

Concept Note

Section 1: Overview of response																	
Project Title	Emergency Response to Conflict in Kasai Provinces – COD171																
Location	Democratic Republic of Congo, Kasai& Kasai Central Provinces, Territories of Kamonia, Demba and Dibaya.																
Project start date	15 th November 2017																
Duration of project	12 months																
Budget (USD)	2,478,523																
Sector(s)	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">x</td> <td style="text-align: center;">Shelter / NFIs</td> <td style="text-align: center;">x</td> <td style="text-align: center;">Food Security</td> </tr> <tr> <td style="text-align: center;">x</td> <td style="text-align: center;">Health / Nutrition</td> <td style="text-align: center;">x</td> <td style="text-align: center;">Protection/Psychosocial</td> </tr> <tr> <td style="text-align: center;">x</td> <td style="text-align: center;">WASH</td> <td></td> <td style="text-align: center;">Education</td> </tr> <tr> <td></td> <td style="text-align: center;">Early recovery / Livelihoods</td> <td></td> <td style="text-align: center;">Multipurpose Cash</td> </tr> </table>	x	Shelter / NFIs	x	Food Security	x	Health / Nutrition	x	Protection/Psychosocial	x	WASH		Education		Early recovery / Livelihoods		Multipurpose Cash
x	Shelter / NFIs	x	Food Security														
x	Health / Nutrition	x	Protection/Psychosocial														
x	WASH		Education														
	Early recovery / Livelihoods		Multipurpose Cash														
Forum	ACT DRC Forum																
Requesting members	<ol style="list-style-type: none"> 1. Christian Aid (CA) 2. Lutheran World Federation(LWF) 3. Church of Christ in Congo (ECC) 4. Ecumenical Office for Support to Development (BOAD) 																
Local partners	<ol style="list-style-type: none"> 1. Evangelical Lutheran Church in Congo (EELCo) 2. Ecumenical Centre for Rural Promotion (COPROMOR) 3. The Salvation Army 																
Impact (overall objective)	To save lives and alleviate suffering of conflict affected populations in Kasai Province in the Democratic Republic of Congo.																
Target beneficiaries	<p>The overall response will target 58,279 beneficiaries including 30,584 female and 27,695 men. Please note that these figures include double counting of people who will benefit from assistance in more than one sector of intervention when we are providing several sectoral services in the same area. Excluding double counting, we have a total number of 48,900 persons. The table below presents the details of age groups for each sector. As an indication, for the nutrition programme, we will target 4,115 children affected by malnutrition, as well as 495 lactating mothers and pregnant women.</p> <p>Vulnerable households that lost household items and clothes as their houses were burnt or as result of fleeing their homes to escape the conflict will also be supported. To enable communities to be able to cope with food insecurity, vulnerable households will be supported with food and livelihood activities that they will participate to identify. Vulnerable children including abandoned children, orphans and those in conflict with the law will be provided with psychosocial support to facilitate their reintegration in their communities. Peaceful coexistence will be mainstreamed within targeted communities in general. Water, Sanitation and Hygiene will also be considered in areas where nutrition activities are being implemented.</p>																

