I. Allocation Overview

**Project Proposal Deadline: 18 February 2018 midnight, Sudan**

A) **Introduction / Humanitarian situation**

This strategy paper outlines the objectives of and criteria for the second standard allocation of the Sudan Humanitarian Fund for 2018, for an amount totaling **US$20.3 million**.

While the unilateral ceasefires have enabled a general improvement in the security situation across Darfur and the Two Areas, humanitarian needs continue. Humanitarian partners have identified an estimated 5.8 million people in need of humanitarian assistance across Sudan. Humanitarian needs in 2018 have increased by one million people due to the South Sudanese refugee influx, diseases outbreaks, food insecurity and malnutrition. While harvests improved in 2017, food insecurity increased due to a rise in food prices without a proportional increase in income especially for the displaced. Rapid needs assessments conducted in parts of Blue Nile, South Kordofan and Jebel Marra revealed severe malnutrition especially in Jebel Marra, and basic services below SPHERE standards in these areas. The outbreak of diseases, protection needs related to insecurity and protracted displacement, and some returns have all generated humanitarian needs.

In line with the Sudan Multi-Year Humanitarian Strategy 2017-2019, people affected by new emergencies will be provided with integrated and multi-sectoral timely lifesaving assistance and services, and protection in the aftermath of shocks. In addition, for the protracted displacement, the SHF will however also focus on self-reliance and support a gradual reduction in humanitarian aid of the protracted people in need. Both interventions will be done by multi-sector area based approached to ensure a comprehensive response to affected population.

In the first half of 2018, an expected $33.3 million will be available in the Sudan Humanitarian Fund. This includes $9.2 million of carry-over funding. Besides a $3 million allocation on improved health and sanitation launched early January, the Reserve for Emergencies of $6.1 million, a $1 million commitment for a returnee programme, the continuation of the 2017 protracted displacement pilot in Kreinin and management fees, $20.3 million is available for this allocation. Of this amount $2 million for a multi-year programme will be covered by 2019 contributions that have already been committed.

In line with the identified prioritized needs and in complementarity with other funding of SHF, CERF and donors, the allocation consists of different envelopes each targeting a specific area, intervention and HRP outcome. $5 million will be allocated to projects for recently displaced people, $6 million to projects for people in a situation of protracted displacement, $3 million to support out of camp refugees and $5 million for a nutrition and drought response. In addition, $1.3 million will be provided to continue the second year of the two-year returnee pilot projects in Um Dukhun. Through these cases the Fund strongly contributes to addressing the multiple humanitarian crises that the Republic of the Sudan is subject to.

An amount of **$6.1 million** (20 per cent of the projected incoming contributions) is set aside for the **Reserve for Emergencies**. $2 million of that amount is conditioned to the actual receipt of the expected donor contributions. Priority responses envisaged are for new refugee influxes, internal displacement, new accessible areas and disease outbreaks. The process for application for this Reserve for Emergencies is available in the **SHF Operational Manual**, while the criteria are available in the **SHF Programme Manual**.

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B) Humanitarian Response Plan

This allocation is closely aligned with the Multi-Year Humanitarian Strategy (2017-2019) and the Humanitarian Response Plan 2018 (HRP) and contributes to all the three outcomes: 1) Populations affected by natural or manmade disasters receive timely assistance during and in the aftermath of the shock, 2) Displaced populations, refugees, returnees and host communities meet their basic needs and/or access to essential basic services while increasing their self-reliance and 3) Vulnerable residents in targeted areas have improved nutrition status and increased resilience.

The allocation contributes to all three outcomes of the HRP. First, the allocation will focus on the first outcome by providing funding to respond to the emergency needs of recent displaced and to reduce the malnutrition and mortality in newly accessible areas (case one and three (refugees)). Second, this allocation will align with outcome two by increasing basic services to meet basic needs of displaced people while increasing their self-reliance. This especially in protracted displacement where new influxes took place during the past year (case two). Finally, this allocation will target outcome three by improving the nutrition status and resilience of vulnerable residents (case four). For the refugee response, the allocation aligns with the 2018 South Sudan Regional Response plan.

II. Allocation Strategy

A) Purpose of the Allocation Strategy

The prioritisation process was led by the Humanitarian Coordinator (HC) with preliminary high-level discussion with the Advisory Board on the 2018 positioning of the SHF and the funding strategy for 2018. Further consultations with the Inter-Sector Coordination Group (ISCG) and OCHA field offices then followed. SHF funding will complement previous SHF and CERF allocations and interventions financed by other donors. Partners are requested to provide information on funding that has been allocated, but not implemented yet.

In line with the SHF 2018 Positioning Paper and the Grand Bargain, this allocation focusses on front line responders. In addition, all projects should adhere to the cross cutting issues as reflected in the SHF Programme Manual (gender – and protection mainstreaming, accountability to affected populations, environmental, early recovery and value for money). SHF strongly encourages cash based programming when feasible. See the SHF Programme Manual on the minimum requirements for cash interventions. For the first time in its history, the SHF will fund multi-annual projects to address the recurrent but acute malnutrition in Kassala state.

