





A. TYPE OF APPEAL

and

Sele	Select the type of Appeal you are submitting:					
		Rapid Response Appeal				
		Emergency Appeal				
	Х	Protracted Crisis Appeal				

B. GENERAL INFORMATION SHEET						
1.1 Programme title	DARFUR PROGRAMME					
1.2 Programme holder	Name and address: Norwegian Church Aid, Al Amarat 3, Khartoum, Sudan https://www.kirkensnodhjelp.no Director: Susanne Mannberg Contact person: Susanne Mannberg Email: Susanne.Mannberg@nca.no					
	Telephone / Mobile:+24991230283 Skype: susanne.mannberg					
1.3 Appeal Number	ACT: SDN 181 CI: EA 03/2018					
1.4 Programme start & end dates:	Start date: 01/01/2018 End date: 31/12/2020 Duration: 36 months Final Report Due Date: March 2021					
1.6 Reporting Schedule	Quarterly reports due within 4 weeks of the end of the quarter and Annual reports due within 2 months of the end of the year					
1.7 Total Budget	Total: 18,047,993 USD for 2018-2020					

	2018: 6,211,737 USD 2019: 6,063,495 USD 2020: 5,772,761 USD
1.8 Geographical focus	South and Central Darfur, Sudan
1.9 Name(s) of implementing partner (s)	Core partner: ERRADA Programme Support Partners: DDRA, NAHA, PPD.
1.10 Beneficiaries	Total number of direct beneficiaries (individuals) ¹ : 450,770 (2018) Number of indirect beneficiaries (individuals): 67,585 (2018)
1.11 Goal	<u>Disaster affected communities of Darfur have enhanced resilience to the</u> <u>recurrent crises</u>
1.12 Compulsory documents to be attached	Annex 1: DP 2018-2020 Budget Annex 2: Results Framework Annex 3: Gantt Charts Annex 4: Organogram, Governance and Member Information Annex 5: Map of Darfur Programme Target Areas

 $^{\mathrm{1}}$ See section 5 in this document for definition of direct and indirect beneficiaries.

Table of Acronyms							
ACT	Action by Churches Together	КАР	Knowledge, attitude and Practice survey				
ANC	Ante Natal Care	LPPPD	Liter Per Person Per Day				
CAFOD	Catholic Agency for Overseas Development (UK)	LLITN	Long Lasting Insecticide Treated Nets				
CAG	Community Action Groups	MUAC	Mid Upper Arm Circumference				
CAP	Community Action Plan	NAHA	National Humanitarian Aid				
СВО	Community Based Organisation	NCA	Norwegian Church Aid				
CDK	Clean Delivery Kits	NFI	Non-Food Item				
CHAST	Child Hygiene and Sanitation Transformation	NNGO	National Non-Governmental Organisation				
CHC	Community Health Committee	OCHA	UN Office for Coordination of Humanitarian Affairs				
CHF	Common Humanitarian Fund	ODCB	Organizational Development and Capacity Building				
CI	Caritas Internationalis	OTP	Outpatient Therapeutic Feeding Programme				
CMAM	Community management of acute malnutrition	COR	Coordination of Refuges				
CMDRR	Community Managed Disaster Risk Reduction	PHC	Primary Health Care Clinic				
DDRA	Darfur Development & Reconstruction Agency	PLW	Pregnant or Lactating Women				
DP	Darfur Programme	PNC	Post-natal care				
DPA	Darfur Peace Agreement	PMTCT	Prevention of mother to child transmission				
		PMER	Program Monitoring, Evaluation and Reporting				
DRR	Disaster Risk Reduction	PPD	Peace Prospective Development				
ЕСНО	European Commission Humanitarian Aid Office	PTA	Parent Teacher Association				
EPI	Expanded Programme of Immunization	SAM	Severely Acute Malnutrition				
		SCC	Sudan Council of Churches				
EPRU	Emergency Preparedness and Response Unit	SFC	Supplementary Feeding Centre				
ERRADA	Emergency, Relief and Rehabilitation and Development Agency	SFP	Supplementary Feeding Programme				
FSEE	Food Security and Economic Empowerment	SMoH	State Ministry of Health				
GAM	Global Acute Malnutrition	TBA	Traditional Birth Attendant				
GBV	Gender Based Violence	ToT	Training of Trainers				
GoS	Government of Sudan	TT	Tetanus Toxoide				
HAC	Humanitarian Aid Commission	UN	United Nations				
HAP	Humanitarian Accountability Partnership	UNAMID	United Nations Advanced Mission in Darfur				
НН	Household	UNDP	United Nations Development Programme				
HSO	Health and Security Office/Officer	UNICEF	United Nations International Children's Fund				
IDP	Internally Displaced Person	UNHCR	United Nations High Commission for Refuges				
IEC	Information, Education and Communication	VIP latrines	Ventilated Improved Pit latrines.				
IGA	Income Generating Activity	WASH	Water, Sanitation and Hygiene				
IMCI	Integrated management of child illnesses	WES	Water and Environmental Sanitation (GoS)				
INGO	International Non-Governmental Organisation	WFP	World Food Programme				
IBSFP	Integrated Blanket Supplementary Feeding Programme	WHO	World Health Organisation				

C. EXECUTIVE SUMMARY (max 2page)

Violent clashes between the Government of Sudan and armed groups have caused large-scale internal displacement since 2003. Approximately 1,1 million of the IDPs are still found in South and Central Darfur where the Darfur Program (DP) is intervening. During 2017, the level of armed confrontations in Darfur has continued to decrease but the situation remains highly volatile: increased criminality, the spread of firearms, inter-tribal fighting, the absence of law enforcement and unleashed militia are still major challenges. While a lack of basic services, infrastructure in addition to insecurity continue to prevent the return of IDPs to their areas of origin, the absence of socio-economic opportunities to rebuild their lives means that, even after years of displacement, two thirds of displaced people struggle to fully sustain their food needs by themselves. In addition, the South Sudanese refugees' and newly displaced people's needs for shelter, food and other basic service highlights further the need for continued humanitarian interventions.

Since 2004, the ACT Alliance and the Caritas Internationalis network agencies have come together, with respectively the Norwegian Church Aid (NCA) and CAFOD acting as lead agencies, to provide a response to this major protracted and forgotten crisis. The DP reaffirms its commitment to support the people and communities of Darfur and South Sudanese refugees and, in line with the Sudan multi-year Humanitarian Plan, acknowledges the need for a change in approach and the move towards recovery and longer-term planning. Hence, the DP adopts for the first time a three-year appeal aiming at enhancing resilience of people and communities through a long-term commitment, key to a sustainable, meaningful and measurable impact.

The Darfur Programme, with and through its local partners, is planning to reach around 450,000 persons in urgent needs of water, sanitation and hygiene (WASH), primary health care and nutrition, emergency shelter, livelihoods, and education in both South and Central Darfur.

The following strategic pillars below will guide the intervention:

- To maintain and strengthen sustainable access to life-saving services (WaSH, Health and Nutrition, Emergency shelter and Non-food items, Education) to the most vulnerable population;
- To enable households and communities of South and Central Darfur to self-organize, prepare for shocks and stresses through livelihood, economic empowerment and preparedness in both rural and urban environment.
- To place local partners (including Church partners), community-based organization, and people and communities in general, at the core of the implementation of the programme to increase participation, ownership and sustainability.
- To ensure the DP's ability to adapt to an ever-changing context with expertise in emergency and recovery responses;

The focus of this new strategy is the gradual shift of the DP from emergency response to recovery. Work in camps will continue, but recovery will be integrated into all the different phases of the humanitarian work. Gradual withdrawal from free service delivery and handing over of services will be key objectives, especially in WaSH and Health Nutrition. To do so, capacity of IDPs and partners will be gradually increased while access to employment and livelihoods will be supported to tackle the lack of financial resources. Food security and economic empowerment will be brought increasingly to the center of the DP to create an approach that strengthens community resilience and empowers the Darfuri to determine his/her life and future.

The community participation will be central in all planned interventions. The fourteen years of conflict in Darfur has greatly disempowered people economically, socially, and politically, and has led to the erosion of communal action. Community participation in beneficiary selection and participatory planning are some of the tools that the Programme with its partners will use to promote empowerment and to revive social networks.

The DP is a unique cooperation between the networks of Protestant and Catholic Churches around the globe, ACT and Caritas. From this background stems the philosophy of working through and with local partner organizations to the extent possible. The idea of partnership is embedded in the values of the two networks and is a guiding principle for the programme in its relationship with partners and especially ERRADA. The work around the Localization and the Charter for Change, strengthens that commitment. Despite an overall low capacity of local partners, the DP will aim at phasing out from direct implementation.

A special focus will be put on newly displaced people in East & Central Jebel Merra (Rokero, Golo, Thor) and South Sudanese refugees in Bilel and Al Radom. The DP will also target rural area and returnees with the aim of building the resilience of vulnerable communities, reducing poverty and strengthening capacity of local governance. By the end of the three years, the DP envisions to cease all service provision activities in the IDP camps and focus on recovery and development activities in rural and returnee areas.

WASH

In IDP camps, vital water and sanitation infrastructure will be renewed and complemented: sustainable and permanent handovers can only be done if the overall condition of the water and sanitation infrastructure is good. Striving towards sustainability of WASH services in the camps by creating organizational structures and gradually handing over of responsibility will be the priority. During the first year, the sector will focus on mapping out all existing community WASH committees, as well as mobilization and formation of new committees. The second and third years of the appeal period will focus on training and strengthening of the committees to ensure ownership and sustainability of WASH services

In rural areas: the DP will provide sustainable water and sanitation services to targeted populations to meet their basic needs while increasing their self-reliance. A multi-sector approach to tackle malnutrition combining WASH, Health and Food security and economic empowerment activities will be developed. The NCA DP plans for multiple-use water services where it will work with their partners to improve access to water resources. This will aim at addressing drivers of conflict between farmers and pastoralist and hence communal conflict due to scarcity of water.

The WASH intervention will be guided by the following principles: integration with other sectors, increased community participation and ending automatic hand-out, and developing partnerships with local partners.

HEALTH AND NUTRITION (H&N)

The sector focuses on increasing and sustaining quality health and nutrition services for the most vulnerable communities of Darfur. To this the sector will improve the quality of primary health care (PHC) services delivered at supported facilities through on-the-job training, and continuous programme monitoring. The NCA DP renews its commitment to work together with the State Ministry of Health (MoH) and national partners to build local capacity for sustainable service delivery of primary health care (PHC) in targeted areas. The DP will augment the role of local partner in providing health services and will support local partner to take the full responsibility of managing and implementing activities in H&N. The focus in the first year will be on building the capacity of local partner, and on transferring some responsibilities. In the following years, the DP role will be confined to providing technical support and mobilization of fund. In parallel, the DP will develop an exit strategy in collaboration with the MoH, local partners and other INGOs.

FOOD SECURITY AND ECONOMIC EMPOWEREMENT

The main goal of the sector is building the resilience of households, communities and agro-ecosystems to anticipate, absorb and recover from the negative impacts of human-made and natural shocks. The sector will increasingly focus on strategies to economically empowering IDP communities in the camps to enable them sustain quality services in WASH, Health and Nutrition. Targeted vulnerable households will participate in activities geared towards increasing employment opportunities, market access and income. Moreover, the sector will strengthen community support systems and capacities to strengthen community resilience. The three-year implementation period will ensure a gradual shift from food distribution and short-term livelihoods interventions to a more recovery-oriented programming, to a structured economic empowerment of rights holders by mobilizing and organizing them and supporting them to start income generating activities (IGAs).

EPRU

The Darfur context is such that there is still a great need to maintain a humanitarian/emergency response capacity. Thus, the EPRU will ensure a timely emergency response in the DP targeted areas for the next 3-years. The sector aims to improve basic living conditions for IDPs, refugees and returnees affected by disasters and to strengthen the capacity of local communities to face shocks. Disaster Risk Reduction committees will be strengthened with preparedness activities. EPRU will be the eye and ears of the DP: early warning systems will be strengthened to prepare the programme for timely and efficient responses.

EDUCATION

ERRADA, the DP's core partner, will continue to implement existing projects, but also expand to new locations where other DP programmes are being implemented to ensure a more integrated intervention during the period 2018- 2020. ERRADA will increase access to basic education for IDPs, refugees, returnees and host community populations in South Darfur state. Strategically, the sector aims for sustainable capacity building of education actors such as teachers, PTA's and ministry of Education. The focus will be on improving the enrolment and retention of school age children at basic level schools through creating better accessibility to educational facilities and good teaching environment. Additionally, the sector will work more closely with FS& EE sector in crafting activities geared towards improving employment opportunities for the Youth. To that end,

ORGANISATIONAL DEVELOPMENT AND CAPACITY BUILDING

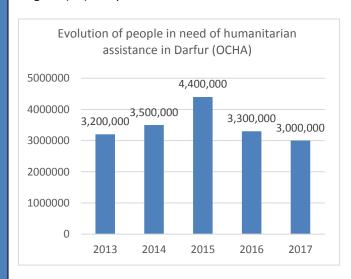
The ODCB sector will play central role in the DP's new strategy by creating the linkage and approach towards a better engagement with partners. The sector will be incorporated into the new Programme Quality department along with the M&E team. The sector will identify new partners, closely follow up the evolution of current partnerships with local NGOs, evaluate effectiveness of partnership approaches and fine tune the partners' capacity building plans.

