

actalliance

APPEAL



DRC: Emergency Response to Kasai Conflict - COD 181

Appeal Target: US\$ 2,868,034.00
Balance requested: US\$ 2,868,034.00



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Core Humanitarian STANDARD The ACT Alliance Secretariat's continuous improvement in the application of the Core Humanitarian Standard is independently verified by HQAI

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Project Summary Sheet																	
Project Title	DRC: Emergency Response to Conflict in Kasai Provinces – COD181																
Project ID	COD 181																
Location	Democratic Republic of Congo, Kasai & Kasai Central Provinces, Territories of Kamonia, Demba and Dibaya.																
Project Period	From 12 April 2018 to 12 October 2019 Total duration: 18(months)																
Modality of project delivery (If applicable)	<table border="0"> <tr> <td>X</td> <td>self-implemented</td> <td>CBOs</td> <td>Public sector</td> </tr> <tr> <td>X</td> <td>local partners</td> <td>Private sector</td> <td>Other</td> </tr> </table>	X	self-implemented	CBOs	Public sector	X	local partners	Private sector	Other								
X	self-implemented	CBOs	Public sector														
X	local partners	Private sector	Other														
Forum	ACT DRC Forum																
Requesting members	1. Christian Aid (CA), 2.Lutheran World Federation (LWF), 3. Church of Christ in Congo (ECC), 4. Bureau Oecumenique d'Appui au Developpement (BOAD)																
Local partners	1. Evangelical Lutheran Church in Congo (EELCo), 2. Ecumenical Centre for Rural Promotion (COPROMOR), 3. Salvation Army																
Thematic Area(s)	<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>Shelter / NFIs</td> <td><input checked="" type="checkbox"/></td> <td>Protection / Psychosocial</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Food Security</td> <td><input type="checkbox"/></td> <td>Early recovery / livelihoods</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>WASH</td> <td><input type="checkbox"/></td> <td>Education</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Health / Nutrition</td> <td><input type="checkbox"/></td> <td>Unconditional cash</td> </tr> </table>	<input checked="" type="checkbox"/>	Shelter / NFIs	<input checked="" type="checkbox"/>	Protection / Psychosocial	<input checked="" type="checkbox"/>	Food Security	<input type="checkbox"/>	Early recovery / livelihoods	<input checked="" type="checkbox"/>	WASH	<input type="checkbox"/>	Education	<input checked="" type="checkbox"/>	Health / Nutrition	<input type="checkbox"/>	Unconditional cash
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Project Impact	To save lives and alleviate suffering of conflict affected populations in Kasai Provinces in the Democratic Republic of Congo.																
Project Outcome	<p>A. Improved living conditions for targeted households through provision of Shelter and NFI.</p> <p>B. Reduced Severe acute malnutrition prevalence among under five from 4.5% to below 2%.</p> <p>C. Improved psychosocial well-being of children and persons most affected by the conflict;</p> <p>D. Improved hygiene/sanitation, knowledge & practices among families with malnourished children;</p> <p>E. Improved food security among targeted households.</p>																
Target beneficiaries	<p>The overall response will target 58,279 beneficiaries including 30,434 female and 27,845 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 sectorial 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 program, 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</p>																

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.

Table of Beneficiaries

Sector of intervention	Beneficiaries										
	0-5 yrs		6-18 yrs		19-65 yrs		Above 65yrs		Total		Global 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

Project
Cost (USD)

2,868,034.00 (USD)

1. BACKGROUND

1.1. *Context*

General

DRC, a vast country in Central Africa which equals the size of Western Europe, continues to be the second current humanitarian crisis in the world after the Syrian, even if it attracts less attention from donors probably due to its protracted nature. The DRC L3 Emergency was declared for six months since October 2017 as a consequence of the complexity of the crisis, in line with UN policies. It covers the provinces of Kasai, Tanganyika and South Kivu. The targeted provinces are experiencing either interethnic conflicts, armed conflict or both:

- In the Kasai, a traditional chiefdom succession evolved into an interethnic conflict, then armed conflict that involved 2 local militia and the national army,
- In the Tanganyika, an interethnic conflict between Pygmies and Bantou, over resources, grew into a tribal war,
- In south Kivu, old militia groups hostile to the central government woke up, leading to military confrontation.
- In North Kivu and in Ituri provinces: a certain militia keep killing people tonight most with white arms to force people to flee from their villages that can be burned by then.

The elections were to be organised before the end of current president second term at the end of year 2017. This was missed, thus pushed to end of December 2018 following multiple agreements that allowed Kabila to remain on power after end of his constitutional mandate.

Despite the strong presence of the largest UN mission in the world, the reform of security services and administration services have failed. Services are always used by government as oppression instrument toward civil society groups when claiming their citizen rights. Security remains volatile and unpredictable; state authority is inadequate therefore context remains fragile even in areas where Security is thought to be real due to incapacity of government to find long term and effective solutions to, even the smallest potential conflicts at the very beginning

Specific:

The Kasai Provinces in the Democratic Republic of Congo are experiencing one of the most severe crisis in their history. Violent ethnic/tribal conflicts, fueled by the violent death of the local tribal chief, Kamuina Nsapu and the subsequent calls amongst his followers to avenge his death have caused unrest among the population. As a result, an unprecedented massive population displacement has been reported within and outside 5 provinces of Great Kasai which encompass 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.

According to the last OCHA report, the situation in the Kasai region has remained relatively stable since March 2017 when recorded population movements peaked at more than 400,000 displaced and 800,000 returnees. 65% of those who fled were hosted mainly in Kasai-Central. With respect to the burden of IDPs relative to the pre-conflict population, the territories with the highest proportion of displaced included those of Kasai-Central, particularly Dimbelenge (84%), Dibaya (49%), and Kazumba. (42%).