This allocation prioritizes multi-sector area based approaches that address strongly articulated humanitarian needs. Partners need to provide credible needs assessments for their interventions and strong performing partners will be prioritized to continue their programming. Projects should address immediate needs through emergency, life-saving assistance and in parallel increase self-reliance of the most vulnerable and their communities. Increased ownership by communities of projects informed through participatory approaches should also result in sustainability and lay a foundation for follow-up through longer term approaches. Well informed conflict sensitive programming that clearly indicates risks and mitigation measures needs to be part of all approaches to guarantee peaceful coexistence of IDPs and host communities. Partners should explain the level of access to the targeted areas.

All partners submitting and working in the same area should develop a common multi-sector strategy and demonstrate how they work closely together. In addition, partners are encouraged to jointly conduct need assessments, identify beneficiaries, aim for intersectoral objectives, have a common monitoring plan, create synergies with present partners and ongoing initiatives (including the Government of Sudan). Partners should consider interventions that involve the community.

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B) Allocation Breakdown

The allocation breakdown is as follows:

<table>
<thead>
<tr>
<th>Envelope</th>
<th>Description</th>
<th>Amount (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>IDPs (new access/recent displacement)</td>
<td>5,000,000</td>
</tr>
<tr>
<td>2</td>
<td>IDPs (protracted displacement)</td>
<td>6,000,000</td>
</tr>
<tr>
<td>3</td>
<td>Refugees (out of camp)</td>
<td>3,000,000</td>
</tr>
<tr>
<td>4</td>
<td>Multi-sector Nutrition and drought response</td>
<td>5,000,000</td>
</tr>
<tr>
<td>5</td>
<td>Returnees Umm Dukhn (year two)</td>
<td>1,300,000</td>
</tr>
<tr>
<td></td>
<td><strong>Total for this allocation</strong></td>
<td><strong>20,3 million</strong></td>
</tr>
</tbody>
</table>

**Envelope 1: Recent IDP displacement and newly accessible areas $5 million (HRP outcome one)**

The cumulative effects of armed conflict in the greater Jebel Marra have had a substantial impact on the communities and in 2017, access has opened in areas that were not accessible for several years. The pressing humanitarian needs in this area are mainly high rates malnutrition, lack of basic services delivery and a collapse of basic infrastructure due to the impact of the conflict. Economic destitution, insecurity and the absence of social services lead to serious protection risks for children, women and men, such as gender based violence, recruitment, and harassment. Community structures need reinforcement to ensure that persons at risk are identified and referred to services providers as appropriate, and to empower communities for their own protection.

In 2017, about 9,700 people were newly displaced in Darfur with an additional 7,000 people reportedly displaced but not yet verified. Several thousands of them fled to Al Lait in North Darfur. The locality also welcomed more than 12,000 South Sudanese refugees. While the displaced, refugees and host-community do live peacefully next to each other, the additional influx has overstretched the water resources and facilities for basic services in this area.

In Al Lait and the Jebel Marra localities, partners have kickstarted the response to new displacement in the newly accessible areas with support from SHF, CERF and other donors. Despite this, the needs continue to be pressing. Projects should address immediate needs through emergency, life-saving assistance and at the same time increase self-reliance of the most vulnerable and their communities. Hence, vulnerable host communities must be included in the response. While the use of existing structures is prioritized, additional construction is allowed based on the context and needs assessments. Semi-permanent structures and sustainable interventions are encouraged if the context allows. Projects should target areas in a comprehensive manner and clearly explain how they complement other projects in the same locality.

**Eligible actions:** see eligible actions annex 2.
**Eligible organizations:** NGOs with proven experience in the targeted sectors. Priority will be given to NGOs with established presence and effective ongoing interventions, however, NGOs that are not present in the locality are eligible to apply as well. UN agencies can only submit projects for the East Jebel Marra locality, if no SHF NGO partner is available.
**Targeted localities:** Central Darfur (Golo, Nertiti, Rokero), North Darfur (Al Lait*) and South Darfur (East Jebel Marra).
**Eligible sectors of intervention:** Health & Nutrition, WASH, FSL & Cash, Education and Protection. This order indicates how funding levels will be determined across the sectors and is subject to the quality of proposals.
- FSL, Education, WASH should be submitted as single sector projects unless combined with Protection.

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- Health-Nutrition projects are expected to be combined and submitted as multi-sector projects. Only with a clear indication that health or nutrition needs are covered, a single sector project can be submitted.
- Cash interventions can be part of any project under any sector. Multi-purpose cash stand-alone interventions are to be submitted under FSL.
- Protection interventions can only be part of a multi-sector project with an exception for low risk partners. Protection interventions need to be combined with any of the four (combined) sectors stated above – possibly through a sub-grant. Low risk partners can submit stand-alone protection projects if the partner provides a reasoning for not using a multi-sector approach.