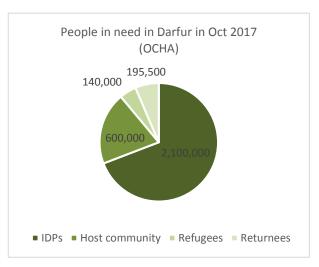
D. PROPOSAL

1. PROBLEM ANALYSIS (max. 2pages)

Darfur, a protracted humanitarian crisis

Darfur is in the western region of Sudan, is made up of the five states: Central, East, North, West and South Darfur. Since the early 2000's, it has been facing a protracted humanitarian crisis due to conflict. Violent clashes between the Government of Sudan and armed groups have caused large-scale internal displacement since 2003. According to the most recent Population Census (2008), the total population of Greater Darfur stands at 7.5 million people; fourteen years after the beginning of the conflict, an estimated 3 million people are still in need of humanitarian assistance in Darfur of whom 2.1 million people are internally displaced². Despite already precarious conditions, Darfur also witnessed the arrival, mainly in already existing Internal Displaced Person (IDP) camps, of 84,000 South Sudanese refugees³ since fighting intensified South of the border in 2017. Approximately 1, 1 million of the IDPs are found in South and Central Darfur where the Darfur Program (DP) is implemented.





While a lack of basic services, infrastructure in addition to insecurity continue to prevent the return of IDPs to their areas of origin, the absence of socio-economic opportunities to rebuild their lives means that, even after years of displacement, two thirds of displaced people struggle to fully sustain their food needs by themselves4.

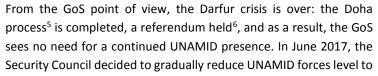
² OCHA Humanitarian Overview, July 2017.

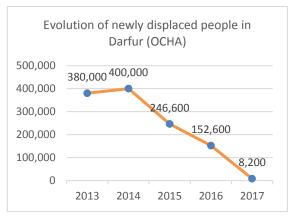
³ OCHA, October 2017.

⁴ OCHA, Humanitarian Needs Overview

An evolving political context

During 2017, the level of armed confrontations in Darfur has continued to decrease, with no major fighting between the Government of Sudan (GoS) and armed groups. The GoS maintains military dominance, achieved through its previous military campaigns, and had signed several peace agreements with breakaway factions.





nearly half the current strength because "security had improved". The GoS also started a large disarmament campaign in Darfur this autumn 2017. The lifting of US sanctions (existing since 1997) is yet to have an economic impact⁷ but its process has seen an improvement in governmental humanitarian policies such as humanitarian access, the issue of travel permits etc.

However, these evolutions can be misleading due to lack of tangible progress in addressing the causes and consequences of the conflict. At the local level, the situation remains volatile. Increased criminality, the spread of firearms, inter-tribal fighting, the absence of law enforcement and unleashed militia are still major challenges.

Unchanged critical humanitarian needs

The Darfur crisis is not only protracted but also a forgotten one. Funding has decreased over the years while critical humanitarian and recovery needs remain. External shocks (conflict, natural disasters) as well as poverty, eroded livelihoods and lack of access to essential resources and basic services means that basic living conditions of disaster affected communities is worsening and especially the nutrition situation⁸. While longer term development approaches are needed to tackle this situation and prevent malnutrition, excessive mortality linked to such a situation is also to be addressed through live-saving and targeted interventions focusing on most at risk population: children under 5 years of age, pregnant and lactating women, and poor households with eroded coping mechanisms9.

Another layer of the complex Darfuri context is the insecurity faced by IDPs. Humanitarian actors, including Humanitarian Aid Commission (HAC), are vocal about the need of creating the necessary service infrastructure – schools, water, health facilities - in the areas of origin (or resettlement) for the return to take place. The IDP community leaders, however, state that without guarantees for security return is not possible under any circumstances. The camps are becoming more permanent as a result. Although the camp dwellers have developed coping mechanisms, there are still a lot of vulnerable people in the camps.

Central and South Darfur are still among the most affected regions in terms of food insecurity with respectively 400,000 and 600,000 people in need. The DP's most recent livelihoods evaluation in September 2017 in both Central and South Darfur regions indicated that though some progress has been made, the communities' capacity to with stand human made and natural shocks remains very limited. According to the assessment, 91 % of the targeted rural communities depend on humanitarian aid for agricultural inputs. Moreover, 62 % of the communities indicated insufficient harvest to cover family needs. The situation is grimmer in the internally displaced camps where most of the camp dwellers depend on food assistance for daily consumption as World Food Programme (WFP) decreased drastically its rations. As an example, from

⁵ The 2011 Darfur Peace Agreement was signed between the GoS and the Liberation and Justice Movement. This agreement established a compensation fund for victims of the Darfur conflict, allowed the President to appoint a Vice-President from Darfur, and established a new Darfur Regional Authority to oversee the region until a referendum can determine its permanent status within the Republic of Sudan.

⁶ Held in April 2016, the choice was between combining the five states of Darfur into a single administrative region or maintaining the status quo of Darfur being administered as five separate states. The later proposition won with 97.72% of votes.

⁷ In order to unlock full trade normalisation, the GoS will also have to have the designation of State Sponsors of Terrorism removed.

⁸ ECHO- HNO 2018.

⁹ ECHO- HIP 2018

May 2016 to May 2017, the percentage of food insecure IDPs in Central Darfur rocketed from 32% to 70%10, while increased from 32% to 65% in South Darfur¹¹.

The DP health and nutrition team reported serious concerns on the malnutrition rate in the IDP camps. It has increased alarmingly due to the decrease in food rationing by the world food program (WFP). Severe Acute Malnutrition (SAM) rate has reached about 5% while the Global Acute Malnutrition (GAM) rate reached 20% particularly in Bilel IDP camp, in South Darfur. Moreover, the on-going influx of refugees from South Sudan and the acute watery diarrhea outbreak in 2017 has been increasing pressure on the overwhelmed primary health care clinics (especially in Bilel and El Radom).

While there have been significant improvements in hygiene and access to clean water (around 17 liters per day per person in the camps), the lack of ownership of water facilities by the communities' remains a barrier to a more sustainable solution. After considerable investment in WASH infrastructure by the DP, it is crucial to convince and support communities to take over. The DP's most recent inter sectoral assessment (August 2017) flagged dire urgent needs of South Sudanese refugees in Al Radom, South Darfur. 95% of the water facilities are not functional in this locality and the refugee population of about 16,000 rely on water trucked by UNHCR for daily water consumption: this is not enough and sustainable to cover basic needs (less than 5 liters/person/day).

Education has been one of the main sectors given little/no attention throughout the crisis. Education facilities such as schools in both South and Central Darfur are crumbling due to less government and humanitarian attention. On average more than 100 school children sit in one class in Khamsadageig IDP camp, while one latrine is available for more than 450 school children. The situation is more serious in cases of the number and qualification of school teachers. On average a school teacher teaches more than 120 pupils in a class room; much higher than the recommended 40.

ACT, Caritas Internationalis, NCA and CAFOD: A Joint Programme for the Darfur Response

Since 2004, the ACT Alliance and the Caritas Internationalis network agencies have come together, with respectively Norwegian Church Aid (NCA) and CAFOD acting as lead agencies, to provide a response to the major humanitarian crisis in Darfur. Under the responsibility in-country of NCA, the NCA Darfur Programme (DP) is the entity delivering this jointprogramme. At international level, its governance structure is composed by CAFOD and NCA headquarters, ACT and CI. Called the CSA (Compliance support and advisory group), it is responsible for setting strategic parameters, mobilizing funding, approving reports and new appeals.

2. APPROACH AND STRATEGY (max 1page)

A three-year protracted crisis appeal 2018-2020

An Emergency Appeal has been launched every year for the last 14 years; for the first time, the NCA DP will release a 3year appeal for 2018-2020 to address needs in line with the protracted nature of this crisis. Enhancing resilience of people and communities in such context requires indeed a long-term commitment, key to a sustainable, meaningful and measurable impact. The three-year planning is based on a better and deeper understanding of communities' immediate, short-term and long-term needs. It was supplemented with a context analysis that capture change in the context dynamic and its implications e.g. more returnees, new IDPs.

A new Darfur Programme Strategy 2018-2020 has been developed to match this timeframe and will provide additional benchmarks to guide and measure the implementation of the response. It underscores the need for a long-term planning and intervention. The nature of the crisis calls for a shift in the way of humanitarian intervention is thought, towards a more recovery-focused response. It aligns as well with changes in the donors' strategies: the first United Nations Multi Year Humanitarian plan for Sudan is a telling example.

Resilience and life-saving interventions at the core of the DP response

¹⁰ Darfur Food Security Monitoring, May 2017, WFP. Figures for IDPs in Nertiti, Hamedia and Hassa hissa where the DP operates.

 $^{^{11}}$ See source above, figures for IDPs in Kalma, Alsalam and Bilel where the DP operates.

The Darfur Programme, with and through its local partners, is planning to reach around 450,770 persons in urgent needs of water, sanitation and hygiene (WASH), primary health care and nutrition, emergency shelter, livelihoods, and education in both South and Central Darfur.

The overall objective is that disaster affected communities of Darfur have enhanced resilience to the recurrent crises. The following strategic pillars below will guide the intervention:

- To maintain and strengthen sustainable access to life-saving services (WaSH, Health and Nutrition, Emergency shelter and Non-food items, Education) to the most vulnerable population;
- To enable households and communities of South and Central Darfur to self-organize, prepare for shocks and stresses through livelihood, economic empowerment and preparedness in both rural and urban environment.
- To place local partners (including Church partners), community-based organization, and people and communities in general, at the core of the implementation of the programme to increase participation, ownership and sustainability.
- To ensure the DP's ability to adapt to an ever-changing context with expertise in emergency and recovery responses;

Thematic focus on resilience, community ownership, economic empowerment and emergency preparedness

While a robust humanitarian response will continue to be essential, much of this population needs greater recovery assistance for some of the structural underpinnings of the issues to be addressed. The DP will take into consideration different vulnerabilities that cause long-term displacement and continue to work on strengthening resilience of the targeted communities.

The focus of this new strategy is the gradual shift of the DP from emergency response to recovery. Work in camps will continue, but recovery will be integrated into all the different phases of the humanitarian work. Gradual withdrawal from free service delivery and handing over of services will be key objectives, especially in WaSH and Health Nutrition. They will be a well-planned and transparent process in collaboration with local partners, communities and authorities. To do so, capacity of IDPs and partners will be gradually increased while access to employment and economic empowerment will be supported to tackle the lack of financial resources.

Food Security and economic empowerment will be brought increasingly to the center of the DP to create an approach that strengthens community resilience and empowers the Darfuri to determine his/her life and future. Economic Empowerment is to ensure that people not only have increased their income and assets, but that they have more control over them. Economic decision-making power within their household, community, and local economy, including markets will be increased.

Emergency preparedness and response will be further developed with an emphasis on resilience building and disaster preparedness. The DP will continue to respond to new emergency and meet the needs of population affected by conflict, natural disaster and epidemic. Water, health and livelihood sectors will retain capacity to respond to emergency needs while the Emergency Preparedness and Response Unit will take the lead in assessment and provide basic shelter needs.

Integration and partnership as models of operation

To produce a visible and significant change in the targeted areas an integrated approach that benefits from the combined effect and synergy between the different sectors will be employed. A gradual shift to more holistic coordination between sectors will better address people's needs as it looks on the community as a whole. The Programme will gradually consolidate the sector-based project approach to area-based programming, divided into regions (for example Zalingie, Garsila, Nyala etc.) with each its unique context, focusing on approach of integrated programming. The area-based programmes will work on recovery and rehabilitation, while at the same time providing emergency support in camps as need arises. This becomes even more evident when the DP moves to facilitating services and an enabling environment for the returnee areas where a complete package of infrastructure and interventions is needed.

The community participation will be central in all planned interventions. The fourteen years of conflict in Darfur has greatly disempowered people economically, socially, and politically, and has led to the erosion of communal action. Community participation in beneficiary selection and participatory planning are some of the tools that the Programme with its partners will use to promote empowerment and to revive social networks. A built-in exit strategy will help build capacity of community governance structures and transfer the responsibilities to them over the three years period.

The DP is a unique cooperation between the networks of Protestant and Catholic Churches around the globe, ACT and Caritas. From this background stems the philosophy of working through and with local partner organizations to the extent possible. The idea of partnership is embedded in the values of the two networks and is a guiding principle for the programme in its relationship with partners and especially ERRADA. The work around the Localization and the Charter for Change, strengthens that commitment. Despite an overall low capacity of local partners, the DP will aim at phasing out from direct implementation.

