operations, the need for an expanded fleet of six helicopters operating in Darfur remained critical to the delivery of relief assistance to the millions who remain affected by the conflict in the region.

UNHAS funding requirements for 2007 amounted to some US\$ 31 million for the core fleet, and US\$ 6 million more for the additional two helicopters to continue operating in Darfur. By the end of April 2007, UNHAS had received only US\$ 6 million in new contributions. Combined with some carryover funds from late 2006 and the funds generated by the nominal fees, UNHAS was able to continue operations only until the end of May 2007.

Given that UNHAS operations in Darfur are considered key humanitarian priority and taking into account the critical funding situation, another CERF grant of US\$ 3 million was sought. The developing and revising the

proposal took approximately two weeks. The proposal was submitted to the CERF secretariat on 1 May, approved on 4 May, and funds were disbursed on 10 May.

### Overall Impact of the Grant

The following table includes the funding secured by UNHAS in 2007.

Donor	Funding \$	% CERF of Total
Bilateral Funds	23,725,587	71%
Multilateral Funds	5,522,388	16%
CERF Grant	3,000,000	9%
CHF Grant	1,250,000	4%
<b>TOTAL</b>	<b>33,497,975</b>	<b>100%</b>

Although the CERF grant was relatively small as compared to other funding sources, it played a strategic role in the implementation of the project. The CERF funding was provided in a period in which no other funding was available. It enabled continuation of project implementation at an increased level until funding from other sources was secured. The following points summarize the results achieved with the CERF funding:

- Continuance of increased air capacity beyond May;
- Increase in humanitarian access;
- Increased number of security and medical evacuations.

In view of the deteriorating humanitarian situation, an interruption in the provision of the Humanitarian Air Services would have had immense negative impact on the humanitarian community and its ability to deliver humanitarian response to those in need.

### Partnership

While there were no direct partnerships in the implementation of the air service operation, inter-agency collaboration has ensured effective utilization of aircrafts due to daily aircraft tasking according to the humanitarian community's needs. Additionally, the Government of Sudan waivers of landing, parking and navigation fees have resulted in cost-savings for the operation.

## US\$ 1.57 Million Rapid Response Grant – LRA Affected Areas

### Background of the Grant

Populations of Southern Sudan have been subject to more than two continuous decades of violence and insecurity, violent loss of property, restricted access to basic services and in many cases, repeated displacement. While many parts of Southern Sudan enjoy relative stability and the beginnings of recovery and development, the Equatorias have remained subject to violent attacks from the Lords Resistance Army (LRA) in the post CPA period frustrating sustainable return, achieving livelihood security, development of markets and provision of basic services. Attacks on humanitarian workers and facilities have occurred on several occasions during the LRA's operations in Sudan.<sup>1</sup>

While most of Southern Sudan enjoyed relative peace and stability following the signature of the Comprehensive Peace Agreement (CPA), parts of the Eastern Equatoria state remained subject to violent attacks from the LRA in the post-CPA period resulting in loss of life and extreme vulnerability among the affected population.

There were a series of attacks on the civil population since late December 2006 in which up to 6,000 people were displaced (figures according to inter-agency assessment). In Western Equatoria, a large group of LRA combatants operated in uneasy proximity across the border in DRC. In the first quarter of 2007, this group engaged in killing and looting attacks from across the border. The local population in towns and settlements along the borders with DRC and CAR remained on high alert and fear of continuous attacks.

Food security was a high concern, as people were scared to cultivate and had lost parts of last season's harvest in previous attacks. Many of those displaced were themselves recent returnees and many reported having had food reserves, standing crops, agricultural tools, household items, and animals looted. Furthermore, humanitarian assistance had been frustrated by the difficult security situation that has prevented or delayed NGOs and UN agencies accessing areas of concern in Eastern Equatoria.

In mid-2007 humanitarian indicators in the areas of concern continued to deteriorate. Increased mortality and

morbidity were expected if urgent humanitarian needs were not met.

Following the comprehensive inter-agency assessments conducted in September 2006 and subsequent rapid emergency assessments coordinated by OCHA in 2007, interventions in Health and Nutrition, Water and Sanitation, Food Security and Livelihoods, and NFIs and Emergency Shelter sectors became key humanitarian priorities. Since donor funding was heavily weighted towards supporting the peace process, funding for humanitarian interventions in the areas of concern was scarce. Moreover, because of long running insecurity in the area, very few projects were submitted by humanitarian organizations to the 2007 Work Plan for Sudan, which further limited the opportunity to attract humanitarian funds.

Following a number of rapid assessments in the first quarter of 2007 and revision of their findings by the Country Team, the decision to initiate the CERF application process was made by the Deputy Humanitarian Coordinator for the south and was further endorsed by the Humanitarian Coordinator in Khartoum. As a result, the CERF request for US\$ 1.57 million was developed and submitted to the ERC on 29 May 2007. The request was approved on 18 June and funds were disbursed on 27 June.

### Implementation of the Grant

The grant was requested by UNDP on behalf of the Deputy Humanitarian Coordinator for the south and was fully implemented by NGOs. The project was managed by UNDP with support from OCHA Emergency Preparedness and Response unit. Implementing Partners were selected in a fully transparent process that included the Deputy Humanitarian Coordinator, OCHA, and UNDP as decision-makers.

Following the call for proposals ten proposals were submitted and reviewed. Out of the ten proposals, seven were selected and recommended to the UNDP local Project Appraisal Committee for funding from the CERF. Out of the total grant of US\$ 1.575 million, US\$ 1.5 million was forwarded to implementing partners, while US\$ 75,000 covered UNDP programme support costs.

The following table presents the list of selected implementing Partners, supported projects, and amounts of CERF funds provided.

<sup>1</sup> Most recently, one UNMIS peacekeeper was killed in a suspected LRA ambush on 26<sup>th</sup> January near Magwi on an operation protecting a humanitarian demining team.



Implementing Partner	Project Title	CERF Funds Received \$	% of Total
American Rescue Committee (ARC)	Emergency Life Saving Support for LRA Affected Population (HN)	299,080	21%
Danish Refugee Council (DRC)	Mukaya intervention for LRA displaced communities (WS)	213,179	14%
Malaria Consortium (MC)	Reduced malaria related morbidity and mortality in Magwi county (HN)	142,945	10%
MANNA	Filling the marks of LRA in Lofus and Tseretenya (FSL)	68,855	5%
Norwegian Church Aid (NCA)	NFI Distribution to communities and spontaneous returnees in LRA affected (NS)	197,937	13%
World Vision International South Sudan (WVI)	Emergency Response in LRA affected Area in Western Equatoria (FSL)	454,358	30%
Zuid Oost Azie – Refugee (ZOA)	Non Food Relief and Shelter provision emergency response resulting from LRA activity (NS)	110,689	7%
<b>TOAL</b>		<b>1,500,000</b>	<b>100%</b>

The implementation of the project was planned for three months, however, most NGOs requested no-cost extensions until December 2007 owing to logistical difficulties moving supplies and staff during the rainy season. Major achievements were as follows:

#### NFIs and Emergency Shelter sector:

- 2,241 households in Maridi and Ibba supported with non-food relief items;
- 1,700 NFI kits distributed in Magwi County;
- 862 households in Lainya County supported with NFIs.

#### Food Security and Livelihoods sector:

- 3,170 sets of tools and seed packs distributed in Ibba Yambio and Ezo counties;
- 6,500 households from Lofus and Tseretenya received agricultural inputs;
- 862 households in Lainya county received seeds and agricultural tools.

#### Water and Sanitation sector:

- 7 new boreholes drilled in Yambio County;
- 10 boreholes rehabilitated in Ibba County;
- 2 boreholes drilled and 5 rehabilitated in Lofus and Tseretenya, Iqotos County;
- 5 new boreholes drilled and equipped, and 58 boreholes rehabilitated in Magwi County;
- 3 boreholes drilled in Lainya County.

#### Health and Nutrition sector:

- 13,700 LLINs for malaria control distributed;
- Medicines supplied to 6 health centers benefiting 7,086 individuals;
- Hygiene promotion activities conducted.

For detailed NGO achievement reporting please refer to Part II of this report.

### Overall Impact of the grant

NGO implementing partners responded quickly to the call for proposals and implemented activities to a high standard within an acceptable time frame, considering that the original implementation period coincided with the rainy season. It was clearly stated in all beneficiary communities visited by the UNDP – OCHA monitoring team that needs exceeded assistance provided and that humanitarian needs had long remained unaddressed in LRA affected areas owing to restricted humanitarian access.

Support to addressing these needs was seen by affected communities as important to both economic recovery and to coming to terms with the perception of major financial support to the peace process.

CERF funds provided a crucial boost to humanitarian funding in LRA affected communities at a time of limited resources and thus limited humanitarian activities. The experience of sub-granting CERF funds to NGOs through OCHA – UNDP fund management arrangement has been a positive one. Involved UN Agencies timely administered the grant and NGOs timely implemented planned activities.

## US\$ 8.68 Million Rapid Response Grant – 2007 Floods

### Background of the Grant

The rainy season in Sudan normally lasts from August to September with a peak in mid-August. In 2007, however, rains began in early July, with flooding affecting an estimated 410,785 people including a reported 64 dead and 335 injured. This early flooding had raised concerns that many more would be affected in the following months. In particular, there was a great risk of further destruction of homes; loss of household livelihoods; disease outbreaks, and contaminated drinking water. By the end of July, the United Nations and partners, working with the government, had established a planning figure of an additional 265,000 that could be affected.

Four key sectors: Health and Nutrition, Water and Sanitation, NFI and Emergency Shelter, and Food Security and Livelihoods provided immediate live-saving response to flood-affected communities throughout Sudan. In addition, Basic Infrastructure and Education sectors started rehabilitating destroyed and damaged schools, delivering learning materials, and rehabilitating damaged infrastructure. By the end of August, more than 190 schools had been destroyed or damaged by the floods.

Lack of clean water was of particular concern. Despite early preventive measures, over 600 cases of Acute Watery Diarrhoea (AWD) had been reported in Gedaref and Kassala States, leading to 39 confirmed deaths. If detected early, AWD need not be fatal, therefore epidemic surveillance measures and pre-positioning of required health supplies became key priority. Moreover, displacements put pressure on already weak health services. Also, reproductive health facilities were under-equipped and under-staffed.

Continued flooding was expected to aggravate the communicable disease situation in affected parts of the country. Furthermore, inconsistent water chlorination, population movements, and poor hygiene practices were considered risk factors for the potential outbreak of AWD.

By 7 August, floods had affected the following states in northern Sudan: Kassala, Blue Nile, Northern Kordofan, Southern Kordofan, Khartoum, White Nile, Sinnar, Red Sea, River Nile, Al Gazira, Southern, Western and Northern Darfur, and Al Gedaref. The Sudanese Government issued flash-flood warnings for Darfur, Northern Kordofan, White Nile, Kassala, and Red Sea States.

On 21 July, the Government of Southern Sudan issued a flood disaster declaration in six states. The floods hit the hardest in Renk County in Upper Nile, where the effect of heavy rains was compounded by the disruption of natural drainage systems from road construction and the Khorachil River's burst banks.



*Photo by: Monique Fienberg, RCSO*

In the first weeks of the emergency, the focus of the United Nations and Partners was on immediate response and prevention activities. Priority interventions were pre-positioning of food, non-food items, and essential medical supplies; provision of clean water in the context of minimal infrastructure; hygiene promotion; and epidemic surveillance measures.

A significant premium had to be added to the implementation costs to cover expensive airfreight to flood-affected areas. Exacerbated by flooding, many roads had become impassable, necessitating the movement of staff and supplies by air.

## Flash Appeal – Floods 2007

On 27 August the United Nations and Partners launched the Sudan 2007 Floods Flash Appeal. Following the joint assessments and consolidation of data it was estimated that 410,785 people had been affected by floods and additional 265,000 were expected to be affected within the coming months. The flash appeal was developed based on preparedness plans and coordination work of the floods task force and the Humanitarian Country Team. The following table presents the budgetary requirements of the sectors included in the appeal.

Sector	Lead Agency	Total Request \$	Secured by 27 Aug \$	Request as at 27 Aug \$
HN	WHO	10,363,772	6,559,262	3,804,510
WS	UNICEF	8,291,500	3,054,678	5,236,822
NS	UNJLC	7,153,717	3,850,001	3,303,716
FSL	FAO	4,500,000	975,001	3,524,999
E	UNICEF	2,400,250		2,400,250
BI	UNOPS	1,942,000		1,942,000
<b>TOTAL</b>		<b>34,651,239</b>	<b>14,438,942</b>	<b>20,212,297</b>

Through the flash appeal, the United Nations and Partners requested US\$ 34.65 million for humanitarian response to the floods. Before the appeal launch US\$ 4.81 million was secured from CHF Emergency Allocation, US\$ 8.68 million was secured from CERF Rapid Response Allocation, and US\$ 0.95 million was secured from bilateral donations, leaving the unmet requirements of US\$ 20.21 million as of 27 August.

The Flash Appeal included a total of 48 projects, out of which 21 were implemented by the United Nations and 27 by NGOs.

## Overall Funding to the Floods Flash Appeal

Internal agency funds and stocks enabled a quick response. However, these funds and stocks were borrowed from other regions and/or projects and needed to be replenished. Due to the urgency of the situation and a long term nature of the response, the UN Country Team decided to pursue three funding avenues: bilateral funds, funds from the Emergency Reserve of the CHF, and funds from the CERF. Due to their rapid response facilities, CHF and CERF provided initial critical funding. The following table presents the total funding raised for the flash appeal by funding source.

Funding Modality	Received \$	% of Total
CERF	8,679,942	39.0%
CHF Allocation 1	4,510,000	20.2%
CHF Allocation 2	6,100,000	27.4%
Bilateral Donations	2,981,282	13.4%
<b>Total</b>	<b>22,271,224</b>	<b>100.00%</b>

The work on developing CHF proposals started within the first few days following the onset of emergency and was completed in two and a half weeks. The work on CERF proposal started a week later and the first version of the proposal was submitted to the CERF secretariat within two weeks. The revised version was submitted a week later, thus the total time taken for development of CERF proposal was three weeks.

The development of these proposals was done in conjunction with a broader planning process of Flash Appeal. The three processes were, therefore, interlinked, which ensured early allocation of funding to the most time critical interventions, while avoiding duplication of resources.

Given that the CHF is managed by the Humanitarian Coordinator at the country level, the first emergency allocation to floods was approved immediately after completion of proposals and funds were disbursed within the following three days. The US\$ 5.1 million from the emergency reserve of the CHF were, therefore, made available within three weeks from the onset of emergency.

The final version of request for US\$ 8.68 CERF Rapid Response Grant was submitted to the CERF Secretariat on 5 August. The funds were approved as follows: US\$ 2.66 million on 7 August; US\$ 1.6 million on 14 August; and US\$ 4.86 on 16 of August. The funds from the Rapid Response Window of the CERF were, therefore, made available within four to five weeks following the onset of emergency; although the disbursement time varied from project to project.

The work on finalising the flash appeal took several more weeks. Draft of the appeal was shared with donors locally on 9 August and the appeal was launched officially on 27 August. By the time of the appeal launch a reported figure of US\$ 14.44 million was already secured.

After the launch of the Flash Appeal three more bilateral contributions to the floods were reported totaling to US\$ 2.03 million. Thus, the total reported bilateral contributions to the floods was US\$ 2.98 million.

In addition, an additional allocation from the Emergency Reserve of the CHF was made: US\$ 4 million at the end of October for the Northern Sudan and US\$ 2.1 million at the end of November for the Southern Sudan. With the combination of these funding sources the UN and Partners managed to raise US\$ 22.27 million against the Floods Flash Appeal, covering 64% of its requirements. The biggest contributor to the appeal was CHF, providing nearly half of the total secured funding, followed by CERF providing 39% of the total secured funding, and bilateral donations, covering 13.5% of the total secured funding.

Due to the varying times of access to funds, each of these funding mechanisms had a different strategic importance to the overall response of the UN and Partners to the

floods emergency. The flow of funds to the appeal from these funding sources is presented in the chart below.

The funds provided from the CERF, the first allocation of the CHF, and first bilateral donations were strategically the most important for the timely implementation of life saving response activities. These funds constituted 63% of the total funding secured for the Flash Appeal and allowed for implementation of the core of the response. The remaining 37% provided later, supplemented the core funding and allowed for continuation of ongoing response activities.

These core funds provided from the CERF, the first allocation of the CHF, and first bilateral donations covered 40% of the total Flash Appeal requirements.

Funding Modality		July			August				September				October				November				Total Funding by Funding Modality \$	% of Total Funding					
		Onset of Floods	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Week 16	Week 17	Week 18			Week 19	Week 20	Week 21		
CERF	Development of CERF Requests				Submitted to CERF Secretariat on 31 July, Revised version submitted on 5 August																		8,679,942	38.97%			
	CERF Approval 1						2,663,285																				
	CERF Approval 2							6,016,657																			
CHF	Development of CHF Requests 1				Completed on 25 July																		10,610,000	47.64%			
	CHF Approval 1						4,510,000																				
	Development of CHF Requests 2 - North																										
	CHF Approval 2 - North																										
	Development of CHF Requests 2 - South																										
	CHF Approval 2 - South																										
Bilateral	Development of Flash Appeal				Draft Shared with Donors Locally on 9 August																		2,981,282	13.39%			
							Launched on 27 August																				
	European Commission						486,486																				
	Norway						349,000																				
	United States							603,488																			
	European Commission								549,400																		
	France																										
	TOTAL																						22,271,224	100%			



## Impact of CERF Grant to Floods Appeal at Sector Level

The impact of US\$ 8.68 million CERF grant for rapid response to floods can be measured from two perspectives. First, is the volume of funds provided to recipient agencies and, second, is the timing of funds. The table on the right presents the CERF funds by sector as compared to total secured funding, while the table below presents the flow of funds to floods emergency by sector in chronologic order.

Sector	Secured Funds \$	CERF \$	% CERF of Total
HN	8,711,797	4,430,262	51%
WS	5,200,314	2,054,678	40%
NS	4,461,204	1,500,001	34%
FSL	3,322,909	695,001	21%
E	575,000		0%
<b>TOTAL</b>	<b>22,271,224</b>	<b>8,679,942</b>	<b>39%</b>

Sector	Bilateral \$	CHF \$	CERF\$	Bilateral \$	CHF \$	Total \$	Requirements \$	% of Requirements
HN	349,000	1,680,000	4,430,262	549,400	1,703,135	8,711,797	10,363,772	84%
WS	486,486	1,000,000	2,054,678		1,659,150	5,200,314	8,291,500	63%
NS		1,550,000	1,500,001	603,488	807,715	4,461,204	7,153,717	62%
FSL		280,000	695,001	992,908	1,355,000	3,322,909	4,500,000	74%
E					575,000	575,000	2,400,250	24%
BI							1,942,000	0%
<b>TOTAL</b>	<b>835,486</b>	<b>4,510,000</b>	<b>8,679,942</b>	<b>2,145,796</b>	<b>6,100,000</b>	<b>22,271,224</b>	<b>34,651,239</b>	<b>64%</b>

In terms of the volume of funds, CERF provided 39% of the total secured funding to the floods Flash Appeal. Out of six sectors included in the Flash Appeal CERF provided funds to four priority sectors: Health and Nutrition, Water and Sanitation, NFIs and Emergency Shelter, and Food Security and Livelihoods.

Health and Nutrition, Water and Sanitation, and NFIs and Emergency Shelter sectors benefited the most, receiving from the CERF between 51% and 34% of the total secured funding. Therefore, it must be assumed that the CERF played a key role in the implementation of the emergency response by these sectors.

The Food Security and Livelihoods sectors received 21% of secured funding from the CERF. In this sector the CERF funds supplemented other funding sources, therefore achievements of this sectors can be partially attributed to the CERF.

However, analysing the impact of CERF grants from the perspective of timing of funds shows that CERF funds made, in fact, a bigger impact on supported sectors than indicated by the above analysis.

As mentioned before, CERF, CHF, and two bilateral donations provided within first weeks from the onset of emergency constituted the core funding, which allowed for implementation of rapid humanitarian response. The funds received later supplemented the core funding and allowed for the continuation of ongoing activities.

To accurately represent the impact of CERF funds on the overall response to floods emergency it is, therefore, necessary to analyse the share of CERF funds in this core funding. For this purpose, the following table presents CERF funds as compared to other funds received in the first phase of the emergency.

Sector	Bilateral\$	CHF \$	CERF \$	Total \$	% CERF of Total
HN	349,000	1,680,000	4,430,262	6,459,262	69%
WS	486,486	1,000,000	2,054,678	3,541,164	58%
NS		1,550,000	1,500,001	3,050,001	49%
FSL		280,000	695,001	975,001	71%
<b>TOTAL</b>	<b>835,486</b>	<b>4,510,000</b>	<b>8,679,942</b>	<b>14,025,428</b>	<b>62%</b>

This analysis shows that the funding received from the CERF in the first phase of the emergency was much higher than the funding from any other source. In total, CERF provided 62% of funds received on the beginning of the emergency and proved to be instrumental in implementation of early response activities.

## Impact of CERF funds to Flash Appeal at Project Level

The impact of CERF funds at the project level is even higher than at the sector level since CERF funds were targeting only priority life-saving projects within each sector.



Agency	Sector	Project Title	Total Secured \$	Provided by CERF \$	% CERF of Total
UNICEF	HN	Support to Health Services in Flood Affected Areas in Southern Sudan	654,283	454,283	69%
UNFPA	HN	Emergency interventions for safe motherhood	314,000	214,000	68%
UNICEF	HN	Rapid Response for Emergency Health Flood Interventions	4,635,567	2,802,480	60%
WHO	HN	Emergency Flood Health Assistance to Floods Affected Areas in Southern Sudan	494,385	295,427	60%
UNICEF	WS	Emergency WASH Project for Flood affected population in Northern Sudan	3,292,442	1,661,720	50%
UNICEF	NS	NFI Procurement for the NFI Common Pipeline	2,828,489	1,300,001	46%
WHO	HN	Emergency Response to the Flood Affected Populations of North Sudan	1,455,072	664,072	46%
WFP (UNJLC)	NS	NFI Coordination for Flood-affected Population in Sudan	450,000	200,000	44%
UNICEF	WS	Emergency WASH Response for Flood affected States In Southern Sudan	892,958	392,958	44%
FAO	FSL	Emergency Assistance (Livestock & Fisheries) to Affected flood victims in Southern Sudan	900,001	320,001	36%
FAO	FSL	Restoration of Agricultural and Livestock production	1,080,000	375,000	35%
<b>TOTAL</b>			<b>16,997,197</b>	<b>8,679,942</b>	<b>51%</b>

At the project level, out of 38 floods response projects implemented by the four sectors, 11 UN implemented, core life-saving projects were supported by the CERF. The table above compares the funds received from the CERF with funds received from other sources at the project level.

Five out of the 11 core life-saving projects received over 50% of their funding from the CERF. Most of their achievements can, therefore, be directly attributed to the CERF. These projects would either not have been implemented at all or would have a much smaller coverage had the CERF funds not been made available. Four projects received between 46% and 44% of their total secured funding from the CERF. In case of these projects, the CERF provided core funding supplemented by other sources. The remaining two projects in the Food Security and Livelihoods sector received 36% and 35% of their overall funding from the CERF, in which case the CERF funds supplemented other sources and their achievements can be partially attributed to the CERF.

The overall share of CERF funds in total secured funds for these 11 life-saving projects was 51%. CERF was, therefore, the major funding source towards these core humanitarian projects in the Flash Appeal.

It also needs to be noted that as per the analysis of timing of funds, the CERF resources were provided earlier than most other funds, therefore the CERF not only provided over half of secured funding to these projects but also enabled early commencement of their implementation.

In conclusion, CERF served floods emergency well both in terms of the volume as well as the timing of funds and proved to be instrumental in providing early life-saving response. Furthermore, the CERF grant facility and the in-country CHF mechanism complemented each other efficiently by jointly ensuring early funding for time critical elements of the response.

