



Common Humanitarian Fund

South Sudan

2013
Annual
Report

2013 South Sudan Common Humanitarian Fund

Organizations receiving CHF funding in 2013: ACF-USA, ACTED, AMURT International, ARC, ASMP, AVSI, BRAC, CARE International, CCM, CUAMM, CDoT, CESVI, CMA, CMD, Concern Worldwide, COSV, CRADA, DCA, DDG, DRC, FAO, FLDA, GOAL, HCO, IAS, IBIS, IMC UK, Intermon Oxfam, INTERSOS, IOM, IRC, IRW, KHI, LCED, MaCDA, MAG, Malaria Consortium, Mani Tese, MEDAIR, MENTOR, Mercy Corps, MERLIN, Mulrany International, NHDF, NP, NPC, NRC, Oxfam GB, PCO, PLAN International, RI, RUWASSA, SALF, Samaritan's Purse, Save the Children, SCA, Solidarites International, SPEDP, SSUDA, Tearfund, THESO, UNDSS, UNESCO, UNFPA, UNHAS, UNICEF, UNIDO, UNKEA, UNOPS, VSF (Belgium), VSF (Switzerland), WFP, WHO, World Relief, WV South Sudan.

Cover photo: Tim Irwin/UNHCR

Design and layout: Karen Kelleher Carneiro

OCHA South Sudan wishes to acknowledge the contributions made in the preparation of this document, particularly by United Nations agencies, International Organization for Migration, cluster coordinators and co-coordinators, cluster M&R specialists, non-governmental organizations, UNDP South Sudan and the Multi- Partner Trust Fund office.

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Produced by OCHA South Sudan

June 2014

COMMON HUMANITARIAN FUND

SOUTH SUDAN

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REFERENCE MAP

States, state capitals and major settlements in South Sudan
June 2014



- Country Capital
- State Capitals
- Populated place
- Rivers
- Lakes
- Undetermined boundary*
- Abyei region**
- International boundaries
- State boundaries



The information shown on this map does not imply official recognition or endorsement of and physical, political boundaries or feature names by the United Nations or other collaborative organizations. UN OCHA and affiliated organizations are not liable for damages of any kind related to the use of this data. Users noting errors or omissions are encouraged to contact imusouth@un.org.

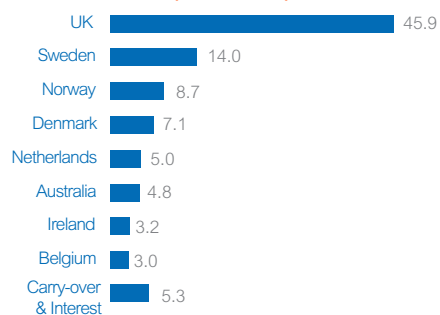
* Final boundary between the Republic of Sudan and the Republic of South Sudan not yet determined.
** Final status of Abyei region not yet determined.

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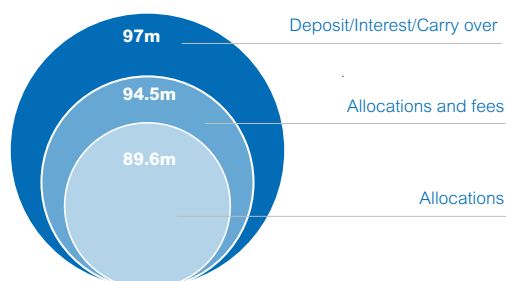
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CHF 2013 DASHBOARD

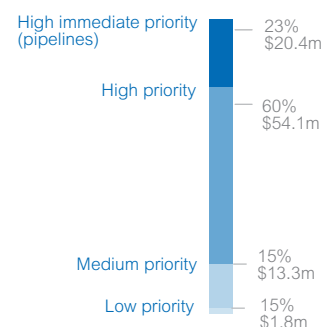
CHF DONORS (\$ MILLION)



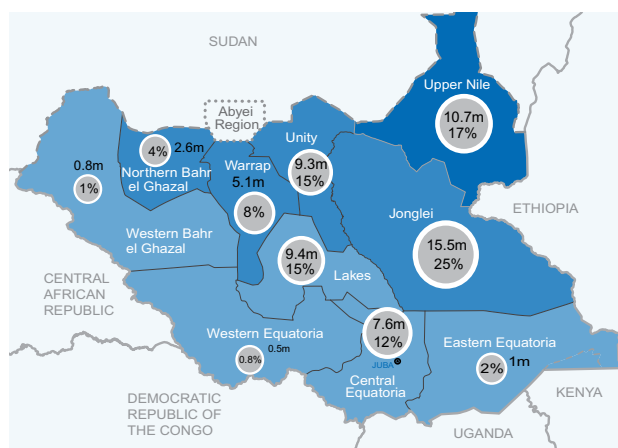
USE OF CHF FUNDING (US\$)



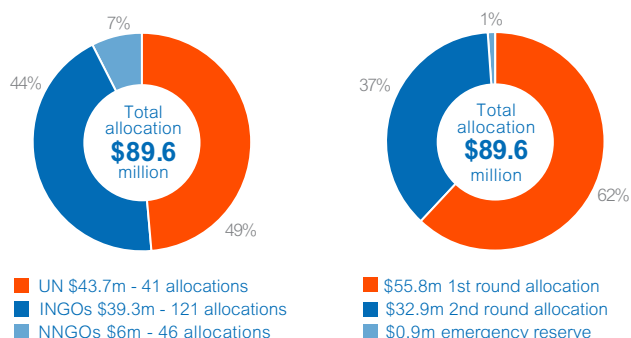
CHF FUNDING BY CAP PRIORITY



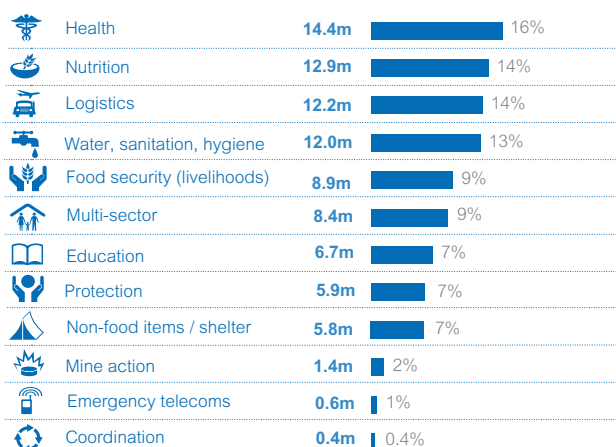
CHF ALLOCATIONS BY STATE



FUNDING PE TYPE OF AGENCY AND PER ALLOCATION



CHF ALLOCATIONS BY CLUSTER



Coordination and common services: 27 security assessments conducted mostly in Jonglei, Upper Nile and Warrap states.

Education: 109,700 (88%) emergency-affected children and youth attending rehabilitated temporary learning spaces and classrooms. 300 (64%) temporary learning spaces established and 2,050 (36%) teachers trained to provide life skills education and psychosocial support.

Emergency telecommunications: 140% of targeted emergency areas covered, 145 (73%) of targeted UN and NGO staff members trained on use of ETC services and 92% of users reporting delivery of the service as "satisfactory" and within "satisfactory" timeframe.

Food security and livelihoods: 67,700 (72%) MT of seeds distributed; 113,400 (67%) people provided with seeds and 97,500 (70%) people provided with tools.

Health: 1.6 million people receive health services; 225,300 (88%) under-five consultations provided; 669,600 (152%) people benefitting from emergency drug supplies; and 1,790 (113%) health workers trained.

Logistics: 4.4 (167%) MT of humanitarian cargo moved by truck and 660 (35%) metric tonnes moved by barges or boats.

Mine action: 207 (106%) suspected hazardous areas surveyed, discredited or cleared; 15,000 (129%) explosive remnants of war destroyed; and 160,600 (198%) people reached through mine risk education.

Multi-sector: 4,050 (135%) returnees assisted to return to South Sudan; 195,000 (133%) returnees and internally displaced people tracked; 3.8 million (111%) litres of water supplied per day in refugee camps; and 14 (93%) nutrition feeding centres maintained.

Non-food items and emergency shelter: 524,700 (170%) people provided with NFI support and 24,890 (51%) people provided with shelter support.

Nutrition: 42,800 (89%) severely acutely malnourished children and 46,200 (69%) moderately acutely malnourished children and pregnant and lactating women treated.

Protection: 2,630 (202%) children reunited with their families or cared for by alternative care arrangements; 99,400 (120%) people reached with behaviour-change messages on GBV issues and available services in emergency settings.