In addition, according to multi-sectorial needs assessments reports released by a number of humanitarian actors, including Christian Aid, UNICEF, OCHA, DKH, LWF, RESCUE, WAR Child UK and PRONANUT, the situation in Kasai provinces is a complex emergency, classified as IASC L3 emergency and has been escalating

since October 2017. Reports from assessments show that Kasai region has had the largest population of returnees (605,000) within the last 18 months.

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 (IPC emergency) or 3 (IPC crisis).

Agricultural inputs for early recovery are also required. This situation is affecting the nutritional status of children, pregnant and lactating women, who are most vulnerable reporting alarming malnutrition rates of 16% Global Acute Malnutrition and 4.5% of severe acute malnutrition. Thus requiring urgent emergency nutrition response (therapeutic, supplementary and community nutrition services).

In addition, displaced populations are in dire need of basic NFI kits and shelter, as most of those who fled, lost everything while fleeing for safety, and their villages were completely or partially destroyed. Existing ethnic and tribal tensions have worsened, thus communities are in need of support for peaceful cohabitation and cohesion building including some targeted advocacy work.

There is a crucial need to provide protection (including psychosocial support) to children associated with armed forces. Many children have lost their parents, often many have watched their parents killed in front of them. The dire situation is further compounded for unaccompanied children who are often forcibly recruited by armed groups and cut from their families and communities. Without a proper demobilization and reintegration process, these children are consequently rejected by their families and communities after they are released by armed group's 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.

1.2. Capacity to respond

The DRC forum has launched a call for action to the Kasai crisis, followed by a concept note. While developing the full appeal proposal, with the so many changes in the contextual scope, it was wished to get an overview on the rest of the DRC country. Meanwhile, the field deployment of forum members is as follows.

DRC ACT Members Mapping

ACT MEMBER	Kasai Appeal	Current Positioning	Projected Positioning
BOAD	YES	NKV	Kasai, Tanganyika
Christian Aid	YES	NKV, Kasai, Tanganyika	?
COPROMOR	YES* ¹	Kasai	?
Salvation Army	YES*	Tanganyika	?
LWF	YES	NKV, Tshopo, Ituri, Kasai	One more Province
DKH	NO	NKV, Kasai, Ituri	?
ECC	YES	All Provinces	All Provinces
NCA	NO	NKV, SKV	?
DCA	NO	SKV	?
Diakonia	NO	?	?
HEKS/EPR	NO	NKV, SKV	?
EELCO	YES*	Katanga Provinces, Kivu and Tshopo	?

¹ YES*: not direct applicant but implementing partner to an applicant member

1.3. CoreFaith values

The proposed response is based on core faith values in that it aims at alleviating the suffering of fellow human beings. With a feeling of compassion, solidarity, charity and dedication, ACT Alliance commits to address the needs of the most vulnerable in such an insecure setting.

2. PROJECT RATIONALE

2.1. Intervention strategy and theory of change

The proposed intervention is multi-sectoral and holistic, responding to the diverse identified needs in the sectors of NFI/Shelter, nutrition, psychosocial support, WASH and Food Security.

The project strategy is the following:

1. Identification, contact and commitments with the stakeholders of each sector of intervention: Public Partners for NFI/Shelter (Provincial Division of Humanitarian Actions and National Solidarity, Environment Division); Nutrition (the Provincial Inspectorate of Health and PRONANUT = National Nutrition Program); Psychosocial Support (Provincial Health Division and Division of gender and family); WASH (Provincial Inspection of Health and Health Zones); Food Security (Provincial Inspectorate of Agriculture, Fisheries and Livestock).
2. Collaboration with private partners such as: structures of local churches, structures of civil society, structures of economic operators. Define or integrate the frameworks of collaboration with them.
3. Establish and install operational bases humanitarian field teams. Carry out a quick evaluation to update the data and identify beneficiaries meeting the criteria and making sure to do no harm.
4. Deliver the assistance in coordination with other humanitarian actors operating in the community and with other members of the ACT-DRC Forum.
5. Monitor the achievement of indicators and contribution to changes in practices with assistance delivered, and share project information with all stakeholders, including beneficiaries.

The improvements targeted in each project area will only be possible if the security situation remains stable or improves further; the beneficiaries apply the good practices to which they are trained through the aid; local markets have the capacity to provide goods and services; the different partners offer a satisfactory collaboration and the communities take ownership of the new good practices introduced by the project.

2.2. Impact

Overall, the project is meant to contribute to the alleviation of suffering of target populations as an aftermath of the conflict in the territories of Demba, Dibaya, and Kamonia.

There is high risk of conflict resurgence if life-saving assistance is not provided immediately. Although short for its timeframe, this project is circumscribed within the framework of national and international efforts seeking stability and prosperity in the Kasai provinces.

2.3. Outcomes

The project intends to achieve the following outcomes:

- (A) Improved living conditions consecutive to improved housing and distributed NFI: 80% of the beneficiaries have their score cards kept to below 3.7. (very high acceptable score level)
- (B) Reduced prevalence of malnutrition: SAM prevalence inflected as low as below 2%.
- (C) Improved psychosocial status of children and the most affected: 70% of the targeted cases.
- (D) Improved permanent access to foods: 70% of the projected beneficiaries have their food consumption score cards kept to above 28. (very low acceptable score level)

2.4. Outputs

NFI/Shelter: Total budget = USD 378,400. 00.

A.1.6. 900 people (1,150 households) have received NFI, while 400 HHs among them are also supported to build their shelter. To achieve this result, following activities will be implemented:

A.1.1. Distribute NFI to 1,150 households;

A.1.2. Distribute material and provide technical support for 400 shelter construction.