	Table of Beneficiaries												
	Sector of intervention		Beneficiaries										Global total
			0-5 yrs		6-18 yrs		19-65 yrs		Above 65yrs		Total		
			M	F	M	F	M	F	M	F	M	F	
	Shelter/NFI		635	685	878	971	1632	1770	142	188	3287	3614	6 901
	Health/Nutrition		2055	2060	113	113	12	507	25	25	2205	2705	4 910
	Psychosocial support		2	2	751	530	1596	817	172	197	2521	1546	4 067
	Water, Sanitation and hygiene		1250	1349	1623	1775	2849	3390	226	538	5948	7052	13 000
	Food security		2754	2864	5124	5371	4523	5572	1483	1710	13884	15517	29 401
	TOTAL		6696	6960	8489	8760	10612	12056	2048	2658	27845	30434	58279
Expected outcomes	<p>A. Targeted households have improved their living conditions through provision of Shelter and NFI</p> <p>B. Severe acute malnutrition prevalence in the selected areas of intervention is reduced from 4.5% to below 2% among children under five years</p> <p>C. Improved psychosocial wellbeing of children and persons most affected by the conflict</p> <p>D. Improved hygiene and sanitation knowledge and practices among targeted communities with malnourished children</p> <p>E. Targeted households are food secure</p>												
Expected outputs	<p>A.1. 6,900 people (~1,150 HHs) will receive household NFIs, of which the 350 of the most vulnerable HHs will be additionally supported to build their shelters</p> <p>B.1. 4,910 severe acute malnutrition cases are identified, treated and supported in the Intensive nutritional Therapeutic units</p> <p>C.1. 1,283 targeted vulnerable children and 2,784 conflict-affected adults (a total of 4,067 individuals) have access to psychosocial services including counseling, support to cope with trauma, and socio-economic reintegration</p> <p>C.2. 15 psychosocial support groups and 30 counselors are identified, selected and trained to carry out sensitizations, identification of cases, support and follow up</p> <p>D.1. Users of 4 Intensive nutritional Therapeutic units have access to clean and safe sanitation facilities</p> <p>D.2. 13,000 conflict-affected individuals in 20 villages are sensitized, and have improved their environment through promotion of safe and gender friendly sanitation practices</p> <p>E.1. 29,400 individuals (~4,900 households) have received agricultural inputs, among them 2,000 households most vulnerable received cash for seeds protection</p>												
Main activities	<p>A.1.1. Distribute NFI to 1,150 households</p> <p>A.1.2. Distribute materials and provide technical support for 500 shelter construction</p> <p>B.1.1. Conduct 2 rapid anthropometric surveys (combined with light KAP surveys) per site</p> <p>B.1.2. Supply 10 therapeutic units with essential drugs for malnutrition, therapeutic feeding inputs and non-food items/non-drug items for case management</p> <p>B.1.3. Recruit malnourished children and treat them in 3 Intensive Therapeutic Units and 8 Ambulatory Therapeutic Units (ATU)</p>												

- B.1.4. Sensitize communities on best nutritional practices and conduct demonstrations of appropriate culinary techniques for infant and young children nutrition
- C.1.1. Identification of traumatized persons due to conflict
- C.1.2. Implement activities to support to cope with trauma
- C.1.3. Provide socio-economic support for reintegration
- C.1.4. Referral of complicated cases to appropriate service providers
- C.2.1. Identify, train and equip 30 counselors and 15 support groups
- D.1.1. Construct latrines (3x4 doors for Intensive Nutritional Therapeutic Units, 8x2 doors for Ambulatory Nutritional Therapeutic Units, 10 hand washing facilities
- D.2.1. Conduct 2 light Knowledge, Attitudes and Practices (KAP)surveys in each location
- D.2.2. Train local Community Workers to enable them conduct sensitization campaigns on best nutritional and hygiene practices.
- D.2.3. Sensitize communities on diarrheal diseases prevention
- D.2.4. Promote households latrines construction
- D.2.5. Promote water treatment techniques at household level
- E.1.1. Distribute tools and seeds to 4,900 vulnerable households for agricultural activities
- E.1.2. Provide food to 2,000 most vulnerable among the 4,900 targeted households through the most appropriate method(cash, vouchers)
- E.1.3. Train and mentor beneficiaries for their livelihood activities

Section 2: Narrative Summary

Background

The Kasai Provinces in the Democratic Republic of Congo are experiencing one of the most severe crisis in their history. Violent ethnic/tribal conflicts, fuelled by the violent death of the local tribal chief, Kamuina Nsapu and the subsequent calls amongst his followers to avenge his death. As a result, an unprecedented massive population displacement was reported within and outside the 5 provinces of the Great Kasai which encompass the Kasai, Kasai central, Kasai Oriental, Sankuru and Lomami. In June 2017, it was reported that 1.4 million people have been forced to flee from their homes, escaping violence. About 33,132 people reportedly crossed the border to Angola.