*For Al Lait, the response should include the refugees as well.

**Envelope 2: Protracted displacement $6 million (HRP outcome two)**

The conflicts in Darfur, South Kordofan, and Blue Nile have resulted in widespread displacement. In 2018, 1.8 million IDPs in Darfur need humanitarian assistance. Children represent 60 per cent of people displaced in camps. Under this envelope, SHF will focus on areas that host large numbers of protracted displaced and where the limited access to basic services has further deteriorated due to the influx of new displacement between 2016-2017 in North Darfur (Dar El Salam, Tawilla, Sortony) and in South Darfur (Kass, Bielel, Nyala North). In addition, it will focus on the protracted caseload in Kutum that is prone to intercommunal conflict.

The second envelope will increase access to basic services and self-reliance of internally displaced and vulnerable host communities. SHF will focus on vulnerability based targeting and proposals should explain the complementarity with previous interventions. Also, an understanding of the context and of the humanitarian-development nexus should be provided. The objective is to increase the self-reliance of the protracted caseload and be able to absorb the needs of recent displaced people.

For the last years, SHF has been supporting the only four functioning health clinics in Northern Abyei. SHF will prioritize support those health interventions under the 2017 allocation so that a population of approximately 60,000 people continue to receive health services in an area that is prone to outbreak of disease, malnutrition and where access to water is insufficient. In addition, this allocation will focus on the distribution of non-food items for between 2,000 and 3,000 new South Sudanese conflict-affected displaced people who settled in northern parts of Abyei. This allocation aims to construct two water yards in north of Abyei to respond to the new displaced people, Misseriya seasonal migrants and the vulnerable Misseriya host community. Child protection remains a concern in Abyei, where protection services are almost inexistent. Recruitment and family separation are particularly prevalent. GBV remains very underreported, raising serious concerns for the access of victims to adequate services, including health.

**Eligible actions:** see annex 1  
**Eligible organizations:** NGOs with proven experience in the targeted sectors and established presence in the states and targeted localities.  
**Targeted localities:** North Darfur (Dar El Salam, Tawilla, Kebkabiya (Sortony) and Kutum), South Darfur (Bielel, Kass, Nyala North (only Health)) and Abyei (only Health, Protection, WASH and NFIs)1.  
**Eligible sectors of intervention:** Health-Nutrition, FSL-Cash, Education, WASH and Protection (NFI only for Abyei). This order indicates how funding levels will be determined across the sectors and is subject to the quality of proposals.  
- FSL, Education, WASH should be submitted as single sector projects unless combined with Protection.

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1 For Nyala North, only health interventions are eligible. For Abyei, only Health, Protection, WASH and NFI interventions are eligible. For the other targeted localities, all indicated eligible sector interventions are eligible.

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**Envelope 3: South Sudanese refugees (out of camp) $3 million (HRP outcome one)**

UNHCR reports that there are currently around 770,000 South Sudanese refugees in Sudan of which more than 195,000 arrived in 2017. About 600,000 South Sudanese refugees (approx. 78 per cent of the overall population) live outside of planned camps, either in communal or disbursed self-settlements across more than 80 locations in Sudan.

An inter-agency assessment in 2017 of out-of-camp refugee sites in East Darfur (El Ferdous, Abu Jabra, Abu Karinka, Adila) revealed that access to education for refugees is very low with almost 99 per cent of refugee children out of school. Many host community children are also out of school. Local schools generally have poor physical infrastructure and lack seating, school supplies, learning materials and WASH facilities. In addition, water supply is limited in all localities. Boreholes are present in some locations, but several are not functioning and need repair. There are no boreholes in refugee settlement areas. In El Ferdous, water is provided through trucking on a daily basis, while a borehole is under construction. Livelihoods opportunities for refugees in all the settlement areas are limited. Limitations for the refugees include a lack of start-up funds, of land and training, as well as limited transportation resources. Available health services include inpatient and outpatient care, maternal and child health, referral, first aid and delivery rooms. However, refugees have increased pressure on local health facilities. Health centres reported shortages of drugs and medical supplies which has contributed to tensions between refugees and host communities.

In 2017, more than 2,600 South Sudanese refugees arrived in El Buram (South Darfur). While organizations started to respond, high needs remain in the WASH sector. Water is currently provided through water trucking and taps are often broken. A 2km water network is planned however there is increasing need for additional water sources to ease pressure on host community and promote peaceful coexistence. There are 35 communal emergency latrines in poor condition and there is evidence of open defecation. Currently refugees have irregular access to employment in the town as domestic helpers, laborers in the market or local farms. There is a need for access to energy for refugee to prepare their daily meals. While refugee children have access to a local school, it is located far from the site, and often children work to support their families rather than attend school.

