

## South Sudan 2012 CHF Standard Allocation Project Proposal

*Proposal for CHF funding against Consolidated Appeal*

For further CHF information please visit <http://unocha.org/south-sudan/financing/common-humanitarian-fund>  
or contact the CHF Technical Secretariat [chfsouthsudan@un.org](mailto:chfsouthsudan@un.org)

This proposal shall be submitted by cluster partners in two stages to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the first stage, before cluster defenses, applying partners fill sections I and II. The proposal should explain and justify the activities for which CHF funding is requested and it is intended to supplement information already available in the CAP Project Sheets. The proposals will be used by the cluster Peer Review Team in prioritizing and selecting projects for CHF funding during CHF Standard Allocation round. In the second stage projects recommended for funding by the CHF Advisory Board must complete Section III of this application and revised/update sections I and II if needed. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Allocation Matrix (Excel template).

### SECTION I:

#### CAP Cluster

#### CHF Cluster Priorities for 2012 First Round Standard Allocation

This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. Provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF.

##### Cluster Priority Activities

Activities in line with the 2012 CAP priorities:

1. To increase timely and equitable access to safe water, sanitation, and hygiene services to vulnerable populations affected by emergencies, and to maintain stability in areas prone to water-related conflict
2. To strengthen acutely vulnerable communities to withstand emergency WASH crises, with a priority on rehabilitation of existing water infrastructure, and supporting operation and maintenance systems
3. To facilitate behavior change in acutely vulnerable communities in hygiene and sanitation practice through targeted hygiene promotion focusing on women and children, and through improved access to and use of sanitation facilities

##### Cluster Geographic Priorities

Conflict- and emergency-affected populations. Particularly, but not limited to, populations in Upper Nile State, Unity State, and Jonglei State.

#### Project details

The sections from this point onwards are to be filled by the organization requesting for CHF.

##### Requesting Organization

Medair

##### Project CAP Code

SSD-12/WS/46309/5095

##### CAP Project Title

WASH Provision in Emergency and Relief in South Sudan

##### Project Location(s) (list State, County and if possible Payam where CHF activities will be implemented)

All 10 states, with a full-time presence in Awerial County of Lakes State and Renk County of Upper Nile State.

Upper Nile – 30%  
Lakes State – 20%  
Jonglei – 15%  
Unity – 15%  
Warrap – 10%  
NBeG – 10%

Medair's response is flexible based on emergency needs regardless of location. These estimates are based on where emergency needs are predicted for 2012, and where Medair's emergency teams have responded in 2011.

#### Total Project Budget in South Sudan CAP

US\$2,956,000

#### Amount Requested from CHF

US\$ 450,000

#### Other Resources Secured

US\$ 996,000

#### Direct Beneficiaries

Women:	7,143
Men:	3,571
Girls:	7,143
Boys	7,143

**25,000 total** (CHF number, not CAP number)

#### Total Indirect Beneficiary

25,000

#### Catchment Population (if applicable)

<b>Implementing Partners</b> (Indicate partners who will be sub-contracted if applicable and corresponding sub-grant amounts)

<b>Project Duration</b> (max. of 12 months, starting from allocation date)
<b>Start Date (mm/dd/yy):</b> 03/10/12
<b>End Date (mm/dd/yy):</b> 03/09/13

<b>Address of Country Office</b>
Project Focal Person: Bernice Sarpong
Email & Tel: <a href="mailto:dcdp-southsudan@medair.org">dcdp-southsudan@medair.org</a> +211 911 383 619
e-mail country director: <a href="mailto:cd-southsudan@medair.org">cd-southsudan@medair.org</a>
e-mail finance officer: <a href="mailto:finance-southsudan@medair.org">finance-southsudan@medair.org</a>
Address: Hai Matara – Airport View – Juba

<b>Address of HQ</b>
e-mail desk officer: <a href="mailto:Helen.fielding@medair.org">Helen.fielding@medair.org</a>
e-mail finance officer: <a href="mailto:angela.rey-baltar@medair.org">angela.rey-baltar@medair.org</a>
Address: Chemin du Croset 9 CH-1024 Ecublens - Switzerland

