APPLICATION FORM – humanitarian Intervention: RAPID RESPONSE

Yes: reference no.: 18-389-OC

Financial ceiling: >1 mill per call and max 5 mill per year

Has your organization prequalified for DERF funding?

## The humanitarian intervention

* **What sectors will the proposed interventions most relate to (please tick ALL boxes that apply)?**
* **√WASH (Water, Sanitation & Hygiene)**
* **√Health**
* **√Shelter**
* **√Emergency FSL (Food Security and Livelihoods)**
* **The overall purpose in short, including the objectives, activities, expected results and indicators to be applied.**

*The overall objective of this project is to save lives, alleviate suffering associated with the destruction and displacement caused by the Floods in Khartoum. The floods have resulted into loss of lives, destruction of houses and people’s livelihoods. The social safety nets have been destroyed, many lives are still at risk-both of floods and also of emerging challenges like those associated with water borne diseases (due to stagnant and contaminated water), and an increase in malaria (again due to stagnant water). This project will focus on providing emergency lifesaving support through the distribution of food and Non-Food Items (NFIs), and WASH services to the most affected individuals. The project targets 4000 individuals displaced by floods in Khartoum state in Jebel Awlia, Alshigelab, Toti and Bahri localities.*

***Specific objectives:******1)*** *To save lives by providing emergency services to at least 1700 people affected by floods in Khartoum State.* ***2)*** *To create awareness, build preparedness and resilience of 4000 people affected by flooding in Khartoum state.*

***Indicators:******1)*** *Number of vulnerable people in the targeted communities who receive life-saving food and NFI support. (target:1700)* ***2)*** *Number of people reached with information on hygiene, preparedness, resilience and prevention of water borne diseases (target:4000)*

***Project outputs: 1.1****) 1700 people receive food and 1000 non-food items (blankets, household items, mosquito nets).* ***1.2****) 10 Water sources chlorinated* ***2.1****) 4000 people receive information on prevention of WASH (including information on importance of drinking water, water borne diseases, hygiene and sanitation*

***Proposed activities:*** ***Objective 1: 1.1) Distribution of food to 1700 people.*** *In this will involve identifying the most vulnerable people with the help of the local leaders. A criterion to identify the most vulnerable people will be developed****. 1.2) Provision of Non-Food items to 1000 people;*** *This will involve distribution of items such as beddings, household utensils, and soap, among others.* ***1.3) Treatment of 10 water points*** *this is aimed at ensuring that targeted communities consume safe and clean water and avoid the spread of water borne diseases.* ***1.4) Provision of shelter (10 tents);*** *this will entail provision of tents for those most vulnerable whose homes have been destroyed and have no place of aboard****. 1.5) Provision of 200 hygiene kits;*** *This is meant to cater for the special needs of women. With the displacement and limited spaces, women need to be supported to access sanitary pads, and be able to have places to dispose them.* ***1.6) Distribution of 1000 mosquito nets****; with a lot of stagnant water, malaria cases have spiraled. Each family will receive at least 2 mosquito nets.*

***Specific Objective 2:******2.1) Disseminate information on floods, sanitation and hygiene to 4000;*** *Already there are concerns of people wanting to go back to their homes even before the water subsides mainly due to the fear the safety of their property. These require information on the possibility of more floods, and so need to make informed decisions. In addition, there is need to create awareness on sanitation, prevention of water borne diseases, among others. The sensitizations will be done in communities, schools, and sometimes if possible, over radio.* ***2.2) Disseminate information of Covid-19 prevention to 4000 people including awareness of urgency of*** *frequent washing of hands with soap, social distancing, encouraging people to avoid touching your eyes, nose, and mouth, encouraging people to stay at home and avoid crowded places, among others. The sensitizations will be done in communities, schools, and if possible, over radio.*

*This 6-month project will be implemented by International Aid Services Sudan. The Programme Manager will take overall responsibility for the management and implementation of the project. A Project Coordinator will be hired by IAS and he/she will be responsible for the day to day affairs of the project. The Coordinator will manage a team of field staff and community volunteers who will be hired and trained to participate in assessments of beneficiaries, distribution of supplies, among others.*

* **How does your selected response consider the specific context within which you plan to implement an intervention? How does your selected response consider the priorities mentioned in the DERF Call? Is the intervention appropriate and relevant (CHS 1) effective and timely (CHS 2) and are the resources managed and used in an effective, efficient and ethical manner (CHS 9)?**