3. PROPOSED RESPONSE (max. 3pages)

A. Geographical Focus

The focus of NCA Darfur program will remain the states of South and Central Darfur. However, new areas and communities will be covered. The unpredictability of the Darfur situation makes long-term decision making challenging and will require exceptionally much of flexibility from the Programme. Prioritization of geographical focus areas will be based on (a) where the greatest needs are, (b) where there is access for humanitarian interventions, and (c) where NCA has previous experience, either directly or through partners. The greatest need has become an increasingly important criterion with the declining funding.

If new areas are considered, a thorough assessment of the context and needs will inform on whether the DP can apply its approach from emergency to early recovery without risking creating dependency. As of November 2017, the DP has explored options in East Jebel Merra (where humanitarian access has been granted for the first time in years), Central Darfur and El-Radom, South Darfur.

B. Security Situation

The security situation in Darfur, particularly South and Central Darfur continued to improve throughout 2017. The level of armed hostilities in Darfur has continued to be significantly lower than in previous years. Sudanese government forces now dominate Darfur and occupy most of the territory previously controlled by armed groups. The unilateral ceasefire, declared by the government of Sudan in mid-2016 and extended for a further three months in July, reportedly continues to be largely observed. While the overall security situation is improving, the region remains fragile, and an environment of instability persists.12

Several key issues remain to be addressed, notably the presence of Sudan Liberation Army/Abdul Wahid (SLA/AW) fighters in the Jebel Merra region, unresolved intercommunal disputes over land and other resources, the prevalence of weapons and criminal violence, and weak rule-of-law institutions. On 7 August, the Sudanese government launched a campaign to collect illegal arms and unlicensed vehicles in the Darfur region. This will eventually improve the security situation in the region.

There have been no reports of major displacements in 2017, but existing groups of internally displaced persons (IDPs) continue to require significant protection and humanitarian assistance. The reported occupation of villages and land by armed militia previously associated with government forces, particularly in Jebel Merra, and general lawlessness have impeded the return of IDPs. In different occasions the GoS is giving assurances that Sudan will continue providing safety to those fleeing conflict and persecution—including those who arrive from South Sudan and other countries in the region. On 29 June, the UN Security Council unanimously renewed UNAMID's mandate for an additional year. The Council expanded the mandate to incorporate peacebuilding activities in currently stable areas while significantly reducing the mission's force structure. The changes are largely in line with recommendations made in the 18 May AU-UN strategic review, including a process of restructuring and redeployment, to be completed over the course of two successive six-month phases.

Security situation for Humanitarian workers continued to be unpredictable. In 2017, there has been kidnapping of humanitarian workers in Central Darfur. A national Staff from UNHCR and a Swiss Aid worker were abducted by un known gun men in the year.

¹² UN Security council, September 2017 report

Extreme: Serious security risks; no or very limited access in target areas	
Tense: Varied security risks; may limit access to target areas at times	Х
Normal: No significant security risks that may affect the response	

C. Response Objectives / Logical framework

Water, Sanitation and Hygiene (WASH)

The WASH sector is currently the largest sector of the DP. WASH services have been provided both in IDP camps and rural communities for the last 13 years and the sector has taken over infrastructure constructed by other stakeholders. Many of these infrastructures, especially in camps, were put in place with a temporary perspective - not planned as durable solutions- and constructed in a time where the camp population was smaller than today. Some responsibilities for different services were handed over to committees and representatives of the camps but most camps where the DP intervenes still solely rely on the WASH department. In rural areas, basic social services are not existent or are not functioning optimally. There is in general a lack of water infrastructure for productive and domestic use.

Specific objective

To contribute to increase timely and dignified access to sufficient, sustainable and safe WASH services for communities of Darfur strengthening their resilience to water insecurity.

Expected Results

- Communities and women, men, boys and girls affected by emergency crises receive life-saving WASH assistance appropriate and relevant to their immediate needs.
- Communities and women, men, boys and girls of settled population have increased equitable access to safe WASH services.
- Communities have increased sustainable mechanisms of Water and Sanitation management structures as the DP gradually phase out from free service delivery by 2020

The DP plans different focuses for IDP camps and rural areas.

In IDP camps:

- Vital water and sanitation infrastructure will be renewed and complemented: sustainable and permanent handovers can only be done if the overall condition of the water and sanitation infrastructure is good. These activities will be done in 2018 and will progressively end in 2019 and 2020.
- Striving towards sustainability of WASH services in the camps by creating organizational structures and gradually handing over of responsibility will be the priority. The WASH sector aims at enhancing and increasing community contribution: a gradual transfer of responsibility to water committees and other governance structures to manage water sources will be planned. They will take care of minor and medium size repair and play active role in hygiene promotion and cleaning campaigns. The WASH sector will completely phase out from free service delivery by the end of the appeal in IDP camps in Zalingie and Bilel. Responsibility of hand pumps repair and maintenance will be transferred to the communities. The WASH sector will progressively cease to construct households' latrines.

In rural areas:

- The DP will provide sustainable water and sanitation services to targeted populations to meet their basic needs while increasing their self-reliance. In the planning phase of a new intervention, a holistic approach to WASH will be explored with a package of WASH activities. The exit strategy will be considered, and community members will be mobilized to contribute to the construction of water sources/provision of water services. The drilling, construction and rehabilitation of water sources will be linked to set up of cost recovery mechanism. To reduce the operation cost and adverse impact on the environment, the DP will endeavour to construct hybrid power sources that can utilize both solar and fuel.
- A multi-sector approach to tackle malnutrition combining WASH, Health and Livelihood activities will be developed.

The NCA DP plans for multiple-use water services where it will work with their partners to improve access to water resources. This will be done through different infrastructures like small dams, ponds, or sand-dams. This will aim at addressing drivers of conflict between farmers and pastoralist and hence communal conflict due to scarcity of water. Animal troughs will be included in the platform design for the water facilities to ensure that the water spillage will be trapped and used by livestock.

In an emergency setting:

With South Sudanese refugees, the sector will provide life-saving services. Emergency response activities such as prepositioning emergency hand pumps, chlorine, hygiene kits and latrine slabs will be ensured. However, efforts will be made to ensure timely phasing out from service delivery and quick handover of responsibilities to refugees. The sector will push towards setting up of cost recovery mechanisms based on the outcome of the planned vulnerability mapping exercise.

Guiding principles

- Integration: in the coming three years, the WASH activities will be integrated with other sectors whenever possible. The WASH sector will support providing water and rehabilitate existing water sources in the Health and Education facilities. Hygiene promoters will work hand in hand with health educators to reduce incidence of waterborne diseases and infections associated with poor hygiene. Similar synergy will also be created with nutrition sector.
- Increased community participation and ending automatic hand-out: participation from communities will be systematically required. Distribution of spare parts will become the exceptions, support to latrines will be mainly given in an emergency context, fuel donation for water sources will progressively be replaced by cost recovery mechanisms, and incentives for trainings will be reduced to the minimum. In case of gross damage and lack of functionality of hand pumps and water sources NCA will step in to support the community.
- Partnership: the sector in line with the DP strategy will push to seek strong local partners who will implement activities both in South and Central Darfur regions. Currently the sector is implementing part of activities through two local partners (PPD and NAHA) in South Darfur. To this, assessment of additional potential WASH partners will be conducted in the first year. The sector aims for implementing 50% of the activities through local partners by 2019, and 100% of WASH projects by 2020. Working with local partners in IDP camps is often a challenge given the lack of trust of communities towards local NGOs (political reasons). It may necessitate a direct relationship for the handover of wash services to committees. In rural areas however, the priority will be given to the implementation of activities through local partners.

Activities

The WASH sector will ensure access and supply of clean safe water by construction of new water facilities, upgrading on existing and rehabilitation of the non-functional existing ones. Program areas which has low water access and coverage as per the recent surveys and where new refugees and IDPs have settled will be prioritised. The new facilities to be constructed are boreholes, shallow wells and water schemes. Where ground water aquifers are high yielding and close to the surface, high yielding shallow wells will be excavated, constructed and equipped with submersible pumps. The water will be pumped to high capacity storage tanks which will be constructed while the existing dilapidated ones will be rehabilitated. These tanks will be masonry in nature conforming to the available technical skills of the beneficiaries who will be able to repair them in the future. Water will flow from these tanks through gravity to distribution points to serve the beneficiaries.

NCA DP will ensure communities will construct household latrines through both PHAST and CLTS methodologies. Sanitation facilities will be constructed and rehabilitated. This will minimize environmental health problems including diarrhoea that is associated with polluted surface water as well as transmission of diseases by flies. Permanent institutional latrines and hand washing facilities will be constructed in the selected schools and health facilities depending on the need. Constructed household latrines will only benefit the disadvantaged households in the targeted communities among them the old, new refugees' arrivals, new IDPs etc. Emergency latrines will be constructed in case of any outbreak of diseases like cholera. In solid waste management, incinerators will be constructed/ rehabilitated in health facilities to ensure safe dispose of medical waste while garbage pits will be constructed in schools and public places.

Emphasis will be placed on key hygiene behaviours such as hand washing with soap at appropriate times, safe disposal of faeces and use of latrines, safe weaning food preparation and safe water handling and storage. Hygiene and health education campaigns will be held in different parts of the program coverage area. In schools, hygiene and health clubs will

be formed. This will target the pupils as children are known to be the best agents of change. The DP will facilitate and mobilize communities to carry out periodic clean-up campaigns within the program area. The mobilized community members will be provided with brooms, racks, hand gloves and wheel barrows during these exercises. Garbage collected will be transported on the donkey carts for final disposal away from the residences at a designated dumping site.

Proper Management and Sustainability of the water scheme will wholly depend on the local community. To ensure the above for every water point, a water committee will be selected through participatory approach then established. It will be trained on the maintenance, operation and management of the water scheme. A minimum of 40% of the committee members i.e. 4 will be women. They will be encouraged to retain their positions during hygiene campaigns as they are the majority users of the water scheme. To ensure that the committee is operational, follow-up monitoring of the water committees will be done with the state and locality WES Departments together with local administration. Hand pump mechanics will be trained in water committee to ensure that the knowledge of repair and maintenance is among the community members. Hand pump spare parts will be established with links to the local business communities in the area ensuring a sufficient supply of spares parts. Training on routine maintenance of both solar and diesel operated engines will also be done to ensure the upgraded water facilities are operationally sound. Refresher training of the same will be done where cases of poor knowledge transfer will be observed

WASH Beneficiaries: 2018

Location	Age	20	18	2019		2020	
Location	Category	Male	Female	Male	Female	Male	Female
	Infants (0- 59 months)	24,677	30,168	17,351	21,212	17,351	21,212
Central	Children (5-17 yrs.)	40,650	49,669	28,582	34,923	28,582	34,923
Darfur	Adults (18- 49 yrs.)	62,287	76,124	43,795	53,524	43,795	53,524
	Elderly (50+ yrs.)	17,579	21,479	12,360	15,103	12,360	15,103
Total Central	Total Central Darfur		177,440	102,088	124,762	102,088	124,762
	Infants (0- 59 months)	9,127	11,158	6,417	7,846	6,417	7,846
South	Children (5- 17 yrs.)	15,035	18,371	10,571	12,917	10,571	12,917
Darfur	Adults (18- 49 yrs.)	23,038	28,155	16,198	19,797	16,198	19,797
	Elderly (50+ yrs.)	6,502	7,944	4,572	5,586	4,572	5,586
Total South Darfur		53,702	65,628	37,758	46,146	37,758	46,146
Total WASH		198,895	243,068	139,846	170,908	139,846	170,908

WASH Beneficiaries by Status:

The sector will increase beneficiary targets in rural areas while decreasing the IDP beneficiaries in line with the DP strategy and the situation on the ground. It is expected that the situation in Darfur to continue to improve in the coming years; creating an enabling environment for the IDPs to return to their original places. By the end of the Appeal, IDP's will constitute about half of the total beneficiaries while the share of the rural communities will continue to grow. The sector will further focus on more recovery and reconstruction efforts in rural and host communities.

Location	Status		% of Beneficiaries	
		2018	2019	2020
Central Darfur	IDPs	85%	60%	50%
	Rural Communities	10%	20%	30%
	Refuges	0%	0%	0%

	Host Communities	5%	20%	20%
South Darfur	IDPs	70%	60%	50%
	Rural Communities	15	20%	30%
	Refuges	10%	10%	10%
	Host Communities	5%	10%	10%

Health and Nutrition (H&N)

The NCA Darfur Programme is the sole provider of primary health care and nutrition support in the targeted areas in Central and South Darfur. Despite close engagement with the Ministry of Health, people and communities affected by disasters still rely on the DP support for basic and life-saving care. The needs remain dire and the flux of outpatients is always higher, especially with South Sudanese refugees. The recent internal nutrition survey conducted in August 2017 showed that the Severe Acute Malnutrition (SAM) rate in Bilel is about 5 % and Moderate Acute Malnutrition (MAM) at about 20% while the situation in Al-Radom, southern part of South Darfur is even worse. In Al-Radom, the inter-sectoral assessment conducted in August 2017 showed a grim situation whereby refugees (around 23,000 persons arrived from South Sudan) and host communities are using the only primary health clinic in town.