## SECTION II

<b>A. Humanitarian Context Analysis</b>
Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF supported activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and type of the affected population <sup>1</sup>
<p>South Sudan is currently facing large-scale humanitarian needs – with greater needs foreseen in the near future. According to the OCHA South Sudan Weekly Humanitarian Bulletin from February 16th, “The humanitarian community continues to contend with multiple emergencies, with responses to help 140,000 people affected by inter-communal fighting in Jonglei State, over 100,000 refugees in Upper Nile and Unity states fleeing fighting in Sudan and an estimated 110,000 people displaced from Abyei, while also preparing for the potential mass return of up to 500,000 South Sudanese from Sudan.” Though specific emergencies are foreseeable – the specific areas to be affected by tribal violence, mass returns and refugee influxes have not been. This highlights the need for flexible humanitarian response – agencies able to implement emergency response activities quickly, no matter the location.</p> <p>While past studies, show extremely poor WASH indicators throughout South Sudan, the problems associated with these poor indicators are exacerbated by rapid-onset emergencies. Returnees and IDPs tend to live in camp settings, with concentrated populations. Poor sanitation, lack of safe water sources and poor hygiene conditions can quickly spiral into worsening morbidity and mortality figures. Women and girls are disproportionately affected by a lack of clean water sources – as they serve as primary water collectors for their households. In addition a lack of accessible sanitary facilities and water points is a serious protection issue in camp settings.</p> <p>As seen throughout 2011, WASH services are quickly overwhelmed by mass influxes of people. In Medair’s assessment of returnees in Renk in 2011 – returnees were concentrated on the river – with no clean water sources and no sanitation facilities. Assessments and interventions in Pibor in January found more than 13 broken water points in a town flooded with IDPs. IDPs were drinking directly from the river, due to extensive queues at the working water points.</p> <p>Nearly 50% of the population use water from potentially contaminated sources (KAP Survey on Water, Sanitation, Hygiene &amp; Nutrition in 7 States of Southern Sudan, April 2010). The implication is that many communities are already unsafe – with potentially disastrous consequences if camps of returnees or IDPs form there. Many areas hosting displaced populations have broken boreholes – highlighting the need for cost-effective water point rehabilitation and trainings to support a greater level of sustainability (pump mechanics, community water management, etc). The lack of sanitation facilities and good hygiene practices also need to be addressed in border regions and conflict-prone areas likely to experience displacement.</p> <p>Medair needs assessments identified critical WASH gaps in two counties. In Renk County, individuals are regularly seen taking water directly from rivers, and only 7.5% of households use a sanitary means of excreta disposal. In Awerial County, hand pumps are the only type of improved water sources. Of these, 23 (27%) had broken in the past month. Communities in both counties qualify as acutely vulnerable communities requiring strengthening to better withstand WASH emergencies.</p>

<b>B. Grant Request Justification</b>
Briefly describe (in no more than 500 words) how proposed activities support the agreed cluster priorities and the value added by your organization
<p>Medair’s activities are predominantly targeted at vulnerable populations affected by emergencies – in line with the first cluster priority. In 2011 and early 2012, WASH activities have been conducted in response to Abyei displacement, influxes of returnees in Northern Bahr el Ghazal and Renk in Upper Nile, and tribal violence in Pibor. Medair’s rapid response has provided life-saving WASH services in each of these emergencies. In 2012, Medair will be able to respond to emergencies in Upper Nile, Unity, Jonglei – or any other locations in South Sudan experiencing acute emergencies.</p> <p>Separate from Medair’s emergency response programme, Medair is running year-long programmes in areas with existing low indicators – and potential for influxes of returnees, refugees and IDPs. This is in line with the second cluster priority – “strengthen</p>

<sup>1</sup> To the extent possible reference needs assessment findings and include key data such as mortality and morbidity rates and nutritional status, and how the data differs among specific groups and/or geographic regions. Refer situation/data/indicators to national and/or global standards.

acutely vulnerable communities to withstand emergency WASH crises.” Medair’s programme in Renk focuses on water point rehabilitation, institutional latrines and hygiene promotion in northern areas of the county which may receive large influxes of returnees in the months ahead, as new dropping off points for returnees are under discussion. Awerial County has faced tribal violence and displacement in past years, and current poor WASH indicators imply that any influx of people would overwhelm existing infrastructure and services. Medair’s programme in Awerial focuses on hand pump rehabilitation, institutional latrines and relevant trainings – designed to better prepare the county for potential WASH crises. Medair will look to add new programming in acutely vulnerable communities in 2012 – also supported in part by CHF funds.