Nutrition: Total budget: USD 91,220. 00

B.1. 4910 severe acute malnutrition cases are identified, treated and supported in the nutritional Units; Following activities will be achieved:

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 Unity and 8 Ambulatory therapeutic Unity (ATU);

B.1.4. Sensitize communities on best nutritional practices and conduct demonstrations of appropriate culinary techniques for infant and young children nutrition.

Psychosocial support: Total budget: USD 125,834. 00

C.1. 1283 targeted vulnerable children and 2784 affected adults (a total of 4067 persons) have access to psychosocial services including counselling, support to cope with trauma, and socio-economic reintegration. Following activities will be implemented:

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. 15 psychosocial support groups and 30 counsellors are selected and trained to carry out sensitizations, case identification, and support and follow up. Activities to be implemented:

C.2.1. Identify and Train and equip 30 counsellors and 15 support groups;

WASH: Total budget: USD 91,220.00

D.1. Users of 4 nutritional Units have access to clean and safe sanitation facilities; To achieve this result, following activities will be implemented:

D.1.1. Construct latrines: 3x4 doors for Intensive Nutritional Units, 8x2 doors for Ambulatory Nutritional Units, 10 hand washing facilities;

D.2. 13000 affected people in 20 villages are sensitized, and have improved their environment through promotion of safe and gender friendly sanitation practices; Activities to be implemented: D.2.1. Conduct 2 light knowledge, Attitudes and Practices (KAP) surveys in each targeted 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's latrines construction; D.2.5. Promote water treatment techniques at household level.

Food security: Total budget: USD- 387,020.00

E.1. 29 401 people, representing 4900 households have received agricultural inputs, among them 2000 HHs most vulnerable received unconditional cash for seeds protection; Activities to be achieved: E.1.1. Distribute tools and seeds to 4900 vulnerable households for agricultural activities; E.1.2. Provide food to 2000 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;

2.5. Preconditions / Assumptions

Amongst other preconditions/assumptions, the following are considered major ones: 1. Stability is progressively recovered so that there is no resurgence of violent conflict; 2. Communities are not hostile to see humanitarian actors usually implementing activities in Eastern DRC coming to operate in the Kasai; 3. The weather conditions are conducive for good harvest (for farming activities); 4. Monetary inflation/price fluctuation is under control to not negatively interfere with requested budget.

2.6 Logical Framework

Logical Framework			
IMPACT			
To save lives and alleviate suffering of conflict affected populations in Kasai Province in DRC			
OUTCOME(S)	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.1. Household score card survey	Security situation remains calm and allow continuous access to beneficiaries;
B, Severe acute malnutrition prevalence in the selected areas of intervention is reduced from 4.5% to below 2% among	B.a. Prevalence rate of Severe Acute Malnutrition (Target: <2%)	B.a.i. Nutrition survey report 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 remains stable

<p>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>	<p>C.a. % of targeted affected persons who improved their psychosocial status (target: 70%)</p> <p>D.a. % of people that know 5 key moment of hand washing (target: 80%) and who practice them (target: 70%)</p> <p>E.a. % of households that have improved their food consumption score above 28 (target: 70%)</p>	<p>C.a.i. Beneficiaries interviews</p> <p>C.a.ii. Registers of psychosocial services;</p> <p>D.a.i. KAP surveys reports</p> <p>E.a.i. Food consumption survey at household level</p>	<p>Collaboration with local authorities remains productive for project implementation ;</p> <p>Majority of logistics operations can be accessed from local market;</p> <p>No major outbreak of natural disaster occurs in the region</p>
<p>Outputs</p> <p>A. 6,900 people (1,150 households) have received NFI, while 400 HHs among them are also supported to build their shelter</p> <p>B.1. 4910 severe acute malnutrition cases are identified, treated and supported in the nutritional Units;</p> <p>C.1. 1283 targeted vulnerable children and 2784 affected adults (a total of 4067 persons) have access to</p>	<p>Objectively Verifiable Indicators</p> <p>A.1.a. # of household that received NFI Kit (Target: 1,150)</p> <p>A.1.b. # of Household supported for Shelter (Targets: 400)</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</p>	<p>Source of verification</p> <p>A.1.a. (i) Distribution reports;</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 counsellors</p>	<p>Assumptions</p> <p>Supply chain is maintained. 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 law; and understanding of their psychosocial issues;</p> <p>Project ownership by the communities;</p>

<p>psychosocial services including counselling, support to cope with trauma, and socio-economic reintegration;</p> <p>C.2. 15 psychosocial support groups and 30 counsellors 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. 13000 affected people in 20 villages are sensitized, and have improved their environment through promotion of safe and gender friendly sanitation practices</p> <p>E.1. 29 401 people, representing 4900 households have received agricultural inputs, among them 2000 HHs most vulnerable received unconditional cash for seeds protection</p>	<p>services(Target: 4,067 persons)</p> <p>C.2.a. # of psychosocial support groups formed and trained, and counsellors trained (Target: 15 and 30)</p> <p>D.1.1. Number of latrines (segregated by sex) available for Nutritional Unit (28 doors)</p> <p>D.2.1. % of villages covered by sensitization (20)</p> <p>D.3.1. Number of new latrines constructed (1000)</p> <p>E.1.a. # of households that benefited from food, and/or agricultural inputs(Target: 2000, 4900)</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>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,</p> <p>A.1.2. Distribute material and provide technical support for 400 shelter construction,</p>			<p>Pre-conditions</p> <p>Security condition should remain stable in the area of project implementation;</p> <p>Timely funding;</p>

