OFDA SUDAN (EXCLUDING DARFUR)
PUBLIC GUIDANCE FOR POTENTIAL PARTNERS
2008 PROGRAM APPROACH AND PRIORITIES
November 15, 2007

The USAID Office of Foreign Disaster Assistance (USAID/OFDA) operates under the U.S. Government assistance framework for Sudan that has an overall goal of a stable environment for good governance, increased availability of essential social services, economic recovery, and initial progress to create policies and institutions on which future programs will rest. Humanitarian assistance is one of the five program elements of U.S. assistance to Sudan. USAID/OFDA has two planning and management units for Sudan – one for Darfur and one for the rest of the country. This document provides guidance to applicants, both current and potential partners, about USAID/OFDA's approach and priorities in Fiscal Year 2008 for all areas of Sudan except Darfur.

1. BACKGROUND

USAID was the major donor of humanitarian assistance to Sudan during the long civil war in Southern Sudan and the Three Areas (Abyei Area, South Kordofan State and Blue Nile State). USAID/OFDA funded NGOs and UN agencies in emergency programs that delivered essential services to war-affected populations including primary health care, food security, water/sanitation, and relief items. Beneficiaries were mainly populations fleeing from conflict and communities that hosted displaced persons. USAID started a small development assistance program in Southern Sudan in 1998 with a goal of preparing Southerners for an eventual peace. This program expanded greatly in 2002, and is now the largest USAID development assistance program in sub-Saharan Africa.

The Comprehensive Peace Agreement (CPA) signed in January 2005 by the Sudan People's Liberation Movement/Army (SPLM/A) and the Government of Sudan established new governance structures in the disputed regions – a new Government of Southern Sudan based in Juba, new State Governments in Kadugli and Damazine that share power between National Congress Party (NCP) and SPLM, and a special shared government in Abyei Area that comes under the Office of the President. The CPA also established new security and wealth sharing arrangements. These new structures have led to greatly improved security in the former war-affected areas, where the two armed forces have largely withdrawn from each other's territories and armed groups have merged with the two official armed forces – SPLA and Sudan Armed Forces. People are now enjoying freedom of movement and expression. A measure of the positive changes is the high number of internally displaced people and refugees who have returned to their home areas since the CPA was signed – estimated to be between 1.2 and 1.5 million people. Most of these have returned spontaneously, without the aid of organized returns programs.

It is clear that many problems remain in Southern Sudan, including lack of capacity in new government institutions, infrastructure that remains very poor in most rural areas and the frustration among Southern Sudanese that their expectations for tangible peace dividends are

largely unmet. Throughout much of Southern Sudan, improvement in infrastructure, expansion of social services and economic recovery are very limited in scope.

Particular problems exist in the Three Areas. In Abyei Area, lack of political progress has prevented the formation of a local authority and agreement on the north-south border that will determine sharing of oil revenue and who votes for the referendum in 2011. In South Kordofan and Blue Nile, where the joint NCP-SPLM state governments have been formed, the imbalance in infrastructure and services between former government-controlled and opposition-controlled areas remains stark. Many underlying causes of the war are still unresolved. People in the former opposition areas must learn to address their issues through political processes as a minority party in the joint state governments.

These changing circumstances in Southern Sudan and the Three Areas, most importantly the improved security and establishment of new government structures, create a more favorable environment for long-term assistance mechanisms. USAID/OFDA therefore anticipates a significant reduction in its humanitarian budget for Sudan (excluding Darfur) in 2008.

2. OFDA PRIORITIES IN 2008

USAID/OFDA's **overarching priority** in 2008 in Sudan (excluding Darfur) will be meeting the urgent needs of returning internally displaced people. USAID/OFDA anticipates that most of these services will be through community-based programs in areas of highest returns that benefit both IDPs and host communities. It will be important for interested organizations to demonstrate IDP and returns trends in each proposed geographic area in order to justify USAID/OFDA support. Proposals must also demonstrate that programs are community-driven, including but not limited to providing evidence that local authorities and communities have been a part of program development and design and have approved all proposed activities. Community-driven programming is critical to successful transition, handover, ownership and sustainability. USAID/OFDA continues to encourage international applicants to make partnering arrangements with local organizations, and to include capacity building in their proposals.