Medair’s activities overwhelmingly emphasize water point rehabilitation over new water points – a more cost-effective approach when available, and in line with the second cluster priority. Other water supply activities are in response to the specific scenarios being addressed in rapid-onset emergencies.

In line with the third cluster priority, all Medair WASH activities are accompanied by behaviour change activities – including hygiene promotion, community water management trainings and pump mechanic trainings – designed to ensure that vulnerable households and communities take full advantage of water supply and sanitation services provided, and can maintain them into the future.

Medair has extensive experience in emergency relief and rehabilitation in South Sudan – and familiarity with many of the most disaster-prone areas in the country. Medair is able to respond swiftly to emergencies, with WASH, health, nutrition, and NFI activities – effectively linking emergency response activities across sectors to meet a full-range of emergency needs.

### C. Project Description (For CHF Component only)

#### i) Purpose of the grant

Briefly describe how CHF funding will be used to support core humanitarian activities

Medair requires CHF funding in order to fully fund the 2012 programme – allowing Medair to expand WASH activities and emergency coverage in response to growing needs. Medair is adding additional WASH staff – which will allow greater flexibility to respond to multiple emergencies at the same time – critical as South Sudan is expecting multiple entry points for new returnees and multiple IDP sites related to increasing tribal and militia violence. CHF funding fills critical gaps allowing Medair to purchase necessary WASH supplies, covering additional personnel expenses, and the support costs required to fund a larger team and more activities.

#### ii) Objective

State the objective/s of the project. Objective/s should be specific, measurable, achievable, relevant and time-bound (SMART)

Potential and confirmed emergencies are responded to effectively by the WASH emergency response team, and at-risk communities are prepared to deal with acute emergencies.

#### iii) Proposed Activities

List the main activities to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries.

##### Emergency Response Programme

- 1) Emergency water supply activities – borehole rehabilitation, motorized systems, surface water treatment systems, PUR distributions and other activities as required.
- 2) Pump mechanic and community water management committee trainings
- 3) Emergency latrines and hand-washing facilities.
- 4) Hygiene Promotion.

The above activities take place in any of the 10 states as needed in acute emergency response – with 54,000 direct beneficiaries in 12 months.

##### Support to Acutely Vulnerable Communities (Renk, Awerial, and new vulnerable communities to be determined):

- 5) Borehole rehabilitation
- 6) Hand-dug wells, hafiiir rehabilitation, rehabilitation of water-treatment systems – Renk County only
- 7) Rainwater catchments on health facilities
- 8) Institutional latrines and hand-washing facilities.
- 9) Hygiene promotion.

The above activities take place in Awerial County, Lakes (25,000 direct beneficiaries), Renk County, Upper Nile (50,000 direct beneficiaries – calculated separately from emergency response programme beneficiaries expected in Renk town), and a yet to be determined new project site (estimated 21,000 direct beneficiaries). The new project site will target vulnerable areas in border states or high-risk communities. CHF funding will cover approximately 1/6 or 25,000 of the total 150,000 beneficiaries.

#### iv). Cross Cutting Issues

Briefly describe how cross-cutting issues are taken into consideration (i.e. gender, environment, HIV/AIDS)

Gender – Medair aims to ensure that women are equitably represented on Village Water Committees and in HHP training, providing them a voice in matters concerning them and their families. As stated above, women and girls are the greatest beneficiaries of accessible safe water points – reducing the burden placed on collecting household water supplies.

Protection – Medair constructs separate institutional latrines for men and women as a protection principle. Accessible latrines and safe water points remove the need for women and girls to walk significant distances from their homes in potentially unsafe conditions.