Water, sanitation and hygiene: 362 (101%) water points constructed or rehabilitated and 310,700 (111%) people provided with sustained access to safe water supply (15 litres/person/day within 1 km distance).

FOREWORD

2013 was a dramatic year for South Sudan. Much of it was marked by hope: the resumption of oil production; decreasing violence in much of the country; and an improving food security situation. Though violence in Jonglei underscored the continued fragility of the new country, the aid community was optimistic that things were headed in the right direction. That optimism was shaken in mid-December, when fighting broke out in Juba. Since then violence and suffering have engulfed the country, destroying much of the progress achieved in the past few years.

In both the brighter and darker moments of the year, the Common Humanitarian Fund (CHF) played an essential role in the humanitarian response. At the start of the year it channelled resources to NGOs and UN agencies to allow them to take advantage of the dry season. At the end of the year it enabled the Humanitarian Country Team to quickly redirect funds towards saving lives put at risk by the new conflict. Throughout the year it helped clusters coordinate and prioritize their work, delivering aid to people in great need, on time.

In its second year, the CHF Advisory Board and Technical Secretariat worked hard to make the fund more nimble and responsive to aid agencies' needs. Among other things, this meant aligning allocations more closely to the seasonal calendar and strengthening monitoring of the fund's impact on people's lives. We will continue to build on these changes, ensuring that the fund's contribution to the overall humanitarian response is optimized.

Despite pressures from other emergencies around the globe, the South Sudan CHF remained the largest pooled fund of its kind in 2013. I would like to recognize the donors who contributed, and who have taken an active interest in the Fund. We will continue to work closely with these and other donors in the coming year, making sure their contributions are put to best use in support of prioritized humanitarian activities.

I would like to thank all the donors, NGOs and UN agencies involved in the CHF for a successful year. It is a privilege to chair the fund, and to work with a team so deeply committed to humanitarian action and to the people of South Sudan.



Toby Lanzer
Resident Humanitarian Coordinator



Photo credit: IOM

Further information on the CHF is available on the following websites:

<http://www.unocha.org/south-sudan/financing/common-humanitarian-fund>

<http://mptf.undp.org/factsheet/fund/HSS10>

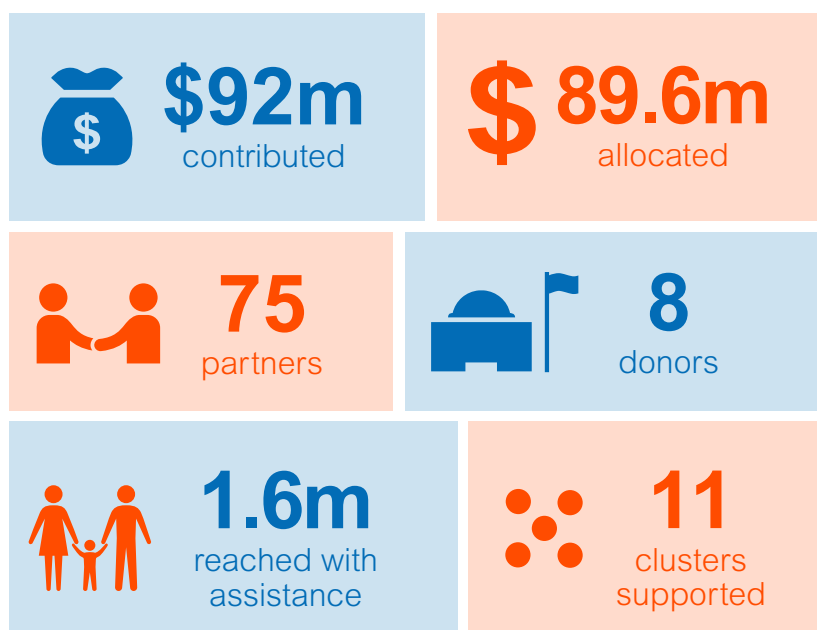
EXECUTIVE SUMMARY

A shifting context. The operating environment in 2013 was markedly different from the previous year. The refugee situation stabilized to the point where programming transitioned from emergency response to maintenance and care. Violence and displacement decreased in most parts of the country. Work on the South Sudan Compact and the introduction of a new pooled fund to support the health sector signalled new development opportunities. At the same time, conflict in Jonglei State triggered a major emergency and a large-scale humanitarian response. At the very end of the year the country was engulfed in a dramatic new crisis with extensive conflict and displacement. A huge relief operation and concerted efforts to mitigate widespread hunger will dominate 2014 and beyond.

Contributions in a competitive environment. With US\$92m in new contributions during the year from eight donors, the CHF was again the biggest fund of its kind around the world. However, total income was down by 22 per cent as compared to 2012, as high-profile crises, particularly Syria, competed for resources. The contributions nonetheless enabled the CHF to be the third largest source of funding for projects in the Consolidated Appeal (CAP), providing 8 per cent of total requirements and 12 per cent of all the resources secured against the appeal.

Allocations responsive to priorities. The CHF supported 139 CAP projects through 208 separate funding allocations. 83 per cent of these went to top priority projects, demonstrating the responsiveness of the CHF to the shifting priorities of the aid operation. NGOs received just over half of all allocated funds, up from 42 per cent in the preceding year. The share allocated to national NGOs increased by 50 per cent. The fund played two main roles. For some projects it provided a small share of the total funding needed to fill gaps and leverage resources from other sources. For other time-sensitive and top priority projects the CHF was the main source of funding to ensure timely procurement and delivery of life-saving assistance.

Alignment with the seasonal calendar. Efforts to align the timing of contributions, allocations and disbursements with the seasonal calendar had mixed results. The first standard allocation conducted in February was marked by a protracted period of disbursements up to July and delays in the start-up of several projects. The alignment was better for the second standard allocation conducted in August.



Most donor contributions were secured in the same month as the allocation, shortening the disbursement period and speeding up the start-up of projects.

Monitoring, reporting and results. Between March 2013 and March 2014, through CHF funding approximately 1.6 million people received some form of humanitarian assistance. The fund piloted innovative M&R arrangements in 2013. The placement of M&R Specialists with clusters enhanced oversight of CHF-funded projects and reinforced clusters' capacity to monitor and report on the overall response in their sectors. The M&R mechanism also helped new funding allocations to best meet beneficiaries' needs. CHF stakeholders have recognized that embedding M&R Specialists within clusters is an efficient way to strengthen accountability of humanitarian activities. To build on these achievements, it will be important to put these arrangements on a sustainable footing in 2014.

Progress and challenges. The second year of operation saw substantive improvements in many areas of the CHF's governance, management and operations. There is scope for more progress on alignment of contributions, allocations and disbursements; donor diversification and resource mobilization; comprehensive risk management arrangements; and communications with stakeholders.

CHF standard allocation priorities in 2013

- Support pre-positioning of emergency core pipelines and ensure adequate logistics and common services support.
- Support frontline life-saving activities in highly vulnerable locations with large numbers of people at risk, particularly internally displaced people, returnees, and malnourished children.
- The CHF prioritization was made in line with the CAP 2013 strategic priorities.

HUMANITARIAN CONTEXT

A stabilizing crisis for much of the year

The situation improved on several fronts during most of 2013, with overall needs reducing for the first time since 2011. The rate of Sudanese refugees arriving slowed down, and there were fewer returnees from Sudan than in previous years. Thanks in part to a better than average harvest at the end of 2012, the food security situation also improved, though the situation remained precarious for around one million highly food insecure people. Overall, some 4.5 million people still needed humanitarian assistance.

Violence in Jonglei State

Despite these general improvements, insecurity continued to wreck many lives. Some 190,000 people were displaced between January and mid-December. Violence centred in Jonglei State's Pibor County, where fighting between the Government and a non-state armed group forced some 130,000 people from their homes. Large-scale inter-communal clashes in the middle of the year worsened an already dire situation in the state. People displaced by violence sheltered in hard-to-reach rural areas, with limited access to food, healthcare, shelter and water. The remote areas of displacement and active hostilities posed challenges for aid organizations trying to reach people in need. Despite these obstacles, relief agencies mounted a response for some 75,000 people by August.