Expected Results:

- Increased and sustained access to quality PHC and nutrition services for IDPs, refugees and host community populations, including maternal, new-born, child and reproductive health care services
- Improved positive H&N behaviours among target communities;
- Partners, local authorities and community have enhanced capacity to support the delivery and long-term management of quality health services.

The humanitarian imperative will be to maintain the accessibility of health and nutrition services for the most vulnerable people in the selected catchment areas. The NCA DP renews its commitment to work together with the State Ministry of Health (MoH) and national partners to build local capacity for sustainable service delivery of primary health care (PHC) in targeted areas. The sector takes into consideration the new Darfur program strategy which prioritizes working through partners: partnership with ERRADA will continue to be paramount to the sector. By the end of 2020, the management of health and nutrition facilities will be transferred to local partners as well as the day to day implementation of outreach activities. The DP H&N sector role will be confined to providing technical support, advocacy, resources mobilization and quality assurance. A gradual handover of all activities in South Darfur (Bilel, Shattaya & Al Radom) will be executed by the end of the appeal. In Central Darfur, the sector will engage further with the Darfur Development & Reconstruction Agency (DDRA) in an effort to strengthen their technical and administrative capacity as well as to allow for their full engagement in the efficient running of nutrition prevention and preventative health services. Not only will this increase the capacity and ownership of these pertinent services, but this strategic decision is also in alignment with NCA's Sudan country strategy to assure a smooth handover and eventual withdrawal from direct implementation.

In parallel, the DP will develop an exit strategy in collaboration with the MoH, local partners and other INGOs. The exit strategy will be informed by findings of the planned sector evaluation in the first quarter of 2018. Options will be explored to set a mechanism to enable and facilitate safe and effective PHC services while maintaining sustainability of the services. It will be based on continuous support and contribution of community and local authority in funding and subsidizing the provided service. Thus, for 2018, the sector will continue to work with local existing community structures to promote positive H&N knowledge and practices whilst also making a sense of ownership towards service provision, hence ensuring sustainability.

Response

The sector will continue to support the five existing PHCs and a new PHC clinic in Al Radom through their construction, rehabilitation and provision of essential PHC medicines, medical supplies and laboratory equipment, in Central and South Darfur. With an aim to increase quality of services at the PHCs and preventing outbreaks, laboratory services will be launched in the PHC clinics in Central Darfur camps (Hamedia, Hassa Hisa, and Khamsadegiga). This will enable to diagnose common communicable diseases such as diarrhoea, malaria and acute respiratory infections in addition to noncommunicable diseases such as diabetes. In Al-Radom where there is an increasing pressure on the only PHC clinic in the town because of the influx of South Sudanese refuges, DP aims to build a PHC clinic to serve the South Sudanese refuges with quality primary health care and nutrition services. Maternal reproductive health service delivery and basic emergency management of obstetric complications will continue to target the same catchment population as previous years i.e. 25,540 pregnant and lactating women (PLW) throughout the year. Reproductive health services will be customised to the context and integrated to the primary health care services.

It will additionally provide immunizations to 18,543 people, particularly targeting pregnant women and children < 1 year of age; consultations and treatment for 190,548 patients against common ailments in the five PHCs will continue. Services will progressively be provided through ERRADA and seconded technical H&N staff from MoH.

Given the high malnutrition rate, the nutrition component will continue to target children under five and pregnant and lactating women through MUAC screening to identify malnutrition cases among the targeted communities. Therapeutic food distribution for children <5 and PLW in South and Central Darfur will continue. In addition, quarterly growth monitoring and mid-upper arm circumference (MUAC) screening will be conducted in Al Radom. To this, linkages will be strengthened by conducting defaulter tracing whereby referrals to nutrition facilities will be done in collaboration with community volunteers and Traditional Birth Attendants (TBA); instances of SAM cases with medical complications will be referred to stabilization centres in Nyala, Zalingie and Boram hospitals. Nutrition education and promotion will be done through cookery demonstration campaigns and by involving care group mothers. This same group of beneficiaries will benefit from the additional promotion of homestead gardens which will encourage dietary diversity and enhanced nutrition status. DP will explore new approaches such as Mother-to-Mother support activities which is used by UNICEF and MoH to boost prevention of malnutrition.

The sector, in coordination with the Food Security and Livelihoods sector will prioritise households with nutrition problems. The sector will coordinate with livelihoods to promote homestead gardening to enhance nutrition practices. Regular awareness sessions focusing on behavioural change on nutrition with the target population will be conducted throughout the three years. Additionally, a more integrated approach will be implemented to address nutrition problems in rural communities. The sector will coordinate with the WASH sector in including health messages in Hygiene promotion activities and with the Education sector to use schools as a platform for health and nutrition awareness.

Standardized Monitoring and Assessment of Relief and Transition (SMART) nutrition surveys along with periodic health facility utilization surveys will be used to evaluate and review the outcomes of the sector activities. Two KAP surveys at the beginning and end of each year have been planned to evaluate the changes brought about by the sector.

H&N Beneficiaries'

Location	Age Category	20	18	2019		20	20
		Male	Female	Male	Female	Male	Female
Central	Infants (0-59 months)	14,013	17,127	14783	17,983	15522.15	18,883
Darfur	Children (5- 17 yrs.)	23,081	28,199	23,081	29,609	24,235	31,089
	Adults (18-49 yrs.)	35,362	43,220	35,362	45,381	37,130	47,650
	Elderly (50+ yrs.)	9,978	12,196	9,978	12,806	10,477	13,446
Total Cen	tral Darfur	82,434	100,742	83,204	105,779	87,364	111,068
South Darfur	Infants (0-59 months)	4,785	6,230	4,785	6,542	5,024	6,869
	Children (5- 17 yrs.)	8,230	10,229	8,230	10,740	8,642	11,277
	Adults (18-49 yrs.)	10,430	13,878	10,430	14,572	10,842	15,300
	Elderly (50+ yrs.)	2,568	2,113	2,568	2,219	2,696	2,560
Total Sou	ıth Darfur	26,013	32,450	26,013	34,073	27,204	36,006
Total	H&N	108,447	133,192	109,217	139,852	114,568	147,074

Beneficiaries' by Status

The sector aims for serving more Rural and host communities while drastically decreasing the IDPs population. This will be realised as some of the IDPs either will return to their original villages or re integrate with towns nearby the camps. By the end of the Appeal, rural and host communities will constitute about half of the beneficiaries. As DP expands its service especially in new rural areas, beneficiaries will increase year by year.

Location	Status	% of Beneficiaries					
		2018	2019	2020			
Central Darfur	IDPs	80%	60%	50%			
	Rural Communities'	10%	20%	25%			
	Refuges	0%	0%	0%			
	Host Communities'	10%	20%	25%			
South Darfur	IDPs	70%	60%	50%			
	Rural Communities'	15%	15%	15%			
	Refuges	10%	10%	10%			
	Host Communities'	5%	15%	25%			

Food Security and Economic Empowerment

Livelihoods and economic empowerment will be brought increasingly to the center of the DP to create an approach that strengthens community resilience and empowers the Darfuri to determine his/her life and future. Instability, seasonal cycles of resources, and changes in access due to insecurity create challenges for rural households. Similarly, economic drivers (markets, inaccessible/unaffordable credit) and policy drivers (limited and sometimes misguided government programs) also create stresses and shocks that impact semi-urban or rural life.

The overall goal of the Food Security and Economic Empowerment (FSEE) sector is building the resilience of households, communities and agro-ecosystems to anticipate, absorb and recover from the negative impacts of human-made and natural shocks. The core of this strategy is to economically empower households by focusing on improving food security and increasing access to livelihood opportunities. This will be achieved through diversification of livelihood opportunities, improve crops and land productivity and increasing access to market through skills and knowledge transfer, removal of market barriers and value addition to products. To this, triangulation of data will be conducted including Economic Empowerment indicators to measure the progress achieved towards food security in each year.

Moreover, the sector will play central role in sustaining the outcomes of other sectors by economically empowering local community structures. For example, the sector will work with WASH sector in devising activities that will economically strengthen the WASH committees and vulnerable households to continue supporting WASH services and installing of cost recovery mechanisms in the eventual withdrawal of the DP program from service provision. The sector will support the DP in introducing cash-based programming in EPRU and WASH sectors.

Expected results

- The food security of vulnerable households among IDPs, returnees and host in the targeted communities of South Darfur and Central Darfur improves;
- Targeted household increased employment opportunities, market access and income for vulnerable and poor households;
- Community support capacities and systems that enhance Natural Resource Management (NRM), Disaster Risk Reduction (DRR), and governance are established and/or strengthened.

In the IDPs camps, the sector interventions will combine humanitarian relief, recovery and long-term development to address underlying causes of vulnerability and build the capacity of people to better withstand shock and manage risks. The sector emphasizes the need to support beneficiaries to enhance their livelihoods sources and thereby bring about economic empowerment. Activities planned such as saving groups, income generating activities, vocational trainings for IDPs camps will assist IDPs who lost their livelihood and abandoned their natural niche to outskirt of semi-urban centers. This will allow IDPs to adopt new livelihood strategies and diversify sources of income. It will also facilitate the setup of cost sharing mechanism for running health and WASH facilities in the camps where IDPs contribute based on income generating activities. The sector will map vulnerability in the camps and carry out socio-economic profiling of IDPs to identify the most in need. In the course of the three years, the sector will reinforce and develop targeted populations' capacities, livelihood assets and incomes and enhance their access to productive resources and gainful employment with particular attention to the different roles of men and women.

In rural areas, food security is closely linked to the performance of the agricultural sector, which provides household level food and wage labor opportunities. The sector will focus on improving land productivity, yield of crops and livestock, improve access to markets, create new livelihood opportunities based on markets and communities' needs. The sector will also strengthen cooperation between different stakeholders in microfinance and introduce alternative options that can

replace approaches of conventional financial services institution. Using assessments and data from the Health and Nutrition sector, the DP will ensure appropriate targeting of the most vulnerable locations and population: MUAC screenings and nutrition reports will be vital in deciding the targeting localities whereby households and localities with high MAM and SAM rate will be prioritized.

Guiding principles

- Partnership and coordination is central to the sector; like last year, most of the sector's activities will be implemented through local partners. The main lesson learned in Central Darfur from the previous projects is that the sector should diversify its local partners to support more local organizations and to avoid dependence to one partner. To this, the sector aims to engage with at least two partners in the two states; with a strong emphasis to building partnership capacity.
- Ownership and accountability: the sector will enhance local ownership to ensure relevance and sustain gains. The priorities and strategies of local communities will be respected, and the emphasis is put on collective action (SILC groups, farmer groups etc.).
- Integration of DP sectors around Livelihoods and Economic Empowerment: activities will be implemented in tandem with other sector strategies to enhance community contribution, build community resilience and eliminate dependence and encourage self-driven and self-motivated initiatives.
- Cash based programing has been very effective in Central Darfur; it was proved to increase participation of beneficiaries' and improve the local economy. The sector is keen to expand cash-based programming in the three years through a strong emphasis on market analysis and market-based interventions such as value chains and cash for work activities for natural resources management.

Response

In the camps: FSEE will play major role in DP's effort to sustain and also withdraw from direct service provision in the camps. The sector will commission an assessment of the economic situation of the camp residents in the first quarter of the Appeal; whereby a complete profile of the IDPs and their coping mechanisms, potential livelihoods intervention and a recommendation on empowering the different community structures will be identified. Based on the findings, the sector will be able to fine tune interventions in the camps. The sector will mainly focus on Hamedia, Hassa Hisa, Khamsadegiga and Bilel IDP camps, with a possibility of intervening in the Al-Radom South Sundanese refugee camp. Out of camp refugees will be targeted through different skills trainings to improve their outlook of employability. In 2018, the sector will undertake 2 market assessments in both South and Central Darfur to assess the potential markets for produces and skills in order to plan the activities tailored to the needs in the market. A market barrier analysis will also be conducted in 2018 along with the market assessment.

In Rural Areas: the sector will focus on the most vulnerable households in rural areas. Activities geared towards introducing improved agro-practices will be implemented. Innovative and sustainable livelihoods practices such as seed banking, irrigation, Village Saving and Lending Associations (VSLA), sustainable farming and improved livestock production will be central in rural areas. Local veterinary services will be strengthened, and links will be created between small producers/farmers groups and the Ministry of Agriculture (MoA). The sector aims to extend the achievements of the Taadoud intervention in Central Darfur to South Darfur. To this, some of the activities implemented in Wadi Saleh, Central Darfur such as setting Community Action Groups, Disaster Risk Reduction committees and Community Animal Health workers (CAHWs), value chains, VSLAs will be given more emphasis in South Darfur, Bilel locality. To improve resilience of the rural communities, different natural resource management initiatives will be initiated with Disaster Risk Reduction and Community Action Groups. The existing community action groups will be strengthened while about 24 new groups will be formed mainly in the camps. The sector will work closely with the states Ministry of Agriculture and capacitate the local agricultural extension workers to sustain the results of the program.