*The proposed intervention is appropriate, relevant, effective and timely as it aligns to the needs identified in the joint Humanitarian Assistance Needs assessment report. On the 4th September, the Sudanese government declared a state of emergency-highlighting the inability to address the gaps and at the same time appealing for humanitarian support, hygiene and sanitation (WASH) items. By the 15th September, HAC reported that more than 700,000 people were affected by floods in 17 out of Sudan’s 18 states. The states most affected by floods are Khartoum, North Darfur and Sennar, which account for 43 per cent of all people affected. Access to water has been disrupted, houses have been destroyed, water sources have been contaminated by faecal materials (as toilets have been washed away) and hundreds of people have been displaced. As of 15th September, 143,995 HHs had been affected with houses had been damaged, along with over 34 schools and nearly 2,700 health facilities. The crises is currently ongoing and more damage are expected as are the death number and people affected. Rapid relief are needed now to save lives, protect and sustain the lives of the affected people. Hence, the very timely, and urgent support from donors and the international community is needed to replenish the stocks and continue the response for this crisis. There is need to pay special attention needs to be paid to supporting people with disabilities, elderly, malnourished children, and pregnant women, as they have limited mobility. In addition, there is need for emergency rescue services for the internally displaced persons, whose capacity to cope with the shocks on their meager assets is very limited. This intervention will prioritize the most vulnerable in an appropriate and ethical manner. The UN and humanitarian partners are supporting national response with emergency shelter and household supplies, together with water, sanitation and hygiene assistance, food, health services and vector control. The Humanitarian Aid Commission is coordinating all interventions. However, the main challenge is that the number of people affected has already surpassed the 250,000 initially forecast and partners are running out of supplies, especially shelter non-food items (kitchen utensils, jerry cans, plastic sheets, etc.), health, and water, hygiene and sanitation (WASH) items. According to OCHA, urgent support from donors and the international community is needed to replenish the stocks and continue the response.*

*As seen from above, the proposed intervention is appropriate, relevant, effective and timely to the identified needs and priorities. IAS has been participating in flood response coordination meetings and has a good understanding of the gaps that need to be filled. Considering the prevailing Corona situation, distribution of soap and handwashing facilities is also critical. In addition, there is need to ensure that displaced people can access clean water. This proposed intervention will add a focus on mitigating the ongoing Covid-19 situation.*

*IAS is currently receiving funds from DERF for Covid-19 response in Sudan and is also benefiting from CISU support under the Inclusive Education Programme. IAS will ensure that no staff that is currently being supported under those projects will receive a double payment. The current staff will be able to support the project, though there will be a need to hire a project coordinator to ensure that the project is implemented as planned. IAS’ overriding principles embedded in its finance manual are aimed at promoting accountability, efficiency and value for money. IAS will ensure that these policies are adhered to in all activities, especially during procurement of products. IAS has offices has an office in Khartoum, and this will make it efficient to implement and coordinate the project.*

* **How you will start your activities within 7 days of the Danish CSO receiving the first transfer?**

*It is important to mention that we have previously had challenges in transferring funds from IAS DK to IAS Sudan (because of the embargos on the country). This in mind, we will plan in advance for a possible delay in transferring of funds ensuring that project implementation can be done within 7 days. Once the project is approved, IAS will submit a request for fund and also explore possibilities of borrowing funds from other projects to kick start the project. IAS will also recruit volunteers and orient them in project implementation. IAS Sudan also intends to borrow from IAS Sweden to ensure that the project kicks off as planned. When funds are received IAS will ensure properly management and that borrowed funds are paid back immediately. IAS DK will inform alliance partner about the proposal and plan for transferring through them. Some of the key activities that will be implemented in 7 days include: 1) Project launch meeting with the implementing partner. 2). Hold meetings with key stake holders 3) Developing a criterion for beneficiary selection and conducting the actual selection of beneficiaries.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Planned target population** (direct target group only) | | | | | | | |
| Type of Activity | **Female** (by age) | | | **Male** (by age) | | | Total |
| Under  18 | Between  18-50 | Over  50 | Under  18 | Between  18-50 | Over  50 |  |
| Distribution of food | 350 | 350 | 150 | 350 | 350 | 150 | 1700 |
| Provision of Non-Food items to 1000 people | 200 | 200 | 100 | 200 | 200 | 100 | 1000 |
| Treatment of water sources of 10 water treatment chlorination of water sources | 700 | 700 | 200 | 700 | 700 | 200 | 3200 |
| Provision of shelter | 15 | 10 | 5 | 5 | 15 | 10 | 60 |
| Provision of hygiene kits | 200 | 200 | 100 | 200 | 200 | 100 | 1000 |
| Distribution of 1000 mosquito nets | 200 | 200 | 100 | 200 | 200 | 100 | 1000 |
| Disseminate information on floods | 800 | 800 | 400 | 800 | 800 | 400 | 4000 |
| Disseminate information of Covid-19 prevention *among* 1500 people | 800 | 800 | 400 | 800 | 800 | 400 | 4000 |
| Total: | 3265 | 3260 | 1455 | 3265 | 3260 | 1455 | 15960 |
| Total adjusted for double counting\*: | 800 | 800 | 400 | 800 | 800 | 400 | 4000 |
| Total vulnerable persons of the above | 200 | 200 | 100 | 200 | 200 | 100 | 1000 |