More than 57,000 refugees live in out-of-camp locations in West Kordofan. An inter-agency participatory assessment conducted at the end of 2017 included refugee participants living in El Meiram, Gebaysh and El Nuhud. The findings included a lack of basic services in terms of water, health, education, shelter/NFIs and inadequate food. In particular, the assessment noted that scarcity of water supplies has created friction between the host communities and refugees, that inadequate medical services that are often inaccessible and unaffordable to refugees, and that there are limited schools in the vicinity of refugee settlements combined with many children out of school due to financial constraints.

For this allocation, there is a need for more efficient and sustainable assistance approaches for out-of-camp refugees and their host communities. This includes the alignment of activities with national development planning, i.e. the rehabilitation of local infrastructure. The provision of services needs to be integrated in national structures. In line with the refugee guidelines, projects should target refugees as well as vulnerable host communities. RCF (Refugee Consultation Forum) guidance for out-of-camp refugee assistance is that up to 25 per cent of the target

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population may be host community, however this may vary depending on the context and nature of the intervention and should be explained in the project proposal.

<table>
<thead>
<tr>
<th>State</th>
<th>Site</th>
<th>Population (as of 15 January 2018) *</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Darfur</td>
<td>El Ferdous</td>
<td>9,118</td>
</tr>
<tr>
<td></td>
<td>Abu Jabra</td>
<td>14,291</td>
</tr>
<tr>
<td></td>
<td>Abu Karinka</td>
<td>4,392</td>
</tr>
<tr>
<td></td>
<td>Adila</td>
<td>8,520</td>
</tr>
<tr>
<td>West Kordofan</td>
<td>El Meiram</td>
<td>10,779</td>
</tr>
<tr>
<td></td>
<td>Gebaysh</td>
<td>7,831</td>
</tr>
<tr>
<td></td>
<td>El Nuhud</td>
<td>3,835</td>
</tr>
<tr>
<td>South Darfur</td>
<td>Buram</td>
<td>3,277</td>
</tr>
</tbody>
</table>

*Partners may contact RCF for information on age / gender breakdown

**Eligible actions**

**Education (East Darfur, West Kordofan)**
- Rehabilitation of existing host community schools
- Construction of new classrooms/schools
- Advocacy with the Ministry of Education for enrollment of refugee children
- Establishing school WASH facilities
- Teachers’ training
- Enhancing access to school supplies, uniforms and textbooks
- Projects that include livelihood components directly linked to increasing access to education for children (e.g. reducing child labour, payment of school fees, purchasing uniforms, etc.) will also be considered

**WASH (East Darfur, South Darfur, West Kordofan)**
- Maintenance of existing boreholes and water yards, as well as drilling of new ones
- Improvements in water quality
- Based on the context in certain areas the construction of household latrines is also recommended.
- Hygiene promotion activities

**Livelihoods (East Darfur, South Darfur)**
- East Darfur: programming in agriculture and livestock, including securing access to land for refugees. Asset-building, vocational training, micro-finance, and support in making market linkages are also needed
- South Darfur: Focus is mainly on increased access to energy, including lighting and fuel, as well as opportunities for bread making, selling peanut/peanut butter, milling, raising livestock (selling milk, cheese) or chickens (selling eggs)
- Projects that make a direct link between livelihoods activities and access to education (e.g. reducing child labour, payment of school fees, purchasing uniforms, etc.) are encouraged

**Health (West Kordofan, East Darfur)**
- Deliver minimum basic package of primary health care services
- Strengthen the currently existing functioning health facilities
- Expand the surveillance and the early warning system
- Procure and provide drugs, laboratory kits and medical supplies to the health facilities and health partners
- Information campaigns and awareness-raising on health services available to refugees

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Eligible organizations: NGOs with proven experience in the targeted sectors and established presence in the states. Targeted localities: East Darfur (El Ferdous, Abu Jabra, Abu Karinka, Adila), South Darfur (Baram), West Kordofan (El Meiram, Gebaysh, El Nuhud). See specific sectors targeted per state under the eligible actions above.

Eligible sectors of intervention: Refugee Consultation Forum: within the Refugee Consultation Forum, Education, WASH, Health and FSL interventions are eligible. Protection activities can be integrated into sectoral responses and will be considered favorably when linkages are explained.

Envelope 4: Acute malnutrition and emergency drought response in Kassala $5 million (HRP outcome one and three)

All localities in Kassala state are exceeding international emergency thresholds of 15 per cent with over 16 per cent of children under the age 5 observed to be acutely malnourished. This is going up to 26 per cent in some localities. In addition, on average four per cent of under-five years olds is severely acute malnourished. Chronic malnutrition rates are amongst the highest in the country too. Around 60 per cent of children are affected by all forms of chronic malnutrition with over 30 per cent of the children severely malnourished. Maternal mortality is amongst the highest levels as well with 245 maternal deaths per 100,000 births. Further, child marriage rates in Kassala are very high as well. It is estimated that 17 per cent of the children under 15 are married.