In the first year the sector will build the capacity of vulnerable households and equip with knowledge and skills to increase productivities in rural areas of Wadi Salih, Nittiga, Beliel, Al Radoum and Shattaya. Also, vulnerable households will be provided with inputs to start production. Beneficiaries will be introduced to 9 training agro-production techniques. A collaborative joint livelihood approach will be used. To improve access of vulnerable households to quality seeds, seeds bank will be established and CBOs for producers will be supported. In the IDPs camps livelihood and economic empowerment activities to be supported will informed by the result of the ongoing need assessment. However, the focus will be on improving access to markets, value chain, providing youth and women with skills that improve employability and support to IDPs who practice seasonal farmers in neighboring rural area.

Beneficiaries: Food Security and Economic Empowerment

Location	Age Category	2018		2019		2020	
		Male	Female	Male	Female	Male	Female
	Infants (0-59 months)	801	979	730	979	1,014	1,240
Central	Children (5-17 yrs.)	1,319	1,611	1,203	1,470	1,670	2,041
Darfur	Adults (18-49 yrs.)	2,021	2,470	1,804	2,253	2,560	3,128
	Elderly (50+ yrs.)	570	697	514	636	722	883
Total Cen	Total Central Darfur		5757	4251	5338	5966	7292
	Infants (0-59 months)	1,074	1,313	1,299	1,588	1,430	1,748
South	Children (5-17 yrs.)	1,769	2,161	2,140	2,615	2,356	2,878
Darfur	Adults (18-49 yrs.)	2,710	3,312	3,239	4,007	3,609	4,411
	Elderly (50+ yrs.)	765	935	925	1,131	1,019	1,245
Total Sou	Total South Darfur		7,721	7,603	9,341	8,414	10,282
Total FSE	=	11,029	13,478	11,854	14,679	14,380	17,574

Beneficiaries by status

FSEE sector will be central in sustaining some of the results of the past activities and will play an increasing role in strengthening the community structures in the IDP camps. Hence as noted below, beneficiaries' in IDP camps will increase from 15% in 2018 to 30% in 2020. More activities tailored towards improving the economic conditions of the IDPs will be implemented in the three years.

Location	Status	% of Beneficiaries				
		2018	2019	2020		
Central Darfur and	IDPs	15%	25%	30%		
South Darfur	Rural Communities'	75%	65%	60%		
	Refuges	5%	5%	5%		
	Host Communities'	5%	5%	5%		

Education

In the protracted nature of the Darfur crisis often lies the challenge of responding to emergencies while including longterm approaches. The DP Education sector will continue to tackle this complex setting by bringing short and long-term perspectives together through support in schools to children and parents. Education in emergencies can save lives: it is a major component of strategies for child protection (out-of-school children are of greater risk of violence), it provides children and parents with life-saving information (health awareness etc.), but also provides a return to familiar routines, instils hopes and foster inclusion.

The sector objective will focus on improving the enrolment and retention of school age children at basic level schools through creating better accessibility to educational facilities and good teaching environment in South Darfur. To that end, ERRADA, the DP's core partner, will continue to implement existing projects, but also expand to new locations where other DP programmes are being implemented to ensure a more integrated intervention during the period 2018- 2020.

Needs Assessment

According to a 2017 State ministry of Education (SMOE) survey, more than 15,700 children (9,420 boys and 6,280 girls) are in needs of basic education support in Nitega and Shatyia localities as well as Nyala North and Bilel). Education facilities lack access to protective learning spaces, latrines, and water and school materials. The 2017 assessment report indicated that 500 children attend classes under trees and learning is disrupted during the rainy season while 400 (75 Female, 325 Male) Parent Teachers Association (PTA) members and 300 (100 female, 200 male) teachers in the selected areas lack proper training and incentives to deliver quality education. The situation is exacerbated by the influx new IDPs, exerting pressure on already inadequate education services. In 2017, 75% of the 10 existing schools in the target localities will accommodate an additional 3,000 boys and girls. Unless education services are restored in target returnee locations, a substantial number of school aged children will have no access to education. This is because there has been little or no focus on restoring services including education for returnees. A disruption of learning for returnee children will lead to an increase in school drop outs thus affecting completion of basic level schooling.

Expected results

- Increased access to basic education and literacy classes for IDPs and host communities targeted in South Darfur
- Increased capacity of teachers at target schools,
- Increased community support for education, gender and child rights

Guiding principles

- ERRADA is committed to support the most vulnerable families and children among all target groups: nomads and pastoralists, host villages, IDPs as well as new returnees. Both rural and urbans areas will be targeted.
- Integrated approach: the selection of targeted areas is done in coordination with other sectors to maximise impact of the interventions and also to have a holistic approach to education needs (health awareness, wash needs in schools etc.)
- The sector recognizes that girls and boys have different needs and challenges during crises, and this will be taken into consideration when designing different activities.

Response

DP's education sector aims for improving access to quality primary education in order to make sure that all children, adult and youth in Darfur particularly South Darfur acquire the competencies, skills and values that enable them to fully participate in the recovery of Darfur. Moreover, the sector aims to create sustainable access to education for the most vulnerable communities of South Darfur region. The sector works closely with Stakeholders such as local strategic partner ERRADA, State Ministry of Education and UNICEF.

The sector will adopt the UNICEF child-friendly learning space approach for new emergencies (returnees, refugees and new IDP children), while a recovery and longer-term approach will be adopted for host communities and long term IDP children. According to recommendations of the assessment report, the sector will provide temporary child friendly learning spaces (TCFLS) targeting conflict affected and newly returned children to enable the continuation of learning for girls and boys. Moreover, support will focus on ensuring educational facilities that provide physical protection from the dangers of a crisis environment. Strategies that mitigate the psychosocial impact of the crisis, GBV, HIV/AIDS awareness, messages on peaceful co-existence, and environmental hygiene will be a central part of the intervention. To this, the sector will support 24 primary schools over three years whereby the targeted schools will be supported through construction of classes, provision of school materials such as benches, training of teachers and provision of WASH services in schools. The sector will target 8 schools each year for support with school materials and construction of class rooms while maintaining a followup of the schools targeted in previous years. In the three years, about 48 child friendly class rooms will be constructed and 1200 benches will be distributed. This in turn will increase the attendance rate at the targeted schools by 15% yearly on average.

As part of the DP strategy's recovery and long-term development approach, capacity building of school teachers and PTA members will be conducted to ensure quality and sustainability of the intervention. The sector will work closely with the State MoE to also strengthen their capacities and to ensure ownership of the sector priorities. In the three years, about 150 school teachers and volunteers will be trained in improved pedagogical and curriculum instructions. The sector moreover will deliver adult literacy classes to improve literacy in the communities. Volunteer teachers will be able to deliver literacy classes to about 1800 adults (50% women) over the three years. Additionally, 90 school dropout youth will be targeted through trainings in computer applications to improve their prospect of employment.

Moreover, the sector will focus on referrals for psychosocial support to survivors of different of types of trauma.

To enhance school environment, the sector will work closely with WASH sector in providing schools with clean water and hygiene facilities. By the end of the 2020, the sector aims to achieve the UNICEF WASH standard for the 24 targeted schools whereby 5 litres of clean water per person per day for all schoolchildren and staff is available. Safe latrines facilities will also be available to school children with latrine: pupil ratio of 1:60 for boys and 1:30 for girls. Over three years, the integration of WASH in schools will target in provision of:

- Sustainable, safe water supply points,
- Hand-washing stands and sanitation facilities;
- Integrated key hygiene behaviors education for schoolchildren using participatory teaching techniques and outreach to families and the wider community. This will enable children to change their current hygiene behavior and indirectly to perform better in schools.

Beneficiaries:

Location	Age Category	2018		2019		2020	
		Male	Female	Male	Female	Male	Female
	Children (5-17 yrs.)	2,068	2,332	1,835	2,285	2,350	2,650
South Darfur	Adults (18-49 yrs.)	150	150	400	300	450	550
Total Education		2,218	2,482	2,235	2,585	2,800	3,200

Beneficiaries' by status:

The Education sector will focus on providing access to quality education for the most vulnerable IDPs, host communities and refuges. The proportion of the IDP's children will increase in the second and third year while the host communities decrease as in host community areas investment on education by the government is expected to grow in providing the services while it is not the case in the IDPs camps.

Location	Status		% of Beneficiaries	
		2018	2019	2020
South Darfur	IDPs	75%	85%	85%
	Rural Communities'	0	0	0
	Refuges	5%	5%	5%
	Host Communities'	20%	10%	10%

Emergency Preparedness and Response Unit (EPRU)

The overall objective of the Darfur Programme for the next three years continues to be ensuring that vulnerable conflictaffected households in Darfur have improved resilience. This will be achieved through timely emergency response in the NCA DP target areas in South Darfur and Central Darfur (which are high priority according to the Humanitarian Needs Overview (HNO) document for 2018 - OCHA) based on information gathered from and shared with communities and other ES/NFI sector members. EPRU will be the eye and ears of NCA by which early warning systems will be strengthened to prepare the program for disasters and efficient response.

Expected results

- Improved basic living conditions of IDPs, refugees and returnees affected by disasters in South and Central Darfur
- Enhanced capacity and resilience to disaster shocks for partners & beneficiary communities.

Guiding principles

EPRU will use Sphere Humanitarian Charter & Minimum Standards ¹³as well as UNHCR manual & minimum standards to gauge its activities.

¹³ http://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines lo-res.pdf

- Integration: the sector will be instrumental as a first responder to emergencies whereby recommendations on the needs will be shared with other DP sectors based on EPRU's assessment. To this, the sector will strengthen its assessment capability by working closely with the M&E sector.
- The EPRU sector will also explore the use of new modalities and approaches like cash-based interventions to enable effective and efficient response.
- In line with NCA's long term strategy of working through partners, the sector on the first year of the Appeal will transfer a staff to work with ERRADA with an aim to completely handover all the direct implementation of EPRU activities by the end of the third year of the appeal. Moreover, the sector will conduct most of the assessment and distribution of NFI's through the DP partners.

Response

EPRU will reach beneficiaries through joint assessments and verifications with other cluster members, and will distribute improved emergency shelters, NFIs in addition to conducting capacity building. Based on the Sudan Humanitarian Needs Overview projections for 2018, EPRU plans to target a total of 33,000 HHs (165,000 people) in South and Central Darfur states. In South Darfur, the DP will target a total of 22,800 HHs (114,000 people) such as newly displaced people, protracted IDPs, returnees, refugees, gathering community and trainings participants. Of this total 110,000 people will receive Improved Emergency Shelters (IES)/None Food Items (NFIs) and 4,000 people will be trained in Emergency Response, Disaster Risk Reduction and awareness. In Central Darfur, the DP will target a total of 10,200 HHs (51,000 people) for new arrivals, protracted IDPs, returnees and trainings participants. Out of this total, 48,000 people will receive IES/NFI and 3,000 people will be targeted by Emergency Shelter (ES) trainings, DRR and awareness.

For a better and timely response, EPRU envisions to have own supply of emergency shelter and NFIs; which in the past have been hard to get in time through other UN pipelines. The emergency stock supply will serve newly displaced people and refugees who lack essential shelter and NFIs (plastic sheet, water collection jerry cans, cooking set, blankets, plastic sleeping mats, hand washing soap, mosquito net and sanitary pad). The items will be stored at NCA DP warehouse and used to respond to emergencies. In addition to that, the NCA DP will liaise with UNHCR Core pipeline and request NFIs targeting newly displaced people, IDPs affected by disasters (fire cases and flood) and other vulnerable groups in project locations among South and Central Darfur. Distribution will be according to the needs and renewals will be provided in extreme cases. The other items obtained from the core pipeline will be distributed according to needs of people affected by disasters (fire cases & flash flood) and most vulnerable people. EPRU will emphasize on the need for strong coordination between NCA DP sectors (H&N and WASH), UNHCR common pipeline and Core pipeline to avoid duplication and overlap in NFI distribution.

In its response to new emergencies in 2018-20, the EPRU will maintain its focus and thrust towards recovery of conflictaffected communities through strengthening their abilities to respond to disasters as well as be better prepared through early warning mechanisms. This will be done by establishing or strengthening community support systems already existing in the IDPs camps, which include Community Action Groups (CAGs) as well as community-based conflict-mitigation mechanisms such as Ajawid or Farmer Coordination Committees. These groups will be inclusive and represent diverse subpopulations of the community, including women, men, elderly, youth, disabled and different tribes.

EPRU will coordinate activities with the FSEE sector to empower target IDPs communities through strengthening DRCs and resilience committees. Capacity building activities will include trainings on Early Recovery on shelter design and construction, production of straw mats, Stabilized Soil Blocks (SSBs) production and efficient fuel stove utilization.