\*correct the number if the same persons are listed in more than one activity. Each person can only be counted once.

* **How do you calculate the number of people who shall be assisted through the various activities?**

*It is estimated that each household has 6 individuals (2 adults, and 3 children[[1]](#footnote-1); 2 girls, and 1 boy)*

* **Which vulnerable groups are you specifically targeting?**

*The project will target displaced individuals as they have all lost their homes and belongings and are all vulnerable. However, priority will be given to child headed HHs, elderly, people with disabilities, HHs with individuals suffering from chronic illnesses (HIV/AIDS, Cancers, etc), HHs with malnourished children, and those with pregnant or lactating mothers. These will be targeted with nutritious food*

* **Source of goods: Briefly explain how you plan to source your goods and tick the boxes that apply.**
  + **√ In country / locally**
  + **Does the intervention include cash-based programming? No √** *Due to the current price volatility due to inflation, coupled with scarcity of goods in most places, the affected communities would not be able to purchase the goods needed or they can be accessed but expensively.*
* **Financial localization of the intervention**

**% of DERF intervention funding which is spent by local or national partner CSOs, from the intervention budget: 88 %**

**% Funding spent on activities & goods for crisis affected persons, from the intervention budget: 71%**

## The implementing organization

* **What is the capacity, experience and expertise of the proposed partner organisation(s) (CHS 8) undertaking the proposed intervention substantiating whether the humanitarian response can be delivered up to standard and to the needs of particularly vulnerable persons?**

*IAS Sudan was pre-qualified for DERF interventions under the previously guidelines, and currently implementing a DERF Covid-19 project. IAS Sudan has experience in implementing both humanitarian (especially in the WASH sector) and development projects and started operations during the Darfur Crisis of 2004. IAS Sudan operates in various offices around the country, with national headquarters in Khartoum. The other offices are in Port Sudan (Red Sea State), Nyala (South Darfur), Geneina (West Darfur), and Dilling (South Kordofan). IAS Sudan has been focusing on WASH interventions and community development component as well as other means of capacity building for local organisations. IAS Sudan is also part of the CISU funded IE programme. IAS Sudan has implemented projects funded by Sida, EJW (German Red Cross), Sida, Läkarmissionen, UNICEF, DANIDA, and DMCDD. This gives IAS the necessary knowledge and access to the population at risk including the vulnerable persons. IAS has well experienced and skilled field and administrative staff and adhere to IAS financial policies and guidelines. At least 95% of the staff are Sudanese, with very good understanding of the local context. It is also important to note that even though IAS is part of the International IAS alliance, it is deeply rooted in the Sudan society, and have experience and access to the local communities for many years now. IAS Sudan complies to the CHS and humanitarian principles in all her work. See more below.*

* **Is the Danish CSO proposing to self-implement?**

Yes*.*

*IAS has operated in Sudan for 15 years providing high quality WASH services in emergency and development contexts. The country office has the needed technical capacity (social workers, programme managers, geologists, drilling unit operators, Integrated Water Resource Management Officers, Rig Operators, Pump technicians, programme specialists among others) and also invested heavily in machinery that can drill boreholes and also make Mini Water Yards. IAS is one of the lead NGOs in providing WASH services in Sudan, and a key member of the WASH technical working group. In the targeted localities, IAS is well established with local offices, and has access to the beneficiaries and is recognised by the government and other CSOs as a lead humanitarian actor there. IAS is committed to capacity build local organisations through several other active interventions. However, there is no local organisation in the area with the capacity of IAS. Hence for this proposed intervention, IAS is best placed to implement this proposed intervention. However, to build capacity of local organisations and to enhance sustainability and localization, IAS will participate in sector humanitarian coordination meetings, through which she will share her experience and lessons learnt. IAS’ financial policy will be followed to ensure that the project is implemented in a transparent and efficient manner. The organisation has put in place sufficient checks and balances to guarantee value for money.*