Chronic food insecurity is another widespread concern in the State, and this is currently compounded by an unfolding drought which is so far estimated to affect 450,000 persons. Only 5-20 per cent of farmers cultivated during the main season with an extremely low production expected. In terms of main season’s harvest. Only 17,000 hectares of cereals were harvested in 2017 compared to 134,000 hectares harvested in 2016. Vegetation condition is extremely poor. Water storage source, such as hafirs, were not filled during the rainy season and dried up in most cases. The estimated gap of fodder in the affected localities of the state is 4.9 million tons for the period from January to July 2018.

The above severe challenges caused by the rain failure were compounded by very high food prices due to low or failed production, high production cost, removal of subsidies, and weakening exchange rate. Sorghum price in Kassala increased 100 percent (for Fetarita variety) compared to same time previous year. The very high prices have affected the purchasing power of poor households. 56 percent of the population in the three assessed localities are unable to afford the local food basket. As a coping strategy, 36 percent of households resort to the use of charcoal as the main source of income. Many more are pursuing coping strategies such as migration and reduced meals.

Hence, SHF will support multi-sector two-year interventions to reduce acute malnutrition for a total of $4 million over two years and will allocate $1 million to respond to the emergency drought in Kassala in the most affected areas of Hamshkoreb and Telkok.

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2 S3M Survey 2013
As a collective result, partners in the multi-sector two-year intervention should aim to reduce acute malnutrition. Multi-sector projects are encouraged and all projects in the same locality need to demonstrate how they work together to achieve the main objective. The lead organization in a multi-sector project needs expertise to oversee all activities in the project. Proposed multi-sector projects need to build upon existing or past initiatives and document how they built on them.

Clear baseline data need to be available for each locality. These baselines can be derived from prior initiatives or be developed as part of the proposed projects. All sectors partners will conduct a social-economic, health and nutrition profile of beneficiary households and maintain up to date information to the extent of appropriate and relevant and feasible.

While improving service delivery, a clear understanding of the context and the root causes of the needs is required to tailor the project to the specific needs.

Knowledge of lessons learned from previous interventions in Kassala State and from similar relevant contexts elsewhere should inform the intervention rationale and design where possible and appropriate. This should take into account and demonstrate a longer-term and broader view beyond the immediate scope of the intervention. As such the project should contribute to structural improvements, sustainable progress and limit unintended adverse consequences (do no harm).

Interventions should build upon existing systems and public services whenever possible. An exit strategy for the end of the project has to be defined from the start of the project. Finally, project proposals will need to demonstrate how they will gradually achieve a reduction in vulnerabilities over the two-year period.

Concerned sectors will organize coordination amongst partners. Project proposals can only be considered eligible if partners have engaged in coordination.

<table>
<thead>
<tr>
<th>Eligible actions multi-sector multi-annual response to malnutrition</th>
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<tbody>
<tr>
<td><strong>Nutrition</strong></td>
</tr>
<tr>
<td>- Provide Community Management of Acute Malnutrition (CMAM) services Severe Acute Malnutrition (SAM) and strengthen case management of Moderate Acute Malnutrition (MAM) cases of children under five and Pregnant and Lactating Women (PLW) (incl. refurbishment of Outpatient Treatment (OPT)/Inpatient Treatment (IPT) and Temporary Supplementary Feeding Programme (TSFP), provision of Ready-to-Use Therapeutic Foods (RUTF), Mid-Upper Arm Circumference (MUAC) screening, referral service for SAM with complication case etc.)</td>
</tr>
<tr>
<td>- Conduct training for nutrition workers, community volunteer on CMAM, Infant and Young Child Feeding (IYCF) etc.</td>
</tr>
<tr>
<td>- Conduct community awareness campaign on CMAM, IYCF etc.</td>
</tr>
<tr>
<td>- Promote IYCF through mother support groups</td>
</tr>
<tr>
<td>- Procure of RUTF</td>
</tr>
<tr>
<td><strong>Health</strong></td>
</tr>
<tr>
<td>- Deliver minimum basic package of primary health care services (including maternal, child, reproductive health and CMR) and support referral to secondary health care.</td>
</tr>
<tr>
<td>- Procure, store and distribute drugs and medical supplies.</td>
</tr>
<tr>
<td>- Conduct awareness/orientation sessions at the health facility for the community</td>
</tr>
<tr>
<td>- Conduct health/nutrition education training for health staff.</td>
</tr>
<tr>
<td>- Conduct awareness raising on reproductive health through women networks and child protection networks (supported by MOSW).</td>
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<tr>
<td><strong>WASH</strong></td>
</tr>
</tbody>
</table>

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- Rehabilitation of water sources and/or systems (e.g. handpump, water taps, hafer, solar panel, water tank etc.), water quality control / chlorination / testing and community management of water points as part of the water safety programme.
- Community lead total sanitation: family latrine construction at household level, hand washing station by the latrines, open defecation free community
- Community mobilization for awareness on behavior changes with regards to sanitation, hygiene and hand washing.
- In coordination with Health and WASH relevant line ministries and sectors, to improve the WASH facilities and their management at health center and schools.