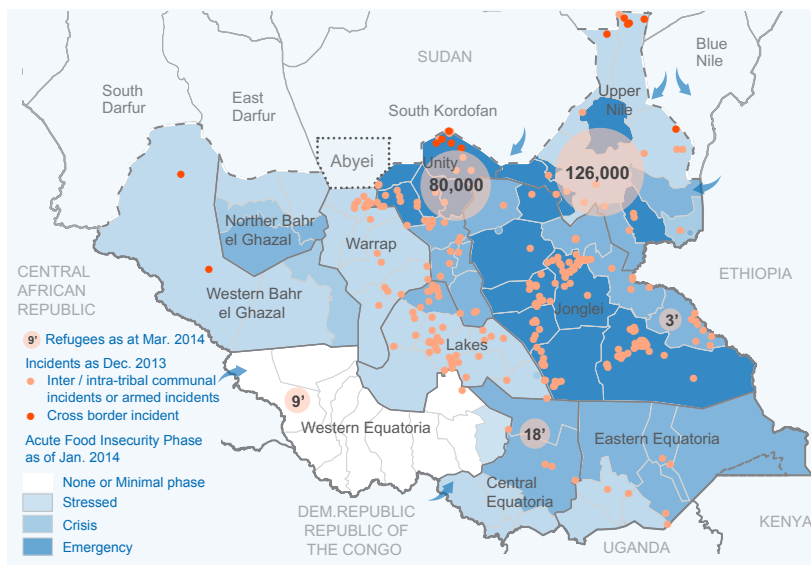
Severe floods

Seasonal flooding affected nine of South Sudan's ten states, impacting some 357,000 people. Although the extent of flooding was lower than in 2012, damage to crops, destruction of property and temporary displacement was widespread. Flooding also worsened road access to many parts of South Sudan, severely impacting the capacity of Government and aid agencies to respond to communities in need.

Refugee operations in transition

Only 27,000 refugees from Sudan arrived in 2013, compared to 136,000 in 2012. Over the course of the year the response to refugees living in South Sudan transitioned from emergency mode into a care and maintenance phase, where humanitarian indicators on health, nutrition, water and sanitation were kept above emergency levels and partners focused their efforts on longer-term support. This included livelihood and education programmes as well as site improvements and relocations.

Violence, food insecurity and refugees in 2013



Source: OCHA, UNHCR, Food Security and Livelihood Cluster, April 2014

In the disputed area of Abyei humanitarian operations continued, with aid agencies the main providers of basic services in the absence of state institutions. Inter-communal tension rose in April when a traditional leader was killed.

Progress upended by new conflict

By November 2013 the situation had stabilized to such an extent that aid agencies launched a three-year plan for humanitarian action, focused on addressing underlying issues of resilience and national capacity to deliver basic services. This approach however, was dramatically upended in mid-December. Violence broke out in the capital Juba and quickly spread to other parts of the country. By the end of 2013 a major crisis had engulfed South Sudan, causing widespread death and displacement, and drastically changing the operating environment for aid agencies.

2013 CAP strategic objectives*

1. Prepare for and **respond to emergencies** on time.
2. Maintain **frontline services** in hotspot areas
3. Assist and protect **refugees** and host communities
4. **Protect people** affected by crisis
5. **Support returns** in a voluntary, safe and sustainable manner
6. Increase **resilience** of households suffering from recurrent shocks
7. Improve the **operating environment**

* Until a new major crisis engulfed South Sudan in mid-December 2013, the CHF allocated funds in support of the strategic objectives of the 2013 CAP.

DONOR CONTRIBUTIONS

Overall level of contribution

Donors continued their generous support to the South Sudan CHF during its second year of operation, despite pressures on resources created by other emergencies. Eight donors together contributed \$92 million to the fund for allocations in 2013. Another \$5 million was carried over from 2012. At the end of 2013, another \$31 million was contributed for allocations in 2014. This made the CHF the best supported pooled fund of its kind for the second year running. The United Kingdom provided half of the total contributions, while Norway and Sweden together provided another 25 per cent. Australia, Belgium, Denmark, Ireland and the Netherlands also contributed to the fund.

Diversified donor base

The CHF was successful in broadening its donor base, receiving contributions from eight countries in 2013 – up from seven in 2012. However, total contributions were \$26 million lower than in 2012, a decrease of 22 per cent. This mirrored trends for other pooled funds around the world.

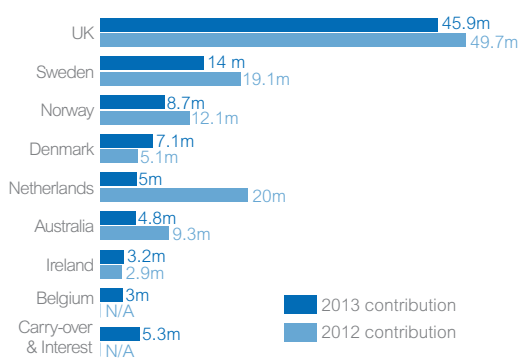
Timing of contributions

The first standard allocation process took place in February. The donor contributions for this allocation were deposited between March and July. For the

second standard allocation process conducted in August, most donor contributions were deposited in the same month, with one later in October. UK (DFID) made a contribution in December to support early allocation of funds in January 2014.

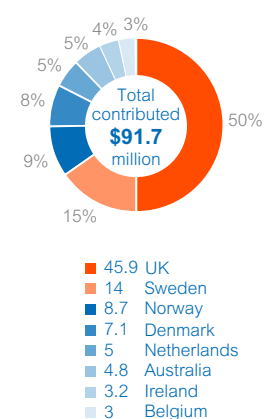
The pattern of donor deposits in the first half of 2013 – corresponding to the first allocation – was similar to 2012 both in timing and amounts. Cumulative deposits reached 60 per cent of the total for the year by July. For the second allocation, more deposits were made in August as compared to 2012 when some were delayed until October.

CHF contribution by donors in 2012 & 2013 (\$ million)



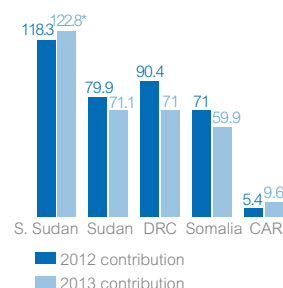
Source: MPTF, April 2014

CHF donors in 2013 (\$ million)



Source: UNDP MPTF, April 2014

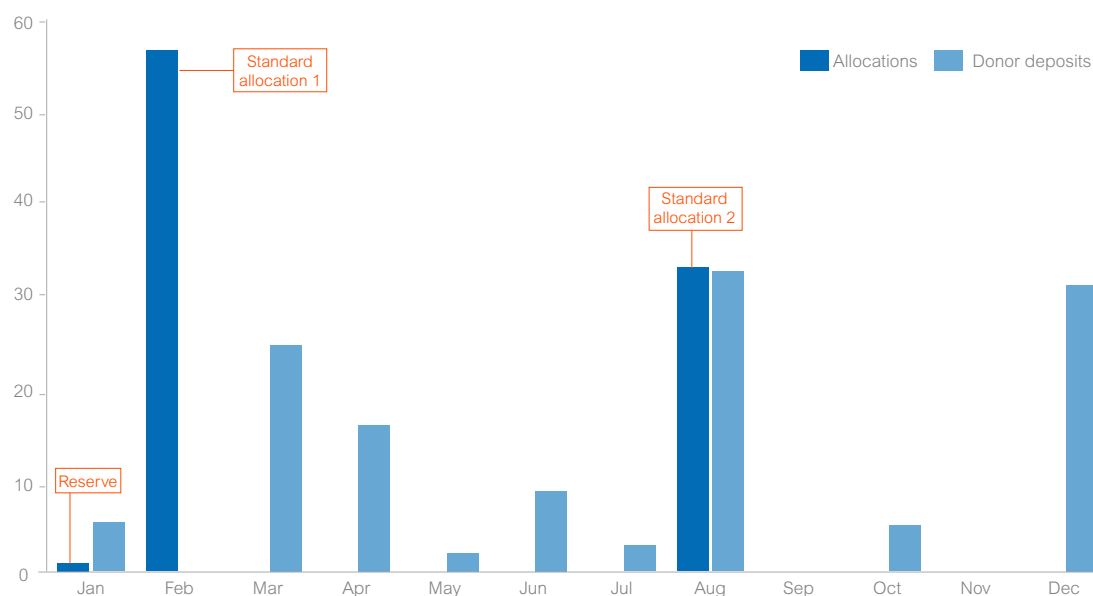
Donor contributions to CHF globally in 2012 & 2013 (\$ million)



Source: UNDP MPTF, April 2014

* In 2013, a total of close to \$123 million was contributed by donors. Of this, around \$92 million supported allocations in 2013, while another \$31 million was contributed at the end of the year to support allocations early in 2014.