USAID/OFDA's **geographic priorities** in 2008 will be determined by states with the highest number of returning IDPs and refugees. Based in information from GOSS and UN/IOM, these states are likely to be: South Kordofan and Blue Nile in Northern Sudan; Abyei Area; and Northern Bahr el Ghazal, Warrab, Upper Nile, Unity, Jonglei and Central Equatoria in Southern Sudan. Proposals for programs in other states will need exceptionally strong justification, relating proposed activities to stability, returnees and support to the CPA. USAID/OFDA is not likely to be able to continue supporting all current partners even in priority states; funding decisions will be made based on meeting the highest priority needs in these states. USAID/OFDA programs in eastern Sudan (Kassala and Red Sea States) will be very limited in FY2008 and will be restricted to only those programs that are in response to humanitarian emergencies, rather than chronic needs. USAID/OFDA does not anticipate funding any programs in the greater Khartoum area.

USAID/OFDA's **programmatic priorities** in 2008 are likely to be primary health care, water/sanitation/hygiene (WASH), and food security/economic recovery. USAID/OFDA will look for the following in each sector:

Primary Health Care: OFDA investments will target high-impact primary health care programs that prevent and respond to the causes of morbidity and mortality under emergency conditions in the ***areas of highest return***. Such health programs should focus on the provision of the ***basic package of health services*** and ***capacity building*** at the county level. **It will be important for interested organizations to demonstrate IDP and returns trends in each proposed target geographic area in order to justify USAID/OFDA support.**

Given ongoing efforts to plan for the realistic and responsible transition of this critical sector from relief to development support mechanisms, all proposals must:

- Include a clear and measurable plan for transition from relief to long-term funding. Transition plans should focus on strategies that incorporate best practices. Plans should acknowledge the limitations/barriers to transition that exist in Sudan, but should still focus on those steps that are possible in the near, medium and longer-term.
- Demonstrate close coordination with county and state health authorities. At a minimum this should include vetting of proposed programs with relevant state and county health authorities and communities as well as a system for providing regular program updates to government counterparts.
- Complete relief-to-development checklists for each facility to be supported (see attached); both the checklists and proposal narratives must demonstrate that each facility will provide the basic package of essential services required by the GOSS Ministry of Health (or similar package for FMOH facilities in the Three Areas) and/or plans for achieving the complete basic package of services within the proposed program timeframe. All checklists must include GPS coordinates for the location of each facility.
- A table showing the proposed pay scale for all facility-level positions, including columns to show USAID/OFDA's share of the proposed salary cost as well as pay scales used in 2006 and 2007 (for organizations with ongoing service delivery programs). As in FY2007, OFDA will not support 100% of local health staff salaries/incentives at the facility level, so proposals must include cost sharing arrangements (see section 3 below). As in FY2007, USAID/OFDA will not set a percentage for its share of local health staff salaries but expects its partners to make a good faith effort to leverage other resources in support of these costs.

In addition, to help facilitate the eventual transition of health programming from relief mechanisms to a strengthened GOSS health system, all proposed health programs must include strong capacity building components. Interested organizations should pay special attention to the requirements of the cross cutting theme for capacity building found in the OFDA *Guidelines*. Specifically, programs should include at a minimum the following forms of capacity building for county health officials:

- Engage county health officials in program planning activities to help raise capacity for their own county-level planning.
- Include county health officials and government health workers in proposed NGO health staff training. Training should utilize approved national training modules (for example, those developed by AMREF under its contract with the MOH and approved for national use).
- Develop supervision plans and perform joint supervisory visits with county health officials. Proposals should emphasize the use of standard reporting formats that can feed into national health management information systems.
- Emphasis on training, support and empowerment of village health committees and linking these communities more effectively with the health system.
- Demonstration of coordination and outreach to state Lead Agencies, as appropriate.