<p>B.1.1. Conduct 2 rapid anthropometric surveys(combined with light KAP surveys-see activity D.1.1) 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 Unity and 8 Ambulatory therapeutic Unity (ATU)</p> <p>B.1.4. Sensitize communities on best nutritional practices and conduct demonstrations of appropriate culinary techniques for infant and young children nutrition</p> <p>C.1.1. Identification of traumatized persons due to conflict</p> <p>C.1.2. Implement activities to cope with trauma</p> <p>C.1.3. Provide socio economic support for reintegration</p> <p>C.1.4. Referral of complicated cases to appropriate service providers</p> <p>C.2.1. Identify and Train and equip 30 counsellors and 15 support groups</p> <p>D.1.1. Construct latrines: 3x4 doors for Intensive Nutritional Units, 8x2 doors for Ambulatory Nutritional Units, 10 hand washing facilities,</p> <p>D.2.1. Conduct 2 light knowledge, Attitudes and Practices (KAP) surveys in each targeted location</p> <p>D.2.2. Train local Community Workers to enable them conduct sensitization campaigns on best nutritional and hygiene practices.</p> <p>D.2.3. Sensitize communities on diarrheal diseases prevention</p> <p>D.2.4. Promote households latrines construction</p> <p>D.2.5. Promote water treatment techniques at household level</p> <p>E.1.1. Distribute tools and seeds to 4900 vulnerable households for agricultural activities</p> <p>E.1.2. Provide food to 2000 most vulnerable among the 4900 targeted households through the most appropriate method(cash, vouchers)</p> <p>E.1.3. Train and mentor beneficiaries for their livelihood activities</p> <p>C.1.2. Distribute material and provide technical support for shelter construction,</p> <p>D.1.1. Distribute cash to 2000 most vulnerable households</p> <p>D.1.2. Distribute tools and seeds to 4900 households for agricultural activities</p> <p>D.1.3. Train and mentor beneficiaries for their livelihood activities</p>	<p>Act Alliance members need to keep their authorization to operate in DRC and Kasai provinces especially</p>
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2.7 Risk Analysis

The following are the likely risks. 1. Expectations of beneficiaries. As the population in the Kasai provinces are generally poor and not used to receiving humanitarian assistance, there is a risk of

extremely high expectations of beneficiaries towards humanitarian actors. Management of their expectations is therefore essential to avoid frustration and acceptance problems. The different formed/trained community committees and support groups in each sector accept to involve in the project on a benevolent basis. It will be clearly communicated to the committees that they collaborate with the project without awaiting any financial returns. 2. Unclear selection criteria leading to frustration among population. Clear criteria to identify beneficiaries of the assistance will be developed and communicated; in particular the unconditional cash. In a context of crisis that plunged almost all populations in a state of death where everybody is in need of aid, it becomes difficult to identify whom to assist. The staff will work to transparently stick to the criteria. Otherwise, the project risks to do more harm than good by fuelling the conflict.

3. Local human resources with required expertise are not available in the communities to work as staff within organizations member of the Forum. Lack of qualified local human resources may expose the project at risk. It may happen that in many territories the qualified human resources that existed before the conflict were killed, ran away for their safety, or they no longer have the academic titles evidence of their qualifications due to looting and burning down of their houses. The same explanation on criteria should apply here again.

4. Resources diversion due to fraud and corruption. It may happen that a portion of the resources ends up in malpractice, fraud, corruption and bribery instead of reaching the beneficiaries it was directed to. All DRC Forum members are committed to doing business with integrity and honesty. Every member will assure that their staff, partners, suppliers, and all stakeholders it is involved with during this project comply with and implements a 'zero tolerance' policy regarding fraud/corruption; including mandatory reporting/whistleblowing. It implies that all allegations will be investigated, processed and appropriate measures taken. All Memorandum of Understanding and partner agreements will insert a clause on this policy along with 'child protection' provisions.

2.8 Sustainability / Exit strategy

This Appeal focusses on both emergency relief and long term livelihood support for IDPs, returnees as well as host community mostly affected by this crisis. It is worth mentioning that smooth rehabilitation and credible exit strategy largely depends on the establishment of the lasting peace in the areas of implementation. Once peace is re-established in the area, we will endeavor to bridge emergency relief activities to livelihood and support human development activities, as proposed in the Food security component of this Appeal.

This initiative is a key factor that will contribute to ensure vulnerable affected person's long term self-reliance. ACT requesting members specifically select project local staff from the targeted areas and build their capacities through trainings so that targeted communities will have local skills and knowledge beyond the lifetime of the project. By working alongside and building the capacity of local communities through their CBOs and by recruiting local staff, ACT requesting members ensure greater sustainability in their projects. Once the projects end or should international funding decline, these organizations are well positioned to continue supporting vulnerable peoples in the areas of implementation. Moreover, in order to ensure sustainability of the intervention, coordination will be done with states agencies (Pronanut, IPAPPEL, SNHR, Division Provinciale Femmes et Familles), health zones and other local stakeholders is done throughout the project and when needed a MoU is signed with a specific stakeholder to clarify responsibility and develop an agreed common exit strategy or handover.

Note: PRONANUT (national program of nutrition); IPAPPEL (provincial agency of agriculture, breeding and fishing); SNHR (national service of water and sanitation), Division of gender and family.

2.9 Building capacity of national members

ACT requesting members will each strengthen the capacity of their related local partners. While Christian Aid is already working with COPROMOR in the Kasai, other members (BOAD, ECC, and LWF) will ensure refreshment to their local partners in the sectors of intervention.

Up to now, the Forum has involved the local partners in designing the Appeal from needs assessment. This will remain a practice until project end to make sure members remain accountable and that each local/national partner or stakeholder mainstreams all contractual requirements in their implementation.