## US\$ 4.72 Million Rapid Response Grant – Refugee/IDP Assistance

### Background of the Grant – Southern Sudan

During sensitization activities carried out by UNHCR and partners in refugee camps and urban areas, close to 30,000 Sudanese refugees in Ethiopia, Egypt, Uganda, Kenya, and Libya indicated their interest to return to Southern Sudan and Blue Nile State starting November 2007 – the end of the rainy season. In response to this situation, UNHCR and partners planned to resume large-scale repatriation operations as soon as climatic conditions permitted. During campaigns to provide information on the repatriation process, refugees indicated that the end of the school year, the agricultural cycle and the upcoming census for southern Sudan were reasons why they wanted to return home during this period.

After announcing a US\$ 11 million shortfall for its repatriation and reintegration operation in Sudan in October 2007, UNHCR raised US\$ 3.3 million for activities inside Sudan within the framework of the 2007 UN and Partners Work Plan. Given the sub-regional character of the repatriation operation, it was necessary to fund repatriation activities in countries of asylum as well, which at that time were not included in the Work Plan for Sudan. Due to the urgency of the situation, UNHCR requested US\$ 2.87 million funding from the Rapid Response window of the CERF to ensure that refugees who desired to return could do so in safety and dignity, and without delay.

### Background of the Grant – Darfur

The end of the rainy season saw an increase in violence and conflict in Darfur, which provoked a constant trend of small-scale population displacements. Field missions by UNHCR and partners in western Darfur revealed the impact of the increasing trend of violent attacks on the lives of civilians. For example, on 14-18 November, a UNHCR/WFP mission to Um Dukhun found an estimated 25,000 new IDPs and refugees. The town was flooded with new arrivals and scores of new shelters had been sporadically erected inside the town, causing problems of congestion, food, water and sanitation, and hygiene.

The deterioration of security situation led to the increased flow of new arrivals into IDP camps and settlements. As a result, rapid interventions in the area of protection became a key humanitarian priority.

From the beginning of the year, UNHCR's Darfur operation had received contributions of US\$ 15.1 million. At the

beginning of November there was a funding gap of US\$ 5.1 million. In view of the increasing protection concerns, continuing funding gaps, and the time critical nature of the intervention, UNHCR requested a rapid response grant of US\$ 1.85 million from the CERF in order to intensify protection and assistance interventions in IDP camps.

The request for both grants had been officially submitted to the Emergency Relief Coordinator on the 8<sup>th</sup> December and was approved within two days. Following the signature of letters of understanding, both grants were disbursed on the 26<sup>th</sup> December.

### Impact of CERF funding

Both grants supported time critical emergency activities in the Protection and Human Rights sector. CERF contributions as compared to other funding to the two UNHCR projects are presented in the table below.

Project	Total Secured \$	Provided by CERF \$	% CERF of Total
Return of Sudanese Refugees to Southern Sudan (PHR)	2,869,478	2,869,478	100%
Protection and Assistance to IDPs and Refugees in West Darfur (PHR)	2,429,840	1,849,840	76%
<b>TOTAL</b>	<b>5,299,318</b>	<b>4,719,318</b>	<b>89%</b>



Photo by UNHCR Sudan

The CERF was the only funding source to the Southern Sudan project. The implementation of the project started in late November 2007 using internal agency resources. The CERF provided a much needed injection of funds that

allowed for successful implementation of return activities and created momentum needed for large-scale repatriation. By the end of March 2008 UNHCR organized 68 convoys and 31 airlifts bringing back 27,937 refugees from the countries of asylum. For detailed agency report, please refer to the part II of this report.

Furthermore, the CERF was the major funding source to the IDP and refugee assistance project in western Darfur, providing 76% of its secured funding. Starting from mid-December, UNHCR carried out multiple monitoring and assessment missions, while implementing partners conducted monitoring in 7 major IDP camps in El-Geneina and Zalingei area with 154,000 IDPs in total. During the monitoring done by Implementing Partners community workers were assigned to engage with IDPs and collect information on protection issues and security incidents. New IDP arrivals in the camps were closely monitored, registered and assisted. For detailed agency report, please refer to Part II of this report.

## Partnership

UNHCR formed partnerships with NGOs on implementation of both grants. The following table outlines the amounts of CERF funds, which were forwarded to partners.

Project	CERF Grant \$	Forwarded to NGOs \$	% CERF of Total
Return of Sudanese Refugees to Southern Sudan (PHR)	2,869,478	1,119,816	39%
Protection and Assistance to IDPs and Refugees in West Darfur (PHR)	1,849,840	606,004	33%
<b>TOTAL</b>	<b>4,719,318</b>	<b>1,725,820</b>	<b>37%</b>

UNHCR cooperated with GTZ on implementation of the grant to Southern Sudan. GTZ received 39% of the grant and used it for the running and maintenance of the transportation fleet.

In case of the western Darfur project, UNHCR formed partnerships with Concern Worldwide for health and sanitation activities in seven IDP camps; Help Age International for protection and health support to elderly displaced; International Rescue Committee for protection, coordination of relief services and establishment of community centers in four IDP camps; and Terre des Homes for registration, camp security, shelter, assistance to vulnerable persons, and coordination of relief services in three IDP camps. These NGOs received 33% of the West Darfur grant.

## US\$ 1.5 Million Rapid Response Grant - RVF Outbreak

### Background of the Grant

In early October 2007, the Federal Ministry of Health announced the occurrence of hemorrhagic fever in humans in Sudan. Yellow fever was suspected, but it was later diagnosed as Rift Valley Fever, prompting the Ministry of Health to request the World Health Organization to conduct an outbreak investigation. A team comprised of epidemiologists, virologists, microbiologists and entomologists from Ministries of Health and Animal Resources was formed. Health experts from WHO, Veterinary Epidemiologist from FAO, and a representative from UNICEF joined the team to provide on-site technical support.

Results of this field investigation, supported by laboratory testing confirmed that the hemorrhagic fever reported in humans in the White Nile State was indeed Rift Valley Fever. As of 20 November 2007, the Federal Ministry of Health reported 451 human cases, with 164 deaths giving case fatality rate of 36.4%. These cases were reported from the States of White Nile, Sennar and Gazeera (North Sudan) and Upper Nile (South Sudan).

Moreover, the probability of the Rift Valley Fever occurring in livestock was considered to be high due to the abundance of insects that transmit the disease and confirmation of RVF cases among pastoral communities. There was, therefore, a threat that the Sudanese livestock, which is the backbone of the national economy, could be devastated if no action was taken.

The Government of Sudan was concerned that a further spread of Rift Valley Fever could be a source of health and socio-economic problems and could have long-term impact on the food security, livestock trade, livestock industry, and income for the rural poor who depend on livestock for their livelihoods.

In view of the above, WHO and FAO needed to immediately start response activities to prevent further spread of the disease. Several funding avenues were pursued to provide the two agencies with sufficient funds for emergency response. At the beginning of November ECHO pledged US\$ 737,000 to RVF response in the health sector and there was an indication of availability of CHF funds. Given the importance of the response and urgency of funding, in mid-November WHO and FAO started working on a proposal for US\$ 1.5 million funding from the Rapid Response window of the CERF.

The proposal was finalized within approximately two weeks and was submitted by the Humanitarian Coordinator to the Emergency Relief Coordinator on 27 November. Following a revision by the CERF Secretariat, the grant was approved on 14 December and funds were disbursed to WHO on 27 December and to FAO on 4 January. The following table presents the timeline of the process.

Agency	Proposal Development Time	Approval Time	Disbursement Time	Total
WHO	14 days	16 days	13 days	43 days
FAO	14 days	16 days	21 days	51 days

### Impact of the Grant

WHO started implementing response activities in mid November using their own resources, which were later replenished by CERF funds. Due to funding shortfalls, FAO was unable to start implementation of response activities until early January. By the end of December CERF funds were supplemented by funding from other sources. The following table presents total funding to the two projects as compared to CERF grants.

Agency	CERF \$	CHF \$	Bilateral Funding \$	Total Funding \$	% CERF of Total
WHO	941,163	300,000	737,000	1,978,163	48%
FAO	559,610	500,000		1,059,610	53%
<b>TOTAL</b>	<b>1,500,773</b>	<b>800,000</b>	<b>737,000</b>	<b>3,037,773</b>	<b>51%</b>

In both cases, CERF provided approximately half of the total secured funding for emergency response. The CERF funds had, however, a strategic significance to the implementation of these projects. They were the first funds committed to RVF response, therefore they enabled for jumpstarting the activities, while the funds received later allowed for the continuation of ongoing response.

The following is a summary of major accomplishments of WHO implemented response activities:

- Over 80% of reported RVF cases were investigated within 48 hours;
- Over 90% of confirmed RVF cases were treated in hospitals;
- Progressive decline in RVF cases and fatality rates observed;
- Appropriate and nationally approved control measures implemented in all affected states;
- Health education provided to high risk groups.



*Photo by Christina Banluta, WHO*

For detailed WHO reporting please refer to Part II of this report.

In the component of the response implemented by FAO, CERF provided over 50% of the overall secured funding. Due to a lack of a pre-financing capacity and the long process of accessing CERF funds, FAO was not able to start implementing response activities until the beginning of January 2008. Since the project activities were still ongoing at the time of writing this report, detailed information on project achievements will be presented in a mid-year revision of this report.



## Summary of the Impact of CERF Funding to Sudan in 2007

This chapter summarizes the data presented in previous sections related to the impact of the CERF on the ability of the UN and Partners to respond to sudden onsets or deteriorations of emergencies in Sudan. Given that the nature of Rapid Response grants is different than the Under-funded grants, this chapter describes only Rapid Response grants. For detailed information on the impact of Under-funded grant, please refer to chapter six of this report.

### Impact in Terms of Volume of Funds

The following table presents overall funding data of the projects supported by the CERF in 2007. All projects in this table are core humanitarian, providing life-saving interventions. Throughout the year, the HC and the

humanitarian Country Team selected these projects for CERF funding in the context of humanitarian emergencies described in previous chapters of this report. At the time of the onset or deterioration of emergencies no other funding, or limited funding, was immediately available for implementation of these projects.

For purposes of this report, all CERF funded Rapid Response projects are divided into four groups rated by the impact made by the CERF in terms of the volume of funds. The first group includes projects where CERF was the only contributor. The second group includes projects where the CERF provided over 50% of projects' funding. The third group includes projects where the CERF provided 25% to 50% of projects' funding; and the fourth group includes projects where the CERF supported only specific activities.

Agency	Project Title	Funding Received from CERF \$	Funding Received from Other Sources \$	Total Funding Received in 2007 \$	CERF Funding as Percentage of Total Received	Impact of CERF Funding
UNHCR	Return of Sudanese refugees to Southern Sudan	2,869,478		2,869,478	100%	All Project achievements can be directly attributed to the CERF
UNDP	Humanitarian Response to LRA affected areas of Southern Sudan	1,575,000		1,575,000	100%	
UNHCR	Refugees and returnees monitoring in West Darfur	1,849,840	580,000	2,429,840	76%	Most project achievements can be directly attributed to the CERF
UNICEF	Support to Health Services in Flood Affected Areas in Southern Sudan	454,283	200,000	654,283	69%	
UNFPA	Emergency interventions for safe motherhood	214,000	100,000	314,000	68%	
UNICEF	Rapid Response for Emergency Health Flood Interventions	2,802,480	1,833,087	4,635,567	60%	
WHO	Emergency Flood Health Assistance to Floods Affected Areas in Southern Sudan	295,427	198,958	494,385	60%	
FAO	Emergency preparedness for potential outbreak of Rift Valley Fever (RVF) in livestock	559,610	500,000	1,059,610	53%	
UNICEF	Emergency WASH Project for Flood affected population in Northern Sudan	1,661,720	1,630,722	3,292,442	50%	
WHO	Rapid Control of Rift Valley Fever Outbreak in humans in Sudan	941,163	1,037,000	1,978,163	48%	Project Achievements can be partially attributed to the CERF
UNICEF	NFI Procurement for the NFI Common Pipeline	1,300,001	1,528,488	2,828,489	46%	
WHO	Emergency Response to the Flood Affected Populations of North Sudan	664,072	791,000	1,455,072	46%	
WFP (UNJLC)	NFI Coordination for Flood-affected Population in Sudan	200,000	250,000	450,000	44%	
UNICEF	Emergency WASH Response for Flood affected States In Southern Sudan	392,958	500,000	892,958	44%	
FAO	Emergency Assistance (Livestock & Fisheries) to Affected flood victims in Southern Sudan	320,001	580,000	900,001	36%	
FAO	Restoration of Agricultural and Livestock production	375,000	705,000	1,080,000	35%	
WFP	Provision of Humanitarian Air Services	3,000,000	30,497,975	33,497,975	9%	Achievements can be partially attributed to the CERF in June and July 2007

The impact of CERF grants on the funding situation of the projects in the first group is unquestionable. The life saving interventions implemented by these projects would not have taken place if the CERF funds were not made available. In case of the projects in this group, all projects' achievements can be directly attributed to the CERF funding.

The impact of CERF grants on the funding situation of the projects in the second group can be considered high and most of the achievements of these projects can be directly attributed to the CERF funding. It is also safe to conclude that the projects in this group would either not have been implemented at all or would have had limited coverage, had the CERF funds not been made available.

The projects in the third group were co-financed by CERF, CHF, and bilateral funding. The achievements of these projects can be partially attributed to the CERF, however CERF funding played a significant role in the implementation of these projects. While CERF provided below 50% of contributions to these projects, CERF funds were provided earlier than other funds, and therefore had a strategic importance for implementation of these projects.

The contribution of the CERF to the project in the fourth group was 9% of the total secured funding; therefore achievements of this project can be attributed to the CERF only to a limited extent during the year. Nevertheless,

these funds were provided to the project in a period in which no other funding was available and allowed for continuation of project activities in June and July 2007. Project achievements can, therefore, be partially attributed to CERF only in these two months. Although 9% of overall project funding seems relatively small, these funds played a strategic role. They allowed for implementation of the project during a period in which no other funding was available.

### Analysis of CERF Allocation Timing

In order to draw accurate conclusions on the impact of CERF funds to Sudan, it is also important to review the timeline of provision of funds. The following table presents the approximate time of accessing CERF funds by Agencies in Sudan in 2007. It divides the process into three phases: the duration of proposal development, the duration of approval process, and the duration of disbursement process. The duration of the proposal development phase was measured from the date of the decision that CERF grants would be sought until the date of official submission of the final version of proposals to the CERF secretariat. The duration of the approval process was measured from the date of submission of the proposals to the CERF secretariat until the date of approvals. And the duration of disbursement phase was measured from the date of approvals until the date of disbursement.

Recipient	Project Title	Development of Proposals	Approval	Disbursement	Total
WFP	Provision of Humanitarian Air Services	14 days	3 days	6 days	23 days
UNDP	Humanitarian Response to LRA affected areas of Southern Sudan	No data	19 days	9 days	No data
UNICEF	Support to Health Services in Flood Affected Areas in Southern Sudan	21 days	7 days	8 days	36 days
UNICEF	NFI Procurement for the NFI Common Pipeline	21 days	7 days	8 days	36 days
UNFPA	Emergency interventions for safe motherhood	21 days	7 days	13 days	41 days
WHO	Rapid Control of Rift Valley Fever Outbreak in humans in Sudan	14 days	16 days	13 days	43 days
FAO	Restoration of Agricultural and Livestock production	21 days	7 days	15 days	43 days
UNICEF	Rapid Response for Emergency Health Flood Interventions	21 days	16 days	8 days	45 days
UNICEF	Emergency WASH Project for Flood affected population in Northern Sudan	21 days	16 days	8 days	45 days
WHO	Emergency Flood Health Assistance to Floods Affected Areas in Southern Sudan	21 days	14 days	9 days	44 days
WHO	Emergency Response to the Flood Affected Populations of North Sudan	21 days	14 days	9 days	44 days
UNICEF	Emergency WASH Response for Flood affected States In Southern Sudan	21 days	16 days	8 days	45 days
UNHCR	Return of Sudanese refugees to Southern Sudan	30 days	2 days	16 days	48 days
UNHCR	Refugees and returnees monitoring in West Darfur	30 days	2 days	16 days	48 days
FAO	Emergency preparedness for potential outbreak of Rift Valley Fever (RVF) in livestock	14 days	16 days	21 days	51 days
WFP (UNJLC)	NFI Coordination for Flood-affected Population in Sudan	21 days	14 days	21 days	56 days
FAO	Emergency Assistance (Livestock & Fisheries) to Affected flood victims in Southern Sudan	21 days	7 days	61 days	89 days
Average Time in Days		21 days	11 days	16 days	46 days
Average Time in Weeks		3 weeks	1.5 weeks	2.2 weeks	6.5 weeks

The average time needed for proposals development, revisions, and approvals by the Humanitarian Country Team and the HC is estimated at three weeks. Once the proposals were submitted to the CERF Secretariat, the average time of approvals in 2007 was 1.5 weeks. In most cases, given the magnitude of Sudan operations, it is assumed that agencies receiving CERF grants have pre-financing capacity allowing coverage of the first phase of the emergency using their own resources, therefore once CERF funds are approved, agencies do not need to wait until the disbursements to start spending CERF funds. Additionally, OCHA Sudan preliminarily informs the CERF secretariat on the needs for funds prior the submission of proposals and receives indication of available funds several days before the approval of grants. As a result, agencies are informed on availability of funds several days prior to the formal approval.

It needs to be noted that the calculation of average time of proposals development in 2007 has been heavily weighted by the length of proposal development for floods response. This proposal was done in conjunction with a broader planning process of Flash Appeal and CHF proposals development. The three processes were, therefore, interlinked, which ensured allocation of funding to the most time critical interventions, while avoiding duplication of resources.

In conclusion, the average time of accessing CERF funds by recipient agencies with pre-financing capacity in Sudan in 2007 can be estimated at four weeks. The average time of accessing CERF funds by recipient agencies in Sudan in 2007 with no pre-financing capacity can be estimated at 6.5 weeks, however such cases are rare. In any case, the average time of accessing CERF funds is assumed to be much shorter than accessing bilateral donations.

## **Conclusions on the Impact of CERF grants to Sudan**

It is the consensus among agencies receiving CERF grants in Sudan that CERF served the humanitarian emergencies in Sudan in 2007 well. According to the analyses included in this report, the impact of CERF resources in terms of the volume of funds on life-saving projects was highly positive. Furthermore, CERF funds played a strategic role in the implementation of emergency response projects. CERF as pooled mechanism provided funds significantly earlier than bilateral donors, which allowed for addressing time-critical elements of 2007 emergency responses. Furthermore, the CERF grant facility and the in-country CHF mechanism complemented each other efficiently by jointly ensuring early funding for time critical elements of emergency response to the Sudan floods in 2007.

PART II – Achievements by CERF Portfolio  
Reported by Recipient Agencies of CERF Grants to Sudan

15 April 2008

## Grant for Under-funded Sectors

UNICEF Reporting					
Project Title:	•Integrated Primary Health Care (Including Immunization) Darfur •Safe Motherhood Initiative and Emergency Obstetric Support to State Hospitals •Treatment of Acute Malnutrition (Supplementary and Therapeutic Feeding) •Micronutrient and Integrated Maternal and Child Nutrition		Received from CERF:	US\$ 640,000 US\$ 200,000 US\$ 270,000 US\$ 250,000  Total: 1,360,000	Approval Date: 22 March 07
Sector:	Health and Nutrition	Area:	Darfur	Work Plan Code: SUD-07/HN43 SUD-07/HN144 SUD-07/HN71 SUD-07/HN68	CERF Code: 07-CEF-031-A 07-CEF-032-1 07-CEF-032-3 07-CEF-036 07-CEF-032-2
Beneficiaries:	4,139,908	Female:	1,759,461, including 869,632 WCBA	Children:	620,986
		Male:	1,759,461	Adults:	3,518,922
Expected Results/Outcomes:					
<ul style="list-style-type: none"><li>• Successful implementation of polio NID in the Darfur regions reaching 95% of under-five children with two doses of oral polio vaccine.</li><li>• At least 70% DPT3 coverage in the three Darfur states.</li><li>• At least 80% of the population have access to essential primary health care services.</li><li>• At least 500,000 children under-five years and pregnant and lactating women benefited from the distribution of 185,000 LLIN in Darfur.</li><li>• Rehabilitation of the Nyala Midwifery school</li><li>• Contribute to the reduction of micronutrient deficiency and mortality among under five children and women of child bearing age;</li><li>• Vitamin A supplementation is maintained at 90% for children under five to reduce risk of blindness;</li><li>• Increased coverage of iron and folic acid to 30% for pregnant women and vitamin A coverage for post partum women to 30%;</li><li>• Enhanced capacity of care givers and improved child and maternal nutrition</li><li>• Accurate and timely nutrition information is provided for programme planning, monitoring and evaluation</li><li>• Contribute to the reduction of malnutrition and mortality among under five children and women of child bearing age.</li></ul>					
Actual results and improvements for the target beneficiaries:					
<ul style="list-style-type: none"><li>• Successful conduction of polio campaign with two rounds of OPV vaccine in the Darfur regions with an overall coverage of 95% of 1,239,222 children under five years of age in the region.</li><li>• Over 70% of 266,449children under one year of age in the Darfur region covered with DPT3.</li><li>• Over 80% of Darfur region population of 7,404,793 has access to primary health care minimum packages.</li><li>• Over 550,000 children under five years of age, pregnant women and lactating mothers were protected against malaria through distribution of LLITNs at a ratio of one family size net for 3 persons.</li><li>• Nyala Midwifery school fully rehabilitated to accommodate 110 midwives from the periphery</li><li>• During the period of July to December, 6,080 severely malnourished children under five were treated in the 65 TFCs being run throughout Greater Darfur with UNICEF support in terms of therapeutic supplies, running costs, drugs and equipment for routine treatment. During the same time period, 13,500 moderately malnourished were treated through 78 targeted SFCs. Five TFCs were rehabilitated and financial support given to establish one SFC. Training of staff on maternal and child nutrition and rehabilitation of training hall supported.</li><li>• The Darfur Food Security and Nutrition Assessment was implemented, and the funds were instrumental in supporting the preparation and implementation of the assessment, which indicated that there has indeed been an increase in global acute malnutrition across the Greater Darfur region.</li><li>• In micronutrient programmes: 1,285,753 (98%) of children number five across Greater Darfur were reached during the second round of NIDs.</li><li>• Technical support and programme monitoring were provided to nutrition programmes.</li></ul>					
Implementing Partners:					Amount Forwarded:
SMOH (rehabilitation, supplies, monitoring and training)					US\$ 80,000 financially and in kind
ACF, GOAL, Relief International, Merlin, Concern, Tearfund, World Vision (supplies/running costs)					US\$ 120,000 financially and in kind
SMOH in 3 Darfur states					US\$ 240,000 in kind
Malteser					US\$ 120,000 financially and in kind
GOAL					US\$ 55,000 in kind
ARC					US\$ 40,000 in kind
SpRC					US\$ 25,000 in kind
IRC					US\$ 65,000 in kind
MERLIN					US\$ 65,000 in kind
ACF					US\$ 35,000 in kind
Total					US\$ 845,000



## UNICEF Reporting

<b>Project Title:</b>	WASH project for conflict affected and vulnerable population in North, West and South Darfur States	<b>Received from CERF:</b>	US\$ 2,620,000	<b>Approval Date:</b>	20 March 07
<b>Sector:</b>	Water and Sanitation	<b>Area:</b>	Darfur	<b>Work Plan Code:</b>	SUD-07/WS42
<b>Beneficiaries:</b>	2,234,600	<b>Female:</b>	1,448,450	<b>Children:</b>	No Data
		<b>Male:</b>	786,150	<b>Adults:</b>	No Data

### Expected Results/Outcomes:

- Access to improve water supply was provided for 50,000 persons through new water schemes
- Access to improved water supply was re-established for 115,000 persons through rehabilitation of water schemes
- Access to improved water supply was sustained for 230,000 IDPs and host community residents
- Access to safe sanitary means of excreta disposal was provided for 8,600 persons through the construction of new sanitation facilities
- Access to safe sanitary means of excreta disposal was re-established for 19,260 persons through rehabilitation of sanitation facilities
- 15 school latrines constructed at primary schools to benefit 6,000 children
- Awareness on personal hygiene and environmental sanitation increased for 1 million persons
- Spread of outbreak of acute water diarrhea/cholera limited and negative effects contained
- Capacity of community personnel enhanced in management of water of water schemes and sustained in hygiene promotion services and capacity of WES sector agencies strengthened

### Actual results and improvements for the target beneficiaries:

- Access to improve water supply was provided for 45,000 persons through drilling of 45 boreholes equipped with hand pumps and drilling of six boreholes equipped with motorized pumps
- Access to improved water supply was re-established for 56,000 persons through rehabilitation of 90 hand pumps, one water yard and three mini water yards
- Access to improved water supply was sustained for 230,000 IDPs and host community residents over a period of three months.
- Access to safe sanitary means of excreta disposal was provided for 28,740 persons through the construction of 2,000 family latrines and 837 communal latrines
- Access to safe sanitary means of excreta disposal was re-established for through rehabilitation of 963 communal latrines
- 10 school latrines were constructed at primary schools to benefit 4,000 children (2,100 boys & 1,900 girls) and hygiene information was disseminated to 25,600 children in 64 primary schools
- Awareness on personal hygiene and environmental sanitation was increased for 1,330,000 persons, and Information on acute watery diarrhea/cholera preparedness and prevention was disseminated along with soap distribution to benefit 500,000 persons over a six-month period to enhance personal hygiene practices
- 120 persons (105 male & 15 female) from IDP and host communities were trained as hand pump mechanics and water yard operators to operate and maintain water schemes, and 720 community representatives (220 male & 500 female) were trained as hygiene promoters, Village Health Committee (VHC) members, and masons to sustain sanitation and hygiene services at community level including 50 NGO and WES staff members (42 male & 8 female) trained on ground water logger installation and operation, use and application of GIS software, and monitoring of water and sanitation activities

### Implementing Partners:

### Amount Forwarded:

WES Units North, South and West Darfur	US\$ 416,907.60
ACF, ARC, CARE, GOAL, Humedica, IRC, Mercy Corps, OXFAM, Samaritan's Purse, Spanish Red Cross, Solidarité, SUDO, Tearfund, World Vision (Soap provided in-kind for distribution)	US\$ 0
<b>TOTAL</b>	<b>US\$ 416,907.60</b>

## UNICEF Reporting

<b>Project Title:</b>	UNICEF - Strengthening Basic Education UNICEF - HIV/AIDS Life-skills Education in Darfur		<b>Received from CERF:</b>	US\$ 450,000 US\$ 50,000	<b>Approval Date:</b>	20 March 07
<b>Sector:</b>	Education	<b>Area:</b>	Darfur	<b>Work Plan Code:</b>	SUD-07/E49 SUD-07/E47	<b>CERF Code:</b> 07-CEF-031-C 07-CEF-031-D
<b>Beneficiaries:</b>	350,000 school age children and 5,320 teachers, PTAs, planners	<b>Female:</b>	175,000	<b>Children:</b>	350,000	
		<b>Male:</b>	175,000	<b>Adults:</b>	5,320 teachers, PTAs, planners	

### Expected Results/Outcomes:

- 67,231 additional primary school aged children enrolled, including 9,481 nomadic (ND 22,498; WD 21,263; SD 23,470);
- 2,000 classrooms rehabilitated and 225 constructed;
- 350,000 children benefiting from educational materials and 160,000 from FFE; 600 MoE, 2,500 volunteer and 600 nomadic teachers trained;
- 120 administrators/planners, 300 school principals, 1,200 community leaders/PTA members trained;
- 72 education sector meetings organised; and
- 75,000 uniforms provided to girls.
- Increased awareness of children (100,000) to reduce their risk of acquiring HIV/AIDS.

