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CONCEPT NOTE	
TITLE:	Emergency WASH and Health Response for Conflict Affected Populations along the Sobat River Corridor – Upper Nile State, South Sudan
Submitted to	
Project locations	<ol style="list-style-type: none"> 1. Nasir, 2. Ulang, and 3. Longochuk Counties, Upper Nile State, South Sudan
Duration	6 months (July – December 2025)
Target Population	80,000 conflict-affected displaced persons (Nasir, Ulang, Longochuk), with particular emphasis on high-density displacement sites and host communities along the Sobat River.

1. Background and Justification

Since February 2025, escalating violence, airstrikes, and displacement have created a severe public health and humanitarian emergency across Upper Nile's Sobat River corridor. Approximately 80,000 people have been displaced internally, with over 23,000 more fleeing into Ethiopia. The convergence of mass displacement, a cholera outbreak, critical levels of malnutrition, and severe access restrictions is driving an unprecedented public health crisis in Nasir, Ulang, and Longochuk.

Cholera case fatality rates have far exceeded WHO thresholds (4.4% vs. 1%), with rapidly increasing suspected cases in Nasir and Ulang. Waterborne diseases such as diarrhea, malaria, and respiratory infections are spiking, fueled by open defecation, contaminated water sources, suspended borehole repair programs, and lack of WASH infrastructure in spontaneous settlements.

Immediate WASH interventions are critical to containing disease transmission, restoring access to clean water, and preventing loss of life especially as the rainy season (May – October) threatens to exacerbate poor sanitation and flood contamination risks.

2. Objectives

Overall Goal:

To reduce morbidity and mortality associated with waterborne diseases among displaced populations through immediate WASH interventions in Nasir, Ulang, and Longochuk.

I. Specific Objectives:

- Provide access to safe drinking water to 80,000 displaced persons through water trucking, borehole rehabilitation, and water purification.
- Improve sanitation and hygiene conditions in targeted displacement sites through latrine construction, hygiene kits, and behavior change communication.
- Support cholera prevention and case management through community-level water chlorination and coordination with mobile health units.

3. Key Activities

Water Supply

- Emergency water trucking to 20 high-density displacement sites (serving 50,000 beneficiaries)
- Rehabilitation of 30 non-functional boreholes (serving 30,000 people)
- Distribution of household water treatment kits (PUR, chlorine tabs) to 80,000 people

- Installation of communal water storage tanks (50 x 5,000L capacity)

Sanitation:

- Construction of 800 emergency latrines (1 per 100 persons) in congested displacement areas
- Provision of 8,000 hygiene kits (soap, buckets, menstrual materials, water containers)
- Establishment of solid waste disposal points in 10 sites
- Community-led sanitation campaigns (CLTS light model) in host communities

Hygiene Promotion and Disease Prevention:

- Training 200 community hygiene promoters
- Weekly hygiene messaging via megaphones, posters, and drama groups
- Cholera mitigation support (community disinfection kits, rapid chlorination at water points)
- WASH support to mobile health units (handwashing stations, disinfection supplies)

4. Expected Results

- 80,000 conflict-affected individuals have reliable access to safe water
- 20+ displacement sites have improved sanitation facilities and waste management
- Cholera, diarrhea, and malaria incidence rates are reduced through integrated WASH and health interventions
- Community resilience and hygiene practices are improved, reducing disease outbreaks

5. Estimated Budget Summary (USD)

Cost Category	Unit Cost (USD)	Quantity	Total (USD)
Water trucking (3 months, 20 sites)	20/day/site	90 days x 10	18,000
Borehole rehabilitation	500/unit	30	15,000
Hygiene kits	15/kit	80	1,200
Latrine construction	30/unit	80	2,400
Water storage tanks (5,000L)	600/unit	25	15,000
Water treatment supplies	0.05/person/day	800 x 90	3,600
Hygiene promoter incentives + training	20/month	20 x 3 mo.	1,200
IEC and hygiene messaging	Lump sum	-	5,000
WASH support to health units	Lump sum	-	7,000
Logistics, transportation, fuel	10% of total	-	3,000
Monitoring and Evaluation	-	-	1,500

Total estimated budget			72,900
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6. Implementation Modalities

The project will be implemented in close coordination with County Health Departments, the WASH Cluster, Health Cluster, and local Relief & Rehabilitation Commissions. Local hygiene promoters and water user committees will support outreach, monitoring, and long-term community engagement.

7. Monitoring & Evaluation

- Weekly field reports on water supply and sanitation infrastructure
- Monthly hygiene promotion performance reviews
- Bi-monthly disease surveillance reports
- Midline and endline assessments to evaluate impact

8. Sustainability and Risk Mitigation

- Engage local WASH committees for ongoing maintenance
- Establish coordination with nutrition and health partners
- Incorporate remote monitoring tools where access is restricted
- Design interventions to adapt to seasonal and conflict dynamics