EPRU along with Livelihood sector will also develop Community-Based Early Warning Systems (CB-EWS) in the IDPs camps in the DP areas of operation in South and Central Darfur states. EPRU will train DRCs in the IDPs camps in concepts and practical application of Community-Based Disaster Risk Reduction (CB-DRR) and climate change adaptation (CCA), including the use of participatory approaches and community risk assessments; tools such as vulnerability and capacity mapping, timelines and conflict sensitive analysis; and monitoring, evaluation and learning for DRR and CCA projects. The EPRU staff will then train community-identified volunteers who will serve as their co-facilitators and will assist with community-level follow-up on the action plans. EPRU will support CAGs to undertake participatory Hazard and vulnerability capacity assessment (HVCA). Each CAG will spend 2-3 days on an initial analysis of community hazards, vulnerabilities and capacity, which will be reviewed and updated at least once before the end of the project. Informed by their analysis, the CAGs will develop action plans that reduce identified risks.

In Nyala, Bilel, Mershing, Nitega, A Salam, East Jebel Marra and Shattaya localities in South Darfur state and Zalingie, Central Jebel Mara, North Jebel Mara, West Jebel Marra and Azoom localities in Central Darfur state are targeted IDPs have often moved multiple times, leaving belongings behind. Women, children and people with specific needs are particularly vulnerable without shelter to protect them from the elements and avoid exposing them to further health risks. The new IDPs will be assisted with a one-time provision of ES/NFI at the time of displacement. The need for adequate lighting in refugee camps and settlement areas, such as solar lanterns and streetlights, is an important need that supports the protection and physical safety of vulnerable refugees. DP will coordinate with donors in raising funds to purchase the necessary inputs for this.

Beneficiaries

Location	Age Category	20	18	2019		2020	
	ge sates	Male	Female	Male	Female	Male	Female
	Infants (0-59 months)	1,721	2,104	1,148	1,403	918	1,122
Central Darfur	Children (5-17 yrs.)	2,835	3,464	1,890	2,309	1,512	1,847
	Adults (18-49 yrs.)	4,344	5,309	2,896	3,539	2,317	2,831
	Elderly (50+ yrs.)	1,226	1,498	817	999	654	799
Total Central Dar	fur	10,126	12,375	6,751	8,250	5,401	6,599
	Infants (0-59 months)	4,016	4,909	2,678	3,273	2,142	2,618
C 11 D C	Children (5-17 yrs.)	6,615	8,082	4,410	5,388	3,528	4,310
South Darfur	Adults (18-49 yrs.)	10,135	12,387	6,757	8,258	5,405	6,607
	Elderly (50+ yrs.)	2,860	3,495	1,907	2,330	1,525	1,864
Total South Darfur		23,626	28,873	15,752	19,249	12,600	15,399
Total EPRU		33,752	41,248	22,503	27,499	18,001	21,998

Beneficiaries by status

As the security situation improves in Darfur, it is expected that most of the IDPs will start to return to their original places. The sector will play vital role in making sure that the returnees have the necessary support. As seen in the table below; the first year, IDPs constitute over 67% of the overall targets in Central Darfur. In the following years; the percentage of the returnees targeted increases. In the three years, the refuges population will remain the same considering the slow pace of progress in bringing stability in South Sudan.

Location	Status		% of Beneficiaries	
		2018	2019	2020
Central Darfur	IDPs	67%	57%	47%
	Refuges	0%	0%	0%
	Rural Communities'	0%	10%	10%
	Returnees	22%	22%	32%
	Host Communities'	11%	11%	11%
South Darfur	IDPs	29%	29%	29%
	Rural Communities'	0%	0%	0%
	Refuges	47%	48%	48%
	Host Communities'	5%	5%	5%
	Returnees	19%	19%	19%

Organisational Development and Capacity Building

The DP is a unique cooperation between the networks of Protestant and Catholic Churches around the globe, ACT and Caritas. From this background stems the philosophy of working through and with local partner organizations to the extent possible, and it highlights the uniqueness of the DP compared with most INGOs. The idea of partnership is embedded in the values of the two networks and is a guiding principle for the programme in its relationship with partners. The work around the Localization and the Charter for Change, strengthens that commitment, for NCA, CAFOD, ACT and Caritas as well as for institutional donors. Gradually there will be no direct implementation, as working through partnerships is the default operational model of the DP.

The DP revived the Church-based partnership with ERRADA, its core partner, and will continue to develop it in the next 3 years. Capacity strengthening of existing and new partners will continue to be a priority issue in the coming years. The DP will pro-actively look to develop new relationships with local organizations in all sectors to decrease the level of direct implementation but also to avoid dependency on a small number of actors. The strong focus of capacity building will allow NCA to also take weak organizations under its wings and spend efforts in building them up if the organization is a true representative of civil society sharing a value base similar to NCA's.

Expected results

- Improved Partners ability to secure funding opportunities beyond the DP programme
- Improved partners' capacity to implement projects
- Improved engagement of NCA with local partners

Guiding principles

- Capacity strengthening will need careful planning based on self-assessment of local partners and should not only concentrate on training courses. The sector will focus more on sustainable and effective capacity building strategies such as accompaniment of local partners (by DP staff or directly embedded in the organization) and job mentoring. The DP has already experience in together with partner staff and passing on knowledge and skills at a very practical level, and this practice is foreseen to continue.
- The role of the ODCB will be readjusted in function of previous challenges and of the renewed commitment of the DP to focus on partnership. ODCB will prioritise capacity building of local partners and staff while the human resource department will take over internal capacity building through individual development plans. The sector will also be integrated in a Program Quality department along with the current MEAL team. This will enable ODCB to better assess, follow and appraise DP's partnerships at all levels.
- To ensure that ODCB's objectives are mainstreamed across the DP, this department will be directly overseen by the programme manager. This will allow to tap into each sector's human resource, experience and skills.
- Mutuality in partnership: working through and with local partners cannot be done without a strong ownership of objectives and the strategy by all participants. There should be an increase and equal participation of all partners; their programme sectors and support functions must play a role in the identification of issues and solutions, prioritization and the responsibility for the delivery of organizational development and capacity building interventions.

Response

ODCB will continue to support the development of the organizational and human resource capacities of ERRADA as core partner and of 3 program support partners - DDARA, NAHA and PPD.

ERRADA: they will remain a core partner and options to fund a high-level accompanier embedded within them for organisational and strategic development at both national (Khartoum) and regional level (Darfur) will be explored. This would provide a solution to ad hoc support and would promote the independence of ERRADA. ERRADA will be able to take over the management of the PHC clinic in Nyala by the end of 2018 while it will implement over 70% of FSEE activities in South Darfur.

DDRA: Darfur Development and Reconstruction Agency is a local registered non-governmental organisation with extensive experience of implementing projects in livelihoods, health, peace building and WASH. DP undertook an assessment of the organisation, and assessment report showed that DP can work with DDRA in the FSEE sector. DDRA has been working with different donors such as UNDP, WFP and SHF. The organisation worked in Central Darfur with a focus on Peace building, Livelihoods and Nutrition. The assessment results indicated that DDRA has a strong team in the field while it needs support to strengthen its financial system. DP will support DDRA with different capacity building activities to enhance program implementation capacity. By the beginning of 2018, the FSEE sector will fully implement the current FSEE projects in Central Darfur through DDRA.

NAHA: National Humanitarian Aid is a local NGO, in South Darfur (Nyala, Al Radom), is implementing WASH activities. The DP has been working with NAHA since 2017 in implementation of activities in WASH mainly hygiene campaigns.

PPD: Peace Prospective Development WASH in since 2016 in South Darfur states implementing WASH activities funded through the Norwegian TV campaign. DP plans to increase the volume of activities implemented through PPD after a re assessment of its capacities. Currently the WASH sector implements about 15% of the overall Norwegian TV campaign project through the partner.

Efforts will increasingly focus on supporting capacity development in relation to management and administrative systems and in relation to the quality of programmes and the reporting on programme activities. This will require the provision of more direct developmental support to the senior managers of ERRADA and program support partners and to the senior national managers of the NCA DP and a closer and more structured engagement between the Programme Departments of NCA, ERRADA and contracted partners as well as the line ministries through on job training, formal training and accompaniers. The program quality department will work closely with sectors in identifying gaps and measuring progress made in terms of building capacity of the patterns. The DP will support in the recruitment of key staff of strategy and program support partners.

The sector will follow different approaches throughout the three years in order to best bring about the necessary capacity building towards the partners and DP.

Local partner self-assessments: organizational capacity assessments are the guiding documents analysing capacities and establishing priorities. Capacity action plans come out of this process: it customizes support and track changes and the impact. The sector will organise assessment of potential partners in the two states for all sectors and follow up/ monitor those already completed on a bi-annual basis. To this, the sector plans to undertake at least capacity assessments to identify and work with at least 6 new partners over the three years.

Handing over preparation to local partners: ODCB will coordinate with all concerned sectors to finalise roadmaps for handover to local partners. It will clearly establish the gradual handover of responsibilities and the quality benchmarks to be respected. This will be done jointly with local partners in the first 6 months of the Appeal.

Support capacity building of partners staff: when necessary and if jointly agreed through the organisational capacity assessment, tailored training/mentoring will be organisational by the ODCB team. To this, each sector will assign a staff to spend at least 1 month each year with the partners to support implementation and conduct mentoring.

Partners' staff recruitment: DP will closely work with partners' in their recruitment of program staff. This will ensure that best qualified staff are recruited. The ODCB sector will facilitate cross collaboration between the Human Resources departments of partners and the DP to ensure quality of recruitment process.

ODCB: Direct Beneficiaries:

Year	# of Partners	supported
	Core partners	Program Support Partners
2018	2	6
2019	2	6
2020	2	4

E. Cross-cutting Issues

Accountability and	NCA is a Core Humanitarian Standard CHS certified organisation, and DP staff and				
enhanced safety, dignity	partners were trained in accountability, specifically the feedback/complaints				
and accessibility of	receiving mechanism, as well as other CHS core components in September 2017. The				
communities to aid	DP will continue to involve communities throughout the entirety of its programming.				
	The DP will share projects plans with affected communities and stakeholders and				

involve them to the extent possible in the whole project implementation cycle. At present, NCA is trying to ensure a complaints mechanism is in place, at each site to enable people and communities to express their feedback and complaints to management.

The DP is similarly committed to mainstream safety, dignity and access across all interventions. Interventions can safeguard wellbeing and dignity, but they can also put people at increased risk. It relates to the approach the DP takes in all programmes. It does not mean changing what is done but means one should think about how assistance is provided. This is essentially safe, good quality programming: it focuses on effective participation of targeted communities while considering gender, age, vulnerability and diversity (economic, social, cultural etc.).

NCA respects and works with the principles of humanity, impartiality, neutrality and independence. Much effort is being made to ensure that all vulnerable men, women and children are eligible to receive humanitarian assistance from the integrated sectors (WASH, livelihood, health, nutrition, education and ESNFIs), based on their prioritized needs and without discrimination.

Gender

A gender analysis has been conducted by undertaking focus group discussion (FGD) with women, girls, boys and men to understand the level of vulnerabilities among them and how the effects of the DP conflicts affects each of the groups differently. The NCA and CAFOD Gender Policies will be used as a reference document through all the phases of projects implementation. To this, the DP understands that there has been little progress in terms of increasing the number of female staff in the program. An emphasis will be given for increasing the number of female staff by encouraging female applicants for positions and improving the existing staff female staff capacity. As women and girls are the ones tasked with fetching water, the WASH sector will consult with them on water distribution points and how to minimize risks of attach when they go to fetch water. Similarly, there will be separate latrines for women and men, girls and boys (in schools). Vulnerable adolescent girls and pregnant women will be targeted with menstrual hygiene kits and clean delivery kits (CDKs) respectively.

Child Protection and Code of Conduct

The NCA DP programme will follow the ACT child protection (CP) and CAFOD Child Protection (2015) policies to ensure children are protected and treated equally irrespective of race, religion, gender, age or abilities. NCA also follows the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief (CoC) for staff and partners with guidance on appropriate and expected standards of behaviour, including with children. NCA & partners will during the first quarter of 2019 complete CP safety audits to assess gaps that might need to be addressed to ensure that children are protected and included in all aspects of decision-making affecting their well-being.

The DP will strive to ensure safety, inclusiveness and protection of children in camps and host communities. The DP will create awareness to staff, visitors and other stakeholders about child protection protocols to make sure that the wellbeing of children is secure and their right to access basic services is understood. The DP additionally strives to create child friendly spaces where children (including any unaccompanied children) can come together, play and talk comfortably. The multisectoral programmes are designed to address the immediate and strategic needs of children.

HIV/AIDS

Public awareness about the causes, means of spreading and preventative measures on HIV/AIDS will be shared amongst the targeted communities. The DP will continue to intentionally target the people affected by HIV/AIDS. The DP clinics will provide prevention of mother to child transmission (PMTCT) services to pregnant mothers if they are identified as HIV+. Furthermore, Orphan and vulnerable children (OVCs) will be supported with uniforms and school materials to attend schools.