### Actual results and improvements for the target beneficiaries:

- A total of 1,550 volunteer teachers in North and South Darfur have been trained on child centered teaching, learning methodology, peace education as well as HIV/AIDS awareness raising on prevention, care and support (including distribution of IEC materials). The training provided basic knowledge, skill and teaching methodologies to those volunteer teachers who received nearly no training before. The training generated a great impact on quality education service to approx. 77,500 IDP children as well as in remote rural communities where the government education service was not reaching before. The children in IDP camps in South Darfur and rural communities in North Darfur were among the highest achievers according to the Grade 8 examination results this year.
- In South Darfur 200 nomadic teachers were trained on child centered methodology, HIV/AIDS awareness-raising on prevention and impact mitigation. Many of the previously closed schools in remote areas were reopened because the training served as a incentives for nomadic teachers and boosted their motivation and commitment in working with nomadic children in rural area.
- In North Darfur, 40 State and Locality level administrators, planners and supervisors were trained on data management, school mapping and micro-planning in order for them to collect education data properly, analyze and understand the situation accurately and use it for education development/intervention plans and for advocating for increased budget.
- In South Darfur, 8 classrooms, 2 teacher's offices and 2 latrines were completely rehabilitated/ constructed. The rehabilitation of 4 classrooms, one office and construction of one latrine are at finishing phase. In West Darfur, 4 temporary schools are being rehabilitated and will received basic furniture and education materials upon completion of the rehabilitation.
- 2092 pupils kits A for grade 1-4 are distributed to IDP and rural schools in North Darfur State benefiting approx 104,600 children. 300 Tarpaulin sheets were distributed for construction of classrooms in Malha and Mallet rural schools through GAA and 224 sheets were allocated for 31 schools with temporary classrooms rural areas to ensure safe learning space for children
- 250 teacher-classrooms kits and 14,000 sets of textbooks for conflict affected children in South Darfur have been procured to facilitate effective learning of approx. 42,000 children

### Implementing Partners:

### Amount Forwarded:

State Ministry of Education (North, West and South Darfur)	US\$ 149,974.19
Solidarité	US\$ 5,964.40
Al Massar	US\$ 20,579.12
<b>TOTAL</b>	<b>US\$ 176,517.71</b>

## WHO Reporting

<b>Project Title:</b>	WHO - Ensure Access to Quality Health Care Services			<b>Received from CERF:</b>	US\$ 840,000	<b>Approval Date:</b>	22 March 07
<b>Sector:</b>	Health and Nutrition	<b>Area:</b>	Greater Darfur	<b>Work Plan Code:</b>	SUD-07/HN54	<b>CERF Code:</b>	07-WHO-018
<b>Beneficiaries:</b>	172,000 IDPs received free secondary care and 2 million IDPs covered under disease surveillance system	<b>Female:</b>	92,176 (secondary care)	<b>Children:</b>	No Data		
		<b>Male:</b>	79,823 (secondary care)	<b>Adults:</b>	No Data		

### Expected Results/Outcomes:

- Increased access for conflict-affected population to health care services
- Medicines, supplies and reagents provided according to needs assessment
- Trained health workers following established guidelines
- Gap analyses developed

### Actual results and improvements for the target beneficiaries:

- Across Darfur WHO provided direct support to health facilities to ensure timely and equitable primary health care (PHC) services for conflict-affected population to maintain average health care utilization rate of approximately two consultations per person per year in Darfur for IDPs. WHO also supported PHC facilities operated by NGOs in their role as the first point of referral to secondary care. 66% of the health facilities mapped by WHO are functioning at the end of 2007. The coverage of PHC services for the entire population of Darfur was 61% in 2007.
- Through the provision of drugs and supplies and training of health personnel, in 2007 there were 159 localities implementing the integrated management of childhood illnesses strategy (IMCI) and over 530 000 children under the age of five were treated for one of these five conditions of diarrhea, acute respiratory infections, malaria, measles and severe malnutrition, covering 60% of the entire population.
- WHO supported the extension of PHC services to a population of 70,000 in the under served areas in Um Kadada locality and to 659,000 people of under served area in Tulus locality.
- Across Darfur, the early warning, alert and response system (EWARS) covered an average of 83% of the IDP population through 126 sites throughout 2007 with all states producing a weekly morbidity and mortality update. On average, 79% of units in the system were reporting on time in 2007 in Darfur.
- The reported rate of diseases accounting for some of the main causes of mortality and morbidity amongst the under-fives (malaria, diarrhea) have decreased as shown in decreased attack rates and number of reported deaths to EWARS. There were no reported cases of AWD/cholera, compared to over 2500 cases in 2006, and cases of meningitis and acute jaundice syndrome were controlled. For the IDP population of Darfur, WHO had estimated over 450 cases of meningitis for the 2007 season. Strengthened preparedness, prepositioning, early detection and containment by health partners contributed to reducing the impact of meningitis on morbidity and mortality: only 166 cases of meningitis were reported in Darfur in 2007.
- In 2007, WHO's support for 14 hospitals in Darfur benefited 172 253 IDPs, who received free medical treatment in the hospitals including doctor's consultation, drugs and supplies, and laboratory, radiological or other diagnostic investigations. Of these, more than 27 700 received free inpatient services for the entire hospital stay including nursing care and accommodation, while more than 11,180 underwent emergency surgical interventions (including emergency obstetric care) also free of charge. Overall access to secondary care was 72% of the conflict-affected population of Darfur in 2007.

### Activities Implemented with CERF Funds:

- CERF supported the recruitment of 4 national and 1 international technical officers for programme implementation.
- On the basis of needs assessment, through CERF support, WHO was able to provide essential drugs, supplies and reagents to PHC facilities to fill existing gaps in provision following needs assessment. These supplies included 18 surgical instrument kits, 15 emergency health kits, 10 anaesthetic kits and 3 clinical chemical laboratory kit as well as 18 other types of kits to ensure free health care to conflict-affected people across Darfur
- CERF funds contributed to the training of health workers and volunteers in PHC. Funds contributed to over 650 medical staff being trained on a range of health areas including IMCI strategy, laboratory techniques and health information management system and over 390 volunteers trained in IMCI.
- CERF contributed operational support for a total of 21 field missions, including assessments, were conducted in collaboration with the PHC directorate of SMOH to map services and identify the gaps in addition to four interagency missions. Across Darfur, a total of 30 monitoring visits were undertaken to ensure the quality of services jointly with PHC directorate and implementation of IMCI in IDPs camps and remote areas. Gap analyses were being conducted weekly with monthly reports produced and shared with partners. These are also discussed in the regular coordination meetings for appropriate interventions.
- Across Darfur, WHO played a leading role in coordinating activities within communicable disease control (CDC). For example, local task forces coordinated the actions within environmental health and health including strengthening preparedness for AWD/cholera outbreaks. 85 joint assessment and monitoring visits were conducted across Darfur for CDC.
- CERF contributed to the training of over 1440 of health personnel in communicable disease control to strengthen local capacity within outbreak surveillance and response. Areas covered included detection, reporting and management of infectious diseases including AWD/cholera, malaria, meningitis and avian influenza. This included sample collection and storage, surveillance tools and methods, laboratory diagnostic procedures and data management.
- CERF funding supported WHO in positioning drugs, supplies and transport media ahead of the rainy season for potential AWD/cholera outbreaks. Adequate quantities of Inj Oily Chloramphenicol and other drugs for case management were positioned in all meningitis high risk sectors.
- Through training of laboratory staff, provision of supplies and reagents and quarterly assessments to monitor quality, CERF supported WHO's partners to conduct 300 laboratory tests per month in the three main state laboratories across Darfur resulting in 100% of blood being screened for communicable diseases.

### Implementing Partners:

SMoH, UNFPA, UNICEF, GOAL, IRC, RI, SRC, SpRC, ACF, Malteser, MSF-S/B, PAI, , Massar, HAD, KPHF ARC SPRC Humedica ACF AMI MSF-F/H, IMC, SUDO.WV, MUS.UK, CARE CORDAID GHF.NCA ICRC, IMC,IRW.CRS, MEDAIR, CONCERN, TEARFUND, MSF-F, MSF-CH,NCA, ,SC-US, CAM, COSV, GRC, IARA, HELP AGE, SIMA, TRIANGE, HI, WR and TDH

### Amount Forwarded:

In kind

## WHO Reporting

<b>Project Title:</b>	WHO - Promotion of environmental health services to control water and sanitation related diseases in North and South Darfur			<b>Received from CERF:</b>	US\$ 380,000	<b>Approval Date:</b>	22 March 07
<b>Sector:</b>	Water and Sanitation	<b>Area:</b>	North and South Darfur	<b>Work Plan Code:</b>	SUD-07/WS52	<b>CERF Code:</b>	07-WHO-019
<b>Beneficiaries:</b>	466,000 IDPs in Kalma, Ottash, Derej, Elserref, Gereda, Mershing, Manwashi, Mohajiriya, Kass, Abo Shok, Kassab, Zam Zam, Fato Borno, Al Salaam	<b>Female:</b>	279,600 (Using estimate of 60% female population in IDP camps)	<b>Children:</b>	No Data		
		<b>Male:</b>	186,400	<b>Adults:</b>	No Data		
Expected Results/Outcomes:							
<ul style="list-style-type: none"><li>• Reduced sickness and death resulting from poor environmental conditions</li><li>• Increased population access to safe drinking water</li><li>• Reduced risks of outbreaks of water and vector borne diseases</li><li>• Increased access to and utilization of water quality testing facilities</li><li>• Improved household water treatment and safe storage practice</li><li>• Increased capacity and technical skills in conducting water quality monitoring activities</li></ul>							
Actual results and improvements for the target beneficiaries:							
<ul style="list-style-type: none"><li>• The project had a direct impact on the health of IDP population of North and South Darfur, with 466,000 (81% of the targeted 575,000 IDPs (within the project) living in camps) benefitting from improved water supply and sanitation</li><li>• There were no reported AWD/cholera and malaria outbreaks in Darfur in 2007</li><li>• As a result, there is greater access to and utilization of water quality testing facilities in Darfur with the establishment of one new fixed and one new satellite laboratory in North Darfur</li><li>• There is now a greater human resource capacity for conducting water and sanitation activities at the local level through training of health partners and dissemination of guidelines to implementing partners and establishment of water quality testing sites</li><li>• Through the provision of supplies and equipment and capacity building, there is now strengthened local capacity for implementing vector control measures. Health partners have observed reduced vector density and incidence of vector- borne diseases (malaria, leishmaniasis etc) within 13 targeted IDP locations in North and South Darfur as well as a decreased malaria attack rate compared to previous years.</li><li>• In North Darfur and South Darfur, there are now four major hospitals that have strengthened and implemented safe health care management leading to reduced risk of infection for patients and local communities.</li></ul>							

## WFP Reporting

<b>Project Title:</b>	WFP - Emergency Food for Education			<b>Received from CERF:</b>	US\$ 300,000	<b>Approval Date:</b>	20 March 07
<b>Sector:</b>	Education	<b>Area:</b>	Darfur	<b>Work Plan Code:</b>	SUD-07/E61	<b>CERF Code:</b>	07-WFP-024
<b>Beneficiaries:</b>	120,171	<b>Female:</b>	56,385	<b>Children:</b>	120,171		
		<b>Male:</b>	63,786	<b>Adults:</b>			

### Expected Results/Outcomes:

To sustain the project implementation, allowing for provision of food for education to over 120,000 school children in Darfur.

### Actual results and improvements for the target beneficiaries:

The emergency Food for Education activities in Darfur are focused on the most vulnerable children affected by the conflict. To date, the project has provided school meals for 56,385 girls and 63,786 boys - a total of 120,171 school children, in 275 schools across the Darfur States. The meals provided through Food for Education activities contribute 50 percent of the overall daily caloric requirement of the children.

Implementing Partners:	Amount Forwarded:
Samaritan's Purse	US\$ 12,000
Muslim Aid UK	US\$ 900
Ministry of Education in South, North and West Darfur	US\$ 266,100
Relief International	US\$ 21,000
<b>TOTAL</b>	<b>US\$ 300,000</b>



## Rapid Response Grant – Humanitarian Air Services

WFP Reporting					
<b>Project Code:</b>	SUD-07/CCS8				<b>CERF Code:</b> 07-WFP-031
<b>Project Name:</b>	Provision of Humanitarian Air Services				
<b>Sector:</b>	Common Services and Coordination			<b>Region:</b>	Darfur
<b>Amount Received from CERF:</b>	\$3,000,000				
<b>Period of Implementation</b>	1 June – 31 July 2007				
<b>No. of Beneficiaries:</b>		<b>Female:</b>		<b>Children below 18yrs.</b>	
		<b>Male:</b>		<b>Adults:</b>	
Expected Results/Outcomes					
<p>Maintain the current air capacity in Darfur to sustain rapid assessments and monitoring of humanitarian activities in difficult-to-access areas, and ensure continued delivery of urgent humanitarian cargo by helicopters in Darfur.</p> <p>At the time of developing the proposal for this grant, the expected caseload for the six helicopters funded by the CERF was 9,000 passengers to be transported in two months.</p>					
Actual results and improvements for the target beneficiaries:					
<ul style="list-style-type: none"> <li>The CERF funding enabled WFP-HAS to maintain the expanded helicopter fleet (four plus two) for further two months.</li> <li>The expanded helicopter fleet allowed for increased humanitarian access to 59 locations.</li> <li>The six helicopters funded by the CERF transported 5,889 passengers during the two months with a total of 7,002 within Darfur states and Khartoum with fixed wing aircraft.</li> <li>The expanded helicopter fleet also allowed for expeditious security and medical evacuations. During the period under review 19 evacuations from Darfur were executed.</li> </ul>					
Implementing Partners:					Amount Forwarded:
There were no partners in implementation of this project					

## Rapid Response Grant – LRA Affected Areas

### ARC Reporting

<b>Project Code:</b>	ARC: SUD-07/05			<b>CERF Code:</b>	07-UDP-018
<b>Project Name:</b>	Emergency Life Saving Support for LRA Affected Population, Magwi County, Eastern Equatoria				
<b>Sector:</b>	Health and Nutrition		<b>Region:</b>	Southern Sudan	
<b>Amount Received from CERF:</b>	312,038 USD				
<b>Period of Implementation</b>	July 2007 to December 2007 – 6 months (October to December 2007 – 3 months NCE)				
<b>No. of Beneficiaries:</b>	Direct: 23,856	<b>Female:</b>	12,167	<b>Children below 18yrs.</b>	
		<b>Male:</b>	11,689	<b>Adults:</b>	
<b>Expected Results/Outcomes:</b>					
<ol style="list-style-type: none"> <li>To improve the quality and coverage of safe water and sanitation services and increase hygiene awareness in Magwi County;</li> <li>To increase access to and provision of comprehensive health services in Magwi County.</li> </ol>					
<b>Actual results and improvements for the target beneficiaries:</b>					
<p><b>Result 1:</b></p> <p>5 new boreholes were drilled and installed with hand pumps, serving 2,077 people with 20l/d/p in Magwi at Pageri West, Kobe, Ame, Panyikwara A, and Panyikwara B. 8 boreholes were rehabilitated in Magwi Payam (Magwi centre, Magwi County headquarters, Pajok East, Owinyikibul, Panyikwara South, Bu school, Pajok centre and Obbo), benefiting 3,698 people.</p> <p>80 toolkits purchased and 80 sets distributed in Magwi and Parajok Payam, benefiting 3,835 households (21,975 beneficiaries).</p> <p>10 water source committees were trained in Pageri, Magwi and Parajok payam. 50 participants (F=46, M=4) attended the training.</p> <p>18 Hand pump caretakers (F=16, M=2) were trained and equipped in Pageri and Magwi Payams.</p> <p>5 community based hand pump technicians from Magwi Payam were trained and equipped with based repair toolkits, bicycles and protective wears like gumboots, overall, hard hats and leather gloves.</p> <p>3 health and hygiene campaigns conducted, two in Aru boma (Aru and Kobe villages), with 120 participants (72 male and 48 female) and in Nimule town attended by 26 participants (12 female and 14 male).</p> <p>10 bill boards for water, hygiene and sanitation campaigns fixed in Magwi at water sources for promotion of safe water chain and operation and maintenance of water sources.</p> <p>8 boreholes were fenced by user communities at Pageri West, Ame, Panyikwara A, Panyikwara B, Panyikwara South, Bu school, Bu Park and Obbo.</p> <p>6 facilities reported to have treated 7,086 beneficiaries treated.</p> <p><b>Result 2:</b></p> <p>1 PHCU renovated and equipped in Obbo</p> <p>Drugs supplied to 6 PHCU,s benefiting 7,086 individuals</p> <p>150 TBA delivery kits distributed</p> <p>255 LLITNs were procured and distributed to 255 beneficiaries</p> <p>2 trainings conducted for CHD personnel</p> <p>2 community health and hygiene prevention workshops done in Masindi II and Mugali II.</p> <p>Training done in Masindi II (14M: 1F) and Obbo (11M: 1F), 27 people Trained all together.</p> <p>5 trainings conducted for Village Health Committees in Anzara, Longu, Masindi, Olikiwi and Mugali facilities.</p> <p>17 HBC out reaches conducted in Longu, Olikiwi, Melekia Motoyo.</p>					

Malaria Consortium Reporting					
Project Code:	Malaria Consortium - SUD-07/HN189				CERF Code: 07-UDP-018
Project Name:	Reduced malaria related morbidity and mortality in Magwi county				
Sector:	Health and Nutrition	Region:	Southern Sudan		
Amount Received from CERF:	\$135,283.53				
Period of Implementation	August – December 2007				
No. of Beneficiaries:	27,400	Female:	N/A	Children below 18yrs.	N/A
		Male:	N/A	Adults:	N/A
Expected Results/Outcomes:					
<ol style="list-style-type: none"> <li>1. Reduce malaria morbidity and mortality among LRA affected populations in Magwi County, Eastern Equatoria through distribution of long lasting insecticide treated nets targeting pregnant women and children under five.</li> <li>2. Build capacity of community based organizations around malaria prevention and vector control.</li> <li>3. Provide community health education on how to prevent malaria, how to recognize symptoms of malaria and what to do if malaria is suspected</li> </ol>					
Actual results and improvements for the target beneficiaries:					
<ol style="list-style-type: none"> <li>1. This project was initially planned for distribution of 11,750 LLINs to provide protection to 23,500 beneficiaries. Due to programme efficiency and cost savings we were able to procure and distribution 13,700 LLINs (17% more than planned). This will provide 27,400 people with evidenced based malaria prevention. Given an average lifespan of 3 years for an LLIN this equates to 82,200 person years of malaria prevention.</li> <li>2. Malaria Consortium partnered with the Diocese of Torit to conduct this distribution. The Diocese of Torit is a local faith based organization who has been working in the community in Eastern Equatoria throughout the war. By working with the Diocese of Torit the Malaria Consortium has built capacity in this FBO to provide health education around malaria and to advocate for malaria prevention in their communities.</li> <li>3. 6850 households received health education on malaria prevention, how to recognize symptoms of malaria and what to do if malaria is suspected</li> </ol>					

### MANNA Reporting

Project Code:	MANNA - SUD-07/04/FSL130				CERF Code:	07-UDP-018
Project Name:	Filling the marks of LRA in Lofus and Tseretenya					
Sector:	Food Security and Livelihoods	Region:	Eastern Equatoria State, Ikotos County			
Amount Received from CERF:	68,855 USD					
Period of Implementation	July 2007-September 2007					
No. of Beneficiaries:	16,500	Female:	7,000	Children below 18yrs.		
		Male:	6,000	Adults:		

#### Expected Results/Outcomes:

Output 1: Two (2) boreholes drilled with complete Indian hand pump.  
Output 2: Five (5) boreholes rehabilitated.  
Output 3: Seven thousand (7,000) households receiving agricultural inputs.  
Output 4: Twenty (20) pit latrines sunken.

#### Actual results and improvements for the target beneficiaries:

Result 1: Two boreholes drilled at Tseretenya and Lofus.  
Result 2: Five boreholes rehabilitated at Lofus and Tseretenya.  
Result 3: 6,500 households from Lofus and Tseretenya received agricultural inputs and seeds.  
Result 4: 20 pit latrines sunk.