Environment – Medair’s current programme does not include new boreholes – avoiding potential environmental issues associated with drilling. Avoiding drilling also allows Medair to maintain a light footprint – more high impact rehabilitation, rather than transport of new material for construction. Medair also takes into account issues such as drainage and keeping latrines safe distances away from water points.

**v) Expected Result/s**

List below the results you expect to have at the end of the CHF grant period, and provide no more than five indicators you will use to measure the extent to which those results will have been achieved. At least three of the indicators should be out of the cluster defined Standard Output Indicators.

- 1) 25,000 beneficiaries are provided with safe water
- 2) Emergencies are effectively responded to throughout any of the 10 states
- 3) At-risk communities are better prepared to cope with acute emergencies.

	<b>Indicator</b>	<b>Target (indicate numbers or percentages)</b>
1	Existing water points rehabilitated	27
2	New latrines constructed	16 (Stances)
3	People trained on hygiene promotion messages to be shared with their community	41
4	Community members trained on management of water, sanitation and hygiene services	60 (including pump mechanics and village water management committees).
5	Number of acute emergencies responded to	2

**vi) Implementation Mechanism**

Describe planned mechanisms for implementation of the project. Explain if it is implemented through implementing partners such as NGOs, government actors, or other outside contractors.

Medair directly implements all activities, while working to build local capacity to ensure a level of sustainability following implementation. Medair coordinates closely with the WASH cluster in Juba, state focal points and government at all levels in targeting of emergency WASH assessments and interventions. Medair’s emergency response teams are supported from the Juba office, but are fully based in the field at emergency sites. Small bases exist in Awerial and Renk Counties in support of the programmes working in those at-risk communities. A new base will be established when a new acutely vulnerable community is identified for work.

**vii) Monitoring Plan**

Describe how you will monitor progress and achievements of the project.

Medair will conduct a minimum of two follow-up assessments of emergency response activities in 2012, including follow-up of HHP activities to ensure that key hygiene messages have been effectively learned by promoters. Additionally – Medair releases summary reports for each emergency assessment and intervention conducted (multi-agency reports may be substituted if Medair worked with other partners), making it easy to track the exact activities which have been conducted. These reports are circulated to the WASH Cluster and relevant partners on the ground and in Juba – allowing greater accountability within the humanitarian community. Activities will be assessed and reported on using either qualitative or quantitative methods as deemed appropriate to the context and activities completed. Medair will use Lot Quality Assurance Sampling (LQAS) methodology to conduct household surveys in both Awerial and Renk to monitor the effectiveness of activities in those counties.

**E. Committed funding**

Please add details of committed funds for the project from other sources including in-kind supports in monetary terms (USD)

<b>Source/donor and date (month, year)</b>	<b>Amount (USD)</b>
ECHO	166,000
OFDA	638,000
SIDA	192,000

### SECTION III:

This section is **NOT required** at the first submission of a proposal to the cluster coordinator/co-coordinator. However it is required to be filled for proposals recommended for funding by the Advisory Board.

LOGFRAME			
CHF ref. Code: <u>SSD-12/WS/46309/5095</u>		Project title: <u>WASH Provision in Emergency and Relief in South Sudan</u>	Organisation: <u>Medair</u>
<b>Overall Objective:</b> <ul style="list-style-type: none"> <li>To reduce morbidity and mortality in communities affected by emergencies and acutely vulnerable communities in South Sudan.</li> </ul>			
<b>Specific Project Objective/s:</b> <ul style="list-style-type: none"> <li>Potential and confirmed emergencies are responded to effectively by the WASH emergency response team, and at-risk communities are prepared to deal with acute emergencies.</li> </ul>	<b>Indicators of progress:</b> <ul style="list-style-type: none"> <li>Number of Emergency Assessments Completed</li> <li>Number of Emergency Interventions Completed</li> <li>Number of at-risk communities prepared to deal with acute emergencies</li> </ul>	<b>How indicators will be measured:</b> <ul style="list-style-type: none"> <li>Assessment and Intervention Reports released following completion of activities</li> <li>Monthly reports</li> </ul>	
<b>Results - Outputs (tangible) and Outcomes (intangible):</b> <ul style="list-style-type: none"> <li>Potential emergencies are assessed for WASH needs</li> <li>Safe water provided for emergency affected and vulnerable populations</li> <li>Sanitation services are provided for emergency affected and vulnerable populations</li> <li>Hygiene promotion and capacity building conducted among emergency affected and vulnerable populations</li> </ul>	<b>Indicators of progress:</b> <ul style="list-style-type: none"> <li>Number of existing water point rehabilitated</li> <li>Number of new latrines constructed</li> <li>Number of people trained on hygiene promotion messages to be shared with their community</li> <li>Number of community members trained on management of water, sanitation and hygiene services</li> </ul>	<b>How indicators will be measured:</b> <ul style="list-style-type: none"> <li>Intervention reports – recording activities completed and corresponding beneficiaries</li> </ul>	<b>Assumptions &amp; risks:</b> <ul style="list-style-type: none"> <li>Individual sites targeted for assessment and interventions are secure and accessible</li> </ul>