3 PROJECT IMPLEMENTATION

Does the proposed response honour ACT's commitment to Child Safeguarding? ☒ Yes ☐ No

This appeal is child protection sensitive. All activities will be implemented with emphasis on protecting the best interest of the child during the project cycle. Children are one of the major beneficiaries of the action; in particular U-5 children. The template itself provided the disaggregation of the beneficiaries per age/gender: Nearly 31,475 beneficiaries out of the targeted 58,251 are children (approximately 53%). As delineated in Section 2.6., members will double check the insertion of provisions on child safeguarding in all staff contracts, agreements, and MoUs with partners.

Members will ensure that national and international instruments guaranteeing CS are adhered to, and 'zero tolerance' is linked to any violations of the provisions. For instance, digging of latrines, construction of WASH facilities, casual labor, etc. will not involve children's work. During the construction, the engineer will ensure that no harm is caused to children. The builders will check that using the facilities does not jeopardize the safety of children.

3.7 ACT Code of Conduct

The ACT implementing members will observe ACT Alliance Code of Conduct at all stages of the project cycle. All ACT implementing members personnel will sign the ACT Alliance Code of Conduct covering issues such as sexual exploitation, power abuse, corruption, ACT anti-fraud and corruption policies. Two workshops for ACT Appeal staff will be organized in Kananga and Tshikapa cities to ensure that these principles are well understood and applied throughout the project implementation and to the beneficiaries. In their implementation sites, the trained staff will inform their respective stakeholder's even beneficiaries of the key provisions of ACT Code of conduct. In case of sexual harassment and exploitation, the complaints will be carefully and promptly investigated, meeting privately with the offender and the offended party and the first action should be taken within 48 hours. The contact details (phone and mail) of the focal points appointed to gather complaints will be communicated throughout the distributions sites to the local authorities, local NGOs operating in the area of implementation and to the beneficiaries.

3.8 Implementation Approach

The proposed approach is participatory: involving beneficiaries and stakeholders at each stage of project cycle. It is meant to be holistic to consider the different dimensions of human dignity. It will help to address urgent needs of the targeted vulnerable while standing as a contribution to prepare them to break the cycle of vulnerability confronting them; hence capacity building.

This approach is the best in this context because the complexity of the needs cannot be addressed by a one-year project; in particular because the crisis is related to society breakup. Infrastructure is more easily to reconstruct than community. If the project could secure the contribution of all actors and community members as it intends, social cohesion will quietly be regained. The youth that played a primary role in clashes and open violence will contribute to rehabilitation and communities will rejoice on recovered bonds. Forming and/or training the community structures is an overarching pillar of this project to ensure the created and trained structures will continue after project has ended.

The Forum hopes that other agencies will complement the support proposed by this project, either integrating other sectors or ensuring geographic coverage of territories and villages that are not reached by this action. Finally, before pulling out, the Forum will extensively discuss with governmental institutions supposed to provide the basic services to the populations. If these are unable to do so, they may at least contribute to safeguard the legacy of this intervention by assuring security and having an oversight on the facilities.

3.9 Project Stakeholders

ACT requesting members will apply ACT Alliance approach and strategy enabling beneficiaries i.e. IDPs, returnees and host communities and their representatives to participate in program decisions and seek their informed consent. ACT requesting members will be working through church and local networks to identify needs and prioritize assistance for the largely 'invisible' displaced families and the increasingly vulnerable communities who are hosting them. Local authorities and state agencies: the activities will be implemented in close partnership with local authorities and the specialized states agencies (National Program for Nutrition (Pronanut), Inspection of Agriculture (IPAPEL), Health Zones, state social department and National Water Service (SNHR) in the areas of implementation acting as a government counterpart in all projects. Community Based Organizations (CBOs): ACT requesting members will be assessing the capacity and the needs of partner CBOs both to increase acceptance by local population also to engage them further in the response and build potential sustainability enabling them to continue beyond the lifespan of the project. Community leaders: the ACT requesting members will be closely working with the local leaders representing the beneficiaries. They will be involved in the identification of priority needs, the system of distribution, identification of the specific forms of inputs to be delivered to the beneficiaries throughout the project implementation. Civil-military coordination: ACT requesting members will maintain neutrality in all projects when possible also a clear distinction from military/combatant actors in our identities and actions as per our recognized roles and mandates. Considering that the project will be implemented in unsafe area and considerably hindering access to vulnerable and/or remote populations in conflict settings, we will mitigate to reach our beneficiaries using other ways instead of using of armed escorts in the humanitarian action. OCHA and WFP have CM Coord Officer deployed in Kananga in order to coordination this. The ACT members will be close contact with them.

3.10 Field Coordination

The response has been designed based on the expertise and capacity of each and every member, in coordination with identified gaps in the field. UNOCHA shared the matrix of “Who does what and where” to enable the members to position themselves according to needs and operational capacity. UNOCHA is established in Kananga and Tshikpa, and is playing a coordination with all UN agencies (UNICEF, UNHCR, WFP, and FAO) and other International and National NGOs. Several clusters have been set up (Food Security, Nutrition). All ACT Alliance Members will also be part of that coordination.

3.11 Project Management

Internally, the forum is coordinated by BOAD in the DRC. For this specific response however, coordination will be set up in the field, depending on the response coordination capacity. 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 will play the representation role in the capital in terms of coordination, visibility and advocacy. It is anticipated that, the coordinator of forum is the spokesperson for Media representation, for this ACT response. However, for individual responses, the Country Director/Representative of each organisation plays that role in coordination with the ACT Coordinator.

3.12 Implementing Partners

Throughout the project members will work with implementing partners; of which some are already consulted at the current application development stage. Others will be involved locally when the project starts. EELCo, COPROMOR and SAVATION Army are already considered. There are all members of ACT Alliance.