### NCA - Reporting

Project Code:	NCA - SUD-07/NS40			CERF Code:	07-UDP-018
Project Name:	NFI Distribution to communities and spontaneous returnees in LRA affected areas of Magwi County in Eastern Equatoria.				
Sector:	NFIs and Emergency Shelter	Region:	Magwi County, Eastern Equatoria		
Amount Received from CERF:	197,937 USD				
Period of Implementation	2.5 Months – 1 August to 15 October 2007				
No. of Beneficiaries:	1700 households	Female:		Children below 18yrs.	
		Male:		Adults:	

#### Expected Results/Outcomes:

- Procurement and pre positioning of NFIs/shelter materials in strategic locations – Nimule and Torit
- Assessments in all LRA-affected communities in Magwi County along the Madi/Nimule and Acholi corridors
- Register all the affected households and verify those most vulnerable and eligible for assistance
- Distribution of NFIs/shelter assistance to the verified households
- Carry out post-distribution assessments to determine impact of assistance

#### Actual results and improvements for the target beneficiaries:

- 1,700 NFIs kits were procured from Kenya and transported/preposition in Torit -1000 kits – to serve Magwi/Acholi corridor; 700 kits in Nimule to serve Nimule/Madi corridor.
- Of the 15 villages affected by LRA incursions into the area, the assessment team was able to access and assess 11 villages between 18 – 26, October 2007. The assessment team comprised NCA as project implementing agency, SSRRC, operational NGOs, local authorities, community leaders/chiefs, women and youth representatives in each location, all of whom are part of the Joint Relief and Rehabilitation Committee in the area
- The total number of HHs assessed in the 11 villages was 3,559 HHs with a population of 16,014 persons out of whom 1,700 HHs were verified, targeted and received NFIs/shelter materials assistance
- Qualitative improvement in lives of recipients according to preliminary results of February 2008 post distribution assessment



World Vision Reporting					
<b>Project Code:</b>	SUD-07/FSL 131			<b>CERF Code:</b>	07-UDP-018
<b>Project Name:</b>	Emergency Response in LRA affected Areas of Western Equatoria.				
<b>Sector:</b>	Food Security and Water & Sanitation		<b>Region:</b>	Southern Sudan	
<b>Amount Received from CERF:</b>	450,645 USD				
<b>Period of Implementation</b>	From August 07 to 31 <sup>st</sup> December 2007				
<b>No. of Beneficiaries:</b>	29,100 people	<b>Female:</b>	60%	<b>Children below 18yrs.</b>	70%
		<b>Male:</b>	40%	<b>Adults:</b>	30%
<b>Expected Results/Outcomes:</b>					
<ol style="list-style-type: none"> <li>Improved agricultural production</li> <li>Provision of safe and sustainable water source for underserved households</li> <li>Improved hygiene practices</li> </ol>					
<b>Actual results and improvements for the target beneficiaries:</b>					
<ul style="list-style-type: none"> <li>3,170 HHs with access to seeds and tools for cultivation</li> <li>3,170 sets of tools (1 Maloda, 1 Axe, 1 sickle, 1 Jembe, and a bucket) distributed</li> <li>3,170 seed packs (comprising 200g massorted vegetables, 5kg improved groundnut, 100 sticks of improved cassava cuttings and sweet potato vines) distributed</li> <li>300 farmer group leaders trained in improved farming practices and disaster mitigation</li> <li>Drilled and Equipped 7 New Boreholes in Yambio</li> <li>Rehabilitated 10 boreholes in Ibba</li> <li>Trained 17 water source committees and 34 village level Pump Mechanics</li> <li>4 community hygiene promoters certified</li> <li>3 community hygiene awareness campaigns conducted.</li> </ul>					

## ZOA Reporting

Project Code:	ZOA Refugee - SUD-07/02				CERF Code:	07-UDP-018
Project Name:	Non Food Relief and Shelter provision emergency response resulting from LRA Activity in Maridi and Ibba County					
Sector:	NFIs and Emergency Shelter			Region:	Southern Sudan - Equatorial (Maridi & Ibba)	
Amount Received from CERF:	110,688.55 USD (with USD 98,892.04 spent)					
Period of Implementation	July 2007, to December 2007					
No. of Beneficiaries:	2241 households * 4.5 person/HH = 10,084	Female:	54% or 5449	Children below 18yrs.	33% or 3328	
		Male:	46% or 4635	ADULTS	6756	

### Expected Results/Outcomes:

1. Identified, prioritized and documented the direct and indirect beneficiaries
  2. Ordered and purchased the NFRIs per specification
  3. Supplied and distributed NFRIs to 1,181 households
  4. Monitored and documented implementation process
  5. Documented events and reported project implementation
- (Nfri and shelter provision Emergency Response resulting from LRA activity Maridi and Ibba Project document, 2007)

### Actual results and improvements for the target beneficiaries:

1. A need assessment was conducted in the two counties of Maridi and Ibba to verify the Households affected by the LRA.
  2. ZOA Country office handled the procurement of Non-food Relief Items (NFRIs) and the items were purchased as follows: Blankets 237 bales, Mosquito nets 116 bales, Jerry cans 3561 pieces Sauce pans 1481 Pieces.
  3. The project supported 2241 households with the Non-Food Relief Items, while the planned number of households were 1,181 households. .
  4. ZOA Made efforts to document events of the NFRIs/CERF project. An end of Quarter project report and a final Report were compiled and submitted.
  5. Monitoring of Project activities was well managed through initiation of a Committee, which comprised of the ZOA staff, and SRRC staff. This five-member committee ensured that NFRIs reached the right beneficiaries
- The CERF grant was critical for ensuring the timely and efficient delivery of life saving interventions for the people of Maridi and Ibba. Most of the beneficiaries including the local leaders confirmed that the arrival of these items was timely. They in particular cited mosquito nets, which came at the time when people wanted them as heavy rains made it possible for mosquitoes to breed rampantly while carrying malaria parasites. The mosquito nets according to chiefs are to contribute to the prevention of malaria in the areas.
- The NFRIs such as blankets were very critical to the elderly who expressed gratitude to ZOA for the support. Blankets were very much appreciated by the people especially for the elderly and the children who need warmth during the cold weather- All this confirms the fact that NFRIs made contributed to a lot of improvements to the beneficiaries (NFRIs/CERF Report, 2007.)

### DRC Reporting

<b>Project Code:</b>	DRC - SUD-07/WS104			<b>CERF Code:</b>	07-UDP-018
<b>Project Name:</b>	Mukaya intervention for LRA displaced communities				
<b>Sector:</b>	Water and Sanitation	<b>Region:</b>	Southern Sudan		
<b>Amount Received from CERF:</b>	213,179 USD				
<b>Period of Implementation</b>					
<b>No. of Beneficiaries:</b>		<b>Female:</b>		<b>Children below 18yrs.</b>	
		<b>Male:</b>		<b>Adults:</b>	

#### Expected Results/Outcomes:

#### Actual results and improvements for the target beneficiaries:

No Report Received

## Rapid Response Grant – 2007 Floods

FAO Reporting					
<b>Project Code:</b>	FAO: SUD-07/FSL 128			<b>CERF Code:</b>	07-FAO-030
<b>Project Name:</b>	Restoration of Agricultural and Livestock Production and Support Livelihood of Flood Victims and Vulnerable Farmers and Pastoralists in Eastern Sudan (Flood Response)				
<b>Sector:</b>	Food Security and Livelihoods		<b>Region:</b>	Kassala	
<b>Amount Received from CERF:</b>	\$375,000				
<b>Period of Implementation</b>	September- November 2007				
<b>No. of Beneficiaries:</b>	171,000	<b>Female:</b>		<b>Children below 18yrs.</b>	
		<b>Male:</b>		<b>Adults:</b>	
Expected Results/Outcomes:					
<p>The CERF-funded project was designed to assist 18,000 households affected by floods with agricultural and livestock inputs as direct beneficiaries in addition to the 106,00 HH who would benefit from the mass vaccination intervention as an indirect target group. The strategy of a mass vaccination campaign was created to counter the potentiality of a wider spread of disease outbreaks</p> <p>The project planned targets were set as follows:</p> <ul style="list-style-type: none"> <li>• One million heads of animals vaccinated against the most deadly diseases in the area;</li> <li>• 10,000 animals provided with life-saving treatment;</li> <li>• 30 CAHWs to receive essential veterinary supplies to increase outreach;</li> <li>• 8,000 small farmers to receive vegetable seeds and hand tools and became self-reliant;</li> </ul> <p>In total, 124,000 households were anticipated to benefit from these interventions</p>					
Actual results and improvements for the target beneficiaries:					
<p>The activities funded under this project were designed: (i) to facilitate the early resumption of farming activities by the flood victims, to reduce dependency on food aid; (ii) to save livestock assets of flood affected households; and (iii) to improve the overall food security situation in the flood affected areas of Kassala state. In total, more than 170,000 people benefited from this project.</p> <ul style="list-style-type: none"> <li>• 24,000 households assisted through agricultural interventions. A total amount of 9Mt of crop seeds (including: Sorghum 6Mt and Millet 3Mt), 3.08Mt of assorted vegetable seeds (including: Tomato 200kg, Watermelon 500kg Cucumber 500kg, Onion 500kg and Okra 1,380kg) and 27,000 PCs of hand tools ( including: Toria 6000pc, Shovel 6000 , Maloda 8,000 and Sickle 7000) were procured and distributed to the flood affected farmers</li> <li>• 147,440 households benefited from livestock activities. Approximately 13,000 vials of oxytetracycline and Ivomec injections and 840,000 doses of vaccines such as Black Quarter, Anthrax and PPR were procured and distributed as well as 106 CAHW kits, and equipment and associated tools such as needles and syringes.</li> <li>• Although crops seeds were not planned initially a total amount of 9 metric tonnes (Mt) of crop seeds including 6 Mt of sorghum and 3 Mt of millet were procured and distributed. This was possible due to savings that resulted from lower than expected prices of vegetable seeds and hand tools</li> <li>• The project assisted 13,800 HH with vegetable seeds. These were distributed in assorted seed kits; one kit per HH. Each seed kit contained 270 grams ( including: 20 gr tomato, 50 gr watermelon, 100 gr okra, 50 gr cucumber and 50 gr onion).</li> <li>• A total number of 8 000 HH were assisted with hand tools. Each household received a hoe, a maloda, a shovel and a sickle each. The low prices of the maloda and hoes allowed the procurement of two extra items- shovels &amp; sickles- than planned.</li> <li>• Animal health services delivered to the target beneficiaries included mass vaccination against the most common diseases in the area, mass de-worming and treatment of sporadic diseases. Prophylactic vaccinations included Anthrax, Hemorrhagic Septicemia (HS) and Black quarter (BQ) for cattle, Peste des Petit Ruminants (PPR) and Sheep Pox for sheep and goats. Health services were provided on a cost recovery basis to about 70% of the targeted HHs while 30% enjoyed the service free of charge.</li> <li>• The delivery of services was made by the Community Animal Health Workers (CAHWs) who were trained previously by FAO and other partners in the areas affected by the flooding. The mobilization of CAHWs was done by FAO, implementing partners and the village development committees.</li> <li>• A total of 475, 000 animals belonging to 94,000 households were vaccinated against the above mentioned diseases. 108,000 Tropical Livestock Units were de-wormed using ivomec and albendazole 10% and 25, 600 TLU were treated against common and blood parasite infections.</li> <li>• Production as a result of assistance given has allowed households to generate about 43.14 percent of their annual food needs.</li> </ul>					
Implementing Partners:				Amount Forwarded:	
State Ministry of Agriculture				No data	
State Ministry of Animal Resources				No data	
ACORD				No data	
State Farmers Union				No data	
Practical Action				No data	
Veterinary Services Department				No data	

## FAO Reporting

<b>Project Code</b>	FAO: SUD-07/FSL78B			<b>CERF Code:</b>	07-FAO-031
<b>Project Name:</b>	Emergency Assistance (Livestock & Fisheries) to Affected flood victims in Southern Sudan				
<b>Sector:</b>	Food Security and Livelihoods	<b>Region:</b>	Southern Sudan ( Upper Nile, Unity, Jonglei, Lakes, Warrap and Northern Bahr el Ghazal. States )		
<b>Amount Received from CERF:</b>	320,001 USD				
<b>Period of Implementation</b>	09 Oct 2007 - 08 Jan 2008				
<b>No. of Beneficiaries:</b>	21 000 HH	<b>Female:</b>		<b>Children below 18yrs.</b>	
		<b>Male:</b>		<b>Adults:</b>	
<b>Expected Results/Outcomes:</b>					
<p>Livestock farming is an integral part of the culture, economy and food security in southern Sudan, making it a major livelihood activity. At the same time, the abundance of freshwater in southern Sudan, creates an enormous potential for inland fisheries, both at the subsistence level and for commercial purposes. The disaster caused by floods are estimated to have disrupted the livelihood activities of 11 000 pastoral communities and a further 10 000 riverine families.</p> <p>This project aims to mitigate the effects of the floods on both pastoral and fishing communities by providing the much needed veterinary vaccines and supplies to avert animal disease outbreaks common in such situations and replenish the fishing equipment of fisher folk lost in the floods. The projects expected outcomes are;</p> <ul style="list-style-type: none"> <li>- Vaccination of 50 000 animal heads.</li> <li>- Replenish the fishing equipment of 10 000 fisher folk families</li> <li>- Control of disease due to the high risk exacerbated by the concentration of animal in safe areas after the flooding.</li> <li>- Protect animal protein resources as well as maintain the availability of fish (cheaper animal protein) in remote/ affected areas.</li> <li>- Guarantee the livelihood of pastoral and fishing communities by ensuring sustainable continuity of their cultural and socio-economic activities.</li> </ul>					
<b>Actual results and improvements for the target beneficiaries:</b>					
<p>FAO and other food security partners response to the floods disaster was geared mostly towards a response to the devastated livelihood activities of Livestock and fisheries. However, an additional aspect of the emergency intervention was inevitable and thus has been included. This was the distribution of 70 metric tonnes the short maturing local variety of Sorghum as well as other agricultural inputs (30 Kilogrammes of vegetable seeds and 30 treadle pumps) distributed to 4 700 beneficiaries.</p> <ul style="list-style-type: none"> <li>- 195 000 Animal heads vaccinated against common animal diseases.</li> <li>- Fishing equipment provided to 10 000 riverine communities</li> <li>- Treatment provided to 10 000 animal heads in concentrated high/ dry ground animal camps.</li> <li>- Distribution of agricultural inputs (70 MT crop seeds, 30 Kg veg seeds and 30 treadle pumps).</li> </ul> <p>This project was thus very successful in enabling the affected populations to engage in late planting of their staple crop and still manage a harvest late in the year. This has greatly helped in offsetting the prolonged hunger gap that would have otherwise then begun earlier in 2008 due poor harvests. The project also achieved the overall objectives of guaranteeing the livelihood of pastoral and fishing communities by ensuring sustainable continuity of their cultural and socio-economic activities.</p>					
<b>Implementing Partners:</b>					<b>Amount Forwarded:</b>
State Ministries for Agriculture					No data
State Ministries for Animal Resources					No data
VSF – G					No data
YARDSS					No data
SSRRC					No data

## UNFPA Reporting

<b>Project Code:</b>	UNFPA: SUD-07/HN177			<b>CERF Code:</b>	07-FPA-017
<b>Project Name:</b>	Emergency interventions for safe motherhood (Flood Response)				
<b>Sector:</b>	Health and Nutrition	<b>Region:</b>	<u>East and Central Sudan</u> Kassala State: Kassala Town, Aroma White Nile State: Kosti/Rabak, Rabak, El Doweem, El Gablain, El Shegig Northern Kordofan State: El Obeid, um Rwaba, Sodari, Um Sayala and Gabrat El Sheikh Khartoum State: Umbdawanban/Ailafoon Sennar State: Sinar, Singa, El Suki, Wad El Neil, Nour El Galil, El Dali, Muzmum, El Dinder, Sennar East		
<b>Amount Received from CERF:</b>	\$214,000 USD				
<b>Period of Implementation</b>	20 August 2007-20 November 2007				
<b>No. of Beneficiaries:</b>	800,000 (see below)	<b>Female:</b>	200,000	<b>Children below 18yrs.</b>	See below
		<b>Male:</b>		<b>Adults:</b>	Focus on 10,600 women estimated as pregnant and lactating (and children).
<b>Expected Results/Outcomes:</b>					
<b>Expected Outcomes</b> <ul style="list-style-type: none"> <li>- Distribution of personal hygiene kits through ANC clinics and EmOC facilities and through outreach awareness-raising campaigns.</li> <li>- Distribution of 3,000 clean delivery kits through ANC clinics and at outreach awareness-raising campaigns.</li> <li>- Procurement of RH kits including support to emergency obstetric care (EmOC).</li> <li>- Refresher training provided for 100 RH providers (RH ministry staff and midwives).</li> <li>- RH Directorate capacity supported to plan, respond and monitor emergency response.</li> </ul>					
<b>Actual results and improvements for the target beneficiaries:</b>					
<p>The initial expected outcome of distribution of 80,000 personal hygiene kits, fansidar and mosquito nets was based on a total request of \$500,225. Therefore, after cuts in the budget, and reprioritization with WHO and NGOs, focus was placed on RH services. A total of 3000 personal hygiene kits were ordered given the lower resources available, and additional clean delivery kits as well as the total planned RH emergency (EmOC) kits were prioritized. In total, 3000 personal hygiene kits, were distributed to pregnant women, and were appreciated very much as they lost everything during floods.</p> <p>Because clean delivery kits were prioritized by the Federal and State Ministry of Health, and were seen as essential by our partner NGOs, a total of 5400 pregnant women received kits, to ensure clean and safe delivery which is a protective measure from infection and sepsis. As a result, there were no cases of Tetanus or Sepsis were reported among women who received these kits.</p> <p>RH commodities plan was formulated based on a facility assessment and RH kits were procured and transported to affected states in order to better serve emergency obstetric needs of pregnant women, a critical element to reducing maternal morbidity and mortality in crisis situations. Reproductive health facility assessments carried out by state ministry of health staff was done in White Nile, Kassala, North Kordofan, Gezira, Khartoum, River Nile and Sennar after a two-day refresher emergency response training organized in Khartoum and followed up at the state level. As a result, 75 complete emergency reproductive health kits containing lifesaving medicines, equipment and supplies were provided to 30 rural and urban (referral) hospitals. The affected women received free RH services.</p> <p>A total of 194 medical RH ministry staff, midwives and medical assistants received refresher training. First, 36 trainers have been trained (TOT) on RH during emergency, and they reached 158 care providers including medical assistance and health visitors in seven floods affected states (Khartoum, Kassala, Sennar, Gazira, White Nile, North Kordofan and River Nile). Out of the total TOT trainers trained there were 29 women and 7 men. Out of the total care providers, 111 trainees were female and 48 were male.</p> <p>The RH Directorate at the Federal as well as at the State level was able to strengthen their emergency response capacity. A number of joint planning meetings for RH emergency response were carried out with the authorities and communities to ensure governmental commitment and support. Director Generals at ministerial level, and other program directors in state ministry of health were oriented to RH emergency and the importance of timely interventions. Joint visits were carried out to prepare for, supervise and monitor community needs and facility assessments as well as monitoring of RH kit distribution.</p>					
<b>Implementing Partners:</b>				<b>Amount Forwarded:</b>	
Federal Ministry of Health (through FMOH, State Ministry of Health and NGO partners at state level)				\$44,800	
Sudanese Red Crescent				In kind (RH kits)	



## UNICEF Reporting

Project Code:	UNICEF: SUD-07/ HN 176				CERF Code:	07-CEF-052-A
Project Name:	Rapid Response for Emergency Health Flood Interventions					
Sector:	Health and Nutrition		Region:	Northern Sudan		
Amount Received from CERF:	2,802,480 USD					
Period of Implementation	April to November 2007					
No. of Beneficiaries:	1.09 million	Female:	495,454	Children < 18yrs.	446,900	
		Male:	594,454	Adults:	643,100	

### Expected Results/Outcomes:

- Approximately 1.09 million flood-affected populations are provided primary health care services and additional essential drugs provided for flood-affected persons
- 60,000 households would receive LLIN for protection against malaria, an increasing risk in flood-affected population and an additional 40,000 households provided LLIN for protection against malaria infection.
- Approximately 400,000 flood-affected populations will be treated for malaria infection to prevent malaria-related mortality.
- An estimated 658 severely and 4,383 moderately malnourished children aged under five years in the affected areas are rehabilitated.

### Actual results and improvements for the target beneficiaries:

- More than 1.1 million people in flood affected areas received primary health care and access to essential drugs between April and November 2007 through provision of essential medicines.
- 115,000 households received two LLINs per household for protection against malarial disease.
- 518,000 people were treated for malaria infection.
- Therapeutic supplies, drugs and equipment distributed to treat 600 severely malnourished children and drugs for routine treatment of 4,000 moderately malnourished children aged <5 years were provided.

Implementing Partners:	Amount Forwarded:
Federal Ministry of Health	\$213,137 (supplies)
State Ministries of Health including Khartoum, El Gezira, Kassala, Gadarif, Sennar, White Nile and North Kordofan	\$1,491,960 (supplies)
Sudanese Red Crescent	\$580,000 (supplies)
SUDU (Sudan Social Development Organization)	\$29,273 (supplies)
GOAL	\$10,000 (supplies)
CARE International	\$10,000 (supplies)
Islamic Relief Organization	\$31,225 (supplies)
Islamic Relief Word Wide	\$11,709 (supplies)
SECS- Sudanese Environment Conservation Society	\$58,547 (supplies)
<b>TOTAL</b>	<b>2,435,851</b>

## UNICEF Reporting

Project Code:	UNICEF: SUD-07/NS30			CERF Code:	07-CEF-050
Project Name:	NFI Procurement for the NFI Common Pipeline				
Sector:	NFIs and Emergency Shelter	Region:	Non-Darfur States in North Sudan		
Amount Received from CERF:	1,300,001 USD				
Period of Implementation	August – November 2007				
No. of Beneficiaries:	30,000 households	Female:		Children below 18yrs.	
		Male:		Adults:	

### Expected Results/Outcomes:

1. Number of flood-affected areas reached with NFI distributions;
2. Number of households reached with NFI distributions; and
3. Increased NFI contingency stocks in flood-risk areas to enable rapid response.

### Actual results and improvements for the target beneficiaries:

Overall, NFI Common Pipeline assisted 70,000 households affected by floods with non-food items. UNICEF procured the following supplies with CERF funds, which roughly serves the needs of 30,000 households.

Items	Quantity
Blankets	51,500
Cooking Pots	17,000
Plastic Sheets	26,400
Jerrycans	69,000
Sleeping mats	33,000

UNICEF funded Care International for transport of non-food Items to floods affected areas and procured two Rubhalls for CARE warehousing contingency stocks in EI Obeid.