The situation in the Kasai provinces is a complex emergency. According to multi-sectorial needs assessments reports released by a number of humanitarian actors, including Christian Aid, UNICEF, UNOCHA, WAR Child UK and PRONANUT, 2.4 million people are directly affected and in need of multi sector humanitarian assistance. According to UNICEF's sit-rep issued end of August, 2017, about 1,185,600 children with their parents and 96,000 pregnant women are in need of humanitarian assistance: shelter, food, basic household equipment, education, health, protection, water and basic sanitation. 200 villages, 404 schools and 418 health centres were destroyed and require to be rehabilitated.

Almost all sectors are severely affected, needing substantial emergency and recovery interventions. The population is lacking food with food insecurity scores as high as 4(emergency) or 3 (crisis), as well as agricultural inputs for early recovery. This situation is affecting the nutritional status of the most vulnerable (including children, pregnant and lactating women), with alarming malnutrition rates of 16% of Global Acute Malnutrition and 4.5% of severe acute malnutrition, thus needing an urgent response through therapeutic, supplementary and community nutrition services. The displaced population are in dire need of basic NFI kits and shelter, as they lost everything while fleeing, and their villages completely or partially destroyed. Existing ethnic and tribal tensions have worsened, thus communities are in need of support for peaceful cohabitation and cohesion including some targeted advocacy work.

The dire situation is further compounded for the conflict affected people with vulnerabilities. More specifically for unaccompanied children who are often forcibly recruited by armed groups and cut from their families and communities. Many children have lost their parents, killed in front of them. With the lack of proper

demobilization and reintegration process, they are consequently rejected by their families and communities when released by armed groups. There is a crucial need to provide protection including psychosocial support to children associated with armed forces. There is a pressing necessity to provide immediate assistance to minimize loss of life and to ensure that the needs of the most vulnerable are taken care of urgently.

Humanitarian Needs	Capacity to Respond
<p>As per LWF rapid needs assessment supported by the Emergency Hub Office in Nairobi, conducted from 1st to 9th October 2017, findings, all sectors are heavily affected, however following sectors will be addressed by the ACT members:</p> <ol style="list-style-type: none"> 1) Shelter/NFIs 2) Nutrition 3) Psychosocial 4) WASH 5) Food Security <p>Apart from ongoing food distribution in 4 villages within Kamonia territory by Christian Aid, there has been no other humanitarian assistance so far by an ACT member.</p>	<p>ACT Alliance members have been responding to emergencies in Eastern part of DRC in nutrition, food security, livelihoods/early recovery, WASH, protection and psychosocial support. The coordination offices based in Goma and Kinshasa can support programs as this is being done in the eastern part of the country. There are potential capacities, even if some additional training as ACT Alliance support can be needed from the region and/ or HQ.</p> <p>Christian Aid is already on the ground, working with another ACT member COPROMOR. LWF has already conducted RNA (Rapid Need Assessment), and results show a moral obligation of ACT Alliance members to respond. Even without the current crisis, this region needs ACT Alliance attention for further interventions.</p> <p>There is capacity available in psychosocial to support the country from Church of Sweden. The ACT forum DRC has extensive and continuous working experience through appeals since 2002.</p>

Does the proposed response honour ACT's commitment to Child safeguarding? Yes No

Proposed response

ACT Alliance DRC Forum is proposing an emergency response for 58,279 conflict affected persons in Kasai Region. This response aims at contributing to save lives and increase the coping capacity of vulnerable populations affected by Kasai Crisis in DRC. The needs are, in this parts of the country, multi-sectoral (Shelter and NFI – 6,901 beneficiaries; Nutrition – 4,910 beneficiaries; psychosocial – 4,067 beneficiaries; WASH – 13,000 beneficiaries; Food Security – 29,401 beneficiaries) and requires an integrated approach of intervention.