Food Security and Economic Recovery: USAID/OFDA will focus food security/agriculture and/or economic recovery sector investments in areas of high returns and acute food insecurity with a high priority placed on areas critical to the success of the CPA. These include the border zones (areas along the north-south boundary and the Ethiopian and Ugandan borders) as well as where programs can mitigate communal tensions (over disarmament, land, water, etc.). These priorities must be clearly demonstrated in any proposal that includes these activities. Food security and economic recovery activities include those that promote self-sufficiency and minimize dependence on external assistance through increased local production of food or livestock products, strengthened local market systems, and community training. An example of this kind of activity is local sourcing of seeds using vouchers. **It will be important for interested organizations to demonstrate IDP and returns trends in each proposed target geographic area in order to justify USAID/OFDA support.**

Water/Sanitation/Hygiene: USAID/OFDA investments will prioritize activities that target areas of highest returns and reduce tensions around competition for resources. USAID/OFDA is interested in promoting low-cost, easily replicable and sustainable solutions. To this end, USAID/OFDA generally supports boreholes where the water table is deeper than 30 meters and where soil and local labor conditions require it, and protected hand dug wells where the water table is nearer than 30 m, soil is workable and local labor is available. All proposals must clearly describe the rationale behind choices to use different methods of water provision (hafirs, boreholes, other catchment systems). For all water interventions, proposals must demonstrate strong linkages to government counterparts and policies, sustainable community-based management mechanisms, and plans for follow up and maintenance at the community level. All water programs must include a robust sanitation and hygiene component as well. **It will be important for interested organizations to demonstrate IDP and returns trends in each proposed target geographic area in order to justify USAID/OFDA support.**

Direct Assistance to Returning IDPs: USAID/OFDA investments will target activities such as distribution of relief items to the most vulnerable households in areas of high returns, and assistance along the main return routes.

3. GENERAL NOTES

Consultation and Coordination: All proposals should contain a strong analysis of the potential impact of the program on communities, and organizations should demonstrate a willingness to work directly with identified leaders, practitioners, and intended beneficiaries within the local communities. Community participation in planning and developing the activities presented in the proposal, and in monitoring and evaluating results, should be demonstrated. All organizations must posses a clear understanding of and appreciation for the complex political, cultural and social situation in Sudan, and an ability to design and implement projects within existing cultural norms and realities, engaging maximum input, participation, and "buy-in" from target communities. Care should be given to the role gender plays in activities and to gender integration and balance. Further:

- Information Sharing: USAID/OFDA requires that organizations demonstrate that they are sharing non-financial programmatic data and information with appropriate humanitarian information coordination bodies in the field, such as Humanitarian Information Centers.
- Governmental Approval: USAID/OFDA expects that applicants will actively solicit approval from the relevant authorities and demonstrate clearly such approval in all applications.
- Geographic Coverage: Applications should clearly list other organizations working in the same geographic area and in what sector(s) they are working. Applicants should state how they will coordinate with these organizations in order to prevent duplication or gaps, and maximize cost-effectiveness.
- Other Donors: Where possible, applications should demonstrate coordination with other donor funding (including other USAID offices such as Food for Peace, Office of Transition Initiatives, and the developmental assistance programs at USAID Sudan Mission).

Cost Sharing: In FY2008, USAID/OFDA will require that all interested organizations include cost sharing in their proposals. Proposals that do not include cost sharing and/or in-kind contributions will not be considered for funding. OFDA will no longer consider for funding proposals for which OFDA is the sole donor.

Support of the CPA and conflict mitigation: Mitigation of the drivers of conflict and support of the implementation of the Comprehensive Peace Agreement are key considerations in USAID/OFDA's targeting of emergency funding in transitional Southern Sudan. Applicants must clearly demonstrate how proposed activities will help to mitigate drivers of conflict in target populations and support the implementation of the CPA, as well as how progress towards these ends will be tracked.

Supporting Local Organizations: USAID/OFDA encourages international NGOs to support, mentor, partner, and collaborate with Sudanese organizations. USAID/OFDA will consider funding activities under technical sectors that improve Sudanese organizations' capacity to achieve the technical objective.