3.13 Project Advocacy

Due the sensitive nature of the Kasai conflict, DRC ACT Forum will deploy advocacy aimed at persuading decision-makers to address the root causes of conflict and to promote peace among population. At national level, DRC ACT Forum members will influence INGOs as well as national organizations to suggest a quick solution to the current political crisis in Kasai as 5 provinces are nowadays badly affected by the violence which has led to further arousing pre-existing intercommunity tensions among the different ethnic groups in the Kasai.

At local level, ACT requesting members will work closely with community based organizations operating in the areas of implementation in order to locally speak up when the human rights and other various abuses are committed against the population. In this context, ACT members shall provide technical support through dialogue with local organizations and civil society members in order to encourage various forms of advocacy initiatives aimed at limiting the collaterals damages following the clashes between FARDC and KamuinaNsapu militias.

3.14 Private/Public sector co-operation

In terms of procurement, the appeal will engage the private sector in procuring materials and services at the local markets. The Forum will communicate the details and criteria of a transparent bidding process. The project will co-operate with all sectors to capitalize on each existent resources

and capacities. Collaboration with the public sector will also be encouraged: health facilities to manage malnutrition, schools with hygiene brigades, the Division of Gender or the Department of Social Affairs for psychosocial recovery, etc.

3.15 Engaging faith leaders

The project will engage faith leaders; in particular for mass sensitization of their respective congregations. Faith leaders will play a critical role to contribute to reach community forgiveness. Without community acceptance of inhabitants that perpetrated atrocities by enrolling in militia the project impact remains at risk due to resurgence of insecurity and clashes.

The project will approach pastors, priests, imams, etc. to gather their efforts to influence positive attitudes in the community; often towards remorseful authors of violations. The project will facilitate such interactions aiming at looking into the same direction when it comes for example to discuss the question of the children called 'witch child' or ex-child soldier/militia. This is crucial in Kasai provinces where the youth constitute the majority of the people that enrolled in militia.

BASIC IMPLEMENTATION PLAN																					
N°	Activities	Period(Months)																			
		Dec-17	janv-18	Fev-18	mars-18	April-18	May-18	juin-18	July-18	August-18	sept-18	sept-18	oct-18	nov-18	déc-18	janv-19	févr-19	mars-19	avr-19	mai-19	
	Thorough Need assessments (baselines Assessments): Food consumption, market analysis, KAP surveys, Wash infrastructures																				
1	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	X									
4	Quick impact response		X	X	X	X	X	X	X	X											
5	Support the community resilience mecanism:DRR component					X	X	X	X	X	X										
6	Livelihood package activities		X	X	X	X	X	X	X	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	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	X	X	X	X	X	X	X	
10	Food security package activities		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
11	Peace full cohabitation package activities	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
12	Monitoring activities	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
13	Strengthening capacities/EPRP&others							X			X				X			X			
14	Evaluation and learning						X								X					X	

4 PROJECT MONITORING

4.7 Project Monitoring

The project will design and set up a monitoring system. 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 Planning, Monitoring, Evaluation and Reporting Officer (PMER) in charge of monitoring, evaluation, accountability and learning (MEAL) will be supporting other staff to monitor their activities. This PMER will ensure that all our intervention is accountable by providing support to other relating mechanisms for transparency, feedback and complaints. After every distribution activity, a Post Distribution Monitoring (PDM) will take place.

4.8 Safety and Security plans

As Appeal activities will be implemented in unstable region that is still politically sensitive, assessments should take place on a regular basis. As such, ACT requesting members will fully apply ACT alliance security regulations. But to be more practical and even thorough members have their own security plans, the coordination of the security action will be executed by Christian Aid that is already connected to many stakeholders due to its presence in the region since February 2017.

Christian Aid is member of the security forum set up by the OCHA CMCoord Officer in Kananga. The latter will maintain regular contact with the NGO Security tree providing timely, relevant and updated security information, as well as with other security actors (UNDSS, others). Additionally to these measures, staff will be trained on identification and avoidance of risks through security trainings, and additional security measures including guards at offices, first aid kits, and adherence to local standard operating procedures. Christian Aid who has an expertise in this field will be the lead agency for empowering other members in order to cover this gap. Furthermore, coordination linkages will be established between LWF, ECC and BOAD and the state agencies involved in the implementation of the project to assess on monthly basis the gap in the security sector.

Finally, staff members should implement the project in a transparent manner both to increase their acceptance by local population also enabling them to be in touch with sources on the ground that alert them to any security risks which may be posed by clashes or threats of one of army group operating in the area. A security focal point will be appointed whose the main task is to advice and disseminate through mobile phone and radio security information to our staff operating in the area. Before launching Appeal activities, a contingency plan for every site where staff is present with concrete recommendations for what to do in the possible scenarios of an armed incursion, looting, rape, and evacuation will be set up.

4.9 Knowledge Management

A learning component is attached to the PMER role. Knowledge acquired from the project will be captured through reports and success stories submitted to donor. Lessons learned progressively may be disseminated by each member pending their Representative/Country Director's appreciation. Information sharing is part of accountability principle. If members are unable to reach the community in general, then any relevant information will be conveyed through the different local committees and feedback received by the same means.

Committees in the different sectors of intervention will be meeting to discuss progress and troubleshoot challenges based on each other's experience. Day-to-day monitoring of activities is the task of each consortium member depending on their sites and sectors. Meetings are planned on a regular basis to share information as a consortium. However, ad hoc meetings will be held to deal with any matters that fall out of the normal schedules. Stakeholders will be informed of the common channels to contact the members to provide project related information or submit a request.

5 PROJECT ACCOUNTABILITY

5.7 Mainstreaming Cross-Cutting Issues

The requesting members of the appeal will mainstream below cross cutting issues in their planned response as they are crucial towards success of the appeal and targeted populations.