By the end of October 2018, while accessing to essential services related to nutritional health, shelter, livelihood, education and protection aspects of psychosocial, 85% of beneficiaries will strengthen their coping mechanism to any future shock. In order to reach this objective, malnourished children will get treated in supported Ambulatory Nutritional Therapeutic Unit (ANTU) and or Intensive Nutritional Therapeutic Unit (INTU); household's heads will get support for shelter rehabilitation, livelihood activities and; traumatized children and adults will receive psychosocial support. To successfully achieve these objectives, strong coordination and monitoring of the well-tailored integrated activities will be carried out.

Coordination

The response has been designed depending on the expertise and capacity of each and every member, in coordination with identified gaps in the field. UNOCHA shared the matrix of “3W” to enable the members to position themselves according to needs and operational capacity.

UNOCHA is established in Kananga, and playing a coordination with all UN agencies (UNICEF, UNHCR mainly) and other international and national NGOs. All ACT Alliance members will also be part of that coordination mechanism. Internally, the forum is coordinated by BOAD in the DRC and will work closely with other ACT Alliance members to coordinate responses at field level where implementation will be taking place.

Weekly meetings are currently organised among members who are part of this appeal process in Goma, and that will be replicated on the ground. Christian Aid whose main office is based in Kinshasa (and sub-office in Goma) will play the representation role in the capital in terms of coordination, visibility and advocacy.

It is anticipated that, the coordinator of the forum is the spokesperson for Media representation, for this ACT response. However, for individual responses, the Country Directors of each organization play that role in coordination with the ACT Coordinator.

Basic implementation plan

BASIC IMPLEMENTATION PLAN

N°	Activities	Period(Months)											
		Nov- 017	Dec-17	janv-18	Fev-18	mars-18	April-18	May-18	juin-18	July-18	Agust-18	sept-18	oct-18
1	Thorough Need assessments (baselines Assessments): Food consumption, market analysis, KAP surveys, Wash infrastructures feasibility studies, Nutritional surveys, etc.	X	X	X	X								
2	Beneficiaries selection process per sector		X	X									
3	Supply chain for commodities and other items	X	X	X	X	X	X	X	X	X	X		
4	Quick impact response		X	X	X	X	X	X	X	X			
5	Support the community resilience mechanism:DRR component					X	X	X	X	X	X	X	
6	Livelihood package activities		X	X	X	X	X	X	X	X	X	X	X
7	Nutrition package activities			X	X	X	X	X	X	X	X	X	X
8	Education package activities												
9	Protection/Psychosocial package activities		X	X	X	X	X	X	X	X	X	X	X
10	Food security package activities		X	X	X	X	X	X	X	X	X	X	X
11	Monitoring activities	X	X	X	X	X	X	X	X	X	X	X	X
12	Evaluation and learning						X						X

Monitoring and evaluation

A monitoring system would be set up. This defines tools, actors, period, and monitoring activities that will be implemented. Prior to any intervention per sector, an in-depth assessment and baseline is being carried out and for infrastructures constructions, feasibility studies are going to be conducted by then. These preliminary works will help to design activities according to specific needs and feasibility and will help at defining baselines for outcome indicators. A PMER officer in charge of Monitoring, Evaluation, Accountability and learning will be supporting other staff to monitor their activities. This PMER will ensure that each of our intervention is accountable by supporting other mechanisms for transparency, feedback and complaints.

Regular monitoring visits will be carried out from Country Offices and Headquarters.