***How often have you been self-implementing with DERF grants in this country before:*** *1) The current Covid-19 project*

* **Partnership:**

*IAS Sudan and IAS DK partner in the overall vision and mission through the IAS Alliance. IAS DK has been working with development and humanitarian projects in partnership with IAS Sudan since 2004. As for all IAS projects a partnership agreement will be developed and signed by all partners in accordance with IAS partnership policy. The agreement will outline roles and responsibilities, reporting deadlines, good practice and management of funds. Focus is on enhancing collaboration, communication, and safeguarding, and avoid fraud, corruption, and misuse of funds. The roles will be distributed as follows;* ***IAS DK*** *will administer the funds and transfer funds according to a work plan and a detailed budget. IAS DK will monitor the project. IAS DK will report back to DERF according to the stipulated deadlines, both Narrative and Financial Audited report. IAS Safety Focal point will support the risk management of this proposed intervention together the IAS Sudan SFP.* ***IAS Sudan*** *will be responsible for budgeting, workplan, tender process and purchase of goods, delivery of aid, implementation, local administration, reporting back to IAS DK on project progress, challenges, learnings, safety, and financial matters. IAS DK and Sudan will work closely together to reach project objectives.*

*It is also important to note that IAS has established very good relationships with UNICEF and has received indication that it will be possible to get some NFIs from UNICEF to be able to supplement the support from DERF.*

## Local strengthening

* **How does the intervention strengthen local capacities and avoid negative effects (CHS 3)?**

*IAS is committed to the CHS and Humanitarian principles; all staff have been trained in these principles and adherence to them is monitored. IAS will ensure that the most vulnerable people are reached without discrimination. IAS is committed to ensuring that its interventions do no harm in the targeted communities. These views will be collected during field monitoring visits and quarterly project reflection meetings. IAS will monitor both the intended and unintended outcomes to ensure that negative changes are detected and addressed in time. Furthermore, IAS has a zero-tolerance policy towards sexual harassment and exploitation. That all staff and volunteers are aware about the zero-tolerance policy and have signed committing themselves to observing the policy. In addition, there are mechanisms for community members are aware about their rights and are aware of how to raise complaints to IAS. During the implementation of this project, IAS will continue to publicize the reporting mechanisms. This project will adopt a participatory approach; community members will be involved at every stage of the implementation, including in monitoring and evaluation to build on local resources and to avoid negative effects, and volunteers from the community will be trained and hired to assist in the implementation. IAS has participated in the INGOs and UN Flood response coordination meetings and this project will address the gaps that exist in the humanitarian response identified in these meetings. IAS will continue to participate in these coordination meetings, both as way of building capacity of local organisations, but also to guarantee effective coordination. The community members will be informed of what to expect from the project, they will be informed about the complaints response mechanism and how feedback will be given to the community. The project will organize forums through which the IAS will be held accountable. These will include project review meetings and field visits. The community members and local leaders will be involved in developing criteria for identifying vulnerable HHs. IAS will work towards creating resilience of the targeted members to enable them to withstand future shocks through enhancing their knowledge on shocks, early detection and response. Items distributed will stay in the community and will not only contribute to protection and saving the lives of the target group, but also strengthen them in a long-term basis. Information gained about Covid-19, Floods and sanitation/hygiene practice will increase resilience and preparedness and decrease risk of diseases immediately and in the future.*

* **How are the local actors including the target group informed and involved (CHS 4)?**

*The views of the targeted groups were sought during the joint Humanitarian Assistance Committee assessments. This assessment took place in the first week of September and sought to establish existing gaps, review the current interventions and provide recommendations to other humanitarian actors.*

*This proposal builds on findings and information from community assessments and field visits carried out by IAS and consultations with the WASH Sector working group in Khartoum. Once project implementation starts, a project inception meeting will be carried out targeting community leaders and representatives of community members so to create awareness on what the project will be doing, the key proposed activities, budgets, among others. As mentioned above, this project will adopt a participatory approach and members will be involved at every stage of the implementation, and Target group will be informed about their rights and how to give feedback and complaints.*

## M&E, LEARNING AND ACCOUNTABILITY

* **How are risk management systems applied in the appropriate context?**

*All the staff in Sudan have been trained in safety and risk management. The organisation has a robust system to anticipate, monitor and respond to the various risks to ensure protection and safeguarding of staff and beneficiaries, to protect assets and to ensure project continuity. The following have been identified as risks in the design of this project:*

* *Spread of COVID19 continues which will worsen the humanitarian situation*
* *Increase of inputs prices and volatile exchange rates.*
* *Outbreak of political unrest which could make project implementation impossible*