**Food Security and Livelihoods (FSL) - Cash**
- Provision of agricultural inputs (e.g. seeds, tools etc.) and services (e.g. trainings, community awareness session etc.)
- Provision of veterinary (i.e. vaccination and treatment) and livestock inputs and services (e.g. animal feed, watering, trainings, community awareness session etc.). Note that provision of fodder is allowed, however, more sustainable interventions are prioritized.
- Provision of emergency livelihood start-up activities (e.g. agrofood processing, restocking, fisheries, establishment of Village Savings and Loan Associations, multi-purpose cash programming etc.) and services (e.g. training, community awareness sessions etc).
- Provision of climate smart agricultural support services, e.g. promote moisture stress tolerant and drought resistant crops and vegetable varieties.
- Provision of climate smart livestock production and productivity improvement support services including e.g. livestock-oriented social protection schemes that promote consumption of animal-sourced food products.
- Undertaking of resilience building natural resource management schemes such as catchment-based soil and water conservation schemes.
- Promotion community based improved local seed multiplication.
- Provision of multi-purpose cash support (or FSL sector specific cash support).

**Other sectors**
- Eligible actions technically belonging under other sectors, e.g. WASH in schools and health centers, mobilization of mother to mother groups as well as child protection network of volunteers are allowed if required by the context.

**Eligible organizations:** NGOs with proven experience in the targeted sectors and preferably with an established presence in the state. In addition, UNICEF is eligible to apply to procure RUTFs for selected partners implementing SHF nutrition projects up to 50 per cent of the requested supplies.\(^3\)

**Targeted localities:** Hamashkoreib and Telkok in Kassala state. It is encouraged that villages of intervention are identified with the line ministries.

**Eligible sectors:** Nutrition, FSL-Cash, Health and WASH. Projects should consist of minimum two or more sectors to ensure coverage. The organization submitting the project needs to have expertise to oversee all activities. Eligible actions technically falling under other sectors, e.g. WASH in schools and health centers, mobilization of mother to mother groups as well as child protection network of volunteers, are also eligible.

**Multi-year intervention:** The malnutrition intervention will be two-year projects with a total available envelope of $4 million over the two years (2018 and 2019). Hence, partners are requested to submit a proposal for 24-months in the Grant Management System (GMS).

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3 Note that UNICEF is allowed to procure 50 percent of the RUTFs requested by partners under the SHF projects for all envelopes. UNICEF is invited to submit and finalise the proposal based on the RUTF needs in the selected proposals for all the envelopes under this allocation.

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The drought response intervention needs to save lives of people affected by drought by focusing on the most immediate impact of the drought. This should prevent a further increase in malnutrition. The response should complement the ongoing drought impact mitigation interventions of partners. The same beneficiary communities need to be targeted under all projects of this allocation so that the drought response helps safeguarding results of the multi-sector nutrition intervention.

<table>
<thead>
<tr>
<th>Eligible actions emergency drought response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FSL</strong></td>
</tr>
<tr>
<td>- Emergency livestock support services including supplementary animal feed, veterinary inputs/services (vaccination, deworming, refresher trainings for CAHWs), promote merits of destocking as a coping mechanism within pastoral communities.</td>
</tr>
<tr>
<td>- Emergency agriculture inputs and support services including the provision of nutritious crop seeds (composed of cereals, legumes and oils seeds) suitable for coping with this peculiar environment, nutritious variety of vegetable seeds and packages of agricultural extension support services</td>
</tr>
<tr>
<td>- Provision of livelihoods trainings (food processing, vegetable gardening, animal cooperatives, petty trading) start up kits with emphasis on women and youth groups.</td>
</tr>
<tr>
<td>- Provision of cash support, including cash for work.</td>
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<tr>
<td><strong>WASH</strong></td>
</tr>
<tr>
<td>- Construction/rehabilitation of water sources and/or system (e.g. handpump, water taps, hafir, solar panel, water tank etc.) at institution and/or community level</td>
</tr>
<tr>
<td>- Provision of livestock water supply</td>
</tr>
</tbody>
</table>

**Eligible organizations:** NGOs and UN agencies with proven experience in the targeted sectors and established presence in the states and targeted localities.  
**Targeted localities:** Hamashkoreib and Telkok in Kassala state. It is encouraged that villages of intervention are identified with the line ministries.  
**Eligible sectors:** FSL and WASH.  
**Single year intervention:** The drought response will be a maximum 12-month intervention totaling $1 million.