Protection and Gender Considerations: USAID/OFDA strongly encourages implementing partners, wherever possible and appropriate, to incorporate protection principles into the design and implementation of their assistance programs in order to help protect populations from violence, abuse, harassment, or exploitation. This can be accomplished by either mainstreaming protection activities or developing stand-alone protection objectives. Humanitarian programs funded by USAID/OFDA should be designed, implemented and monitored to ensure that they do not harm or endanger beneficiary populations because of negative unintended consequences, nor should programs aggravate local tensions or inadvertently empower those who are responsible for conflict or abuse. Similarly, proposed activities should take into consideration gender roles and equity issues, appropriateness of interventions, and existing work loads of targeted beneficiaries. For more detailed guidance on protection and gender, please refer to USAID/OFDA's *Guidelines for Proposals and Reporting.*

Program Details: In the interest of ensuring priority program coverage, all proposals must include specific information on geographic target areas, including state and county details. All proposals should include a chart that shows programmatic sector activities by location and sub-partner, as appropriate. All proposals should contain a table showing the budget break out by state. Numbers of outputs (e.g., health facilities, boreholes, etc.) should be clearly stated by county/state. GPS coordinates will be required for all water points and health facilities for the purposes of transition mapping.

USAID/OFDA looks forward to a proposal review and selection process in 2008 that is extremely competitive. With the anticipated reduction in funding, organizations receiving awards in 2007 which submit applications that result in awards in 2008 are unlikely to be funded at 2007 levels. It is likely that some organizations funded in 2007 and prior years will not be funded in 2008. Plans for phasing out and handing over projects at the conclusion of the 2008 awards will be closely reviewed.

4. TIMEFRAME AND PROCEDURES FOR APPLICATIONS

- **OFDA Guidelines:** Proposals that do not adhere to the USAID/OFDA *Guidelines for Proposals and Reporting* will not be considered for funding. The most recent version of the *Guidelines* can be found at: http://www.usaid.gov/our_work/humanitarian_assistance/disaster_assistance/resources/
- **Marking Under USAID-Funded Assistance Instruments:** Interested organizations are required to comply with the USAID Acquisition and Assistance Policy Directive (AAPD) 05-11, dated December 13, 2005, which can be accessed at the following link: http://www.usaid.gov/business/business_opportunities/cib/pdf/aapd05_11.pdf
  While not required, interested organizations are encouraged to submit their branding strategy and marking plan with their proposals and include associated costs in the budget. Interested organizations who choose not to include their branding strategy and marking plan with their proposals will not be penalized during the evaluation process, but should be aware that any resulting award will be delayed pending receipt and review of the branding strategy and marking plan and inclusion of related costs into the budget.

- Proposals should not exceed 20 pages, excluding the cost proposal and other supplementary attachments. USAID/OFDA encourages brevity in order to expedite the review process.
- Electronic copies submitted by email are preferred; proposals that are submitted electronically need not be submitted in hardcopy as well. Proposals should be submitted electronically via e-mail attachment using Word 2000 or newer and/or Excel 2000 or newer. Do not submit electronic copies in .zip format. If for some reason an organization must submit its proposal in hardcopy, please contact Jennifer Mayer beforehand to make arrangements.
- Proposals should be submitted a minimum of 45 days before the proposed start date of the program and should be sent to:

  Jennifer Mayer
  U.S. Agency for International Development
  DCHA/OFDA/DRM, Suite 8.6.63
  1300 Pennsylvania Avenue, NW
  Washington, DC 20523-8602
  Phone: (202) 712-4434 Fax: (202) 216-3706/7
  E-mail: jmayer@usaid.gov

- If you have any questions about these procedures, please feel free to contact Jennifer Mayer at jmayer@usaid.gov.

PRIMARY HEALTH CARE CENTER (PHCC)

ORGANIZATION:____________________ REGION:____________________ NAME OF UNIT:____________________

COUNTY/PAYAM:______________/_______________ DATE:______________________________

GPS LOCATION **LATITUDE**: DD____MM____SS____ **LONGITUDE**: DD____MM____SS____

* *The following checklist is in compliance with Secretariat of Health (SoH) minimum guidelines*