<b>Implementing Partners:</b> <b>Please add rows as required</b>	<b>Amount Forwarded:</b> <b>Part of this CERF grant</b>
CARE International	US\$ 282,153.22
UN JLC	N/A

## UNICEF Reporting

<b>Project Code:</b>	UNICEF: SUD-07/WS101	<b>CERF Code:</b>	07-CEF-052-B		
<b>Project Name:</b>	Emergency WASH Project for Flood affected population in Northern Sudan				
<b>Sector:</b>	Water and Sanitation	<b>Region:</b>			
<b>Amount Received from CERF:</b>	1,661,720 USD				
<b>Period of Implementation</b>	August – November 2007				
<b>No. of Beneficiaries:</b>	1, 500,000	<b>Female:</b>	746,000	<b>Children below 18yrs.</b>	765,000 Approximately
		<b>Male:</b>	754,000	<b>Adults:</b>	735,000 approximately
<b>Expected Results/Outcomes:</b>					
<ul style="list-style-type: none"> <li>1.0 million flood-affected people will have access to safe water through regular chlorination of water sources.</li> <li>50,000 people severely affected by flooding will have immediate access to safe water through water tankering activities in critically affected areas.</li> <li>50,000 people in areas severely affected by the flooding situation will have access to temporary latrines</li> <li>50,000 people will be protected from vector-borne diseases following vector control spraying activities in critically affected areas.</li> <li>Following the training of 2,000 hygiene promoters, up to 1.0 million people will be reached to hygiene education messages and up to 30,000 people will have soap to ensure more effective hygiene practices in the home in critically affected areas of flooding.</li> </ul>					
<b>Actual results and improvements for the target beneficiaries:</b>					
<ul style="list-style-type: none"> <li>Access to chlorinated safe drinking water increased to 1.5 million flood/AWD affected at risk population in Khartoum, Kassala, Gadarif, White Nile, Sennar, North Kordofan and South Kordofan states through regular chlorination and water testing of water sources and water donkey carts.</li> <li>Access to emergency water services increased for 60,000 flooding/AWD affected populations through water tankering activities and establishment/rehabilitation of 40 hand pumps and 7 motorized systems in Kassala, Gadarif, Red Sea and North Kordofan States.</li> <li>Access to adequate sanitation increased for 19,600 affected population and school children through the construction of 1,868 household latrines, 2 public latrines and 19 school latrines (4 school latrines are still under construction in Khartoum IDPs camps)</li> <li>15,000 affected population people were assisted vector-control spraying activities in North Kordofan State.</li> <li>About 1.5 million people were reached by hygiene education messages through hygiene messages media broadcasting, hygiene sessions, house hold visits, hygiene/cleaning campaigns and distribution of hygiene message posters.</li> </ul>					
<b>Implementing Partners:</b>					<b>Amount Forwarded:</b>
WES Units in Kassala, Gadarif, Red Sea, Khartoum, North Kordofan and Blue Nile					US\$ 438,945

## UNICEF Reporting

<b>Project Code:</b>	UNICEF: SUD-07/HN181			<b>CERF Code:</b>	07-CEF-051
<b>Project Name:</b>	Support to Health Services in Flood Affected Areas in Southern Sudan				
<b>Sector:</b>	Health and Nutrition	<b>Region:</b>	Flood affected populations in Upper Nile, Unity, Jonglei, Lakes, Warrap and Northern Bahr el Ghazal states		
<b>Amount Received from CERF:</b>	454,283 USD				
<b>Period of Implementation</b>	9 August – 10 November 2007				
<b>No. of Beneficiaries:</b>	135,000	<b>Female:</b>	90,000	<b>Children below 18yrs.</b>	90,000
		<b>Male:</b>	45,000	<b>Adults:</b>	45,000
<b>Expected Results/Outcomes:</b>					
<p>Increased capacity of Ministry of Health Government of Southern Sudan, State Ministry of Health and partners to provide basic health care services as well as availability of LLITNS to affected populations</p> <p>NFI kits available for families in areas most affected by floods ensuring they have basic supplies necessary to improve hygiene conditions and prevent disease.</p>					
<b>Actual results and improvements for the target beneficiaries:</b>					
<p>Heavy rains and floods in many parts of the country in 2007 aggravated outbreaks of communicable diseases especially acute watery diarrhoea, malaria and other common diseases among flood-affected populations. Standing water caused by heavy rainfall or overflow of rivers can act as breeding sites for mosquitoes, and therefore enhance the potential for exposure of the disaster-affected population. Replenishing and pre-positioning of essential supplies are critical as available stocks are transported to affected areas when feasible for distribution through local authorities and partners or UN agencies.</p> <p>CERF funds were utilized to procure 45,000 Long lasting insecticide treated nets (LLITNS) for pre-positioning in all flood prone areas to enable rapid response when outbreaks occur. Each household will receive two nets, with an average of one adult and two children expected to sleep under each net. The procured LLITNs have arrived and are in Rumbek in preparation for distribution and prepositioning in flood prone areas.</p> <p>Due to the short timeframe, offshore procurement procedures meant it was not possible to procure PHCU kits as planned and funds were therefore reallocated for procurement of LLITNs. Additional LLITNs were procured for distribution with existing NFI kits. Each NFI kit is distributed with two mosquito nets. Previous experience has shown that the number of malaria cases increases rapidly in flood affected areas and in some cases, following requests from NGOs, larger families may receive more than 2 nets each.</p> <p>The 45,000 LLITNs procured with CERF funds will be utilized to replenish stocks utilized during the flood outbreak. In total, 7,480 NFI kits, each comprising 2 LLITNs, were distributed to flood affected areas in southern Sudan. An additional 5,318 LLITNs were also distributed.</p>					
<b>Implementing Partners:</b>					<b>Amount Forwarded:</b>
Please add rows as required					Part of this CERF grant

## UNICEF Reporting

<b>Project Code:</b>	UNICEF: SUD-07/WS85B			<b>CERF Code:</b>	07-CEF-052-C
<b>Project Name:</b>	Emergency WASH Response for Flood affected States In Southern Sudan				
<b>Sector:</b>	Water and Sanitation	<b>Region:</b>	Flood affected populations in Upper Nile, Unity, Northern Bahr el Ghazal and Jonglei		
<b>Amount Received from CERF:</b>	392,958 USD				
<b>Period of Implementation</b>	August – November 2007				
<b>No. of Beneficiaries:</b>	120,000	<b>Female:</b>	74,000	<b>Children below 18yrs.</b>	25,200
		<b>Male:</b>	46,000	<b>Adults:</b>	94,800
<b>Expected Results/Outcomes:</b>					
<ul style="list-style-type: none"> <li>Timely response to the water supply and sanitation needs of the 5,464 people in the flood affected areas of Upper Nile, Unity, Northern Bahr el Ghazal and Jonglei.</li> <li>Increased capacity of WASH sector partners to effectively respond to emergency situations arising from floods.</li> <li>Increased capacity to ensure timely response to emergency situations</li> </ul>					
<b>Actual results and improvements for the target beneficiaries:</b>					
<p>On 21 July, 2007 the Government of Southern Sudan issued a flood disaster declaration in four states; Upper Nile, Jonglei, Unity and Northern Bahr el Ghazal. Inter-agency assessments were carried out to assess the impact of floods on the affected communities and to identify the immediate needs adequately. Preventive activities were focused on to minimize the consequences of further flooding. This included replenishment of buffer stock and pre-positioning of essential supplies as available stocks were transported to affected areas when feasible for distribution through local authorities and partners or UN agencies</p> <p>Access to safe water was increased in two of the worst affected communities in Renk county Upper Nile state and Rol Abala in Aweil East County, Northern Bahr el Ghazal with a combined target population of 5,464 people. CERF funds enabled UNICEF to mobilize pre-positioned supplies to the affected communities. Since most of the airstrips in and around the affected areas were also flooded, the supplies were transported partly by air and partly by river using zodiac boats. Three surface treatment systems with capacities of 10,000 litres, 5000 litres and 5000 litres were installed in Upper Nile and Aweil.</p> <p>Access to sanitation facilities was increased with the aim of preventing outbreak of cholera among flood victims. A total of 90 plastic latrine slabs from the buffer stock were among the WASH emergency supplies transported and installed in the target locations. Due to the depletion of the buffer stocks, additional supplies sufficient for 1,000 households, including water purification tablets and plastic slabs for latrine construction were procured and pre-positioned, increasing the sector capacity to respond in similar emergencies in the future.</p> <p>Access to hygiene knowledge has been increased in the flood affected areas through community mobilization, training of community hygiene promoters and intensive hygiene promotion awareness through mass media and influential community leaders.</p> <p>Coordination, supervision and joint monitoring trips together with Government partners and key sector partners were under taken during the floods to enhance and ensure timely and correct delivery of water, sanitation and hygiene knowledge services</p>					
<b>Implementing Partners:</b>					<b>Amount Forwarded:</b>
WFP					US\$ 34,401.37
Private Supplier					US\$ 121,661.82
Private Supplier					US\$ 89,923.66
<b>TOTAL</b>					<b>US\$ 245,986.85</b>

## UNJLC Reporting

Project Code:	WFP (UNJLC): SUD-07/NS29				CERF Code:	07-WFP-044
Project Name:	NFI Coordination for Flood-affected Population in Sudan					
Sector:	NFIs and Emergency Shelter	Region:	Abyei, Blue Nile, Eastern States, Khartoum and Northern States, and Southern Kordofan			
Amount Received from CERF:	\$200,000 USD					
Period of Implementation:	1 September – 31 December 2007					
No. of Beneficiaries:	88,115 flood-affected individuals (17,623 households)	Female:	44,058	Children below 18yrs.	35,246	
		Male:	44,057	Adults:	52,869	

### Expected Results/Outcomes:

Provision of timely and appropriate non-food and emergency shelter items to those that lost their household belongings during the floods.

The expected outcomes are that basic living conditions are improved, minimal human dignity restored, health threats mitigated, and beneficiaries protected from the elements.

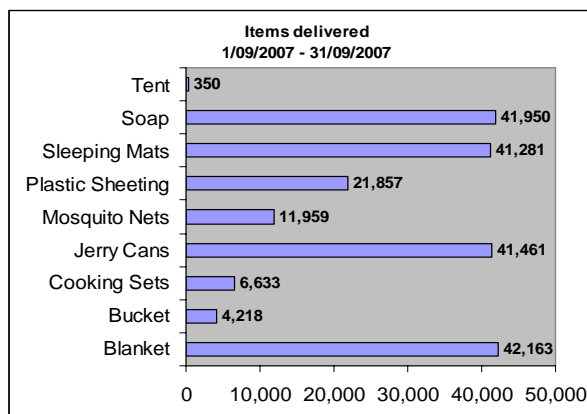
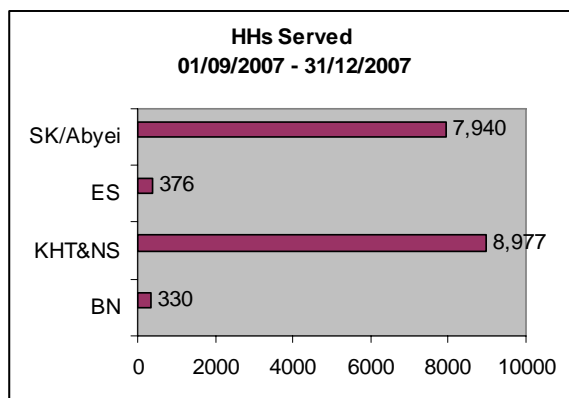
### Actual results and improvements for the target beneficiaries:

Through the UNJLC, a total of 17, 623 households (132,350 individuals) that lost all their household belongings received a total of 210,000 pieces of non-food and emergency shelter items. These include:

(i) Blankets: 42,163 pieces (ii) Buckets: 4,218 pieces (iii) Cooking sets: 6,633 pieces (iv) Jerry cans: 41,461 pieces (v) Mosquito nets: 11,959 pieces (vi) Plastic sheeting: 21,857 pieces (vii) Sleeping mats: 41,281 pieces (viii) Soap: 41,950 pieces (v)Tents: 350 pieces

It's important to note that those affected could not replace their lost essential items without the assistance of the humanitarian community.

Distribution of items in the affected regions was as follows:  
Abyei and South Kordofan: 39,700 people (7,940 households)  
Blue Nile State: 1,650 people (330 households)  
Eastern States: 1,880 people (376 households)  
Khartoum and N. States: 44,885 people (8,977 households)



### Implementing Partners:

N/A

### Amount Forwarded:



## WHO Reporting

<b>Work Plan Project Code:</b>	WHO: SUD-07/HN180	<b>CERF Code:</b>	07-WHO-034
<b>Project Name:</b>	Emergency Flood Health Assistance to Floods Affected Areas in Southern Sudan (Flood Response)		
<b>Sector:</b>	Health and Nutrition	<b>Region:</b>	
<b>Amount Received from CERF:</b>	295,427 USD		
<b>Period of Implementation</b>	14 <sup>th</sup> August to 14 <sup>th</sup> November 2007		
<b>No. of Beneficiaries:</b>	222,712	<b>Female:</b>	
		<b>Male:</b>	
		<b>Children below 18yrs.</b>	
		<b>Adults:</b>	

### Expected Results/Outcomes:

1. Approximately 300, 000 floods affected population are provided with immediate health services and essential life-saving medical supplies
2. Effective health sector coordination in floods affected areas is in place
3. Early Warning alert and response systems are in place to be able to rapidly detect and respond to the diseases outbreak (potential outbreak, cholera, Acute bloody diarrhea, Malaria)

### Actual results and improvements for the target beneficiaries:

**Re 1:** The immediate health services and essential life-saving focused in reducing the morbidity and mortality for the floods affected population as well as to ensure that health services are sustained in provision of essential medicines. During the implementation period, ten interagency diarrhea kits and ten New Interagency Emergency Health Kits were provided to the floods affected areas. In addition to that, 22,000 doses of new malaria treatment and 22,000 Rapid Diagnostic Tests (RDTs) were distributed in Unity and Upper Nile States. Special life-saving medicines and supplies including tetanus Immunoglobulin were also propositioned to ensure rapid response to life threatening conditions due to injuries reported after flooding are correctly addressed.

**Re 2:** A Task Force (TF) was formed in Juba with the Undersecretary of the Ministry Of Health (MoH) of the Government of Southern Sudan (GOSS) as chair to coordinate overall public health response to flooding with daily technical advice and assistance from WHO-Southern Sudan office. Task Forces of the same were also formulated at states level in Unity, Upper Nile, Lakes and Northern Bar El Ghazal. It is through these task forces that the effective coordination mechanisms were established and developed to ensure identified gaps are timely addressed. To avoid duplication of resources/ efforts, Joint Assessment Missions were conducted, led by the Ministry of Health and WHO to identify gaps and to ensure planning and operationalizing of response at State level.

**Re 3:** Strengthening of the Early Warning Systems for potential disease outbreaks was one of the key activities during the project implementation. It is through this system that cases and deaths of diseases outbreaks were identified in floods affected areas and being rapidly responded to. The following table below shows a brief summary of cases and deaths of selected potential diseases reported during the flooding in Upper Nile, Unity, Northern Bar El Ghazal and Lake States. It is noted that, during the implementation period, only 1 death due to Acute Watery Diarrhea was recorded in Lake state. Other floods affected states reported cases for Acute Bloody Diarrhea and Acute Watery Diarrhea/ Cholera with no death. These results can be interpreted as a being one of the key achievements in terms of improved case management of reported cases during the intervention.

State	Acute Bloody Diarrhoea (ABD)			Acute Watery Diarrhoea (AWD)/ Cholera		
	Cases	Deaths	CFR	Cases	Deaths	CFR
Upper Nile	306	0	0 %	285	0	0 %
UNITY	0	0	0 %	0	0	0 %
Northern Bahr El Ghazal	84	0	0 %	99	0	0 %
LAKES	166	0	0 %	419	1	0.23 %

- WHO Epidemiologists based in Lakes, Unity, Upper Nile, and Northern Bar El Ghazal States provided technical support to the Ministry of Health and partners in response to diseases outbreaks. In addition, a standardized line listing form for recording all reported cases (prone epidemic diseases in flooding areas) meeting the case definition was printed and distributed to all implementing partners. At Juba level data analysis of the line listing continued on a daily basis with MoH supported by WHO in order to better understand the changing epidemiological patterns and transmission trends of the diseases. Verification of disease outbreak rumors was promptly done. WHO supplied transport media (cary Blair) to all partners, and facilitated specimen transport to the AMREF referral laboratory in Kenya and informed partners of all results.
- It is through the Early Warn and Response system (EWARN), that WHO was able to detect an increasing incidence of malaria cases in Upper Nile and Unity States as a result of which combined case management and vector control interventions were undertaken through the provision of combination malaria treatment (ACTs) and the distribution of long lasting insecticide mosquito bed nets (LLINs). UNICEF and Malaria Consortium distributed the long lasting nets.

#### Results:

In floods affected areas, immediate health assistance was provided, Reported diseases outbreaks were promptly investigated and when confirmed rapidly contained. During the implementation period the effectiveness of the response and quality of case management of cases of AWD was reflected in the relatively low case fatality rate recorded. Most of health facilities continued providing health services with the support of medicines and supplies. Another key achievement is the formation of good working relations with MoH staff at the GoSS and State level and their collaboration in terms of response. Relations with international agencies (UN-OCHA EP&R unit) in particular, and INGOs such as International organization for were built and led to respect as a lead health agency.

Implementing Partners:	Amount Forwarded:
Ministry of Health Government of Southern Sudan	Nil
UN-OCHA EP&R, UNICEF, Medair, Tearfund - UK	Nil

## WHO Reporting

<b>Project Code:</b>	07-WHO-033			<b>CERF Code:</b>	07-WHO-033
<b>Project Name:</b>	Flood response				
<b>Sector:</b>	Health and Nutrition	<b>Region:</b>	Northern states		
<b>Amount Received from CERF:</b>	\$664, 072				
<b>Period of Implementation</b>	22 August – December 2007				
<b>No. of Beneficiaries:</b>	541,000	<b>Female:</b>	297,550 (Based on attendance estimate of 55%)	<b>Children below 18yrs.</b>	241,827 (44.7% for age group according to SHHS 2006)
		<b>Male:</b>	243,450	<b>Adults:</b>	299,173
<b>Expected Results/Outcomes:</b>					
<ul style="list-style-type: none"> <li>Access to health care services in affected areas ensured through functioning health facilities, and establishing mobile clinics for inaccessible areas</li> <li>Vector control measures for prevention and control of priority communicable diseases will be implemented to avoid outbreaks;</li> <li>Pre-positioning of medical supplies in all affected areas for outbreak response, such as cholera kits and essential medical supplies needed in health facilities;</li> <li>Enhancing active epidemiological and laboratory surveillance, and response to AWD/cholera and malaria in all high risk states</li> <li>Strengthening the existing early warning system in order to improve the detection and consequently the response and containment of potential outbreaks</li> </ul>					
<b>Actual results and improvements for the target beneficiaries:</b>					
<ul style="list-style-type: none"> <li>Rapid health assessment and joint field assessment missions were conducted in 75% in flood affected areas to evaluate the capacity of health facilities to provide health services in post-emergency situation, within first 72 hours after the incident in 3 PHCC and rural hospital in Khartoum covering IDP camps, 3 rural hospitals in Blue Nile state and 15 health facilities and hospitals in South Kordofan and Eastern states.</li> <li>In all affected states a weekly meeting of the emergency task force for floods in the affected states was established, participated by all health partners to enhance surveillance of outbreak of diseases, to identify gaps in the flood-affected areas, and to provide necessary assistance such as conducting community awareness sessions for personal and sanitation hygiene, for instance in Blue Nile, a Watch system was developed based on the information collected through UNMIS regular Patron missions, distributed network of health workers of NGOs and SMOH was conducted to SMOH and information sharing mechanism of RCO and rapid response team of SMOH was frequently deployed to the high risk spots for further investigations.</li> <li>All supplies for outbreak investigation and response were pre-positioned in high risk areas, including new 5 emergency health kits to cover 50,000 population for 3 months in South Kordofan, Blue Nile, Khartoum and other Northern states. Chemical clinical laboratory kits and IV fluids were also provided</li> <li>Medicines were provided to health facilities to support the treatment of 28,000 people affected population.</li> <li>Environmental health equipment for water quality control, vector and water borne disease was supplied and pre-positioned in all concerned states such as water testing kits, chlorines, insecticides, mosquito nets, protective clothing sets, Jerry cans and hygiene materials</li> <li>18 CTCs were supported in Gedarif and Kassala state, and 21 health personnel and environmental health expert were appointed to operate and supervise CTCs, and promote hygiene and water safety. Over 85% of patients diagnosed were treated according to standard treatment guidelines</li> <li>SMOH, WES and other partners carried out maintenance and emergency repairs of water points, 14 water points were rehabilitated and 5 new water points were established in Eastern states.</li> <li>The early warning system was strengthened in some states for instance, in Blue Nile, 7 VHF radio was installed and 14 health personnel were trained for operating the radios in rural hospitals of remote flood affected areas, where communication networks does not exist</li> <li>Increased capacity building for rapid response over 1160 health staff by conducting the following training programme, communicable disease surveillance and outbreak control, AWD/cholera surveillance and case management, water quality and food safety, malaria diagnosis and case management, dengue fever case management, mapping and data management for communicable disease, hygiene promotion and health education</li> <li>Over 90% of rumors were verified by Rapid Response Team of the SMOH within 24 hours.</li> <li>No outbreak of any water borne diseases such as AWD/cholera, or other diarrheal diseases in the flood affected areas of South Kordofan, Khartoum and Blue Nile state was reported, due to enhanced cooperation amongst the health partners with the SMOH through the weekly task force meeting facilitated by WHO. AWD/cholera outbreaks experienced in East Sudan were responded to in a timely manner leading to containment and reduced morbidity and mortality.</li> </ul>					
<b>Implementing Partners:</b>					<b>Amount Forwarded:</b>
FMOH <ul style="list-style-type: none"> <li>Surveillance, case management and infection control training: 16 sessions in different states</li> <li>Printing &amp; distribution of surveillance definitions and guidelines to the health facilities all over the country</li> <li>Communication cost support for active surveillance in affected states</li> <li>Active surveillance in affected localities - transportation &amp; per diem support to the health workers</li> <li>Operational support for coordination and Task Force meetings</li> <li>Supervisory visits by the FMOH to the affected areas</li> </ul>					86,944
SMOH, WES, UNMIS, UNDP					

## Rapid Response Grant – Refugee/IDP Assistance

UNHCR Reporting					
<b>Project Code:</b>	UNHCR: SUD-07/PHR91			<b>CERF Code:</b>	07-HCR-032-A
<b>Project Name:</b>	Return of Sudanese refugees to Southern Sudan				
<b>Sector:</b>	Protection and Human Rights	<b>Region:</b>			
<b>Amount Received from CERF:</b>	2,869,478 USD				
<b>Period of Implementation</b>	December 2007-February 2008				
<b>No. of Beneficiaries:</b>	27,937	<b>Female:</b>	14,888	<b>Children below 18yrs.</b>	17,016
		<b>Male:</b>		<b>Adults:</b>	
Expected Results/Outcomes:					
<ul style="list-style-type: none"> <li>▪ Transfer of refugees from Kenya, Ethiopia and Uganda by road through in-country transit centres to transit centres near the border with Sudan, where refugees will be handed over to authorities and UNHCR staff in Sudan.</li> <li>▪ Transportation of 10 trucks and 10 trailers from Switzerland to Yei to increase repatriation capacity.</li> <li>▪ Rental of 13 heavy vehicles to boost repatriation from Uganda, which currently hosts close to 150,000 Sudanese refugees.</li> <li>▪ UNHCR will continue a 50/50 cost sharing effort with IOM for the airlift of Sudanese refugees from Kenya to Southern Sudan.</li> <li>▪ Transfer of vulnerable refugees from other countries.</li> <li>▪ Maintenance of transport fleet.</li> <li>▪ Running and maintenance of way stations.</li> </ul>					
Actual results and improvements for the target beneficiaries:					
<ul style="list-style-type: none"> <li>▪ 27,937 organized returns took place through 68 convoys and 31 airlifts from Kenya, Uganda and Ethiopia. 136 persons returned by commercial flight from Egypt.</li> <li>▪ The pace of return picked up momentum progressively between January and March 2008: December (4,540), January (4,072), February (8,286), March (14,165)</li> <li>▪ Staff were involved in coordinating repatriation operations, registration of refugees wishing to return, identification and handling of persons with special needs i.e. elderly, pregnant and lactating mothers, unaccompanied minors, medical patients, etc.</li> <li>▪ Repatriation operations are capital intensive, and entailed charter of aircraft, hiring of trucks and buses, purchase of vehicle spare parts, maintenance of vehicle fleets.</li> <li>▪ Airlifts were organized in collaboration with IOM; a regular air operation is running from Kakuma camp to Jonglei State while <i>ad hoc</i> flights are organized to other destinations as needed.</li> <li>▪ Buses were rented to boost repatriation from Uganda. The monthly return rate rose from 400 in the last quarter to 2007 to 800 in January 2008 to 1,000 by March 2008.</li> <li>▪ The Government of Switzerland donated 10 trucks and 10 trailers to support the return operation; these were transported from the port of Mombasa, Kenya to UNHCR's logistics hub in Yei in February. The donation included the services of an instructor to train local drivers and mechanics.</li> <li>▪ Way station management included provision of medical services, hot meals, NFI distribution and mine risk awareness and HIV/AIDS sensitization sessions.</li> </ul>					
Implementing Partners:				Amount Forwarded:	
GTZ				US\$ 1,119,816	
<b>TOTAL</b>				<b>US\$ 1,500,773</b>	

## UNHCR Reporting

<b>Project Code:</b>	UNHCR: SUD-07/PHR30	<b>CERF Code:</b>	07-HCR-032-B
<b>Project Name:</b>	Refugees and returnees monitoring in West Darfur		
<b>Sector:</b>	Protection and Human Rights	<b>Region:</b>	
<b>Amount Received from CERF:</b>	1,849,840 USD		
<b>Period of Implementation</b>	December 2007 – February 2008		
<b>No. of Beneficiaries:</b>	745,952	<b>Female:</b>	Est. 50%
		<b>Male:</b>	Est. 50%
		<b>Children below 18yrs.</b>	Est. 50%
		<b>Adults:</b>	Est. 50%

### Expected Results/Outcomes:

- All protection cases involving IDPs/refugees reported to UNHCR are followed up on.
- Humanitarian assistance is provided to IDPs/refugees in the camps in effective and timely manner.
- All new arrivals are identified, registered, and provided assistance
- Extremely vulnerable people are identified and provided sufficient humanitarian assistance such as NFIs and shelter.
- 800 older people with eye problem are treated
- 3,000 elderly patients are treated with appropriate geriatric medications
- 50 older people have sufficient shelters

### Actual results and improvements for the target beneficiaries:

- UNHCR staff conducted multiple monitoring and assessment missions to Abu Sourou, all rural settlements of West Habila, Araba damras and ferricks along the Chadian border, Arara, Armankul, Beida, Bindisi, Foro Baranga, Garsila, Gobe, Golo, Golol, Kongo Haraza, Mangarsa, Mukjar, Nertiti, Saleah, Saraf al Saad, Sawani, Sirba, Sonkdol , Tandouse, Tawenj, Tenelti Um Dukhun, Um Shalaya refugee camp.
- Implementing partners conducted monitoring in seven major IDP camps accommodating 154,000 IDPs in El-Geneina and Zalingei areas , where community workers were assigned to engage with IDPs and collect information on protection issues and security incidents. The information was shared with Protection Working Groups (PWG) and UNHCR for follow-up. Interventions with national authorities helped reduce the presence of armed groups in some camps, which in turn contributed to decreasing incidents of shooting, harassment, GBV and theft. PWG identified the need for a joint police training, which UNDP will carry out in 2008.
- New IDP arrivals in the camps were closely monitored, registered and assisted with food and NFI, with minimum delay. One of the difficulties was the time it took to agree on the number of new arrivals with the community. Tdh registered approx 5,000 new IDP arrivals in 2007. Emergency distribution of NFI was carried out in support of 120 families whose homes were destroyed by fires in Sisi Camp near Mornei and Nuralhuda village near Habila.
- The population in Um Shalaya Refugee Camp grew rapidly during the year as insecurity and political tensions continued in neighbouring Chad. Refugee numbers rose from 3,500 at the beginning of 2007 to 6,000 by the beginning of 2008. Camp management involved coordinating the activities of other actors as well as service provision. 765 NFI packages, 691 shelter kits, were allocated for mainly new arrivals as well as families that lost their homes to fire. 1,326 under-five refugee children and 25 adults benefited from supplementary feeding programme and an outpatient therapeutic programme.
- Elderly persons participated with others in activities such as making handicrafts at 15 social centres in Mornei, Kerenik, Riyad, Ardamata, Krinding, Sisi, Goker and Durti camps. Social centres provide the elderly with skills, and are venues where they meet and discuss issues of common concern, which helps create social integration and psychosocial support. In total 960 individual attended in centre activities. HAI also provided emergency shelter materials to the extremely vulnerable older persons. The community was mobilized to construct 50 shelters for older persons.
- Geriatric drug were provided to clinics in Habila, Mornei, Kerenik, and a hospital in Geneina where 3,289 patients received treatment.