**Envelope 5: Second year Um Dukhun Returnee Pilot ($1.3 million)**  
This allocation is intended to fund the second-year activities as reflected in the multi-year planning of organizations that currently implement the activities of the first year to further decrease vulnerabilities in the three targeted villages (Garaya, Beltebei and Magan) in Um Dukhun, Central Darfur.  
In their proposal, organizations should reflect on the results of the first year and articulate how the existing vulnerabilities are reduced in the second year. Partners should articulate how they will work towards the identified results. Partners should develop proposals in cooperation with each other and the RRR sector coordination to ensure a common results framework.  

**Eligible organizations:** Only organizations that currently implement projects in Um Dukhun (CRS, Triangle, UNDP and SORC)
III. **Timeline and Procedure**

All partners are strongly encouraged to liaise with their respective IASC sector coordinator during project proposal preparation to discuss proposed interventions. Please refer to the SHF Operational Manual for process related issues and SHF Programme Manual for minimum programmatic requirement and programmatic guidance.

1. **Project proposal eligibility criteria:**
   - NGOs (international and national) listed as eligible partners and with established presence in the state or locality can submit project proposals under this allocation (see Annex 1: List of eligible partners). For certain cases, UN agencies are eligible to apply (see cases above).
   - A minimum budget floor of $200,000 for projects is required by all partners.
   - For envelope specific criteria, see the description of the envelopes above.
   - Organisations should submit their proposals per envelope and cannot submit one proposal covering different envelopes.
   - Partners must check their risk level on GMS before project submission and adhere accordingly to the SHF operational modalities (SHF Operational Manual).
   - Partners that have not completed due diligence, access reporting, and outstanding financial/narrative reports 15 February 2018 will not be eligible for funding under this allocation.
   - The target localities of the project should be the specified localities. Projects including other localities will not be considered in their entirety.
   - If the main part of a project is duplicated by funding of other donors, the project will be ineligible.
   - Project duration is no longer than 12 months except for case four where the maximum is 24 months.
   - Indicate the envelope in the title (e.g. ‘Strengthen health and nutrition response in Nertiti, Central Darfur under allocation envelope one’).

2. **Other criteria**
   - Limited percentages of staffing and general and operating costs are allowed. Indicative percentages are 15 for staffing costs and 10 for general and operating costs. Consideration to higher amounts can be given if a strong justification is provided.
   - If an organization plans to sub-grant, this should be clearly reflected in the project proposal. If there is no sub-grant, this should also be clearly explained in the proposal. Projects can be excluded if this is not mentioned.
   - Proportional PSC sharing is strongly encouraged. This should be explained in the implementation plan.

3. **Timeline**

Please note that, during the allocation process, Due Diligence and/or Capacity Assessment review is put on hold. Submission of projects in GMS will not be possible after the submission deadline has passed **18 February 2018 midnight**. Only for project proposals under envelope 5 (Um Dukhun) and the two-year projects under envelope 4 (Acute malnutrition response), the deadline for project proposal submission is 1 March 2018.

Full project proposals shall be submitted under “2018 – SHF 2nd Standard Allocation” in the Grant Management System.

<table>
<thead>
<tr>
<th>Step</th>
<th>What</th>
<th>Who</th>
<th>Key Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Launch of Allocation Paper</td>
<td>OCHA</td>
<td>5 February 2018</td>
</tr>
<tr>
<td>2</td>
<td>Proposal Submission Deadline</td>
<td>Partner</td>
<td>18 February 2018</td>
</tr>
<tr>
<td>3</td>
<td>Strategic Review</td>
<td>Strategic Review Committee</td>
<td>4 March 2018</td>
</tr>
<tr>
<td>4</td>
<td>HC/Advisory Board proposal endorsement</td>
<td>HC, AB</td>
<td>7 March 2018</td>
</tr>
<tr>
<td>5</td>
<td>Technical Review</td>
<td>Technical Review Committee</td>
<td>27 March 2018</td>
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</tbody>
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IV. HFU Information and Complaints Mechanism

The complaint mechanism is specified in the SHF Operational Manual. For reference:

- Stakeholders with insufficiently addressed concerns or complaints regarding the SHF processes or decisions should first contact the OCHA Pooled Fund Manager on christiaens@un.org.
- If after discussion the concerns remain, stakeholders can at any point in time contact the Special Assistant to the HC with these concerns (Annex 7.11) through an email with the subject line “SHF complaint”.
- The Special Assistant to the HC will verify if partners engaged in sufficient dialogue with the SHF TU.
- If so, the assistant will formally ask SHF TU, for a response copying the OCHA Head of Office, and if concerned the UNDP Country Director.
- The OCHA TU will formally respond to the HC, who will then decide on the outcome or on follow up actions.
- Substantial complaints will be reported to the Advisory Board during regular meetings.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Contact Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Annexes

Annex 1: Eligible actions envelope one and two

Eligible Actions for envelope one and two. Under outcome one, construction is allowed and the focus should be on the life-saving interventions. Under outcome two, partners should work with the existing structures and increase community ownership as much as possible. Unless a strong justification, new construction is not allowed.