5.7.1 Gender Marker / GBV

In the needs assessment of LWF and Christian Aid and the intervention design of this Appeal, specific attention has been given to differentiated needs of men and women. The RNA pointed out the harsh conditions of women and girls as opposed to men and boys. The project has relied on the assessment's findings to align gender responsive activities in all the five selected thematic areas.

The project will work to ensure that wherever it operates communities will move from gender unawareness to tackle a set of elements meant to raise sensitivity on the specific needs of women and girls. In fact the project is mounted in such a way that it comprises a couple of activities related to gender equality and/or which identify and address some of the different and unique needs, abilities and opportunities of girls, boys, women and men.

5.7.2 Resilience Marker

The appeal seeks to enhance resilience of communities in the Kasai region. Especially through the food security component that seeks to enhance agricultural production whereby communities will be recovering from the crisis and be able to respond to future shocks. Throughout the different activities and sectors of this intervention, capacities of communities will be enhanced in order to decrease their vulnerability and become more resilient to future shocks.

5.7.3 Environmental Marker

The proposed activities and construction of facilities and shelter will consist of light works which will not jeopardize the environment. Appropriate precautions will be taken in the extraction and use of local materials such as sticks, gravel, sand and stones. Communities in general and construction teams as well as food inputs distributors in particular will be guided to properly dispose empty bags of cement and other packages. WASH sensitization campaigns will insist on prohibition of open defecation as is the practice in many rural villages in the Kasais with a twofold advantage: avoidance of diarrheal diseases and anticipation of environmental pollution. Food security teams will hold sessions on adequate conservation of foods and appropriate disposal of household/cooking wastes. Recipients of agricultural inputs will sit for coaching by IPAPEL agents and consortium member staff on improved farming techniques; including avoiding cultivation on slopes and use of anti-erosive methods to protect the land. In all their activities under the project, ACT Alliance organisations will take all the necessary steps to prevent or mitigate adverse environmental impacts.

5.7.4 Participation

The RNA consulted the different target groups through interviews and FGDs. Even though the assessment could not gather all potential beneficiaries, it reached all the categories, inclusive of the most vulnerable such as women and girls, the elderly, people with disabilities, teenage mothers, women heads of households, etc. The populations therefore expressed their priority needs, and these are considered in the design despite anticipated limited resources to cover them all.

The Forum will strategize to accompany the community to address their basic needs; meaning the beneficiaries will receive support to complement their own efforts. The assisted groups will participate in each of the five intervention sectors. For example, the local leaders and other tenure owners will contribute plots for farming demonstrations, women in particular will volunteer their time and skills to teach successful dietary, men will sacrifice their time and energy on collective

construction of shelters and latrines under the guidance of ACT Consortium technicians, etc. Information sharing will be ensured through quarterly meetings to assess project objectives, and decision making will involve key stakeholders representing the community at territorial and provincial levels. This participative approach will enhance ownership of the intervention by the communities.

5.7.5 Social inclusion / Target groups

Populations in the Kasai Provinces are not homogenous as they have different languages and traditions. The project may at least take into account the way the different villagers survived the crises and it will adapt the interventions accordingly. Because of the dire situation exacerbated by the crisis, the first step to alleviate the suffering is provision of aid to address urgent needs. Then will follow the second step of facilitating to construct resilience. At this level, diversifying parameters will be considered based on the capacity of each village to develop self-reliance mechanisms.

The project is well aware of the fact that early recovery will not be achieved during a ten months project; but the action can establish the foundation to transition from emergency. The intervention and support will be tailored on the capabilities of different groups (the elderly, SGBV survivors, the disabled; peasants, civil servants, private businessmen, etc.) are able to cope with the aftermath of the crisis.

5.7.6 Anti-terrorism / Corruption

The Kasai Provinces is a volatile security prone context. It hosts an important number of armed groups, basically recruited among the youth. Staff may fall victims of attacks or/and abductions orchestrated by armed groups against ransoms. Resources may be diverted by militia if community acceptance is not secured at project inception because many of the groups are a community emanation. As said, partnering with COPROMOR, Christian Aid is already implementing sample sectors in the area; and there are no security incidents specifically targeting this member organization.

ACT Alliance members of the appeal will work to ensure that it does not conduct business with any entities involved in atrocities with the armed groups. Within this framework, the consortium will undertake all reasonable steps for proper due diligence during recruitment, procurement and other service provision processes. ACT will always liaise with the MONUSCO and UNOCHA to keep abreast of security development before any field missions. As regards corruption, each consortium member has a formal policy against corruption and fraud, and it will stick to it before getting into business with an individual or a group of individuals.

5.8 Conflict sensitivity / do no harm

Although the context in this particular intervention is challenging, it is planned that all the activities in this project will use “Do No Harm” and “Rights-based” approaches, in relation to IDPs, host communities, gender, ethnicity and vulnerability. Sensitivity to conflict in terms of reconciliation among different ethnic group is, therefore, embedded into the program. To deal this issue, a strong emphasis will be put on the community aspect through organizing the beneficiaries in associations. This will help to bring together beneficiaries from different gender as well as ethnic backgrounds in order to encourage mutual acceptance in this region of high ethnic tension. Multi-ethnicity will be a

prerequisite for any association to be accepted among the beneficiaries of the project. Each project site will form a committee that will represent the community and take the responsibility for smooth implementation of the project. Women and men shall participate at an equal level in the committee.

Before the project starts, ACT implementing members will exchange with local authorities and stakeholders to make sure that appropriate measures are taken not to expose beneficiaries to physical dangers, acts of violence or any violation of their rights. In this respect, a fair targeting system will be put in place to ensure that beneficiaries are selected in an open and transparent manner.