Section 3: Budget Summary

% of total budget for activities (USD)				
Activities	ECC	BOAD & Salvation Army	CA	LWF
Shelter and settlement / Non-food items	0%	32%	0%	68%
Food security	0%	49%	51%	0%
Water, sanitation & hygiene (WASH)	17%	0%	0%	83%
Health / Nutrition	33%	0%	0%	67%
Protection / Psychosocial support	45%	29%	0%	26%

% of members' individual expenditures vis-à-vis total expenditures (USD)			
ECC	BOAD & Salvation Army	CA	LWF
13%	23%	17%	47%

Annex 3_ Logical Framework

Logical Framework			
GOAL To save lives and alleviate suffering of conflict affected populations in Kasai Province in DRC			
OUTCOMES	Objectively Verifiable Indicators	Source of verification	Assumptions
A. Targeted households have improved their living conditions through provision of Shelter and NFI	A.a. % NFI/Shelter score card below 3.7(target: 80%)	A.a.i. Household score card survey	Security situation remains calm and allows continuous access to beneficiaries
B. Severe acute malnutrition prevalence in the selected areas of intervention is reduced from 4.5% to below 2% among children under five years	B.a. Prevalence rate of Severe Acute Malnutrition (target: <2%)	B.a.i. Nutritional survey B.a.ii. Health Centers, Nutrition Units/Centers quarterly reports	Project ownership: beneficiaries apply principles received through wash, food security and nutrition trainings Market prices remain stable
C. Improved psychosocial wellbeing of children and persons most affected by the conflict	C.a. % of targeted affected persons who improved their psychological status (target: 70%)	C.a.i. Beneficiary interviews C.a.ii. Registers of psychosocial services	Collaboration with local authorities remains productive for project implementation.
D. Improved hygiene and sanitation knowledge and practices among targeted communities with malnourished children	D.a. % of people that know 5 key moments of hand washing (target: 80%) and who practice them (target: 70%)	D.a.i. KAP surveys reports	Majority of logistics operations can be accessed from local market No major natural disaster occurs in the region
E. Targeted households are food secure	E.a. % of households that have improved their Food Consumption Score above 28 (target: 70%)	E.a.i. Food consumption survey at household level	
Outputs	Objectively Verifiable Indicators	Source of verification	Assumptions
A.1. 6,900 people (1,150 households) have received NFIs, while 500 HHs among them are	A.1.a. # of households that received NFI Kit (target: 1,150)	A.1.a. (i) Distribution reports	Supply chain is maintained