Implementing Partners:	Amount Forwarded:
Concern International	US\$ 112,000
Helpage International	US\$ 83,898
International Rescue Committee (IRC)	US\$ 300,000
Terre des homes (Tdh)	US\$ 110,136
<b>TOTAL</b>	<b>US\$ 606,034</b>

## Rapid Response Grant - RVF Outbreak

FAO Reporting					
<b>Project Code:</b>	FAO: SUD-07/FSL132			<b>CERF Code:</b>	07-FAO-057
<b>Project Name:</b>	Emergency preparedness for potential outbreak of Rift Valley Fever (RVF) in livestock in SUDAN				
<b>Sector:</b>	Food Security and Livelihoods	<b>Region:</b>	Sennar, White Nile, El Jazira, Upper Nile		
<b>Amount Received from CERF:</b>	559,610 USD				
<b>Period of Implementation</b>	January- April 2008				
<b>No. of Beneficiaries:</b>	12 million households	<b>Female:</b>		<b>Children below 18yrs.</b>	
		<b>Male:</b>		<b>Adults:</b>	
Expected Results/Outcomes:					
<ul style="list-style-type: none"> <li>Laboratory capability of the Government enhanced to mount effective surveillance and check further spread of RVF.</li> <li>Staff (24 in total and 6 each from 4 States) trained on surveillance and diagnosis of RVF</li> <li>Containment of transmission of the disease and no further outbreaks reported in other states</li> <li>Public awareness of symptoms, causes and treatment of disease leads to faster reporting of incidents.</li> </ul>					
Actual results and improvements for the target beneficiaries:					
<ul style="list-style-type: none"> <li>28 million ruminants treated against the disease</li> <li>No further outbreaks of RVF have been reported since October 2007, an indication that the disease has been contained.</li> <li>All essential procurements have been almost completed to provide further support to Government laboratories (one central and 3 regional). Items purchased included: Real – Time PCR Rotatory system, ELISA Readers, ELISA Plates, Autoclave Sterilizers, Laptop computers, PCR printers etc.</li> </ul>					
Implementing Partners:				Amount Forwarded:	
Government of National Unity				Nil	
Government of South Sudan				US\$ 45,720	

## WHO Reporting

<b>Project Code:</b>	WHO: SUD-07/HN191	<b>CERF Code:</b>	07-WHO-072
<b>Project Name:</b>	Rapid Control of Rift Valley Fever Outbreak in humans in Sudan		
<b>Sector:</b>	Health and Nutrition	<b>Region:</b>	Khartoum & North Sudan
<b>Amount Received from CERF:</b>	941,163 USD		
<b>Period of Implementation</b>	15 <sup>th</sup> of November - 31 <sup>st</sup> of December 2007 (The grant is expiring in March 2008)		
<b>No. of Beneficiaries:</b>	15 millions (total population of affected states) Specifically: 8.2 million people living in the affected localities, targeted for intensive vector control and health education campaigns  700 case/patients who received treatment	<b>Female:</b>  <b>Male:</b>	6 million  9 million
		<b>Children below 18yrs.</b>  <b>Adults:</b>	6.45 million  8.55 million
<b>Expected Results/Outcomes:</b>			
<ol style="list-style-type: none"> <li>Cases of Rift Valley Fever rapidly detected, assessed and contained</li> <li>Excess mortality and morbidity prevented from small multi-focal outbreaks and/or large cluster of RVF cases in humans reported from the affected states.</li> <li>Integrated vector control programme implemented in all affected states</li> <li>Appropriate risk communication strategies and health education campaigns are implemented targeting the high risk occupation groups.</li> </ol>			
<b>Actual results and improvements for the target beneficiaries:</b>			
<ol style="list-style-type: none"> <li>Over 80% of reported cases were assessed and investigated within 48 hours of reporting/ notification</li> <li>Over 90% of reported cases of RVF in humans were treated in special wards in hospitals according to standard case management guidelines and with appropriate infection control practices</li> <li>Progressive decline in the incidence of reported cases and case fatality rate of RVF in humans from one reporting week to another (the case fatality rate was upto 90% in first few weeks in October 2007, which was reduced to 30% by the end of the outbreak in December 2007 – January 2008)</li> <li>Effective, appropriate and nationally approved control measures were implemented in all affected states, aimed at – strengthening surveillance, case management, health education &amp; social mobilization and integrated vector control</li> <li>90% of high risk groups living in the affected states were covered with appropriate health education messages that change risky behavior and minimizes exposure.</li> <li>Appropriate and rapid control measures contributed significantly in limiting the spread of the disease (approximately 700 cases) and largely sparing Khartoum state</li> </ol>			
<b>Activities Implemented with CERF Funds:</b>			
<ol style="list-style-type: none"> <li>Deployment of 12 international staff: epidemiologists, viral haemorrhagic fever specialists, vector control specialists and international logistician in the affected states to help the local health authority in active surveillance, epidemiological data management, case investigation and training of local health staff</li> <li>Active surveillance for early detection of suspected cases/cluster of cases of RVF</li> <li>80% of small multifocal outbreaks of RVF in humans confirmed by laboratory evidence within 24 to 48 hours of detection</li> <li>Over 90% of surveillance sites in the affected states report cases of RVF in accordance with standard case definition and surveillance guideline for RVF</li> <li>Procurement and pre-positioning of sample collection kits for RVF and laboratory diagnostics</li> <li>Sampling of over 90% of reported cases of RVF for laboratory confirmation</li> <li>Training of local health staff on surveillance and case investigation for RVF in humans and other Viral Haemorrhagic Fevers (VHFs)</li> <li>Development of surveillance guidelines and SOPs for field investigation and outbreak verification</li> <li>Procurement of hospital supplies and equipment for proper case management in the affected state</li> <li>Procurement and pre-positioning of personal protective equipment and disinfectants for applying standard infection control practices in the hospitals of the affected states</li> <li>Procurement of insecticide residual spray, insecticides and bed nets (LLTNs) for vector control</li> <li>An integrated vector control strategy implemented in all the affected states and continued till the outbreak is exhausted:1562 site covered by vector control (spraying), 42 entomological surveys were conducted in the 6 affected states</li> <li>Appropriate risk communication strategies and social mobilization campaigns targeting the high risk groups are implemented in all the affected states and continued till the outbreak has waned: 661 villages were covered by mobile videos health education, 5575 home visits were conducted by trained health promoters.</li> <li>Supportive supervision, training of medics and paramedics in all aspects of RVF outbreak management, including comprehensive diagnosis of all viral haemorrhagic fever</li> </ol>			
<b>Implementing Partners:</b>			<b>Amount Forwarded:</b>
Federal Ministry of Health			In kind
State Ministries of Health (Khartoum, White Nile, Kassala, River Nile, Sennar and Gezira state).			In kind



## PART III – CERF Success Stories

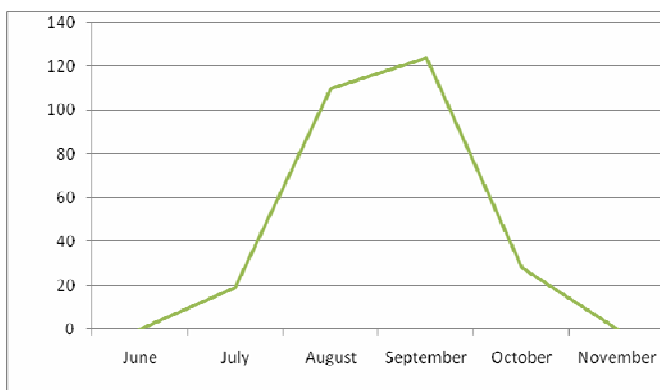
Reported by Recipient Agencies of CERF Grants to Sudan

15 April 2008

## Health and Nutrition Sector

### WHO: Floods Response

In the summer of 2007, Sudan experienced the worst flooding in decades leading to fears of a large scale health emergency due the associated health risks of both water-borne and vector-borne disease and the recent experience of 2006 when a large outbreak of AWD/cholera affected many parts of the country. In July 2007 cases of AWD/cholera were reported in 2 eastern states of Kassala and Gedarif. CERF funds allowed WHO to respond immediately to implement and coordinate life-saving health sector activities for containment of the outbreak and treatment of cases. Whilst over 10,000 cases including 370 deaths were reported across northern states in the 2006 outbreak, only 1700 cases with 79 deaths in 3 states of Kassala, Gadarif and Sennar in 2007. The response to outbreaks of AWD/cholera in Kassala in 2007 has provided an example of base practice for responding to AWD/cholera.



*Number of reported AWD cases in Kassala, 2007*

The response required massive coordination and management and effective sharing and dissemination of information. Strategies and operations were coordinated through rapid response task forces operating at central and state levels including representatives from MOH, WHO, UNICEF, donor agencies and other allied health partners. WHO, supporting the activities of state task forces at the local level, both implemented and coordinated a range of activities within:

- **Surveillance** including training of staff in epidemiological investigation, tracing origin of first case and active search in the community
- **Case management** including deploying trained health professionals, drugs and supplies and

ensuring the functioning of adequate numbers of cholera treatment centres for timely treatment and containment

- **Water quality and surveillance and monitoring** through coordinating actions of agencies in water chlorination, procurement of supplies and regular information sharing with stakeholders on water quality
- **Hygiene and health education** through provision of technical guidelines for distributing to health professionals and the community

Continuous and coordinated activities by WHO and other health partners throughout the outbreak kept the total number of cases to 287 in Kassala. Strong case management reduced the case fatality rate in Kassala to 2.5% with the outbreak resulting in only 79 deaths. Despite the risk factors associated with extensive flooding including compromised water and sanitation systems and population movements, the coordinated response, as well as capacity building ahead of flooding contained the outbreak to Eastern Sudan limiting the morbidity and mortality and geographical spread compared to the outbreak seen in the 2006 outbreak in Northern Sudan. The experience of Kassala in particular provides an example of best practice and is being further being studied for possible replication in locations with similar conditions, including other countries in the region.



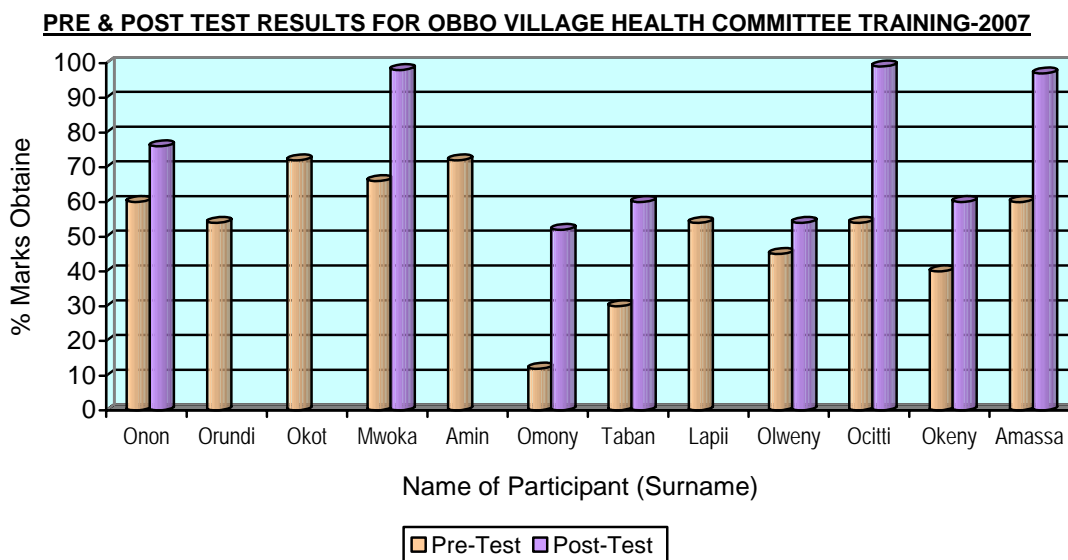
### ARC: Intervention in LRA Affected Areas

In 2007 ARC received USD 142,945 from UNDP-CERF to undertake an emergency response intervention in LRA affected areas. Due to LRA disturbances in the area, provision of basic services such as access to clean water, primary health care and education were destroyed. The only health facility in Obbo which had existed between 1978 and 1987 was destroyed by the LRA. As one of the activities of the project, ARC in consultation with the local authorities identified Obbo Clinic (located 9 miles from Magwi in Eastern Equatoria State) for renovation. With the funds from UNDP-CERF, ARC chose to rehabilitate the health facility to scale up the provision of health services in order to accommodate the high number of expected returnees. The community on witnessing ARC involvement, appreciated greatly, and volunteered to offer manual unskilled labour. Return in the area was

accelerated, as services started trickling back though woefully still insufficient.

The County Executive Director, Mr. Titus, appreciated ARC intervention for the extension of services to the corridor. In his own words said, "I promise to mention ARC's good work in my speech to the President during the function for the raising of the flag."

The members of the Village Health Committee of the Obbo health facility were also trained. Twelve Community participants attended the training, eleven male and one Female. The topics covered in the training included; Introduction to PHC, VHC (introduction and role), communicable diseases (malaria, diarrhoea, and respiratory infection), HIV/AIDS, nutrition, reproductive health, and basic issues in health management. Below is a graph showing the pre and post training results.



## **Malaria Consortium: Intervention in LRA Affected Areas**

CERF funding in Eastern Equatoria came at a very critical time. The LRA had been occupying Eastern Equatoria and preventing humanitarian aid from being delivered to the population. A window of opportunity arose to implement rapid impact programmes in Magwi county when the LRA relocated to Northern DRC in 2007. The Malaria Consortium submitted an application to CERF for the distribution of 11,750 long lasting insecticide treated nets to prevent malaria transmission in LRA affected areas. This application was processed and awarded very efficiently by UNOCHA - UNDP.

The Malaria Consortium was able to use the funds to procure and distribute 13,700 LLINs representing a 17% increase in the number of beneficiaries compared to the originally proposed project. Malaria Consortium was able to implement programmatic efficiencies to ensure that distribution costs for these increased number of LLINs were adequately covered.

care which will be increasingly difficult to obtain given the uncertain security situation in Magwi County.



*Beneficiaries approaching a health facility on distribution day to collect LLINs for their families.*



*Andrew Hope of the Malaria Consortium meets with the Governor of Magwi County. The involvement of local leadership was key to the success of this distribution.*

The timing of the CERF Distribution was particularly fortunate as the LRA have recently returned to Magwi County and are again disruption humanitarian activities in that county. This will hopefully be a short-lived disruption as the peace agreement is about to be signed but it nevertheless re-inforces the importance of taking opportunities to implement rapid impact projects when they arise. Furthermore the 3 year average lifespan of polyester LLINs means that even while the LRA remain in Magwi County the 27,400 people who received LLINs remain protected from malaria and will require less health

It was very satisfying last month when one of our guards who was wearing a Malaria Consortium t-shirt was stopped in the market in Juba by a man who had travelled from Magwi County. The man from Magwi County thanked our guard for the LLIN distribution that we completed in Magwi County last year. The personal thanks was a nice reminder of why we are doing the work we are doing—to make a difference in the lives of the people of Southern Sudan.



### UNFPA: Floods Response

Mahla in El-Obeid town lost her home during the flood. She was at full term pregnancy and had five children to care for. UNFPA and the State RH Coordinator paid a visit to her during the planning of the emergency response for her inputs. She discussed the fact that she is worried about the delivery in the make-shift home that she is renting. A midwife lives nearby, and with the clean

delivery kit that she received, her pregnancy will be clean and free of infections such as Tetanus and Sepsis. She also received a personal hygiene kit and will very much need the sanitary napkins when she delivers (particularly for the first week when bleeding is severe). She plans to use some of the soap and other supplies in the kit to pay the midwife since she has lost her livelihood and has nothing else to give for the service.



## NFIs and Emergency Shelter Sector

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### ZOA: Intervention in LRA Affected Areas – Story 1

LRA rebels attacked Maridi and Ibba between 2005 and 2006 which led to loss of people's property. This created a sense of insecurity and hopelessness especially as people lost their basic household assets such as, animals, houses, saucepans, and other household utensils. People had to run away from the houses for the safety of their dear lives. Sanity returned late 2007 with the interventions of the CERF project which addressed the gap of lack of essential household items such as jerry-cans, Blankets, mosquito nets.

CERF funding to ZOA worth 98,892 \$ has made it possible for ZOA Maridi Program to reach out 2241 households in both Ibba and Maridi. People did not have any hope of getting such items, as their efforts were frustrated following the failure by the Government to compensate them.

Women from Maridi who benefited from the NFRIs/CERF had this to say:

*"God is Great who has made it possible for us to access Household items that we lost since the LRA attacks. In my household I have not stayed with a mosquito net for so many years. My children have always been vulnerable to Malaria and at times making it difficult for them to study. I did not have enough sauce pans and at times have beans using pots, which at times keeps on breaking"*

*"God help those who helped us, the continuous breaking of pots while cooking and fetching water has come to an end today"*

The above is a brief story documented by one of the program officers who took part in the NRFI/CERF distribution, Jackson Unga, ZOA refugee Care Maridi Program, Western Equatorial state.

### ZOA: Intervention in LRA Affected Areas – Story 2

The LRA incursions in Maridi caused suffering to the people of Larama Almost all the people lost personal belongings including agricultural tools. Even early in the year 2007 people were not stable as they expected an attack any time.

*"We appreciate the efforts of ZOA Refugee Care and whoever you collaborated with to bring us this support."*

*People as you can see are very poor and have no capacity to purchase household items such as jericans, sauce pans etc. Your intervention is therefore timely and I am sure even children will appreciate as some of them did not even have blankets and mosquitoes nets. We are hopeful that even malaria will become history in Larama and other areas that could have benefited from similar support. We hereby appeal to ZOA to bring us more support as we solve problems affecting us". He concluded by appealing to people gathered ready to receive the items by saying ZOA oyee!!! Zoa Oyee.!!! As people responded in a similar tune"*

These were remarks made by one of the community leaders as soon as the relief Items arrived in Larara, pending distribution, during the NCE phase of the CERF where Lalama benefited.



## UNJLC: Floods Response

An amount of US \$ 200,000 was given to the UN Joint Logistics Center (UNJLC), as the sector lead for the Non-Food Items and Emergency shelter, to address a flood emergency that rendered people without their essential household belongings in parts of Northern Sudan. The heavy rains destroyed homes, personal belongings, and assets. Through coordination of efforts and harmonization of activities by UNJLC, over 17,000 families affected by the floods received basic household items such as blankets, buckets, cooking sets jerry cans, mosquito nets, plastic sheeting, and soap.

A human success story is illustrated by what happened when floods hit El Salaam, leaving Teresa and her family homeless, but finding some hope from the non-food item and emergency shelter sector.

El Salaam camp, one of the camps for Internally Displaced Persons (IDP) in greater Khartoum, is home to thousands who fled their homes during the 21-year North-South civil war. Like many other camps across Sudan, El Salaam comprises makeshift shelters made from tin, plastic, sticks

and cloth. The climate is harsh throughout the year, characterized by a hot, arid, dusty environment. In the camp, water is scarce and poverty rampant. Few eat more than once a day. Even a basic existence is a struggle. Heavy rains in July this year meant widespread flooding destroyed many homes, compounding already difficult living conditions. Teresa and her family of five live in El Salaam. Teresa's story is reflective of most in the camp. Her family survives on a combination of relief assistance from aid agencies and a meagre income from casual labor or begging. The July floods destroyed Teresa's home and belongings, leaving her, her family and all her neighbors destitute. Within 48 hours, the UNJLC network had mobilized and dispatched emergency items, including temporary shelters, blankets, mats, jerry cans and mosquito nets, to protect the families from the elements. The first 48 hours are crucial to saving lives from exposure to health hazards in the aftermath of such disasters, particularly as the rains leave stagnant water which facilitates an increase in waterborne diseases. Furthermore, these items contribute to restoration of human dignity.



*Transporting NFIs from distribution site - 2007 floods in White Nile State; Photo by UNJLC*

## Protection and Human Rights Sector

### UNHCR: Southern Sudan

The CERF allocation contributed to enabling UNHCR to step up repatriation operations in countries of asylum as soon as weather and ground conditions permitted. 31,063 returns were organized between December 2007 and March 2008, with teams on all sides working to ensure adherence to convoy schedules. Based on recurring trends in voluntary repatriation, it had been anticipated that the return rate would increase from the onset of the dry season around November 2007. These predictions were borne out during sensitization campaigns conducted in refugee camps and settlements in the main countries of asylum, when more than 30,000 candidates expressed the interest to return home to various locations in Southern Sudan and Blue Nile State.

A concerted effort was needed to provide extensive coverage of potential returnee destinations spanning the entire territory. The majority of returns were projected for States bordering Ethiopia, Kenya and Uganda. Decisions were taken to maintain a network of up to 16 return corridors and air bridges, with way stations located strategically to function as rest stops for returnees on long journeys or dispersal points for those who were close to their final destination. In countries of asylum, preparatory activities included providing information on conditions in villages of return, transport capacity, road works, medical screening, hot meals. Inside Sudan, in addition to mine clearance, management of way stations and community participation in road clearance (through Food for Work), stockpiles of food rations, domestic items as well as agricultural and construction tools were pre-positioned strategically, while projects were initiated to boost availability of potable water, health services and schools in areas of high return. All of these inputs were needed to create the momentum needed for large-scale repatriation in the short time available.

**Returns from Kenya:** Overland returns were stepped up and a regular air operation resumed from Kakuma Camp in Kenya to Jonglei State. Returns also took place to Eastern and Central Equatoria, Lakes, Northern Bahr el Ghazal, Unity, Upper Nile and Warrab. The monthly return rate soared from 200 in December to 400 in January and 2,500 per month in February and March.