Allocations and donor deposits (\$ million)



Source: South Sudan CHF Technical Secretariat (allocations); UNDP MPTF Office (donor deposits), April 2014



Photo: Brian Soko/UNICEF

OVERVIEW OF ALLOCATIONS

CHF ALLOCATIONS

Total allocations

During 2013, the CHF made 208 allocations totalling \$90 million in support of 139 CAP projects. Nearly all of this funding was provided to partners through two standard allocations: \$56 million through the first standard allocation in February and \$33 million through the second standard allocation in August. Just under \$900,000 was provided through the emergency reserve at the end of December 2012.

CHF allocation strategy

CHF allocations reflected the changing context in South Sudan and the evolving priorities of the humanitarian community. The share of resources directed towards the multi-sector response to refugees and returnees dropped from 22 per cent in 2012 to 9 per cent in 2013. Over 50 per cent of all funding for the year went towards supporting food security and livelihoods, health, nutrition, water, sanitation, and hygiene. Over 60 per cent of funds were directed towards projects in Jonglei, Unity and Upper Nile states, where needs were highest.

The parameters for allocations were determined by the Humanitarian Coordinator and the CHF Advisory Board, supported by recommendations from the clusters. Allocations were informed by the prioritization of different activities within the CAP and an analysis of funding gaps. Where applicable, the fund made an effort to ensure complementarity with existing or new development funding.

The overarching strategy for the two standard allocations was to ensure that clusters received funding for prioritized activities and locations in line with the

CAP framework. 83 per cent of all funds allocated went to support high priority or high immediate priority projects (pipelines), demonstrating close alignment with the strategy set out in the CAP.

Pre-positioning of supplies before the rainy season was a priority for the first standard allocation. Support to pipelines at critical risk of rupturing before the end of the year was prioritized in the second standard allocation. Overall, 23 per cent of all CHF funding in 2013 was for procurement, pre-positioning and distribution of supplies for the core pipelines - activities which the CAP had identified as having the highest immediate priority.

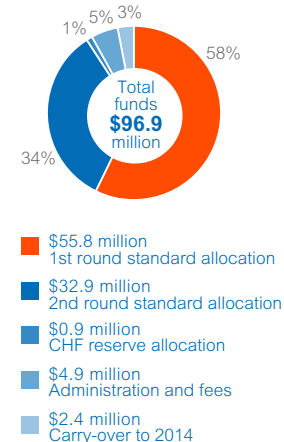
Funding by type of organization

NGOs received 51 per cent of the money allocated through the CHF, up from 42 per cent in 2012. The share for UN agencies was 49 per cent, decreasing from 58 per cent in 2012. National NGOs received 7.5 per cent of total funding. This represents a 50 per cent increase compared to 2012.

CHF contribution to overall funding

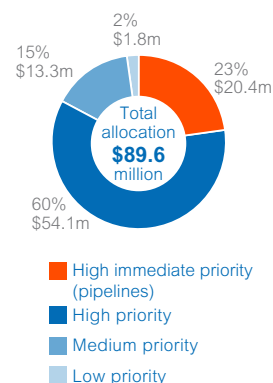
In 2013 the CHF was the third largest source of funding for projects in the CAP, contributing 8 per cent of total requirements. The share in 2012 was 10 per cent. The CHF played different roles. The first was to provide a minor proportion of the total funding requirement for some projects, on the assumption that other complementary funding sources would ensure sufficient resources for robust delivery and achievement of planned results. Of the 139 CAP projects funded during the year, around half received less than 50 per cent of their total

Use of CHF funding



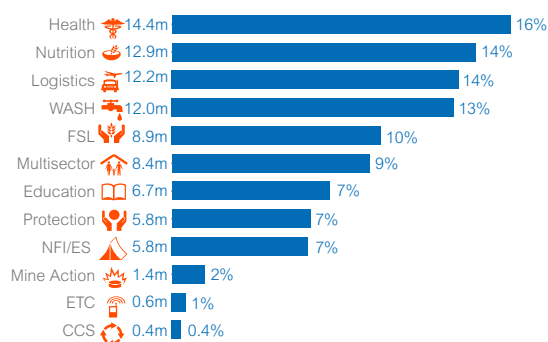
Source: CHF TS, April 2014

CHF allocations to CAP projects by priority level



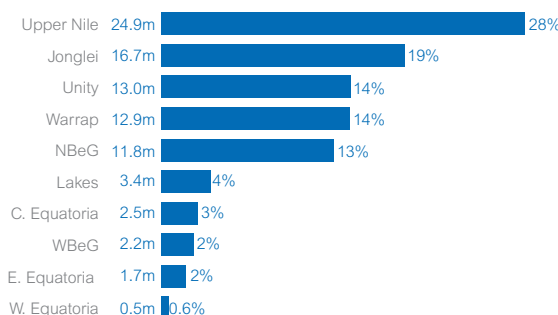
Source: CHF TS, April 2014

2013 CHF allocation by cluster



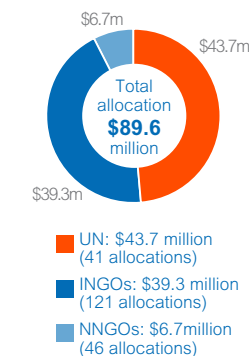
Source: South Sudan CHF TS, April 2014

2013 CHF allocation by state



Source: South Sudan CHF TS, April 2014

CHF allocations by partner



Source: CHF TS, April 2014

resources from the CHF. The second role was to be the predominant source of funding for critical but underfunded projects. For 60 of the CAP projects funded by the CHF, the fund's contribution represented over 75 per cent of total resources secured.

Overall, the CHF had a broad impact on the collective humanitarian response, funding over half of all CAP projects. UN agencies received some level of CHF funding for a higher proportion of their CAP projects than did NGOs. However, NGOs had a higher proportion of their CAP projects predominantly funded by the CHF.

Timing of allocations

In 2013, efforts were made to align the allocation process more closely to the dry season, bringing forward the timing of the standard allocations. The dry season runs from December to June and offers the best conditions for delivering and pre-positioning aid supplies to remote locations. The first allocation process took place in February (rather than in March as in 2012) and the second took place in August instead of September.

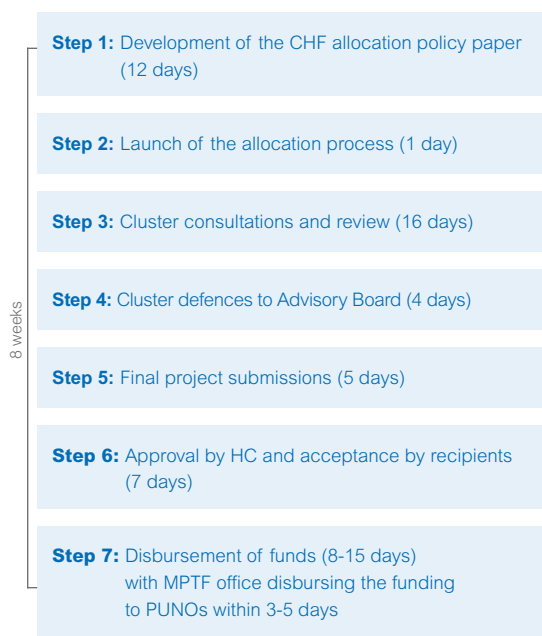
Disbursements to partners

Disbursing funds at the right time is essential for projects to be able to start and continue as planned, and in a way that optimises the impact of resources in line with seasonal requirements. For the first round allocation in February, there was a protracted period of disbursements to partners between March and July, when donor deposits came in. Very few partners, particularly NGOs but also in some cases UN agencies, have the capacity to pre-finance their activities. This is particularly true at the beginning of the year, when the CHF is often

the first source of funding available. To minimize the impact of delayed deposits, disbursements were sequenced to cater for NGOs first. Disbursements to UN agencies followed. The situation improved during the second standard allocation where the timing of donor deposits more closely matched the allocation process.