<p>also supported to build their shelter</p> <p>B.1. 4,910 severe acute malnutrition cases are identified, treated and supported in the Therapeutic nutritional Units</p> <p>C.1. 1,283 targeted vulnerable children and 2,784 affected adults (a total of 4,067 persons) have access to psychosocial services including counseling, support to cope with trauma, and socio-economic reintegration</p> <p>C.2. 15 psychosocial support groups and 30 counselors are selected and trained to carry out sensitizations, case identification, support and follow up</p> <p>D.1. Users of 4 nutritional Units have access to clean and safe sanitation facilities</p> <p>D.2. 13,000 affected people in 20 villages are sensitized, and have improved their environment through promotion of safe and gender friendly sanitation practices</p>	<p>A.1.b. # of households supported for shelter (target: 350)</p> <p>B.1.a. Healing rate: gender disaggregated % of admitted children who are successfully discharged (target >75%)</p> <p>C.1.a. # of girls, boys, women and men reached by psychosocial direct services (target: 4,670 persons)</p> <p>C.2.a. # of psychosocial support groups formed and trained, and counselors trained (target: 15 and 30)</p> <p>D.1.1. Number of latrines (segregated by sex) available for Nutritional Unit (target: 28 doors)</p> <p>D.2.1. % of villages covered by sensitization (target: 20%)</p> <p>D.2.1. Number of new latrines constructed (target: 1000)</p>	<p>B.1.a. (i) Monthly reports with statistics from supported nutritional units</p> <p>B.1.a. (ii) Personal case management forms</p> <p>C.1.a. (i) Records from registers of psychosocial counselors</p> <p>C.2.a. (i) Training reports</p> <p>D.1.1.(i) Construction report/direct observation</p> <p>D.2.1.(i) Sensitization reports</p> <p>D.2.1. (ii) KAP surveys reports</p>	<p>Availability of health infrastructure in the targeted communities</p> <p>Households apply the nutritional best practices acquired</p> <p>Community willingness to accept vulnerable children/in conflict with the law; and understanding of their psychosocial issues</p> <p>Project ownership by the communities</p>
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<p>E.1. 29,400 people (4,900 households) have received agricultural inputs, among them 2,000 HHs most vulnerable received cash for seeds protection</p>	<p>E.1.a. # of households that benefited from food, and/or agricultural inputs (target: 4,900)</p>	<p>E.1.a. (i) Distribution reports and PDM (Post Distribution Monitoring) reports</p>	
<p>Activities</p> <p>A.1.1. Distribute NFI to 1,150 households, A.1.2. Distribute material and provide technical support for 500 shelter construction, B.1.1. Conduct 2 rapid anthropometric surveys(combined with light KAP surveys-see activity D.1.1) per site B.1.2. Supply 10 therapeutic units with essential drugs for malnutrition, therapeutic feeding inputs and Non Food Items/non drug items for case management B.1.3. Recruit malnourished children and treat them in 3 Intensive therapeutic Units and 8 Ambulatory therapeutic Units (ATU) B.1.4. Sensitize communities on best nutritional practices and conduct demonstrations of appropriate culinary techniques for infant and young children nutrition C.1.1. Identification of traumatized persons due to conflict C.1.2. Implement activities to cope with trauma C.1.3. Provide socio economic support for reintegration C.1.4. Referral of complicated cases to appropriate service providers C.2.1. Identify and Train and equip 30 counselors and 15 support groups D.1.1. Construct latrines: 3x4 doors for Intensive Nutritional Units, 8x2 doors for Ambulatory Nutritional Units, 10 hand washing facilities, D.2.1. Conduct 2 light Knowledge, Attitudes and Practices (KAP)surveys in each location D.2.2. Train local Community Workers to enable them conduct sensitization campaigns on best nutritional and hygiene practices. D.2.3. Sensitize communities on diarrheal diseases prevention D.2.4. Promote household latrines construction D.2.5. Promote water treatment techniques at household level E.1.1. Distribute tools and seeds to 4,900 vulnerable households for agricultural activities E.1.2. Provide food to 2,000 most vulnerable among the 4900 targeted households through the most appropriate method(cash, vouchers) E.1.3. Train and mentor beneficiaries for their livelihood activities</p>		<p>Pre-conditions</p> <p>Security condition should remain stable in the area of project implementation</p> <p>Timely funding</p> <p>ACT Alliance members need to keep their authorization to operate in DRC and Kasai provinces</p>	