**Returns from Uganda:** By mid-December, more than 40,000 refugees had registered to repatriate in the dry season. Buses were rented and the number of returns

increased from 3,000 per month in December and January to an average of 4,500 in February and March, mostly through the Nimule, Kajo Keji and Koboko corridors for onward travel to Greater Yei and Juba. The collapse of Aswa Bridge, 20 km north of Nimule which led to the temporary suspension of return movements through that corridor in December. Meanwhile, a temporary presence was established at Torit (Eastern Equatoria) and dispersals in the area began in March.

**Returns from Ethiopia:** Repatriation activities were organized from Bonga camp is to Blue Nile State, and from Sherkole to Upper Nile State, both through Kurmuk corridor. The numbers rose from 1,200 in December to 3,500 by March. It is anticipated that Bonga camp will be closed during the second quarter of 2007. Meanwhile, Pagak corridor which serves as the exit point for refugees in Fugnido and Dimma camps was not reactivated because of a collapsed bridge. Alternative routes have been identified and repatriation will start in early next month. The plan is to repatriate more than 8,000 people from Dimma and Fugnido before the rainy season.



*Returnees from Sherkole Camp, Ethiopia arrive at Kurmuk for a stop over before proceeding to Upper Nile State - Photo by UNHCR.*

## UNHCR: Darfur

Among the hazards of living in crowded IDP camps is the threat of blazes that spread rapidly like bush fires causing death and injury, and reducing to ashes the residents' worldly belongings. Two such incidents occurred at Sisi IDP Camp near Mornei on 14 and 19 December. UNHCR organized rapid assessment inter-agency missions involving OCHA, HelpAge and SCF-US to ascertain the level of damage and determine immediate needs for assistance. The missions revealed that nine families were affected by the incident on 14 December and one child was seriously burned. In the second incident, one girl aged seven years died and the shelters of 75 families were

reduced to cinders. NFI baskets consisting of blankets, sleeping mats, jerry cans, women's clothes, sanitary materials and kitchen sets, were distributed to all families affected by these fires. A similar NFI basket was distributed to 45 households that were left without possessions following a fire in the village of Nuralhuda, 3km west of Habila. Meanwhile, the distribution of NFIs was carried out in most rural settlements in Habila Locality in December in an effort to fill gaps that remained following distributions undertaken earlier in the year. 692 extremely vulnerable individuals (EVIs) in rural parts of Habila received NFIs, based on an assessment of vulnerable households that also included nomad settlements.



*Distribution of non food items at Sisi camp – Photo by UNHCR*



## Common Services and Coordination Sector

### WFP: Provision of Humanitarian Air Services

With the support of CERF to the tune of US\$12 million since 2006 to mid 2007, the humanitarian community has been able to access 59 locations in Darfur where there is no other means of transport except by air. Lack of road infrastructure, increased insecurity, and not to mention lack of airstrips necessitates heavy reliance on the use of helicopters to deliver urgently needed assistance, security and medical services for humanitarian aid workers dedicated to serving the millions who remain affected by the conflict in Darfur. The first CERF grant of US\$4.5 million provided in May 2006 allowed for expansion of the helicopter fleet from four to six. Subsequent two grants of US\$4.5 million and US\$3 million provided in December 2006 and in May 2007 respectively allowed for maintenance of the expanded fleet. During the first six months of 2007 alone, WFP-HAS has performed 19 medical evacuations where without the helicopter capacity, many lives would have been lost.

The following is a note forwarded by UNDSS office in El Geneina, West Darfur:

*"I would like to take this opportunity to commend you and your staff for your outstanding support on 05 July 2007 when UNDSS requested last-minute air support for the relocation of a joint UNDSS/WFP Security Team from Misterei back to El Geniena. With WFP-HAS assistance, UNDSS launched a successful relocation of staff within 30 minutes of our request for support. We wish to highlight that this has been only one of many occasions when your team provided invaluable assistance to UNDSS security operations. Your support has greatly contributed to the UNDSS effort in enabling humanitarian operations throughout West Darfur. Regardless of the task - air lift for security assessment, relocation of staff, or aerial search following critical incidents WFP-HAS has consistently responded in an effective and timely manner and in so doing have put the security and safety of both UN and INGO staff as a top priority."*

*Field Security Coordination Officer  
UNDSS West Darfur*



## Food Security and Livelihoods Sector

### **MANNA: Intervention in LRA Affected Areas**

Manna Sudan received US\$68, 855 from CERF for Live-Saving intervention for Tseretenya and Lofus with target beneficiaries of 3, 500 under 5 children, 7, 000 women and 6, 000 men. The funds were utilized to provide assortment of agricultural tools such as seeds, ox-plough, hoes, axes, and machetes, to drill two complete boreholes fitted with hand pumps, rehabilitation of five old boreholes.



With the agricultural tools, the communities in Tseretenya and Lofus have managed to increase their acreages, which have led to increase in production and yield. Also, the installation of 2 boreholes and rehabilitation of other boreholes, have reduced waterborne diseases among the under 5 children in both Tseretenya and Lofus.



## Water and Sanitation Sector

### ARC: Intervention in LRA Affected Areas

Access to safe water is one of the greatest challenges of communities in Magwi County. Getting water is a huge burden, especially for women and children. They have to walk 2 – 5 Kilometers for water, which in most cases is not good quality.



*A community member in Owiny Kibul fetching water from a well 2 Km from her homestead. This open well has very poor quality water and is unsafe for drinking.*

Besides water quality concerns, families are forced to use inadequate water collected sparingly and this compromises their health.

*"My husband is very good, he bathes twice a week, we can not afford wasting water for bathing everyday", said Ester, a woman at Owiny Kibul (Magwi County).*

With CERF funds, ARC rehabilitated boreholes in Magwi County; especially for communities in Owiny Kibul. They are now able to access safe water within 500m walking distance.



*A beneficiary in Owiny Kibul fetching water from hand pump rehabilitated with funding from UNDP- CERF in 2007.*

## ANNEXES

### Reports Generated from the Resource Tracking Service

15 April 2008



# ANNEX I – 2007 Work Plan Funding Status

Tuesday, April 15, 2008

Sector	Darfur			Southern Sudan			Work Plan Total		
	Requirements	Contributions	Coverage	Requirements	Contributions	Coverage	Requirements	Contributions	Coverage
<b>Humanitarian Action</b>	\$651,011,175	\$555,054,447	85.3%	\$295,765,445	\$216,699,159	73.3%	\$1,299,891,296	\$1,016,059,344	78.2%
Basic Infrastructure and Settlement Development	\$2,542,740	\$1,700,000	66.9%	\$6,500,000	\$0	0.0%	\$10,084,740	\$1,700,000	16.9%
Common Services and Coordination	\$12,850,853	\$6,627,766	51.6%	\$12,202,109	\$10,599,850	86.9%	\$64,269,402	\$60,243,438	93.7%
Cross-sector Support for Return	\$0	\$0	-	\$16,292,790	\$8,266,130	50.7%	\$68,137,820	\$33,474,327	49.1%
Education	\$17,733,611	\$13,897,856	78.4%	\$34,328,878	\$23,803,734	69.3%	\$54,622,489	\$38,276,590	70.1%
Food Security and Livelihoods	\$419,023,284	\$380,563,521	90.8%	\$91,276,134	\$77,713,831	85.1%	\$626,221,182	\$554,253,108	88.5%
Governance and Rule of Law	\$600,000	\$619,200	103.2%	\$0	\$0	-	\$600,000	\$619,200	103.2%
Health and Nutrition	\$72,956,048	\$57,052,694	78.2%	\$51,897,497	\$23,112,765	44.5%	\$189,431,388	\$115,614,578	61.0%
Mine Action	\$1,070,083	\$379,214	35.4%	\$30,037,454	\$9,451,555	31.5%	\$52,605,611	\$21,130,121	40.2%
Multisector	\$0	\$0	-	\$0	\$36,644,787	-	\$0	\$45,959,602	-
NFIs and Emergency Shelter	\$23,101,502	\$14,643,284	63.4%	\$15,974,960	\$8,840,988	55.3%	\$52,175,679	\$31,646,034	60.7%
Protection and Human Rights	\$46,132,223	\$32,084,737	69.5%	\$15,445,575	\$10,241,745	66.3%	\$85,502,312	\$45,727,084	53.5%
Unspecified	\$0	\$0	-	\$0	\$0	-	\$0	\$0	-
Water and Sanitation	\$55,000,831	\$47,486,174	86.3%	\$21,810,048	\$8,023,775	36.8%	\$96,240,674	\$67,415,261	70.0%
<b>Recovery and Development</b>	\$0	\$0	-	\$348,772,639	\$226,790,017	65.0%	\$562,584,007	\$283,762,539	50.4%
Basic Infrastructure and Settlement Development	\$0	\$0	-	\$120,337,850	\$125,438,640	104.2%	\$130,146,352	\$129,474,936	99.5%
Common Services and Coordination	\$0	\$0	-	\$6,820,574	\$649,000	9.5%	\$15,838,757	\$4,751,619	30.0%
Cross-sector Support for Return	\$0	\$0	-	\$600,000	\$0	0.0%	\$600,000	\$0	0.0%
DDR	\$0	\$0	-	\$1,800,000	\$0	0.0%	\$28,299,000	\$0	0.0%
Education	\$0	\$0	-	\$55,327,912	\$18,208,179	32.9%	\$110,158,045	\$25,420,636	23.1%
Food Security and Livelihoods	\$0	\$0	-	\$26,849,293	\$27,821,252	103.6%	\$80,459,041	\$39,307,443	48.9%
Governance and Rule of Law	\$0	\$0	-	\$52,102,061	\$21,105,268	40.5%	\$89,403,133	\$42,955,696	48.0%
Health and Nutrition	\$0	\$0	-	\$54,464,965	\$14,076,973	25.8%	\$62,218,165	\$16,680,869	26.8%
Mine Action	\$0	\$0	-	\$0	\$0	-	\$3,502,226	\$746,992	21.3%
Protection and Human Rights	\$0	\$0	-	\$4,844,931	\$3,965,338	81.8%	\$7,969,931	\$4,619,919	58.0%
Water and Sanitation	\$0	\$0	-	\$25,625,053	\$15,525,367	60.6%	\$33,989,357	\$19,804,429	58.3%
<b>GRAND TOTAL</b>	<b>\$651,011,175</b>	<b>\$555,054,447</b>	<b>85.3%</b>	<b>\$644,538,084</b>	<b>\$443,489,176</b>	<b>68.8%</b>	<b>\$1,862,475,304</b>	<b>\$1,299,821,883</b>	<b>69.8%</b>

Sector	Southern Kordofan			Abyei			Work Plan Total		
	Requirements	Contributions	Coverage	Requirements	Contributions	Coverage	Requirements	Contributions	Coverage
<b>Humanitarian Action</b>	\$55,685,287	\$39,158,986	<b>70.3%</b>	\$16,668,769	\$12,903,785	<b>77.4%</b>	\$1,299,891,296	\$1,016,059,344	<b>78.2%</b>
Basic Infrastructure and Settlement Development	\$0	\$0	-	\$0	\$0	-	\$10,084,740	\$1,700,000	<b>16.9%</b>
Common Services and Coordination	\$60,000	\$0	<b>0.0%</b>	\$15,000	\$0	<b>0.0%</b>	\$64,269,402	\$60,243,438	<b>93.7%</b>
Cross-sector Support for Return	\$595,965	\$34,260	<b>5.7%</b>	\$152,115	\$24,260	<b>15.9%</b>	\$68,137,820	\$33,474,327	<b>49.1%</b>
Education	\$0	\$0	-	\$0	\$0	-	\$54,622,489	\$38,276,590	<b>70.1%</b>
Food Security and Livelihoods	\$34,766,000	\$27,098,308	<b>77.9%</b>	\$10,821,000	\$9,580,684	<b>88.5%</b>	\$626,221,182	\$554,253,108	<b>88.5%</b>
Governance and Rule of Law	\$0	\$0	-	\$0	\$0	-	\$600,000	\$619,200	<b>103.2%</b>
Health and Nutrition	\$8,425,283	\$5,150,383	<b>61.1%</b>	\$2,363,968	\$1,430,028	<b>60.5%</b>	\$189,431,388	\$115,614,578	<b>61.0%</b>
Mine Action	\$3,745,292	\$1,822,325	<b>48.7%</b>	\$936,323	\$331,813	<b>35.4%</b>	\$52,605,611	\$21,130,121	<b>40.2%</b>
Multisector	\$0	\$0	-	\$0	\$0	-	\$0	\$45,959,602	-
NFIs and Emergency Shelter	\$2,223,649	\$1,733,512	<b>78.0%</b>	\$583,363	\$473,335	<b>81.1%</b>	\$52,175,679	\$31,646,034	<b>60.7%</b>
Protection and Human Rights	\$2,519,200	\$969,150	<b>38.5%</b>	\$1,185,000	\$282,666	<b>23.9%</b>	\$85,502,312	\$45,727,084	<b>53.5%</b>
Unspecified	\$0	-	-	\$0	-	-	\$0	-	-
Water and Sanitation	\$3,349,898	\$2,351,047	<b>70.2%</b>	\$612,000	\$781,000	<b>127.6%</b>	\$96,240,674	\$67,415,261	<b>70.0%</b>
<b>Recovery and Development</b>	<b>\$36,473,339</b>	<b>\$11,050,265</b>	<b>30.3%</b>	<b>\$10,916,391</b>	<b>\$3,442,603</b>	<b>31.5%</b>	<b>\$562,584,007</b>	<b>\$283,762,539</b>	<b>50.4%</b>
Basic Infrastructure and Settlement Development	\$378,130	\$109,151	<b>28.9%</b>	\$356,800	\$842,570	<b>236.1%</b>	\$130,146,352	\$129,474,936	<b>99.5%</b>
Common Services and Coordination	\$513,394	\$451,623	<b>88.0%</b>	\$242,308	\$151,211	<b>62.4%</b>	\$15,838,757	\$4,751,619	<b>30.0%</b>
Cross-sector Support for Return	\$0	-	-	\$0	-	-	\$600,000	-	-
DDR	\$3,000	-	-	\$3,000	-	-	\$28,299,000	-	-
Education	\$17,253,050	\$2,982,862	<b>17.3%</b>	\$2,746,248	\$531,235	<b>19.3%</b>	\$110,158,045	\$25,420,636	<b>23.1%</b>
Food Security and Livelihoods	\$12,150,965	\$3,066,983	<b>25.2%</b>	\$6,189,856	\$186,880	<b>3.0%</b>	\$80,459,041	\$39,307,443	<b>48.9%</b>
Governance and Rule of Law	\$3,200,000	\$1,791,128	<b>56.0%</b>	\$1,100,000	\$801,897	<b>72.9%</b>	\$89,403,133	\$42,955,696	<b>48.0%</b>
Health and Nutrition	\$964,800	\$693,609	<b>71.9%</b>	\$100,000	\$21,393	<b>21.4%</b>	\$62,218,165	\$16,680,869	<b>26.8%</b>
Mine Action	\$0	\$0	-	\$0	\$0	-	\$3,502,226	\$746,992	<b>21.3%</b>
Protection and Human Rights	\$0	\$0	-	\$0	\$0	-	\$7,969,931	\$4,619,919	<b>58.0%</b>
Water and Sanitation	\$2,010,000	\$1,954,909	<b>97.3%</b>	\$178,179	\$907,417	<b>509.3%</b>	\$33,989,357	\$19,804,429	<b>58.3%</b>
<b>GRAND TOTAL</b>	<b>\$92,158,626</b>	<b>\$50,209,251</b>	<b>54.5%</b>	<b>\$27,585,160</b>	<b>\$16,346,388</b>	<b>59.3%</b>	<b>\$1,862,475,304</b>	<b>\$1,299,821,883</b>	<b>69.8%</b>

Sector	Eastern States			Blue Nile			Work Plan Total		
	Requirements	Contributions	Coverage	Requirements	Contributions	Coverage	Requirements	Contributions	Coverage
<b>Humanitarian Action</b>	\$65,126,050	\$42,945,841	<b>65.9%</b>	\$33,635,253	\$19,595,805	<b>58.3%</b>	\$1,299,891,296	\$1,016,059,344	<b>78.2%</b>
Basic Infrastructure and Settlement Development	\$0	\$0	-	\$0	\$0	-	\$10,084,740	\$1,700,000	<b>16.9%</b>
Common Services and Coordination	\$427,694	\$0	<b>0.0%</b>	\$30,000	\$0	<b>0.0%</b>	\$64,269,402	\$60,243,438	<b>93.7%</b>
Cross-sector Support for Return	\$0	\$0	-	\$5,819,723	\$2,020,954	<b>34.7%</b>	\$68,137,820	\$33,474,327	<b>49.1%</b>
Education	\$400,000	\$355,000	<b>88.8%</b>	\$200,000	\$0	<b>0.0%</b>	\$54,622,489	\$38,276,590	<b>70.1%</b>
Food Security and Livelihoods	\$35,392,000	\$31,668,707	<b>89.5%</b>	\$10,244,000	\$9,525,140	<b>93.0%</b>	\$626,221,182	\$554,253,108	<b>88.5%</b>
Governance and Rule of Law	\$0	\$0	-	\$0	\$0	-	\$600,000	\$619,200	<b>103.2%</b>
Health and Nutrition	\$12,113,807	\$6,847,018	<b>56.5%</b>	\$6,043,368	\$2,265,822	<b>37.5%</b>	\$189,431,388	\$115,614,578	<b>61.0%</b>
Mine Action	\$3,675,208	\$1,197,726	<b>32.6%</b>	\$3,477,770	\$2,130,740	<b>61.3%</b>	\$52,605,611	\$21,130,121	<b>40.2%</b>
Multisector	\$0	\$0	-	\$0	\$0	-	\$0	\$45,959,602	-
NFIs and Emergency Shelter	\$1,705,536	\$671,853	<b>39.4%</b>	\$978,940	\$470,905	<b>48.1%</b>	\$52,175,679	\$31,646,034	<b>60.7%</b>
Protection and Human Rights	\$7,261,805	\$378,792	<b>5.2%</b>	\$4,318,405	\$702,994	<b>16.3%</b>	\$85,502,312	\$45,727,084	<b>53.5%</b>
Unspecified	\$0		-	\$0		-	\$0		-
Water and Sanitation	\$4,150,000	\$1,826,746	<b>44.0%</b>	\$2,523,047	\$2,479,250	<b>98.3%</b>	\$96,240,674	\$67,415,261	<b>70.0%</b>
<b>Recovery and Development</b>	<b>\$27,906,852</b>	<b>\$4,946,859</b>	<b>17.7%</b>	<b>\$7,579,586</b>	<b>\$4,659,027</b>	<b>61.5%</b>	<b>\$562,584,007</b>	<b>\$283,762,539</b>	<b>50.4%</b>
Basic Infrastructure and Settlement Development	\$857,680	\$1,769,028	<b>206.3%</b>	\$205,120	\$124,744	<b>60.8%</b>	\$130,146,352	\$129,474,936	<b>99.5%</b>
Common Services and Coordination	\$617,500	\$385,347	<b>62.4%</b>	\$755,702	\$471,591	<b>62.4%</b>	\$15,838,757	\$4,751,619	<b>30.0%</b>
Cross-sector Support for Return	\$0		-	\$0		-	\$600,000		
DDR	\$0		-	\$3,000			\$28,299,000		
Education	\$4,704,536	\$473,471	<b>10.1%</b>	\$2,487,000	\$1,741,951	<b>70.0%</b>	\$110,158,045	\$25,420,636	<b>23.1%</b>
Food Security and Livelihoods	\$14,108,736	\$0	<b>0.0%</b>	\$1,846,764	\$538,764	<b>29.2%</b>	\$80,459,041	\$39,307,443	<b>48.9%</b>
Governance and Rule of Law	\$3,500,000	\$1,663,636	<b>47.5%</b>	\$1,500,000	\$1,011,128	<b>67.4%</b>	\$89,403,133	\$42,955,696	<b>48.0%</b>
Health and Nutrition	\$2,222,400	\$191,964	<b>8.6%</b>	\$232,000	\$76,527	<b>33.0%</b>	\$62,218,165	\$16,680,869	<b>26.8%</b>
Mine Action	\$0	\$0	-	\$0	\$0	-	\$3,502,226	\$746,992	<b>21.3%</b>
Protection and Human Rights	\$0	\$0	-	\$225,000	\$0	<b>0.0%</b>	\$7,969,931	\$4,619,919	<b>58.0%</b>
Water and Sanitation	\$1,896,000	\$463,414	<b>24.4%</b>	\$325,000	\$694,322	<b>213.6%</b>	\$33,989,357	\$19,804,429	<b>58.3%</b>
<b>GRAND TOTAL</b>	<b>\$93,032,902</b>	<b>\$47,892,700</b>	<b>51.5%</b>	<b>\$41,214,839</b>	<b>\$24,254,832</b>	<b>58.8%</b>	<b>\$1,862,475,304</b>	<b>\$1,299,821,883</b>	<b>69.8%</b>

Sector	Khartoum and Other Northern States			National Programmes			Work Plan Total		
	Requirements	Contributions	Coverage	Requirements	Contributions	Coverage	Requirements	Contributions	Coverage
<b>Humanitarian Action</b>	\$43,759,733	\$14,350,555	32.8%	\$138,239,585	\$104,485,960	75.6%	\$1,299,891,296	\$1,016,059,344	78.2%
Basic Infrastructure and Settlement Development	\$1,042,000	\$0	0.0%	\$0	\$0	-	\$10,084,740	\$1,700,000	16.9%
Common Services and Coordination	\$60,000	\$0	0.0%	\$38,623,746	\$43,015,822	111.4%	\$64,269,402	\$60,243,438	93.7%
Cross-sector Support for Return	\$4,969,727	\$842,725	17.0%	\$40,307,500	\$22,285,998	55.3%	\$68,137,820	\$33,474,327	49.1%
Education	\$760,000	\$220,000	28.9%	\$1,200,000	\$0	0.0%	\$54,622,489	\$38,276,590	70.1%
Food Security and Livelihoods	\$3,658,764	\$1,776,918	48.6%	\$21,040,000	\$16,326,000	77.6%	\$626,221,182	\$554,253,108	88.5%
Governance and Rule of Law	\$0	\$0	-	\$0	\$0	-	\$600,000	\$619,200	103.2%
Health and Nutrition	\$18,366,276	\$6,552,442	35.7%	\$17,265,141	\$11,653,426	67.5%	\$189,431,388	\$115,614,578	61.0%
Mine Action	\$0	\$0	-	\$9,663,481	\$5,816,749	60.2%	\$52,605,611	\$21,130,121	40.2%
Multisector	\$0	\$0	-	\$0	\$0	-	\$0	\$45,959,602	-
NFIs and Emergency Shelter	\$3,907,729	\$1,333,678	34.1%	\$3,700,000	\$3,478,489	94.0%	\$52,175,679	\$31,646,034	60.7%
Protection and Human Rights	\$5,322,237	\$1,067,000	20.0%	\$3,317,867	\$0	0.0%	\$85,502,312	\$45,727,084	53.5%
Unspecified	\$0	-	-	\$0	-	-	\$0	-	-
Water and Sanitation	\$5,673,000	\$2,557,793	45.1%	\$3,121,850	\$1,909,476	61.2%	\$96,240,674	\$67,415,261	70.0%
<b>Recovery and Development</b>	\$40,122,492	\$3,446,277	8.6%	\$90,812,708	\$28,927,551	31.9%	\$562,584,007	\$283,762,539	50.4%
Basic Infrastructure and Settlement Development	\$8,010,772	\$1,190,803	14.9%	\$0	\$0	-	\$130,146,352	\$129,474,936	99.5%
Common Services and Coordination	\$1,429,933	\$143,548	10.0%	\$5,459,346	\$2,499,358	45.8%	\$15,838,757	\$4,751,619	30.0%
Cross-sector Support for Return	\$0	-	-	\$0	-	-	\$600,000	-	-
DDR	\$15,000	-	-	\$26,475,000	-	-	\$28,299,000	-	-
Education	\$16,114,199	\$534,836	3.3%	\$11,525,100	\$948,103	8.2%	\$110,158,045	\$25,420,636	23.1%
Food Security and Livelihoods	\$9,939,863	\$0	0.0%	\$9,373,564	\$7,693,564	82.1%	\$80,459,041	\$39,307,443	48.9%
Governance and Rule of Law	\$2,875,000	\$1,545,000	53.7%	\$25,126,072	\$14,537,638	57.9%	\$89,403,133	\$42,955,696	48.0%
Health and Nutrition	\$288,600	\$32,089	11.1%	\$3,945,400	\$1,588,315	40.3%	\$62,218,165	\$16,680,869	26.8%
Mine Action	\$0	\$0	-	\$3,502,226	\$746,992	21.3%	\$3,502,226	\$746,992	21.3%
Protection and Human Rights	\$0	\$0	-	\$2,900,000	\$654,581	22.6%	\$7,969,931	\$4,619,919	58.0%
Water and Sanitation	\$1,449,125	\$0	0.0%	\$2,506,000	\$259,000	10.3%	\$33,989,357	\$19,804,429	58.3%
<b>GRAND TOTAL</b>	<b>\$83,882,225</b>	<b>\$17,796,832</b>	<b>21.2%</b>	<b>\$229,052,293</b>	<b>\$133,413,511</b>	<b>58.2%</b>	<b>\$1,862,475,304</b>	<b>\$1,299,821,883</b>	<b>69.8%</b>