PRIMARYPREVENTIVE AND CURATIVE CARE SERVICES	
Immunizations for children < 5 yrs and women of child bearing age	
Maternity ward	**Health education program for HIV/AIDS prevention**
Antenatal and Postnatal care	**Health education program for Nutrition services**
Growth monitoring	**Health education program for Hygiene**
Child spacing program	**Malaria prevention program**
Developed referral system to hospital	**LLITN provision**
Inpatient case management	**Laboratory services**
Ability to supply safe blood transfusions and test donated blood for HIV	
STAFFING LEVEL	
Head nurse with three-years of university-level specialized nurse's training	
Nurse midwife	**Other nurses as needed**
A guard and a cleaner	**Laboratory technician / months trained _____**
Functioning community "health and development committee"	**Receptionist/clerk**
STAFF COMPETENCY	
Ability to diagnose using standard treatment guidelines	**Ability to handle routine deliveries**
Ability to correctly prescribe, manage and procure essential medicines and vaccines	
Ability to correctly complete and analyze financial and statistical reporting forms	
Ability to maintain the cold chain and perform accelerated vaccinations	
Ability to perform basic laboratory tests	**Ability to safely transfuse blood**
Training provided to staff ***Type of training*** **: On the job Training school** ***Name of school*** **______________________**	
EQUIPMENT	
***Essential Medical Supplies**	**Management and accounting**
Cold-boxes and syringes for vaccinations	**Filing system**
Examining tables	**Inventory list**
Birthing table and supplies	**Stock cards**
Observation beds	****Forms**
Microscope and other laboratory equipment	**Cash book and calculator**
Refrigerator	**One bicycle**
Sterilizer	**Cost recovery**
***Includes; stethoscope, blood pressure monitor, and basic medical supplies**	
*****Includes; prenatal care and growth monitoring forms etc**	
BASIC MINIMUM PROGRAM LEVEL HEALTH INDICATORS	
The following indicators represent a basic minimum level and do not exclude or replace program specific indicators	
INDICATOR	BASELINE
Average number of Antenatal visits per pregnancy	_____
EPI coverage within program area:	_____%
TT2 coverage	_____%
Vitamin A coverage among children 6 – 59 months of age	_____%
LLITN coverage within program area	_____%
Intermittent Presumptive Treatment (IPT) of malaria	_____%

PRIMARY HEALTH CARE UNIT (PHCU)

ORGANIZATION:____________________ REGION:____________________ NAME OF UNIT:____________________

COUNTY/PAYAM:_____________/_______________ DATE:____________________________

GPS LOCATION **LATITUDE**: DD____MM____SS____ **LONGITUDE**: DD____MM____SS____

* *The following checklist is in compliance with Secretariat of Health (SoH) minimum guidelines*

PRIMARY PREVENTIVE AND CURATIVE CARE SERVICES	
Immunizations for children < 5yrs and women of childbearing age	
Antenatal and Postnatal	**Health education program for HIV/AIDS prevention**
Growth monitoring	**Health education program for Nutrition services**
Child spacing program	**Health educational programs for Hygiene**
Malaria prevention program	**LLITN provision**
STAFFING LEVEL	
Head nurse with two-years of post-primary specialized nurse's training	
Nurse's aid with some formal health training	
A guard and a cleaner	
Functioning community "health and development committee"	
STAFF COMPETENCY	
Ability to diagnose using standard treatment guidelines	
Ability to correctly prescribe, manage and procure essential medicines and vaccines	
Ability to correctly complete and analyze financial and statistical reporting forms	
Ability to maintain the cold chain and perform accelerated vaccinations	
Training provided to staff ***Type of training*** **: On the job Training school** ***Name of school*** _____________________	
EQUIPMENT	
***Essential Medical Supplies**	**Management and accounting**
Cold-boxes and syringes for vaccinations	**Filing system**
Examining tables	**Inventory list**
Sterilizer	**Cash book and calculator**
One bicycle	**Stock cards**
****Forms**	
***Includes; stethoscope, blood pressure monitor, and basic medical supplies**	
*****Includes; prenatal care and growth monitoring forms, vaccination log books etc.**	

BASIC MINIMUM PROGRAM LEVEL HEALTH INDICATORS	
The following indicators represent a basic minimum level and do not exclude or replace program specific indicators	
INDICATOR	**BASELINE**
EPI coverage within program area:	_____%
TT2 coverage	_____%
Vitamin A coverage among children 6 – 59 months of age	_____%
LLITN coverage within program area	_____%
Average number of Antenatal visits per pregnancy	_____
Intermittent Presumptive Treatment (IPT) of malaria	_____%