	Finally, there will be continuous public awareness on HIV status through H&N sector activities in an effort to reduce the stigmatization of effected populations. Any public awareness campaigns will also include HIV messaging.
Environment	All DP activities are designed with the environment in mind. There will be drainage ditches to support with water overflow into backyard gardens which will inevitable enhance vegetable production in homesteads and also help to avoid stagnant water; breeding grounds for mosquitos (malaria risk). In WASH, communities and sanitarians actively participate in the latrine site selection to make sure there is a reasonable distance between water wells to avoid contamination of water sources from the latrine pits. To this, dry waste collection and disposal has been designed in accordance to the SPHERE Standards. Regular cleaning and awareness campaign are organized to sensitize communities and improve environmental hygiene. The FSEE team will encourage people to prepare farmyard manure or compost as a means of fertilizer. This practice will improve upon the soil fertility as well as enhance the physical and microbial environment of the soil. Moreover, Natural Resource management is central to the FSEE sector; whereby activities such as Hazard Vulnerability Capacity Assessments will be conducted to identify main Vulnerability of communities and plan for activities in Natural resources management to improve resilience. Community Action Groups will be strengthened and capacitated to undertake activities aiming at improving the natural resources. The health clinics and nutrition centres will properly collect packing materials, used syringes, dressing materials, gloves, etc. and dispose of it with incinerators to ensure that the environment remains clean. Damaged and expired drugs will be incinerated to avoid contamination of the environment. The EPRU encourages people to use mud bricks for construction of their residences to minimize tree and bush cutting – the leading cause of deforestation. Likewise, EPRU and ERRADA will continue to facilitate and provide seedlings to plant trees in schools, IDP camps and in rural areas. This is to provide shade for the children on one hand, protect the soil from erosion and set model
Disability	People with disabilities are disproportionately affected in emergencies and experience particularly high rates of mortality in these contexts. Disabled people will be intentionally targeted to participate and benefit from all programme sector interventions. Effort will be exerted to construct latrines specifically for disabled people. Additionally, disabled beneficiaries will receive priority (not having to stand in queues) in accessing services. Finally, communities will work to voluntarily assist and support disabled households during land preparation and planting processes.

4. CONTINGENCY SCENARIOS (max. 1/2 page)

Access: Access to program areas have been improving in the past 2 years. With the ongoing negotiation between GOS and the armed opposition groups and the unilateral cease fire declared by GoS, the situation will likely improve. However, it still is difficult to determine with confidence if the target areas will remain open to access. The program bears in mind that there is a possibility that access might be restricted due to various external reasons e.g. government restrictions on access, IDP camps being dissolved or increase in local conflicts. Should these scenarios become a reality, it means that implementation and monitoring of DP programmes will become difficult. Through the existing focus on Sudanization and capacity development, the DP is well placed to continue working continue to work through partners and national staff. In addition, the DP will adopt remote programming and monitoring strategies.

Funding: If a scenario of declining funding continues the DP will maintain the current two-programmed approaches of

Adopting cost reduction measures through prioritization of thematic and geographical areas as well as increased focus on leaner and more effective operational modalities. In some thematic sectors (such as EPRU or H&N) the value added of NCA comes in preparation of proposals, detailed planning, monitoring, reporting, donor compliance and financial management, and the actual implementation could be increasingly delegated to local partners in order to seek some cost reductions.

Exploring additional diversified funding opportunities. The DP will strengthen management systems to increase confidence in management capacities as well as capacities for increased communication of emergency needs. The DP will continue to be one of the key responders to emergencies as well as recovery individually and with coordination in consortia. Key emphasis will be maintained on strengthening and utilizing the inherent opportunities and added value of the joint platform of ACT and Caritas networks in regard to relationships and networking with potential donors so as to increase funding from multiple funding sources. The DP will develop a yearly fund-raising plan aiming at in-country and international funding mechanisms with a strong emphasis on diversifying and increasing the funding portfolio. To this, new donors such as OFDA and SIDA will be approached for funding.

Corruption: The DP will follow the ACT Alliance Anti-fraud and Corruption Policy, in addition to ensuring stringent measures for transparency and accountability. They include: adherence to NCA's financial routines and guidelines which details risks mitigation and internal controls on how all financial transactions must be managed; adherence to NCA's procurement manual and respect to threshold levels and procedures. These measures are taken to ensure procurement provisions ensure value for money is achieved in quality, quantity and price considerations. The DP will ensure systems for monitoring are strengthened and implemented in order to minimize any chances of fraud occurrence. Furthermore, NCA is CHS certified and Darfur staff recently got training on the CHS feedback and complaints handling systems and will work with beneficiaries to address any issues that may arise through the programme implementation.

Shortage in qualified of human resources: It was challenging for DP and other INGO to convince qualified and skilful staff to relocate to Darfur and work there. DP will continue to strengthen capacity existing staff and to make the working environment attractive for skilled and qualified staff to join and reduce turnover.

5. BENEFICIARIES (max. 1 page)

It is foreseen that the number of targeted people will remain at the same level as previous years. 450,000 people will be benefit from the programme at least the first year but as the DP moves away from direct and free service delivery, direct beneficiaries will progressively decrease.

The DP's focus will continue to be the currently supported IDPs. It is foreseen that the Programme does not abandon the camps but implements a controlled exit from direct service delivery over the next three years. With reports of an upsurge in armed conflict and emergency levels of food insecurity in areas of South Sudan near the Sudan border, the number of refuges will likely increase in the coming months.

In order to ensure smooth integration of camps to surrounding urban communities (where applicable) the Programme will not strictly target the residents of the IDP camps only but also those of the surrounding host communities as they, being the inhabitants of the peripheral areas of the towns, are often found to be as vulnerable as the camp dwellers.

The DP acknowledges the importance of nomads as part of the Darfuri society in the recovery process as well as the challenges there are to reach to the nomad community – not only the non-sedentary nature of their lifestyle, but also the continued security concerns. Despite these challenges, the NCA DP intends, access allowing, to reach out to the nomad community (access to water for humans and livestock, veterinary services, agro-pastoral actions and if necessary from the point of view of limiting tensions with other target groups in areas of intervention). Acknowledging the role of nomads as part of the host community and addressing their needs equally to those of the farmers will be crucial in many of the possible return areas.

Beneficiary Selection

People and communities are selected based on independent selection and verification processes. Criteria are agreed upon with communities and stakeholders who are included in the selection process. The DP prioritises the most vulnerable communities such as the elderly, women headed households, disabled and children in its operations. Feedback mechanisms will be available to communities and people to ensure accurate targeting and transparency.

Average Number of Family Members per Household: 5 ¹⁴
5. b) Indirect Beneficiaries
Indirect beneficiaries are not directly involved in the program and receive direct services; but will benefit from program activities. Some of the WASH activities such as vector control and hygiene campaigns will indirectly benefit surrounding

communities outside of the program with decreasing vector and water borne disease which would have affected them if there were outbreaks.

Total Number of Indirect Beneficiaries (individuals) for 2018: 67,585

5. c) Beneficiaries by Location:

Location	Age	Age 2018		2019		2020	
Location	Category	Male	Female	Male	Female	Male	Female
	Infants (0- 59 months)	25,227	30,718	17,351	21,212	17,351	21,212
Central Darfur	Children (5- 17 yrs.)	41,200	50,219	28,582	34,923	28,582	34,923
Central Darrui	Adults (18- 49 yrs.)	62,837	76,674	43,795	53,524	43,795	53,524
	Elderly (50+ yrs.)	18,129	22,029	12,360	15,103	12,360	15,103
Total Central Darfur		147,393	179,640	102,088	124,762	102,088	124,762
South Darfur	Infants (0-59 months)	9,677	11,708	6,417	7,846	6,417	7,846

 $^{14}\,\underline{\text{http://www.un.org/en/development/desa/population/publications/pdf/popfacts/PopFacts_2017-2.pdf}$

	Children (5- 17 yrs.)	15,585	18,928	10,571	12,917	10,571	12,917
	Adults (18- 49 yrs.)	23,588	28,705	16,198	19,797	16,198	19,797
	Elderly (50+ yrs.)	7,052	8,494	4,572	5,586	4,572	5,586
Total South Darfur		55,902	67,835	37,758	46,146	37,758	46,146
Total Darfur Program		203,295	247,475	139,846	170,908	139,846	170,908

	2018	2019	2020
Food Security and Economic Empowerment	24,505	26,533	31,954
Water, sanitation, and Hygiene	441,964	310,754	310,754
Health and Nutrition	241,639	248,299	261,463
Shelter and non-food items	75,000	50,000	40,000
Education	4,700	5,000	6,000

6. MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING (max. 1 page)

The sector will measure the success of the Darfur Programme in relation to the achievement of outcomes set under the new strategy. To this, evidence-based reporting will inform management and decision-making which will guide and improve programme performance. Strengthening monitoring capacity, improving learning and forging collaboration will be promoted to foster a culture of transparency and accountability. Through quality needs assessment reports, timely donor reports and visibility materials, the sector will play a role in making the DP more visible and attractive for funding.

The sector will provide simple, flexible and forward-looking tools for an easier monitoring and tracking of results. The existing MEAL tracker will be designed to reflect the three-year results framework (annexed). An indicator definition guide with a monitoring timeline will be designed at year one and tailored support will be given to each sector for their M&E implementation plan (baseline, indicators, methodology, sampling etc.). With the idea of simplifying data collection and analysis, new methodologies will be rolled out, especially digital data collection (Magpi software). Assessments, monitoring and impact surveys will be conducted through tablets or smartphones which will improve data quality, eliminate paperwork and provide instant analysis.

With an aim of promoting learning, quarterly reports along with bi-annual programme review meetings will complement regular field monitoring. An overall regular end of year evaluation of the programme will be conducted to provide opportunities for stakeholder feedback (especially beneficiaries), inputs and perceptions of our work, modelling openness to criticism, and willingness to learn from experiences and to adapt to changing needs. The evaluation exercises will be followed up with finding and planning forums whereby the coming years programme will be adjusted according to the changing needs of the targeted communities. To promote learning, the sector will also facilitate field days and exchange visits between different partners and staff.

The sector will also advise and ensure activities are in compliance with the core humanitarian standards. Existing complaints response mechanism will be strengthened, while beneficiaries will be consulted in all steps of the program implementation.

The sector will be responsible for accompanying local partners to build their monitoring and evaluation framework and to ensure their compliance with NCA's standards. The sector will work closely with the ODCB and the management in assessing the partners' capacity as well as with recommended follow up actions for better engagement with local partners. The DP will undertake a structural change whereby the MEAL and ODCB sectors will be merged and work together under an umbrella of program quality department.

CAFOD is closely linking with the MEAL team to ensure compliance with Caritas Internationalis standards. Regular monitoring and support visits are conducted in Darfur.

Major Evaluations		Year	
	2018	2019	2020
Final Evaluation, Water, Hygiene, Sanitation, Health and Nutrition	х	х	х
(External Evaluation for ECHO)			
Health and Nutrition Programme Evaluation (External Evaluation)	x		x
Food security and Economic Empowerment Midterm – (Internal	Х		
Evaluation)			
(Taadoud II)			
Food security and Economic Empowerment-Final Evaluation			х
(Taadoud II - External Evaluation)			
Food Security and Economic Empowerment- Final Evaluation (S.		х	
Darfur)- (Internal Evaluation)			
Education Programme Evaluation (Internal Evaluation)		х	
WASH-TCP- Final Evaluation (External Evaluation)		х	
Integrated WASH and FSEE Mid-term and Final Evaluation (Internal	Х		
Evaluation for SIDA)			
Integrated WASH and FSEE Final Evaluation (Internal Evaluation – for		х	
SIDA)			

7. SUSTAINABILITY AND EXIT STRATEGY (max. 1 page)

At the start of the new phase (2018), an exit plan will be developed. The programme exit will be gradual, following a phase of incremental operations. The plan will describe how the DP plans to withdraw its resources while ensuring not to jeopardize lifesaving activities. It will clarify which sectors and components that will be phased out/over or are expected to continue after three years. For example, the Taadoud project (livelihood in rural areas) exceeds the timeframe of this appeal and has developed an exit and sustainable plan accordingly. Following the DP strategy, withdrawal from health service provision in camps should be finalized end of 2018. It does not necessarily mean that the NCA DP will not get involved in health sector activities any more, but the possible involvement will be capacity building and prevention, not direct service delivery. Exit strategies for each sector will be communicated with involved donors and CSA.

The increased emphasis on linking interventions to host communities, avoid parallel systems, build on self-reliance, an integrated approach as well as including local authorities in planning and capacity building where it is suitable, are essential factors for phasing over activities and programs. To further involve national partners (NNGO) in implementation while supporting them with capacity building in fundraising is one key intervention. Additionally, possible handover to INGOs/stakeholders will be assessed. When linking to other stakeholders, it will be considered what resources, capacity, and motivation they have to sustain activities.