The allocation process

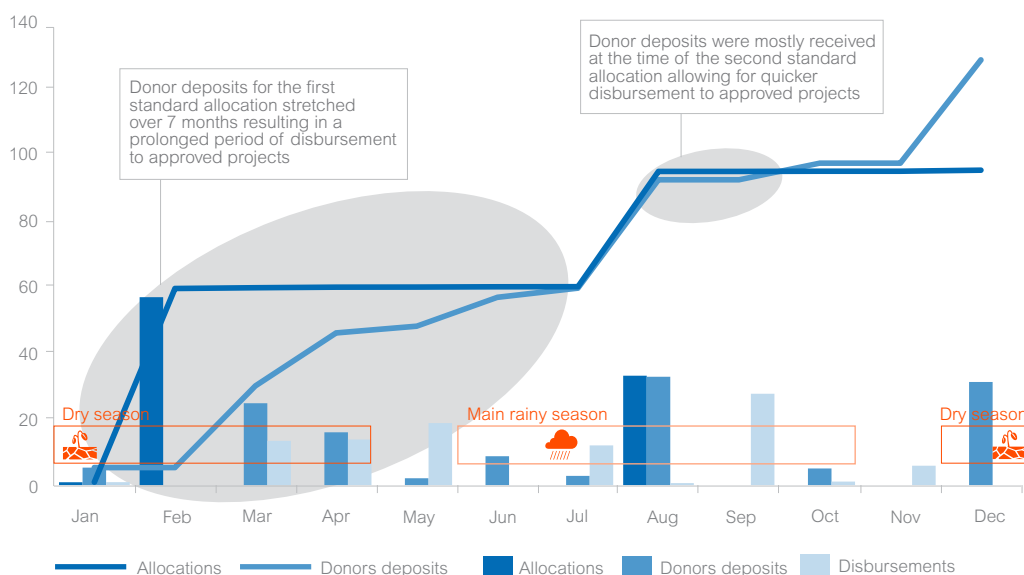
The CHF Allocation guidelines set out the following steps within the allocation process.



The nominal timeline for a standard allocation is eight weeks although in practice it is often shorter.

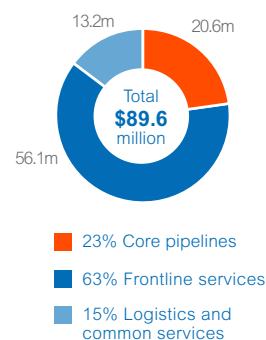
While the steps for emergency reserve allocations are the same, the process is compressed, with the full technical review happening before the Advisory Board decision on funding.

CHF allocations, deposits and disbursements 2013



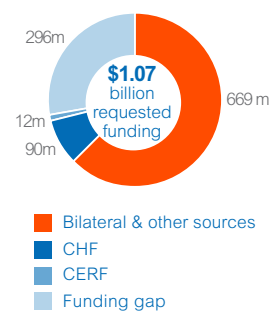
Source: UNDP MPTF GATEWAY; CHF TS, April 2014

CHF allocations by response category



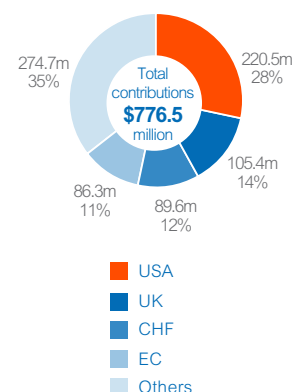
Source: CHF TS, April 2014

CAP requirements and secured funding (\$ million)



Source: FTS, April 2014

Top four contributors to the CAP (\$ million)



Source: FTS, April 2014

Lesson learned on standard allocations

1. Alignment of donor deposits and allocations to project with the seasonal calendar

Starting the first standard allocation process in November enables priorities to be identified early and matched against projects that can start up quickly at the beginning of the following year. This helps align activities with the rainy season, maximising the overall impact of the portfolio. This strategy will only be effective, however, if supported by donor contributions at the appropriate time. Further efforts are needed to better align both donor deposits and allocations with the seasonal calendar.

2. Managing disbursements

Where donor contributions are not deposited early enough to match the intended timing and size of the allocation, it can still be advantageous to identify projects to be funded, while recognising that there may be insufficient funds available to disburse to all partners immediately. Identifying the time-sensitivity of different projects can inform which will receive funds first. Alternatively, being conservative when projecting donor contributions and determining the size of allocations could help ensure that more of the allocated funds are disbursed quickly and limit the need for pre-financing. The tension between earlier allocations and protracted disbursements needs careful management.

3. Ensuring high quality project proposals

In 2013, much time was spent on the technical review of poorly designed projects, in part due to time pressure placed on partners. Efforts to shorten the timeline of the allocation process itself should strike the right balance between the speed of the process and the quality of projects submitted.

CERF/CHF complementarity

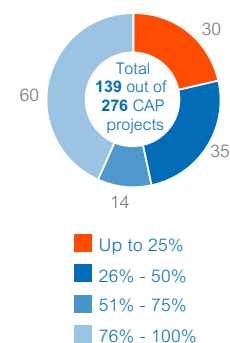
In May and July 2013, the Central Emergency Response Fund (CERF) allocated \$11.6 million through its rapid response window to support the response to the crisis in Jonglei State. The situation demanded that aid agencies scale up their work to deliver aid in hard-to-reach areas during the rainy season. The CERF contribution aimed to:

- ❖ Increase capacity for medical evacuation and passenger and cargo movement through the deployment of two helicopters;
- ❖ Strengthen surgical capacity and health referral systems in Jonglei and surrounding areas;
- ❖ Provide food assistance to conflict-affected and displaced people in Jonglei; and
- ❖ Strengthen emergency response for nutrition and WASH by supporting the respective core pipelines.

The CHF strived to ensure that its funding was complementary to the CERF allocations. 80 per cent of CERF funding (\$9.5 million) went to high-cost items including food assistance and logistics. These are not normally supported by the CHF, and could in any case not have been supported at the scale required to meet the needs of partners.

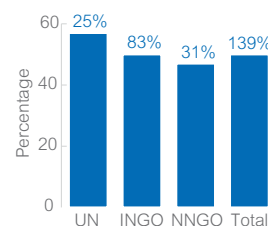
By funding these items, the CERF contribution reduced demands on funds in the CHF for the Jonglei response, with only 22 per cent (\$7 million) of its second round allocation going to partners responding to that emergency. The remaining 78 per cent (\$26 million) of CHF was used to support partners meeting critical needs in other parts of the country.

CHF contribution to CAP projects



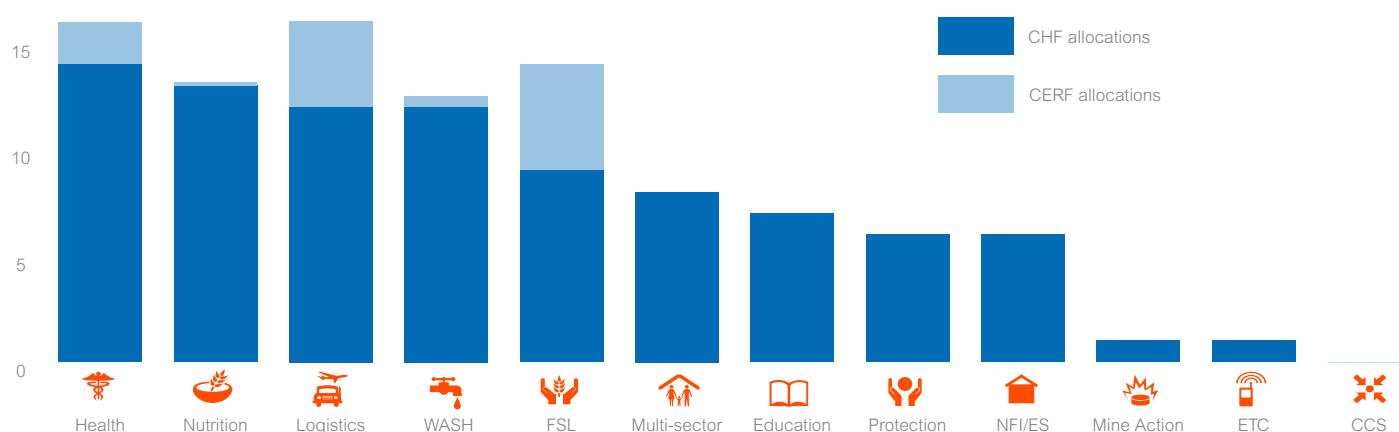
Source: OCHA FTS, April 2014

Proportion of the CAP projects supported by CHF, by partner type



Source: CHF TS, April 2014

CHF and CERF allocations by cluster in 2013 (\$ million)