*In order to minimize the various risks, risk will be continually monitored, and meetings will be held monthly and quarterly throughout the project period. During these meetings, the security plan is reviewed to assess the level of threat posed by the various risks and to mitigate them. In addition, IAS attends UN Coordination meetings in Sudan and receives updates on the security situation from the UN OCHA. IAS community volunteers will be recruited locally to have the required local knowledge and connections. An induction workshop will be conducted at the beginning of the project for all the stakeholders at the locality and state levels to build consistency and momentum for the project implementation. A gender sensitive approach will be included to ensure protection and increased access to project activities by all gender groups, especially women. IAS DK Safety Focal Point will furthermore assist in the safety management of this project.*

* **How do the implementing partners apply monitoring, feedback and accountability systems (CHS 5), including a complaint mechanism that works in the specific context**

*For every project, IAS develops a Monitoring and Evaluation (M&E) plan which guides all the project M&E activities. The M&E plan elaborates the project indicators, the data collection methods, tools for data collection, how data will be analyzed, and identifies different staff who will be responsible for M&E activities. Project monitoring will focus on; timeliness, quality, and quantity of outputs, and will seek to assess changes in the community attributable to the project, both positive and negative, intended and unintended. An indicator tracking table will be developed and reviewed on a regular basis by the MEAL Officer. IAS will conduct project reflection meetings with staff and other stakeholders to review, assess and learnt from implementation of this project. This will contribute towards learning and improving coordination of humanitarian efforts in Sudan. IAS also submits quarterly reports to local authorities and local authorities also participate in join field project visits. IAS Sudan will submit monthly progress and financial reports to IAS DK. IAS DK will monitor the project. Community members will from the beginning of implementation be informed about their rights and are encouraged to raise complaints. IAS will put in place mechanisms to collect communities’ views and feedback on the project and these will be used for continuous improvement. Contact persons will be provided to each community, and any concern, feedback or complaints will be handled appropriately. The community will be informed about their rights and that feedback and complaints will be welcomed and addressed appropriately and with sensitivity. Telephone numbers where complaints maybe reported will be provided to the community during community engagements such as meetings, sensitization, food and NFIs distributions, among others. In addition, the community members will be encouraged to raise complaints to the local leaders who can then raise the complaints on their behalf with IAS. IAS will hold quarterly meetings with the local leaders to review the project progress, and also address emerging issues. All complaints will be treated confidentially. Once complaints are received, they are reviewed by the Fraud Response Group and thereafter appropriate action is taken. Community members will continually receive feedback on implementation and progress. All volunteers will be trained in Protection Against Sexual Abuse and Exploitation will be required to abide by IAS’ code of conduct. All IAS staff and volunteers are required to read, understand and sign pledging to abide by the organization’s PSEA policy, which has a zero tolerance towards sexual harassment.*

* **How will learning and reflection be applied in terms of improving humanitarian action (CHS 7)?**

*Lessons learnt and best practices will be documented and shared among the staff they will be used to inform management of ongoing project and new project. These lessons learnt and best practices will also be shared with other stakeholders during the quarterly technical working groups and coordination meetings. Feedback received from DERF will also be discussed by the project team and used for continuous improvement. IAS DK and Sudan will work closely together and discuss the intervention. In Denmark learnings are shared and discussed on programme meetings, and on DERF experience sharing workshop will be used for development and improvement of future interventions.*

## Coordination

* **Are the implementing organisations involved in a coordination mechanism?**

**Yes ✓**

*At both local and national level. At the national level, IAS participates in UNOCHA coordination meetings, and also WASH technical working group meetings. At the state level, IAS will participate in respective State WASH and Health technical working group***.**

* **How does the intervention contribute towards coordination and complementarity of humanitarian assistance (CHS 6)?**

*As mentioned before, IAS is already a member of the WASH technical working group. The organization has already started participating in the Floods Response Coordination meetings being led by the Humanitarian Aid Committee and the UN. The development of this proposal is based on the gabs identified by the coordination mechanism and aims at complementing the existing response. IAS will continually coordinate and cooperate with all relevant stakeholders to avoid duplication in WASH and Health technical working groups. Under this project, IAS will share quarterly reports on a quarterly basis to the WASH sector and the Ministry of Health. IAS will participate in the quarterly coordination meetings, share lessons learnt and best practices and participate in UN OCHA field assessments during the implementation of the project.*

1. https://hub.arcgis.com/datasets/e605f2c530024ae68179d647a717c10f [↑](#footnote-ref-1)