Education
- Construction/rehabilitation of semi-permanent class room/existing classroom/school) with seating sets (bench/desk).
- Provision of teaching, learning and recreational materials for student and teacher
- Training for teachers on core subjects, teaching methods, Education in Emergencies (EiE) and life skills including (psychosocial support, child protection, school based Disaster Risk Reduction, hygiene promotion) and training on ALP curriculum.
- Training of Parent Teacher Associations (PTA) on roles and responsibilities/school co- management, EiE including; psychosocial support, child protection, school based Disaster Risk Reduction, hygiene promotion).
- Construction/rehabilitation of gender sensitive latrines in school/learning spaces, provision of water tanks, conduct hygiene promotion sessions.

Health

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- Deliver minimum basic package of primary health care services (including maternal, child health and CMR) and support referral to secondary health care.
- Expand and maintain disease surveillance system with early warning component.
- Conduct awareness/orientation sessions at the health facility for the community.
- Conduct health education training for health staff.
- Procure, store and distribute drugs and medical supplies.
- Support and conduct routine or acceleration interventions for immunization.
- Support or conduct public health alert investigation, verification and response, including outbreaks.

**Nutrition**
- Provide Community Management of Acute Malnutrition (CMAM) services Severe Acute Malnutrition (SAM) and support the case management of Moderate Acute Malnutrition (MAM) cases of children under five and Pregnant and Lactating Women (PLW) (incl. refurbishment of Outpatient Treatment (OPT)/Inpatient Treatment (IPT) and support to Temporary Supplementary Feeding Programme (TSFP), provision of Ready-to-Use Therapeutic Foods (RUTF), Mid-Upper Arm Circumference (MUAC) screening, referral service for SAM with complication case etc.)
- Conduct training for nutrition workers, community volunteer on CMAM, Infant and Young Child Feeding (IYCF) etc.
- Conduct community awareness campaign on CMAM, IYCF etc.
- Promote IYCF through mother support groups.
- Procure RUTF.

**FSL – Cash**
- Provision of agricultural inputs (e.g. seeds, tools etc.) and services (e.g. trainings, community awareness session etc.).
- Provision of veterinary (i.e. vaccination and treatment) and livestock inputs and services (e.g. animal feed, watering, trainings, community awareness session etc.).
- Provision of emergency livelihood start-up and income generating activities (e.g. agri-food processing, restocking, fisheries, start-up kits, village savings and loan associations (VSLA), farmer schools etc.) and services (e.g. training, community awareness sessions etc.).
- Provision of multi-purpose cash support (or FSL sector specific cash support).

**Protection**

**Child protection**
- Provision of psychosocial support in Child Friendly Spaces (CFS), schools, and community level. Construction of new structures is not recommended.
- Family tracing and reunification to unaccompanied and separated children (UASC).
- Community based case management/referral and provision of critical child protection prevention and response services.
- Monitoring and reporting of child rights violations (scaling up of monitoring and reporting mechanisms)
- Capacity building of community based child protection actors (social workers, CFPU, health workers, teachers and parents).
- Reintegration of Children released from armed groups- only for North Darfur.

**Gender Based Violence (GBV)**
- Support to community-based women protection networks and women centers (activities conducted at women centers (psycho-social support including such as tea talks, handcraft training, social events, literary classes, awareness sessions etc.).
- Capacity building for referral and case management.
- Provision of direct services to GBV survivors and vulnerable women and girls (counseling/ PFA, referrals, emergency case management).

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**General Protection**
- Community-based protection networks, including capacity building for network members for protection action plan development and basic protection functions.
- Psychosocial support activities (training, social events) for vulnerable community members.
- Direct support to people with disabilities/special needs.
- Establishment of referral mechanism.
- Direct support and case management.

**WASH**
- Construct, rehabilitate and/or upgrade of water sources and/or system (e.g. handpump, water taps, hafir, solar panel, water tank etc.) at institution and/or community level.
- Support the operation and management of existing water sources/system.
- Conduct water quality testing and monitoring.
- Construct and/or rehabilitate of sanitation facilities (e.g. latrines, bath shelter, etc.) at institution and/or community level by using community approaches to total sanitation (CATS) and/or community led total sanitation (CLTS) approach.
- Provide of solid/liquid waste management facilities.
- Conduct integrated vector control intervention.
- Conduct WASH-related training at community and/or institution level.
- Establish WASH committee at community and/or institution level.
- Conduct community raising awareness activities (e.g. awareness sessions, campaign, IEC material printing etc.)