Source: South Sudan CHF TS, April 2014

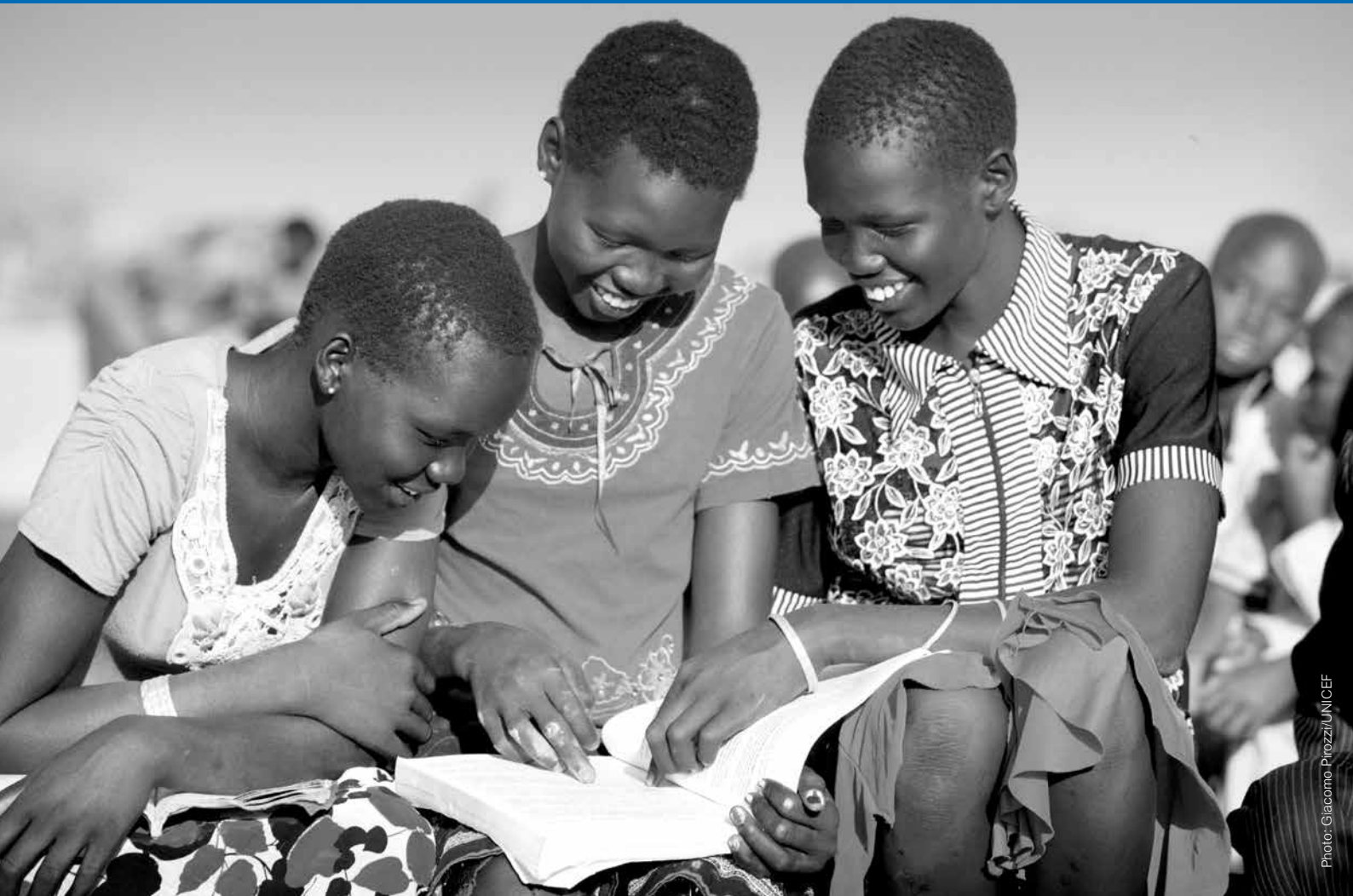


Photo: Giacomo Prozzi/UNICEF

SUMMARY OF CLUSTER STRATEGIES & ACHIEVEMENTS

Information in this section has been developed in collaboration with CHF-funded partners and cluster coordinators and co-coordinators. The financial data included in the dashboard for each cluster is based on the Financial Tracking System (FTS) as at the end of March 2014. Results achieved at cluster level are based on reports submitted by partners, with further aggregation at the level of standard output indicators adopted by partners who receive CHF funding. The reporting cycle encompasses the March 2013 to March 2014 period and covers the results from funding through both standard allocations. While the majority of the projects were completed by end March 2014, some projects were still ongoing. With a 92 per cent reporting rate, the information shared in this section provides an accurate picture of the results achieved at the cluster level by the portfolio of CHF-funded projects.

COORDINATION AND COMMON SERVICES



Photo: Martine Perret/UNMISS

The CHF enabled UNDSS to put in place measures for the improved management of the safety and security of the humanitarian community. The CHF also prevented a funding gap for dedicated air capacity and allowed key activities to continue in support of the humanitarian response.

Cluster results using CHF funds

In early 2013, \$366,662 was allocated to the UN Department for Safety and Security (UNDSS) under the reserve allocation to support safety and security services that improve the humanitarian operating environment. Over a three-month period, funding allowed UNDSS to secure air capacity to support aid agencies' response. UNDSS was able to conduct risk, airstrip and road assessments as well as aerial assessments in various locations across the ten states. This allowed airstrips to be re-opened and activities to resume in remote areas with high needs. During the same period 40 assessments were carried out, providing critical information to humanitarian partners about the evolution of the security situation and specific security issues. Another 27 joint humanitarian assessments were conducted, mainly in Jonglei, Upper Nile and Warrap states. In addition, this air capacity was used to transport 157 humanitarian staff to areas not serviced by the UN Humanitarian Air Services (UNHAS). Health partners were also supported to provide medical and casualty evacuations.

CHF added value

The CHF funded project enabled UNDSS to put in place measures for the improved management of the safety and security of the humanitarian community. The timely allocation of funding for a three-month period avoided a funding gap for dedicated air capacity and allowed key activities to continue in support of the humanitarian response.

Cluster snapshot: CCS

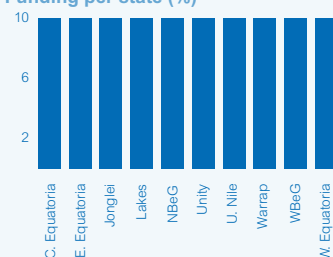
CHF FUNDING IN PROPORTION TO CAP 2013

📦 CAP requirement	\$14.2 million
💰 CAP secured funding	\$14.5 million (102%)
💵 CHF allocated funding	\$0.4 million (3% of secured funding)

CHF FUNDING PER CATEGORY

🏠 Core pipeline	NA	CHF portion of secured funding
➡ Frontline services	3%	

Funding per state (%)



CHF funding per type of organization



👤 Cluster lead	OCHA
👤 Cluster co-lead	NGO Secretariat

👤 CHF recipients	UNDSS
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CAP CLUSTER PURPOSE

Improve the operating environment by monitoring interference in humanitarian action, advocating with the state and military authorities, and building state capacity

CHF KEY RESULTS

Output indicator	Planned	Achieved	%
Number of humanitarian personnel transported for urgent humanitarian missions.	-	157	-
Number of security assessment missions carried out in area of operations	58	27	47%
Number of airstrips assessed	-	19	-

REPORTING

1 report received out of 1 due



PARTNER SELF-ASSESSMENT

📊 Projects reporting good results	100%
📊 Projects reporting moderate results	0%
📊 Projects reporting limited results	0%



EDUCATION

Photo: Mercy Corps/Rouquette



“Your support to our school is better than food which gets finished in short period but the school will stay for long and help our children”.

– PTA member during EiE training (Hold the child project - Provision of lifesaving education in emergency in Jonglei)

Cluster results using CHF funds

In 2013, the Education Cluster received funds from the CHF in both standard allocations. In line with the overall prioritization process, the first round funded both pipeline and frontline projects, while the second round focused on frontline education services in vulnerable areas. As in 2012, priority states were Jonglei, Unity, Upper Nile and Warrap. The CHF also funded the production of life skills training and resource materials.

In 2013, the Education Cluster broadened its funding sources, although medium and small NGOs remained reliant on CHF funding. The CHF's share of total funding dropped from 59 per cent in 2012 to 27 per cent in 2013. In parallel, the number of partners receiving CHF funding increased by 67 per cent. The portion of funding allocated to national NGOs increased by nearly 5 per cent between 2012 and 2013, illustrating the cluster's efforts to expand access to CHF funding and build local capacity.

Throughout 2013, the cluster sought to strengthen its rapid response mechanisms and to further increase the number of Education Cluster partners to improve the education response in emergencies especially in remote areas. In addition, the cluster strived to further improve quality of the response and build the capacity of its partners. As such, achievements under the cluster strategy include: carrying out an impact study on education in emergencies; delivering life skills training and producing reference materials; developing an education cluster vulnerability map and analysis;



Cluster snapshot: Education

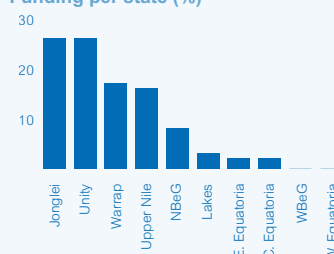
CHF FUNDING IN PROPORTION TO CAP 2013

CAP requirement	\$24.4 million
CAP secured funding	\$24.4 million (100%)
CHF allocated funding	\$6.7 million (27% of secured funding)

CHF FUNDING PER CATEGORY

Core pipeline	44%	CHF portion of secured funding
Frontline services	25%	

Funding per state (%)



CHF funding per type of organization



Cluster lead	UNICEF
Cluster co-lead	Save the Children
CHF recipients	AVSI, CMD, HCO, IBIS, INTERSOS, Mani Tese, Mercy Corps, NHDF, NRC, PCO, PLAN Int. Save the Children, SSUDA, UNESCO, UNICEF

OBJECTIVE

Ensure that children and youth affected by acute emergencies have access to quality lifesaving education.