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Annex 5: Budget Overview

EXPENDITURE

	Appeal Budget <i>local currency</i>	Appeal Budget USD
DIRECT COSTS		
1 PROGRAM STAFF		
Appeal Lead	7 500	7 500,00
Total international program staff	125 380	125 380,00
Total national program staff	412 320	412 320,00
TOTAL PROGRAM STAFF	545 200	545 200
2 PROGRAM ACTIVITIES		
2.1. Shelter and settlement / Non-food items	378 400	378 400,00
2.2. Food security	387 020	387 020,00
2.3. Water, sanitation & hygiene (WASH)	91 220	91 220,00
2.4. Health / Nutrition	193 930	193 930,00
2.5. Protection / Psychosocial support	125 834	125 834,00
2.6. Early recovery & livelihood restoration	0	0,00
2.7. Education	0	0,00
2.8. Emergency Preparedness / Resilience	0	0,00
2.9. Unconditional CASH grants	0	0,00
2.10. Camp Management	0	0,00
TOTAL PROGRAM ACTIVITIES	1 176 404	1 176 404
3 PROGRAM IMPLEMENTATION		
TOTAL PROGRAM IMPLEMENTATION	104 140	104 140
4 PROGRAM LOGISTICS		
Transport (of relief materials)	98 670	98 670,00
Warehousing	49 000	49 000,00
Handling	82 060	82 060,00
TOTAL PROGRAM LOGISTICS	229 730	229 730
5 PROGRAM ASSETS & EQUIPMENT		
TOTAL PROGRAM ASSETS & EQUIPMENT	77 871	77 871
6 OTHER PROGRAM COSTS		
6.1. SECURITY		
TOTAL SECURITY	21 430	21 430
6.2. FORUM COORDINATION		
TOTAL FORUM COORDINATION	30 700	30 700
6.3. STRENGTHENING CAPACITIES		
TOTAL STRENGTHENING CAPACITIES	8 700	8 700
TOTAL DIRECT COST	2 194 175	2 194 175
INDIRECT COSTS: PERSONNEL, ADMINISTRATION & SUPPORT		
e.g. Staff salaries		
Salaries e. g % for Programme Director, National Coordinator, Representative	27 650	27 650,00
Salaries e. g % for Finance Director, FM, Nat Acc.	18 543	18 542,50
Salaries for accountant and other admin or secretarial staff	59 827	59 827,00
	106 020	106 020
Office Operations		
Office rent	29 950	29 950,00
Office Utilities	7 490	7 490,00
Office stationery	8 700	8 700,00
Office other costs (Bank charges, maintenance, meetings, vehicle)	11 500	11 500,00
	57 640	57 640,00
Communications		
Telephone and fax	8 000	8 000,00
Internet	5 000	5 000,00
	13 000	13 000,00
Other		
Insurance	6 000	6 000,00
Bank charges	22 000	22 000,00
	28 000	28 000,00
TOTAL INDIRECT COST: PERSONNEL, ADMIN. & SUPPORT	212 160	212 160
	9%	9%
TOTAL EXPENDITURE exclusive International Coordination Fee	2 406 335	2 406 335
INTERNATIONAL COORDINATION FEE (ICF) - 3%	72 190,04	72 190,04
TOTAL EXPENDITURE inclusive International Coordination Fee	2 478 524,54	2 478 524,54
BALANCE REQUESTED (minus available income)	2 478 524,54	2 478 524,54

PROPOSED DISPOSITION OF CAPITAL ASSETS at Completion date

ITEM - (List each over US\$500)	Actual cost	Disposition
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Please kindly send your contributions to either of the following ACT bank accounts:

US dollar

Account Number - 240-432629.60A
IBAN No: CH46 0024 0240 4326 2960A

Euro

Euro Bank Account Number - 240-432629.50Z
IBAN No: CH84 0024 0240 4326 2950Z

Account Name: ACT Alliance

UBS AG
8, rue du Rhône
P.O. Box 2600
1211 Geneva 4, SWITZERLAND
Swift address: UBSWCHZH80A

Please note that as part of the revised ACT Humanitarian Mechanism, pledges/contributions are **encouraged** to be made through the consolidated budget of the ACT national forum, and allocations will be made based on agreed criteria of the forum. For any possible earmarking, budget targets per member can be found in the “Summary Table” Annex, and detailed budgets per member are available upon request from the ACT Secretariat. For pledges/contributions, please refer to the spreadsheet accessible through this link <http://reports.actalliance.org/>. The ACT spreadsheet provides an overview of existing pledges/contributions and associated earmarking for the appeal.

Please inform the Head of Finance and Administration, Line Hempel (Line.Hempel@actalliance.org) and Senior Finance Officer, Lorenzo Correa (Lorenzo.Correa@actalliance.org) with a copy to the Regional Programme Officer Arnold Ambundo (Arnold.Ambundo@actalliance.org) of all pledges/contributions and transfers, including funds sent direct to the requesting members.

We would appreciate being informed of any intent to submit applications for EU, USAID and/or other back donor funding and the subsequent results. We thank you in advance for your kind cooperation.

For further information please contact:

ACT Regional Representative, Gezahegn K. Gebrehana (gkg@actalliance.org)
Regional Programme Officer, Arnold Ambundo (Arnold.Ambundo@actalliance.org)

ACT Website: <http://www.actalliance.org>

Alwynn Javier

Global Humanitarian Coordinator
ACT Alliance Secretariat