## ANNEX II – 2007 CERF Grants to Sudan

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

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CERF Grant - ARC - Health and Nutrition

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Contribution Data	Project Details	Contribution Description	Amount	Regional Breakdown of Contribution
<b>CERF Grant</b>			<b>\$25,475,034</b>	
<b>ARC</b>			<b>\$312,038</b>	
<i>Health and Nutrition</i>			<i>\$312,038</i>	
ID:1448 Date: 18-May-07 CERF Grant	ARC SUD-07/HN188 Humanitarian Action [S]	Emergency Life Saving Support for LRA Affected Polulation, Magwi County, Eastern Equatoria  Project Budget: \$563,658 Funds Secured: \$312,038	ARC - SUD-07/HN188 - Emergency Life Saving Support for LRA Affected Polulation, Magwi County, Eastern Equatoria [S] (HA) (Through UNDP)  \$312,038 <i>Regional breakdown estimated based on project budget</i>	- [D] - [S] - [NP] - [KN] - [E] - [BN] - [SK] - [A]
<b>DRC</b>			<b>\$213,179</b>	
<i>Water and Sanitation</i>			<i>\$213,179</i>	
ID:1449 Date: 18-May-07 CERF Grant	DRC SUD-07/WS104 Humanitarian Action [S]	Mukaya intervention for LRA displaced communities  Project Budget: \$263,289 Funds Secured: \$213,179	DRC - SUD-07/WS104 - Mukaya intervention for LRA displaced communities [S] (HA) (Through UNDP)  \$213,179 <i>Regional breakdown estimated based on project budget</i>	- [D] - [S] - [NP] - [KN] - [E] - [BN] - [SK] - [A]
<b>FAO</b>			<b>\$1,254,611</b>	
<i>Food Security and Livelihoods</i>			<i>\$1,254,611</i>	
ID:1416 Date: 07-Aug-07 CERF Grant	FAO SUD-07/FSL128 Humanitarian Action [BN][SK][E][KN]	Restoration of Agricultural and Livestock production and support Livelihood of the flood victims and vulnerable farmers and pastoralists in Eastern Sudan, Blue Nile, White Nile, Northern and Southern Kordofan States (Flood Response)  Project Budget: \$1,800,000 Funds Secured: \$1,080,000	FAO - SUD-07/FSL128 - Restoration of Agricultural and Livestock production and support Livelihood of the flood victims and vulnerable farmers and pastoralists in Eastern Sudan, Blue Nile, White Nile, Northern and Southern Kordofan States (Flood Response)  \$375,000 <i>Regional breakdown estimated based on project budget</i>	- [D] - [S] - [NP] \$93,750 [KN] \$93,750 [E] \$93,750 [BN] \$93,750 [SK] - [A]
ID:1415 Date: 07-Aug-07 CERF Grant	FAO SUD-07/FSL78B Humanitarian Action [S]	Emergency Assistance (Livestock & Fisheries) to Affected flood victims in Southern Sudan (Flood Response)  Project Budget: \$900,000 Funds Secured: \$900,001	FAO - SUD-07/FSL78B - Emergency Assistance (Livestock & Fisheries) to Affected flood victims in Southern Sudan (Flood Response) [S] (HA)  \$320,001 <i>Regional breakdown estimated based on project budget</i>	- [D] - [S] - [NP] - [KN] - [E] - [BN] - [SK] - [A]

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Resource Tracking Service for Sudan - Overview of Donor Contributions to the UN and Partners Work Plan for Sudan  
CERF Grant - FAO - Food Security and Livelihoods

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Contribution Data		Project Details		Contribution Description		Amount	Regional Breakdown of Contribution			
ID:1475	Date: 14-Dec-07	FAO	Emergency preparedness for potential outbreak of Rift Valley Fever (RVF) in livestock in SUDAN	FAO - SUD-07/FSL132 - Emergency preparedness for potential outbreak of Rift Valley Fever (RVF) in livestock in SUDAN [KN] (HA)		\$559,610	-	[D]	-	[E]
CERF	Grant	SUD-07/FSL132					-	[S]	-	[BN]
		Humanitarian Action [KN]					-	[NP]	-	[SK]
			Project Budget:	\$1,821,764			\$559,610	[KN]	-	[A]
			Funds Secured:	\$559,610						
Malaria Consortium						\$142,945				
Health and Nutrition						\$142,945				
ID:1453	Date: 18-May-07	Malaria Consortium	Reduced malaria related morbidity and mortality in Magwi county	Malaria Consortium - SUD-07/HN189 - Reduced malaria related morbidity and mortality in Magwi county [S] (HA) (Through UNDP)		\$142,945	-	[D]	-	[E]
CERF	Grant	SUD-07/HN189					\$142,945	[S]	-	[BN]
		Humanitarian Action [S]					Project Budget:	\$142,945	-	[NP]
			Funds Secured:	\$142,945			-	[KN]	-	[A]
MANNA						\$68,855				
Food Security and Livelihoods						\$68,855				
ID:1450	Date: 18-May-07	MANNA	Filling the marks of LRA in Lofus and Tseretenya	MANNA - SUD-07/FSL130 - Filling the marks of LRA in Lofus and Tseretenya [S] (HA) (Through UNDP)		\$68,855	-	[D]	-	[E]
CERF	Grant	SUD-07/FSL130					\$68,855	[S]	-	[BN]
		Humanitarian Action [S]					Project Budget:	\$68,854	-	[NP]
			Funds Secured:	\$68,855			-	[KN]	-	[A]
NCA						\$197,937				
NFIs and Emergency Shelter						\$197,937				
ID:1452	Date: 18-May-07	NCA	NFI Distribution to communities and spontaneous returnees in LRA affected areas of Magwi County in Eastern Equatoria.	NCA - SUD-07/NS40 - NFI Distribution to communities and spontaneous returnees in LRA affected areas of Magwi County in Eastern Equatoria. [S] (HA) (Through UNDP)		\$197,937	-	[D]	-	[E]
CERF	Grant	SUD-07/NS40					\$197,937	[S]	-	[BN]
		Humanitarian Action [S]					Project Budget:	\$197,937	-	[NP]
			Funds Secured:	\$197,937			-	[KN]	-	[A]
UNDP						\$75,000				
Unspecified						\$75,000				
ID:1478	Date: 18-May-07	UNDP	Balancing Entry - UNDP Management Fee - LRA Response	Balancing Entry - UNDP Management Fee - LRA Response		\$75,000	-	[D]	-	[E]
CERF	Grant	SUD-07/UNDP-CERF					-	[S]	-	[BN]
		Humanitarian Action					Project Budget:	\$0	-	[NP]
			Funds Secured:	\$75,000			-	[KN]	-	[A]

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Resource Tracking Service for Sudan - Overview of Donor Contributions to the UN and Partners Work Plan for Sudan  
CERF Grant - UNFPA - Health and Nutrition

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Contribution Data	Project Details	Contribution Description		Amount	Regional Breakdown of Contribution			
UNFPA				\$214,000				
Health and Nutrition				\$214,000				
ID:1424 Date: 07-Aug-07 CERF Grant	UNFPA SUD-07/HN177 Humanitarian Action [NP][BN][E][KN]	Emergency interventions for safe motherhood (Flood Response)  Project Budget: \$200,000 Funds Secured: \$314,000	UNFPA - SUD-07/HN177 - Emergency interventions for safe motherhood (Flood Response) [NP][BN][E][KN] (HA)	\$214,000  Regional breakdown estimated based on project budget	- [D] - [S] \$21,400 [NP] \$85,600 [KN]	\$64,200 [E] \$42,800 [BN] - [SK] - [A]		
UNHCR				\$4,719,318				
Protection and Human Rights				\$4,719,318				
ID:1447 Date: 10-Dec-07 CERF Grant	UNHCR SUD-07/PHR30 Humanitarian Action [D]	Refugees and returnees monitoring in West Darfur  Project Budget: \$3,001,910 Funds Secured: \$2,429,840	UNHCR - SUD-07/PHR30 - Refugees and returnees monitoring in West Darfur [D] (HA)	\$1,849,840  Regional breakdown estimated based on project budget	\$1,849,840 [D] - [S] - [NP] - [KN]	- [E] - [BN] - [SK] - [A]		
ID:1446 Date: 10-Dec-07 CERF Grant	UNHCR SUD-07/PHR91 Humanitarian Action [S]	Return of Sudanese refugees to Southern Sudan  Project Budget: \$2,869,478 Funds Secured: \$2,869,478	UNHCR - SUD-07/PHR91 - Return of Sudanese refugees to Southern Sudan [S] (HA)	\$2,869,478  Regional breakdown estimated based on project budget	- [D] \$2,869,478 [S] - [NP] - [KN]	- [E] - [BN] - [SK] - [A]		
UNICEF				\$11,091,442				
Education				\$500,000				
ID:1219 Date: 23-Mar-07 CERF Grant	UNICEF SUD-07/E49 Humanitarian Action [D]	Strengthening Basic Education  Project Budget: \$3,371,622 Funds Secured: \$4,934,866	UNICEF - SUD-07/E49 - Strengthening Basic Education [D] (HA)	\$450,000  Regional breakdown estimated based on project budget	\$450,000 [D] - [S] - [NP] - [KN]	- [E] - [BN] - [SK] - [A]		
ID:917 Date: 07-Feb-07 CERF Grant	UNICEF SUD-07/E47 Humanitarian Action [D]	HIV/AIDS Life-skills Education in Darfur  Project Budget: \$50,000 Funds Secured: \$50,000	SUD-07/E47 - HIV/AIDS Life-skills Education in Darfur [D](HA) - SM/2007/0092-1	\$50,000	\$50,000 [D] - [S] - [NP] - [KN]	- [E] - [BN] - [SK] - [A]		
Health and Nutrition				\$4,616,763				
ID:1217 Date: 22-Mar-07 CERF Grant	UNICEF SUD-07/HN144 Recovery and Development [S]	Safe Motherhood Initiative and Emergency Obstetric Support to State Hospitals  Project Budget: \$1,500,000 Funds Secured: \$200,000	Safe Motherhood Initiative and Emergency Obstetric Support to State Hospitals [S] (RD)	\$200,000  Regional breakdown estimated based on project budget	- [D] \$200,000 [S] - [NP] - [KN]	- [E] - [BN] - [SK] - [A]		



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Resource Tracking Service for Sudan - Overview of Donor Contributions to the UN and Partners Work Plan for Sudan  
CERF Grant - UNICEF - Health and Nutrition

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Contribution Data	Project Details	Contribution Description	Amount	Regional Breakdown of Contribution			
<b>ID:1218</b> <b>Date:</b> 23-Mar-07 <b>CERF Grant</b>	<b>UNICEF</b> <b>SUD-07/HN43</b> Humanitarian Action [NP][D][A][BN][SK][E][KN]	Integrated Primary Health Care (Including Immunisation) Darfur  <i>Project Budget:</i> \$14,700,000 <i>Funds Secured:</i> \$5,311,762	Integrated Primary Health Care (Including Immunisation) Darfur [NP][D][A][BN][SK][E][KN] (HA)  <b>\$640,000</b> <i>Regional breakdown estimated based on project budget</i>	\$400,544 [D] - [S] \$239,456 [NP] - [KN]	- [E] - [BN] - [SK] - [A]		
<b>ID:1422</b> <b>Date:</b> 07-Aug-07 <b>CERF Grant</b>	<b>UNICEF</b> <b>SUD-07/HN181</b> Humanitarian Action [S]	Support to Health Services in Flood Affected Areas in Southern Sudan (Flood Response)  <i>Project Budget:</i> \$920,000 <i>Funds Secured:</i> \$654,283	UNICEF - SUD-07/HN181 - Support to Health Services in Flood Affected Areas in Southern Sudan (Flood Response) [S] (HA)  <b>\$454,283</b> <i>Regional breakdown estimated based on project budget</i>	- [D] \$454,283 [S] - [NP] - [KN]	- [E] - [BN] - [SK] - [A]		
<b>ID:868</b> <b>Date:</b> 01-Mar-07 <b>CERF Grant</b>	<b>UNICEF</b> <b>SUD-07/HN71</b> Humanitarian Action [D]	Treatment of Acute Malnutrition (Supplementary and Therapeutic Feeding Programmes)  <i>Project Budget:</i> \$850,000 <i>Funds Secured:</i> \$1,841,121	SUD-07/HN71 - Treatment of Acute Malnutrition (Supplementary and Therapeutic Feeding Programmes) [D](HA) - SM/2007/0101  <b>\$270,000</b>	\$270,000 [D] - [S] - [NP] - [KN]	- [E] - [BN] - [SK] - [A]		
<b>ID:818</b> <b>Date:</b> 01-Apr-07 <b>CERF Grant</b>	<b>UNICEF</b> <b>SUD-07/HN68</b> Humanitarian Action [D]	Micronutrient and Integrated Maternal and Child Nutrition  <i>Project Budget:</i> \$1,600,000 <i>Funds Secured:</i> \$1,590,288	SUD-07/HN68 - Micronutrient and Integrated Maternal and Child Nutrition [D](HA) - SM/2007/0101  <b>\$250,000</b>	\$250,000 [D] - [S] - [NP] - [KN]	- [E] - [BN] - [SK] - [A]		
<b>ID:1421</b> <b>Date:</b> 16-Aug-07 <b>CERF Grant</b>	<b>UNICEF</b> <b>SUD-07/HN176</b> Humanitarian Action [BN][SK][E][KN]	Rapid Response for Emergency Health Flood Interventions (Flood Response)  <i>Project Budget:</i> \$5,519,000 <i>Funds Secured:</i> \$4,635,567	UNICEF - SUD-07/HN176 - Rapid Response for Emergency Health Flood Interventions (Flood Response) [BN][SK][E][KN] (HA)  <b>\$2,802,480</b> <i>Regional breakdown estimated based on project budget</i>	- [D] - [S] - [NP] \$2,101,860 [KN]	\$420,372 [E] \$140,124 [BN] \$140,124 [SK] - [A]		
<b>NFIs and Emergency Shelter</b>			<b>\$1,300,001</b>				
<b>ID:1423</b> <b>Date:</b> 07-Aug-07 <b>CERF Grant</b>	<b>UNICEF</b> <b>SUD-07/NS30</b> Humanitarian Action [NP]	NFI Procurement for the NFI Common Pipeline (Flood Response)  <i>Project Budget:</i> \$3,500,000 <i>Funds Secured:</i> \$2,828,489	UNICEF - SUD-07/NS30 - NFI Procurement for the NFI Common Pipeline (Flood Response) [NP] (HA)  <b>\$1,300,001</b> <i>Regional breakdown estimated based on project budget</i>	- [D] - [S] \$1,300,001 [NP] - [KN]	- [E] - [BN] - [SK] - [A]		
<b>Water and Sanitation</b>			<b>\$4,674,678</b>				
<b>ID:1419</b> <b>Date:</b> 16-Aug-07 <b>CERF Grant</b>	<b>UNICEF</b> <b>SUD-07/WS85B</b> Humanitarian Action [S]	Emergency WASH Response for Flood affected States In Southern Sudan (Flood Response)  <i>Project Budget:</i> \$2,100,000 <i>Funds Secured:</i> \$892,958	UNICEF - SUD-07/WS85B - Emergency WASH Response for Flood affected States In Southern Sudan (Flood Response) [S] (HA)  <b>\$392,958</b> <i>Regional breakdown estimated based on project budget</i>	- [D] \$392,958 [S] - [NP] - [KN]	- [E] - [BN] - [SK] - [A]		

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CERF Grant - UNICEF - Water and Sanitation

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Contribution Data	Project Details	Contribution Description		Amount	Regional Breakdown of Contribution		
ID:1220 Date: 23-Mar-07 CERF Grant	UNICEF SUD-07/WS42 Humanitarian Action [D]	WASH project for conflict affected and vulnerable population in North, West and South Darfur States  Project Budget: \$14,000,000 Funds Secured: \$19,565,199	WASH project for conflict affected and vulnerable population in North, West and South Darfur States [D] (HA)	\$2,620,000  Regional breakdown estimated based on project budget	\$2,620,000 [D] - [S] - [NP] - [KN]	- [E] - [BN] - [SK] - [A]	
ID:1420 Date: 16-Aug-07 CERF Grant	UNICEF SUD-07/WS101 Humanitarian Action [NP][BN][SK][E][KN]	Emergency WASH Project for Flood affected population in Northern Sudan (Flood Response)  Project Budget: \$4,212,850 Funds Secured: \$2,805,956	UNICEF - SUD-07/WS101 - Emergency WASH Project for Flood affected population in Northern Sudan (Flood Response) [NP][BN][SK][E][KN] (HA)	\$1,661,720  Regional breakdown estimated based on project budget	- [D] - [S] \$360,065 [NP] \$394,441 [KN]	\$631,105 [E] \$138,054 [BN] \$138,054 [SK] - [A]	
WFP				\$3,300,000			
Common Services and Coordination				\$3,000,000			
ID:534 Date: 10-Mar-07 CERF Grant	WFP SUD-07/CCS8 Humanitarian Action [NP]	SO 10181.3 "Provision of Humanitarian Air Services"  Project Budget: \$31,000,000 Funds Secured: \$33,497,975	SUD-07/CCS8 - SO 10181.3 "Provision of Humanitarian Air Services" [NP](HA)	\$3,000,000  Regional breakdown estimated based on project budget	- [D] - [S] \$3,000,000 [NP] - [KN]	- [E] - [BN] - [SK] - [A]	
Education				\$300,000			
ID:627 Date: 20-Mar-07 CERF Grant	WFP SUD-07/E61 Humanitarian Action [D]	Emergency Food for Education  Project Budget: \$6,300,000 Funds Secured: \$5,849,990	Emergency Food for Education [D] (HA)	\$300,000  Regional breakdown estimated based on project budget	\$300,000 [D] - [S] - [NP] - [KN]	- [E] - [BN] - [SK] - [A]	
WFP (UNJLC)				\$200,000			
NFIs and Emergency Shelter				\$200,000			
ID:1418 Date: 14-Aug-07 CERF Grant	WFP (UNJLC) SUD-07/NS29 Humanitarian Action [NP]	NFI Coordination for Flood-affected Population in Sudan (Flood Response)  Project Budget: \$200,000 Funds Secured: \$450,000	WFP (UNJLC) - SUD-07/NS29 - NFI Coordination for Flood-affected Population in Sudan (Flood Response) [NP] (HA)	\$200,000  Regional breakdown estimated based on project budget	- [D] - [S] \$200,000 [NP] - [KN]	- [E] - [BN] - [SK] - [A]	
WHO				\$3,120,662			
Health and Nutrition				\$2,740,662			
ID:1425 Date: 14-Aug-07 CERF Grant	WHO SUD-07/HN180 Humanitarian Action [S]	Emergency Flood Health Assistance to Floods Affected Areas in Southern Sudan (Flood Response)  Project Budget: \$464,072 Funds Secured: \$494,385	WHO - SUD-07/HN180 - Emergency Flood Health Assistance to Floods Affected Areas in Southern Sudan (Flood Response) [S] (HA)	\$295,427  Regional breakdown estimated based on project budget	- [D] \$295,427 [S] - [NP] - [KN]	- [E] - [BN] - [SK] - [A]	

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Contribution Data	Project Details	Contribution Description	Amount	Regional Breakdown of Contribution			
ID:1426 Date: 14-Aug-07 CERF Grant	WHO SUD-07/HN175 Humanitarian Action [NP][D][BN][SK][E][KN]	Emergency Response to the Flood Affected Populations of North Sudan (Flood Response)  Project Budget: \$1,300,072 Funds Secured: \$1,455,072	WHO - SUD-07/HN175 - Emergency Response to the Flood Affected Populations of North Sudan (Flood Response) [NP][D][BN][SK][E][KN] (HA)  \$664,072 <i>Regional breakdown estimated based on project budget</i>	\$102,159 [D] - [S] \$357,594 [NP] \$51,080 [KN]	\$51,080 [E] \$51,080 [BN] \$51,080 [SK] - [A]		
ID:1179 Date: 22-Mar-07 CERF Grant	WHO SUD-07/HN54 Humanitarian Action [D]	Ensure Access to Quality Health Care Services  Project Budget: \$2,400,000 Funds Secured: \$2,318,363	WHO - SUD-07/HN54 - Ensure Access to Quality Health Care Services [D] (HA) - CERF under funded grant  \$840,000	\$840,000 [D] - [S] - [NP] - [KN]	- [E] - [BN] - [SK] - [A]		
ID:1476 Date: 14-Dec-07 CERF Grant	WHO SUD-07/HN191 Humanitarian Action [KN]	Rapid Control of Rift Valley Fever Outbreak in humans in Sudan  Project Budget: \$1,950,000 Funds Secured: \$941,163	WHO - SUD-07/HN191 - Rapid Control of Rift Valley Fever Outbreak in humans in Sudan [KN] (HA)  \$941,163 <i>Regional breakdown estimated based on project budget</i>	- [D] - [S] - [NP] \$941,163 [KN]	- [E] - [BN] - [SK] - [A]		
Water and Sanitation			\$380,000				
ID:490 Date: 22-Mar-07 CERF Grant	WHO SUD-07/WS52 Humanitarian Action [D]	Promotion of environmental health services to control water and sanitation related diseases in North and South Darfur  Project Budget: \$640,000 Funds Secured: \$580,000	SUD-07/WS52 - Promotion of environmental health services to control water and sanitation related diseases in North and South Darfur [D](HA)  \$380,000	\$380,000 [D] - [S] - [NP] - [KN]	- [E] - [BN] - [SK] - [A]		
World Vision			\$454,358				
Food Security and Livelihoods			\$454,358				
ID:1454 Date: 18-May-07 CERF Grant	World Vision SUD-07/FSL131 Humanitarian Action [S]	Emergency Response in LRA affected Area in Western Equatoria  Project Budget: \$497,830 Funds Secured: \$454,358	World Vision - SUD-07/FSL131 - Emergency Response in LRA affected Area in Western Equatoria [S] (HA) (Through UNDP)  \$454,358 <i>Regional breakdown estimated based on project budget</i>	- [D] \$454,358 [S] - [NP] - [KN]	- [E] - [BN] - [SK] - [A]		
ZOA Refugee			\$110,689				
NFIs and Emergency Shelter			\$110,689				
ID:1451 Date: 18-May-07 CERF Grant	ZOA Refugee SUD-07/NS41 Humanitarian Action [S]	Non Food Relief and Shelter provision emergency response resulting from LRA Activity in Maridi and Ibba County  Project Budget: \$110,688 Funds Secured: \$110,689	ZOA Refugee - SUD-07/NS41 - Non Food Relief and Shelter provision emergency response resulting from LRA Activity in Maridi and Ibba County [S] (HA) (Through UNDP)  \$110,689 <i>Regional breakdown estimated based on project budget</i>	- [D] \$110,689 [S] - [NP] - [KN]	- [E] - [BN] - [SK] - [A]		

Contribution Data	Project Details	Contribution Description	Amount	Regional Breakdown of Contribution			
GRAND TOTAL			\$25,475,034	\$7,512,543	[D]	\$1,260,507	[E]
				\$6,032,148	[S]	\$465,808	[BN]
				\$5,478,516	[NP]	\$423,008	[SK]
				\$4,227,503	[KN]	\$0	[A]