CHF KEY RESULTS

Output indicator	Planned	Achieved	%
Number of Temporary Learning Spaces established.	467	300	64%
Number of School in a Box distributed to emergency affected children, youth and teachers.	1,830	1,465	80%
Number of teachers, PTA members or other education actors in emergency affected areas trained to provide life skills education and psychosocial support.	5,631	2,051	36%
Women	964	644	67%
Men	1,514	1,648	109%
Number of emergency affected children and youth (M/F) attending temporary learning spaces and classrooms rehabilitated.	124,214	109,693	88%
Girls	53,402	45,191	85%
Boys	70,812	64,502	91%

REPORTING

16 reports received out of 23 due



PARTNER SELF-ASSESSMENT

Projects reporting good results	75%
Projects reporting moderate results	25%
Projects reporting limited results	0%



strengthening cross-sector cooperation, particularly with child protection partners, on school occupation; deploying surge capacity to the field during the Pibor crisis; and organizing a disaster risk reduction workshop for cluster focal points in the states. In addition to access constraints due to extensive floods and conflict-related violence, notably since December 2013, education partners faced a major challenge regarding the availability of teachers. This resulted in the target for training of teachers not being met. In an emergency response, many teachers prefer better paid jobs, such as hygiene promoters and child protection facilitators.



Photo: Martine Perret

Since the onset of the conflict in mid-December, education in emergencies went from being underfunded to de-prioritised as compared to immediate lifesaving activities, with many education partners lacking resources to respond at scale in affected areas. In some cases activities could not be completed within agreed timeframes. Emergency education requires sustained presence of partners on the ground to see results – there is no “vaccine” for education. In the Protection of Civilians sites, education actors faced crowded conditions in UN bases and had difficulty finding space for the implementation of activities. Partners found creative ways to deliver education services, sharing spaces with child protection partners and organizing study circles which do not require a dedicated temporary learning space.

CHF added value

The CHF remained the main funding source for most emergency education partners in hotspots areas in Jonglei, Unity, Upper Nile and Warrap. The CHF supported 89 per cent of partners implementing education in emergencies activities.

For two thirds of these, the CHF was the most important donor providing over 75 per cent of their total funding. The flexibility of the CHF allowed partners to deal with unpredictable situations. Due to sporadic outbreaks of conflict and flooding, many partners needed to realign budget lines, relocate projects and extend their duration. The CHF ensured that many cluster targets were met despite these changes. CHF partners have direct access to pipeline supplies, cutting transaction and procurement costs and speeding up delivery.

Monitoring and cross-cutting issues

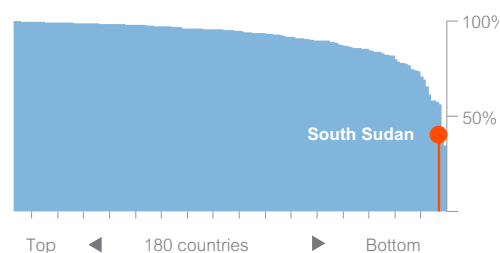
Monitoring of cluster activities was strengthened, including by: increased project monitoring; development of additional monitoring tools; technical review and quality assurance of CHF project proposals; setting of cluster indicators; assessment of vulnerability by location; and participation in inter-agency needs assessments. The Monitoring and Reporting Specialist deployed to the cluster by the CHF played a key role, ensuring quality control throughout the year. Continuation of this support is important.

Partners were encouraged to include a strong gender analysis and appropriate activities in all projects, especially in relation to raising awareness about girls' education, overcoming barriers (including gender based violence, lack of female teachers, and lack of gender-sensitive WASH facilities) and actively coordinating with other clusters (for example sharing space with child protection partners, or implementing life-skills training with health, protection and WASH partners).

The pooled, short and emergency-friendly processes linked to CHF support have greatly improved emergency education services on the ground. The reporting mechanism was also seen as practical and emergency-relevant.

Few children in primary school

Primary enrolment rate



Source: South Sudan Household Health Survey (2010)



Photo: Brian Sokol/UNICEF

'Skills for Life' materials developed to support EiE projects

In 2013, the CHF funded the development of standardized life skills materials to be used by all partners during an emergency. 'Skills for Life' materials were developed by UNESCO on behalf of the Education Cluster and endorsed by the South Sudan Ministry of Education Science and Technology. Life skills are a central part of the education in emergencies response which, through its diverse components, links with other sectors including health, protection and WASH. The project included training of Master Trainers from various Education Cluster partners who led "cascade trainings" across all states in South Sudan. The training materials can be accessed at:

<http://southsudan.humanitarian-response.info/document/education-cluster-unesco-skills-life-psychosocial-support-3-manuals-2-booklets>
(3 manuals/guides & 2 booklets)

<http://southsudan.humanitarian-response.info/document/education-cluster-unesco-skills-life-psychosocial-support-4-posters>
(2 posters and 2 stories)

EMERGENCY TELECOMMUNICATIONS



Photo: ETC

“Doing our work here providing life-saving assistance would be very difficult without the support of the ETC. Reporting requirements are impossible to meet without reliable internet access. Moreover, even if cell phone coverage here was better, we could still not place purchase requests which have to be submitted in written form... in other words, we would struggle to assist people in need.”

– Handicap International, Mingkaman



Cluster results using CHF funds

CHF funds allocated to the Emergency Telecommunications Cluster (ETC) contributed significantly to the provision and maintenance of security telecommunications and internet connectivity in deep-field locations in conflict-affected states. This support in turn helped NGOs and UN agencies deliver life-saving assistance and protection to affected communities and facilitated logistical operations by improving coordination and security management. Despite insecurity and access challenges, vital ETC support was initially provided in Jonglei, Unity and Upper Nile states in support of the refugee response and the response for people displaced by violence.

ETC activities scaled up again following the onset of a new crisis in mid-December, expanding data connectivity to Bentiu, Bor, Juba, Malakal, Mingkaman and Nimule. The use of innovative light-weight quick deployment kits (QDK) helped mitigate logistical and infrastructure constraints. The cluster also contributed to in-country capacity building by training over 200 humanitarians on the use of ETC services. Overall, 92 per cent of users benefitting from ETC services in 2013 ranked those services as “satisfactory” and delivered within a “satisfactory” timeframe. Access and insecurity remained the key challenges which hampered the response.

Cluster snapshot: ETC

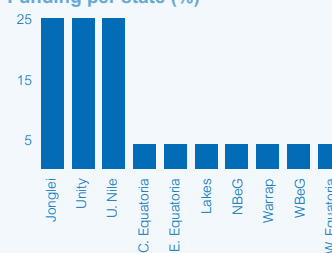
CHF FUNDING IN PROPORTION TO CAP 2013

CAP requirement	\$1.9 million
CAP secured funding	\$0.8 million (39%)
CHF allocated funding	\$0.6 million (82% of secured funding)

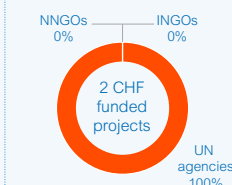
CHF FUNDING PER CATEGORY

Core pipeline	N/A	CHF portion of secured funding
Frontline services	82%	

Funding per state (%)



CHF funding per type of organization



Cluster lead	WFP
Cluster co-lead	N/A

CHF recipients	WFP
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OBJECTIVE

Provide emergency security telecommunications, communications centre (COMCEN) and IT services to enable humanitarian actors to better coordinate assessments and relief operations independent from public infrastructure

CHF KEY RESULTS

Output indicator	Planned	Achieved	%
Number of emergency areas covered	5	7	140%
Number of users reporting delivery of the service as “satisfactory” and within “satisfactory” timeframe	80%	92%	-
Number of UN and NGO staff members trained on ETC services usage	200	145	73%

REPORTING

2 reports received out of 2 due



PARTNER SELF-ASSESSMENT

Projects reporting good results	100%	✓
Projects reporting moderate results	0%	
Projects reporting limited results	0%	



CHF added value

CHF funding played a key role in the successful implementation of the 2013 cluster strategy. At a time of severe funding constraints, CHF funding helped the ETC procure additional internet connectivity kits and respond quickly after the

onset of violence in mid-December. This was important as the ETC is heavily reliant on loaned data connectivity kits, which can create problems when equipment is due to being returned, yet is still needed in the field.