5.9 Complaints mechanism + feedback

With the aim of creating a safe environment, ACT requesting members will ensure that beneficiaries can make complaints about the implementation of activities, respect of policies and sensitive issues. All complaints will be handled by an appointed complaint response officer; following the internal procedure of the four organizations, grievance will be investigated and addressed. As such, a complaint mechanism will be set up to ensure that the people of concern are aware of the channels for lodging or handling complaints so that if a concern is raised by a staff person or member of the community, they know what to do.

ACT requesting members will set up complaints-handling procedures that are effective, accessible and safe for beneficiaries, disaster-affected communities, staff members as well as the local partners or stakeholders. Received complaints will be carefully and promptly investigated, and acted upon within 48 hours. Before launching ACT Appeal activities workshops for ACT requesting personnel will be organized to ensure that these principles are well understood and applied throughout the project. A zero-tolerance policy will be applied and personnel will be informed of the risks they would take in case of breach of the code of conduct which will lead to the breach of contract. For serious violations possibly the legal proceedings will be taken.

5.10 Communication and visibility

For transparency with beneficiaries and the general public, the proposed project will ensure visibility of the ACT Alliance donors. During public meetings, including with local authorities and in inter-agency coordination fora, and at project sites, the project will be presented as funded by ACT Alliance donors.

The ACT Alliance logo will be displayed at the requesting ACT member's offices and on equipment, in awareness raising and training sessions and on any clothing and equipment's produced or purchased for the project implementation. Global communication platform includes regular blogs and posts on ACT requesting member's website, Facebook and Twitter profiles; this media platform will support information sharing on the emergency response in the areas of implementation.

Appeal Budget

EXPENDITURE			Appeal Budget <i>local currency</i>	Appeal Budget USD
DIRECT COSTS				
1	PROGRAM STAFF			
	Appeal Lead		9,000	9,000
	Total international program staff		151,560	151,560
	Total national program staff		486,804	486,804
	TOTAL PROGRAM STAFF		647,364	647,364
2	PROGRAM ACTIVITIES			
2.1.	Shelter and settlement / Non-food items		455,900	455,900
2.2.	Food security		422,020	422,020
2.3.	Water, sanitation & hygiene (WASH)		92,220	92,220
2.4.	Health / Nutrition		202,010	202,010
2.5.	Protection / Psychosocial support		125,834	125,834
2.6.	Early recovery & livelihood restoration		0	0
2.7.	Education		0	0
2.8.	Emergency Preparedness / Resilience		0	0
2.9.	Unconditional CASH grants		0	0
2.10.	Camp Management		0	0
	TOTAL PROGRAM ACTIVITIES		1,297,984	1,297,984
3	PROGRAM IMPLEMENTATION			
	TOTAL PROGRAM IMPLEMENTATION		117,240	117,240
4	PROGRAM LOGISTICS			
	Transport (of relief materials)		123,470	123,470
	Warehousing		62,160	62,160
	Handling		85,598	85,598
	TOTAL PROGRAM LOGISTICS		271,228	271,228
5	PROGRAM ASSETS & EQUIPMENT			
	TOTAL PROGRAM ASSETS & EQUIPMENT		82,221	82,221
6	OTHER PROGRAM COSTS			
6.1.	SECURITY			
	TOTAL SECURITY		21,430	21,430
6.2.	FORUM COORDINATION			
	TOTAL FORUM COORDINATION		58,200	58,200
6.3.	STRENGTHENING CAPACITIES			
	TOTAL STRENGTHENING CAPACITIES		13,500	13,500
	TOTAL DIRECT COST		2,509,167	2,509,167
INDIRECT COSTS: PERSONNEL, ADMINISTRATION & SUPPORT				
e.g.	<u>Staff salaries</u>			
	Salaries e. g % for Programme Director, National Coordinator, Representative		47,650	47,650
	Salaries e. g % for Finance Director, FM, Nat Acc.		36,655	36,655
	Salaries for accountant and other admin or secretarial staff		82,907	82,907
			167,212	167,212
	<u>Office Operations</u>			
	Office rent		35,390	35,390
	Office Utilities		9,040	9,040
	Office stationery		10,590	10,590
	Office other costs (Bank charges, maintenance, meetings, vehicle)		13,100	13,100
			68,120	68,120
	<u>Communications</u>			
	Telephone and fax		8,900	8,900
	Internet		5,600	5,600
			14,500	14,500
	<u>Other</u>			
	Insurance		6,000	6,000
	Bank charges		19,500	19,500
			25,500	25,500
	TOTAL INDIRECT COST: PERSONNEL, ADMIN. & SUPPORT		275,332	275,332
			0	0
	TOTAL EXPENDITURE exclusive International Coordination Fee		2,784,499	2,784,499
INTERNATIONAL COORDINATION FEE (ICF) - 3%			83,535	83,535
	TOTAL EXPENDITURE inclusive International Coordination Fee		2,868,034	2,868,034
	BALANCE REQUESTED (minus available income)		2,868,034	2,868,034
PROPOSED DISPOSITION OF CAPITAL ASSETS at Completion date				
5.11	ITEM - (List each over US\$500)	Actual cos	Disposition	

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 country 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 Humanitarian Programme Officer Caroline Njogu (Caroline.Njogu@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)

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

Alwynn Javier

Global Humanitarian Coordinator
ACT Alliance

SECRETARIAT: 150, route de Ferney, P.O. Box 2100, 1211 Geneva 2, Switz. **TEL.:** +4122 791 6434 – **FAX:** +4122 791 6506 – www.actalliance.org

Core Humanitarian
STANDARD

The ACT Alliance Secretariat's continuous improvement in the application of the Core Humanitarian Standard is independently verified by HQAI