<b>Activities:</b> <ul style="list-style-type: none"> <li>• Carry out WASH assessments</li> <li>• Rehabilitate existing water points</li> <li>• Provide alternate safe water sources (hand-dug wells, motorized systems, SWATs, PUR distribution)</li> <li>• Construct new latrines</li> <li>• Provide hand washing stations</li> <li>• Train hygiene promoters and conduct community hygiene promotion campaigns</li> <li>• Train village water committees</li> <li>• Train village hand pump mechanics</li> </ul>	<b>Inputs:</b> <ul style="list-style-type: none"> <li>• WASH supplies – such as hand pump parts, SWAT parts, chemicals for water treatment, motorized system parts, etc.</li> <li>• Full time WASH Staff (WASH technicians, community liaison officers, support staff)</li> <li>• Support compounds in field locations, along with Juba, to support emergency-affected and acutely vulnerable communities</li> <li>• Juba Warehousing – for WASH materials</li> <li>• Equipment – Land cruisers, communications, maintenance costs</li> <li>• Transport – cost of transporting staff to assessments and interventions, transport of materials</li> </ul>		<b>Assumptions, risks and pre-conditions:</b> <ul style="list-style-type: none"> <li>• There is no significant deterioration in the South Sudan security situation – putting a halt to programming</li> </ul>
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## PROJECT WORK PLAN

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable). The workplan must be outlined with reference to the quarters of the calendar year.

Activity	Q1 / 2012			Q2 / 2012			Q3 / 2012			Q4 / 2012			Q1. / 2013		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>Result 1 – Potential emergencies are assessed for WASH needs</b>			x	x	x	x	x	x	x	x	x	x	x	x	x
Activity (1.1) Carry out WASH assessments			x	x	x	x	x	x	x	x	x	x	x	x	x
<b>Result 2 – Safe water provided for emergency affected and vulnerable populations</b>			x	x	x	x	x	x	x	x	x	x	x	x	x
Activity (2.1) Rehabilitate existing water points			x	x	x	x	x	x	x	x	x	x	x	x	x
Activity (2.2) Provide alternate safe water sources (hand-dug wells, motorized systems, SWATs, PUR distribution)			x	x	x	x	x	x	x	x	x	x	x	x	x
<b>Result 3 – Sanitation services are provided for emergency affected and vulnerable populations</b>			x	x	x	x	x	x	x	x	x	x	x	x	x
Activity (3.1) Construct new latrines			x	x	x	x	x	x	x	x	x	x	x	x	x
Activity (3.2) Provide hand washing stations			x	x	x	x	x	x	x	x	x	x	x	x	x
<b>Result 4 – Hygiene promotion and capacity building conducted among emergency affected and vulnerable populations</b>			x	x	x	x	x	x	x	x	x	x	x	x	x
Activity (4.1) Train hygiene promoters and conduct community hygiene promotion campaigns			x	x	x	x	x	x	x	x	x	x	x	x	x
Activity (4.2) Train village water committees			x	x	x	x	x	x	x	x	x	x	x	x	x
Activity (4.3) Train village hand pump mechanics			x	x	x	x	x	x	x	x	x	x	x	x	x

ELINE FOR EACH SPECIFIC ACTIVITY MUST BE MARKED WITH AN X AND SHADED GREY 15%