It is also vital that the DP looks for rationale behind expansion to new areas and what role it will have in the coming years. Mitigating long-term commitments of humanitarian response will be necessary. The DP has provided free resources, such as supplementary food, water and medication, and this has created expectations that cannot be sustained. The Darfur program 2018-2020 will accommodate strategies for how to sustain the critical factors for sustainability: resources, capacity and motivation. Sustaining resources will be achieved through contributions by community members in cash or in- kind, or other types of innovative finance (income generation or income from user fees). Capacity will be provided to community members, but also other stakeholders and involve both governance and technical skills.

In the WASH sector, affordable tariff system will be established and operationalized in all the water facilities. More water committees will be established and trained in both maintenance and management of funds. A critical amount of community

members and Trainers of trainers will be trained, for sustaining behavioral practices. At the end of 2017, an assessment will be conducted for rehabilitation of the WASH infrastructure in the IDP camps so that the DP can handover them in adequate condition, but also increase the motivation to pay for qualitative benefits that were previously subsidized or free. With an increased focus on livelihood/ economic empowerment, it is expected that the availability to pay will increase as well. The intervention logic is the same in all sectors but will be tailored according to the context.

8. COORDINATION (max. 1/2 page)

The DP strategy aligns with the Sudan Multi Year Humanitarian Response Plan as defined by all humanitarian actors in Sudan. The DP closely follows the humanitarian context, shares information and develops its preparedness plans based on the prioritized humanitarian needs. At the Khartoum level, the DP participates in various donors, INGO and UN fora, represented by the NCA Country Director and the Country Funding Manager.

At the Darfur level, the planned intervention is aligned to the various Cluster specific response plans and indicators. The DP contributes to a coordinated humanitarian response by being an active member of the relevant UN Clusters in Darfur, as well as coordinating with the relevant government line ministries. DP takes advantage of such meetings to share information and knowledge, observations and analysis about the situation in working locations. This resulted in fruitful partnership with UNICEF in the health sector, FAO in food security, WFP and UNICEF in nutrition and OCHA in response to urgent humanitarian needs. Given its active role in responding to humanitarian needs and lifesaving activities, the NCA DP also managed to establish active partnership with SHF and ECHO over the past years. In addition to that NCA DP participate regularly in refugee working groups and other similar forums. DP will maintain its active role in all clusters as it is of paramount importance in exchange information about the evolving context and is necessary to ensure synergy, coordination and prevent duplication of efforts.

While remaining aware of its impartiality and neutrality, NCA DP coordinates its efforts and activities with line ministries and government bodies to enable smooth implementation of activities and ensure sustainability where possible. NCA DP coordinates its efforts with other INGOs and NNGOs to ensure effective use of resources and synergism. A successful example is that NCA DP entered into a consortium partnership with CRS, OXFAM, UMCOR, WV and CAFOD to implement four years early recovery and resilience building project.

9. PROJECT MANAGEMENT AND CAPACITY (max. 1 pages)

The DP has been delivering support to people and communities for more than 13 years. It has developed the organisational, financial and programmatic expertise to deliver a high volume of activities in tight timeframes. With support from the NCA country office in Khartoum, the DP is run from Nyala, South Darfur and Zalingie, North Darfur. It employs 114 staff (15 female); of which 3 are expatriates. 49 are part of the Programme team while 65 are support staff. As part of the exit strategy, more responsibilities will be passed to the communities and local partners, which in the long run will decrease the number of staff in the DP.

Programme team:

A programme manager oversees the whole of the DP and its accompanying support services. He/she specifically provides technical and management support across the spectrum of programme implementation and therefore ensuring a high calibre programme which is donor compliant and in line with the needs of the beneficiaries. Each sector is otherwise led and managed by a technical coordinator. Moreover, a program coordinator will oversee the DP with a particular focus on the program implementation.

The WASH team includes engineers, hydro-geologists, technicians, water quality analysts, drillers and hygiene/sanitation promoters and is advised and supported by an expatriate WASH advisor. Although the daily routine of H&N activities is handled by seconded MoH professionals, NCA's H&N sector is headed by a medical Doctor supported by 5 nutritionists and health cadres who participate in the overall coordination, networking, monitoring and reporting of the sectors' activities. Likewise, the livelihoods sector employs staff in agriculture, natural resource management and rural development. All activities are implemented by local partners. The team not only supports them and communities during assessments but also supports targeting of beneficiaries, introduction of appropriate productive technologies, monitoring, reporting and support dissemination of best practices to communities and stakeholders. The EPRU team is composed of 5 staff and has the capacity to intervene in both regions.

Logistics: Logistics department is ensuring good value for money and efficient use of resources. While procurement is mostly done at state level in Central and South Darfur to empower the local private sector, depending on nature and size of the procured goods, procurement is also done at Khartoum level and at HQ level. Donors and NCA sectors receive procurement and asset balance reports on monthly basis. A team of 7 staff work in the logistic unit. The programme maintains 22 fully functional 4x4 vehicles and sedans, 3 mini-buses, 6 generators and 23 motor bikes (parked at local authorities' offices). 16 Land cruiser vehicles parked at the UNAMID compounds in Zalingie and Nyala. Moreover, an additional 14 functional vehicles are being used by the program. The program owns two drilling rigs in which one of them is functional while the other is broken.

Finance: The finance department plays a crucial role in the overall smooth running of the DP. It is led by an international staff who manages a team of 6 national staff. The finance department contribute in collaboration with programme staff in efficient use of resources, financial planning and monitoring of delivery and performance. Financial accountability and transparency is central to DP. The finance department facilitates cash disbursements, compliance, timely settlement and liquidation of financial resources and assurance that resources are available for the timely implementation of planned activities. Maconomy, a centralized financial planning and reporting database is used to ensure effective and efficient management of financial resource. The section coordinates with HQ finance staff for quality assurance. Internal and external audits are annually conducted as per donor's requirements.

Program Quality: the program quality department will be composed of the Monitoring and Evaluation sector and the ODCB sector. An expatriate staff along with two national officers work closely with the programme staff to enforce accountability and promote learning. Moreover, the section is responsible for proposal and concept notes development, capacity building of the partners, reporting and liaison with donors. The organisational and capacity building officer will be responsible to make sure that staff and partner capacity is continuously enhanced. A programme officer heads the section.

Health and Security Office, HSO: The DP continues to follow the Crisis Management Guidelines so that up-to-date security information and appropriate crisis response mechanisms are shared with NCA staff and guests. The HSO team constitutes 27 national staff.

10. FUNDING, COMMUNICATION AND VISIBILITY (max. 1 page)

Darfur is considered one of the forgotten crisis in the world and there has been less attention and funding given by major donors. It is the scene of a protracted crisis far from the media spotlight^{15.} As a result, competition between humanitarian organizations for the limited funding has grown over the last year with only 35% of the required humanitarian funding for Sudan covered in 2017.

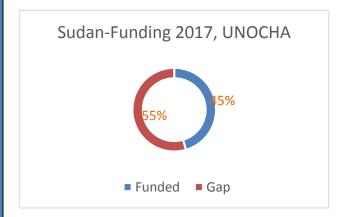
Nevertheless, the DP's relationship with institutional donors has grown for the past 2 years, especially with ECHO and the UN (SHF and UNICEF). For the first time, ECHO has started supporting the Health and Nutrition programme in addition to the usual WASH sector. The NCA DP's positive reputation in Darfur was instrumental for UNICEF to come forward with a request for collaboration to fund WASH program in both South and Central Darfur in 2017.

The protracted crisis of Darfur now calls for a long-term planning and commitment. Through the three years of the Appeal, the DP aspires to see a more sustained intervention whereby most of the direct implementations will be carried out through the grass roots partners. This in turn aligns well with the Sudan Multi Year Humanitarian Strategy by UN which calls for boosting lifesaving assistance and lay the foundation for recovery and development. To further this, DP will increase its engagement with different stakeholders and most importantly with the local partner NGOs. Sectors will focus on gradual hand over of the activities throughout the three years period.

DP maintains a good presence both at Khartoum level and field level coordination meetings. The program maintains a visibility plan to promote successes and facilitate learning in the program. Stakeholders such as the UN and HAC are invited for project launching workshops, field monitoring meetings as well as review meetings.

In 2016, the total number of ACT and CI donors was 19 (see table below). Despite having previously lost a number of our donor partners, The DP will continue to look to previous and new donor partners among its networks to fill in programmatic gaps and see to it that vulnerable populations can be served

¹⁵ EU-ECHO 2017 Bulletin



Total requirements: \$804m

Funding 2017: \$365.7m

Funding gap: \$438.3 m

Table OCHA 2017 - Sudan Requirements vs Funding

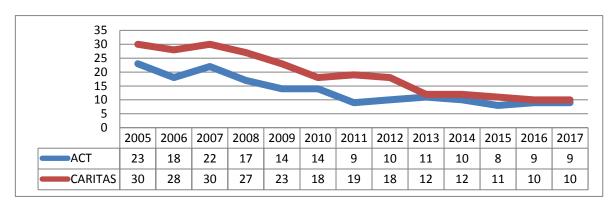


Table: Number of ACT and Caritas donor partners supporting the DP over the last 13 years

11. BUDGET: FINANCIAL OVERVIEW (max 1/2 page)

In 2018, DP budgeted about 6,211,737 USD which includes carry over from 2017 and potential fund sources for the year. WASH constitutes about 40% of all the program budget followed up by Health and Nutrition.

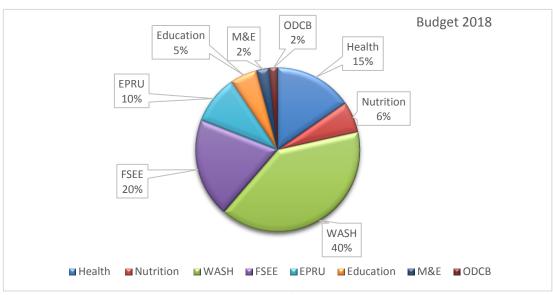
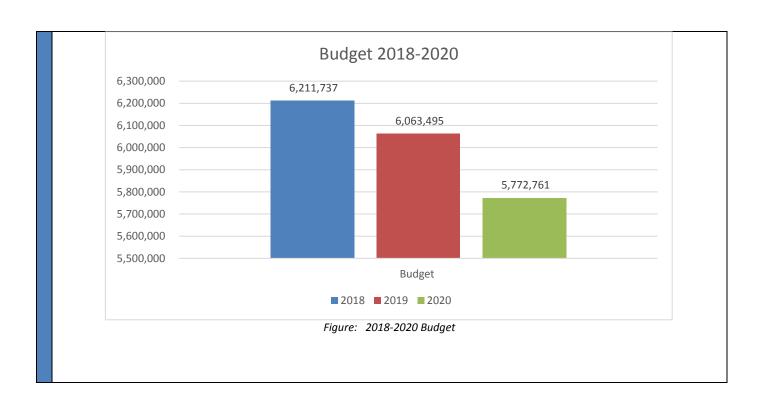


Figure: 2018 Budget: Sectors

The overall budget is expected to decrease over three years' time as DP starts to handover budget intensive service provision activities in the camps. Budget over three years is shown below.



Detailed Budget: 2018-2020

	BUDGET HEADINGS DESCRIPTION	Total budget 2018 USD	Estimated budget 2019 USD	Estimated budget 2020 USD
	Secured or unsecured funding			
	PROGRAM BUDGET - DARFUR			
	100 - HEALTH	760,365	500,000	450,000
	200 - NUTRITION	301,169	248,000	220,000
	300 - WASH	1,962,971	1,800,000	1,500,000
	400 - LIVELIHOOD	965,896	1,400,000	1,500,000
	500 - EPRU	476,796	490,000	500,000
	600 - EDUCATION	259,634	350,000	400,000
	700 - 'PROGRAM SUPPORT - M&E	124,457	130,000	135,000
	800 - ODCB	80,170	80,170	80,170
	970 - DP Manager	43,166	45,325	47,591
Α	TOTAL PROGRAMME COST	4,974,625	5,043,495	4,832,761
	900 - SUPPORT COST			
	900 - Finance	260,421	220,000	200,000
	910 - Admin	164,626	135,000	120,000
	920 - HSO	111,232	80,000	60,000
	940 - Logistics	127,357	125,000	100,000
	950 - Admin Zalingei	286,112	210,000	210,000
	Support costs in programmes	33,600	35,000	35,000
	Partner Support	51,438	50,000	50,000
В	TOTAL SUPPORT COST	1,034,786	855,000	775,000
С	TOTAL DIRECT COSTS (A+B)	6,009,411	5,898,495	5,607,761
	Indirect Costs			
	NETWORK COSTS	84,586	85,000	85,000
	PARTNER COSTS	17,740	-	
	KHARTOUM OFFICE SUPPORT	100,000	80,000	80,000
D	TOTAL INDIRECT COSTS	202,326	165,000	165,000
	TOTAL BUDGET	6,211,737	6,063,495	5,772,761