Monitoring and cross-cutting issues

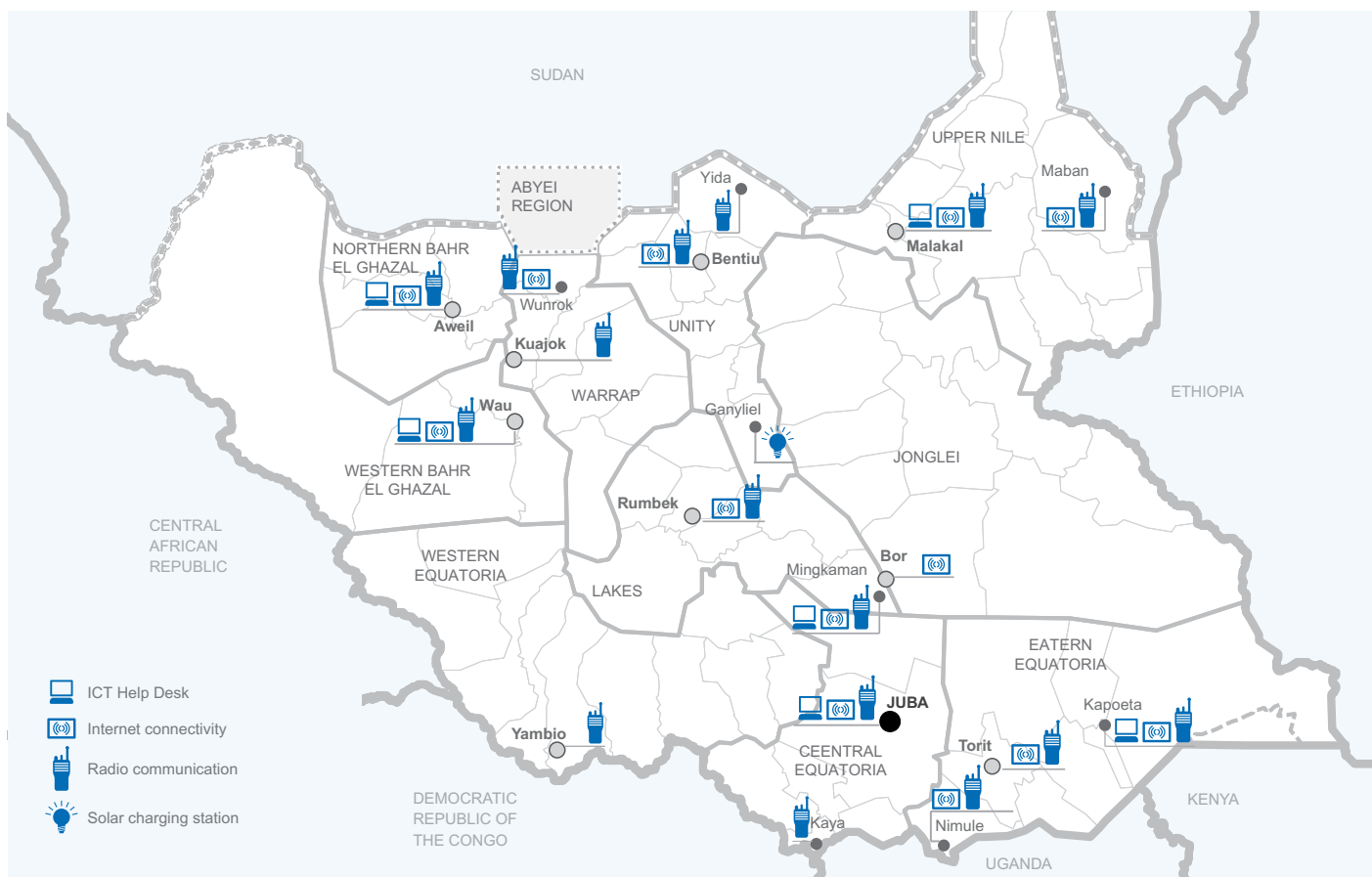
The ETC monitors progress using:

- ❖ User surveys to collect feedback from partners regarding their experience with ETC services;
- ❖ Remote monitoring of the functionality of ETC provided services in emergency areas through network statistics; and
- ❖ Assessment missions to develop a better understanding of needs on the ground and obtain direct feedback from humanitarians.



Overall, 92 per cent of users benefitting from ETC services in 2013 ranked those services as “satisfactory” and delivered within a “satisfactory” timeframe.

Locations with ETC services



Source: ETC, April 2014

FOOD SECURITY AND LIVELIHOODS



Photo: Martine Perrey/UNMISS

“After receiving our agricultural training, I began to prepare and plant my vegetable garden with varieties of vegetable and became much more aware of the importance of vegetable production. Malnutrition is reducing substantially in my home as result of growing and adopting good farming practices”.

– Jany Gach,
Vegetable farmer,
Nyikan village in
Akobo (Nile Hope
FSL Project)



Cluster results using CHF funds

Food security and livelihoods partners received CHF funds to implement a broad range of livelihoods activities. CHF funding represented a key resource for the implementation of the 2013 CAP strategy, enabling FSL partners to reach nearly half a million people affected by food insecurity with livelihoods support. Food production was supported, with 113,000 people provided with 68 metric tons of assorted crop seeds and vegetables. Most of this group received agricultural tools and training. Almost 1.6 million heads of livestock were vaccinated, and several veterinary centers and cold chain focal points were established.

Compared to 2012, CHF funding to international and national NGOs increased while funding for UN agencies decreased. While the amount of CHF funding remained similar, its share of overall funding for livelihoods activities decreased from 27 to 17 per cent. For ten of the 21 projects that received CHF funding, the CHF contributed over half of all funding secured.

Since mid-December 2013, partners have engaged in responding to the humanitarian crisis resulting from the conflict, focusing on ensuring and protecting immediate access to food, delivering emergency agriculture and livelihoods kits and preventing collapse of livelihoods among the most vulnerable households.

Cluster snapshot: FSL

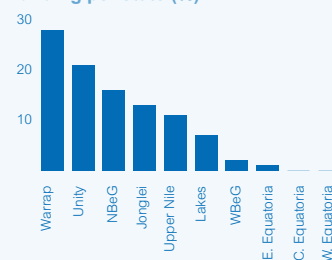
CHF FUNDING IN PROPORTION TO CAP 2013

CAP requirement (Food)	\$326.4 million
CAP requirement (livelihoods)	\$71.6 million
Secured funding (Food)	\$259.1m (79% of secured funding)
Secured funding (livelihoods)	\$52.5m (73% of secured funding)
CHF allocation funding (livelihoods)	\$8.9m (17% of secured funding)

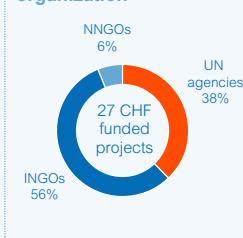
CHF FUNDING PER CATEGORY

Core pipeline - Food	N/A
Core pipeline - Livelihoods	41%
Frontline services	12%

Funding per state (%)



CHF funding per type of organization



Cluster lead	FAO/WFP
Cluster co-lead	VSF - B
CHF recipients	ACF-USA, AMURT International, CARE Int., CMD, Concern Worldwide, CRADA, FAO, FLDA, GOAL, Intermon Oxfam, Mercy Corps, NHDF, Oxfam GB, PCO, PLAN Int., RI, Samaritan's Purse, SPEDP, VSF-B, VSF-S, WR

OBJECTIVE

Provide emergency response to address the impact of short-term shocks on people's lives and livelihoods, while increasing the long-term resilience among households affected by recurrent shocks.

CHF KEY RESULTS

Output indicator	Planned	Achieved	%
Number of people provided with seeds	170,161	113,378	67%
Women	115,020	77,876	68%
Men	93,395	48,787	52%
Number of people provided with agricultural tools	138,868	97,525	70%
Number of heads of livestock vaccinated	2,060,800	1,590,002	77%
Quantity of seeds distributed (MT)	93,560	67,734	72%

REPORTING

26 reports received out of 27 due



PARTNER SELF-ASSESSMENT

Projects reporting good results	85%
Projects reporting moderate results	15%
Projects reporting limited results	0%



Several challenges impacted partners' work in 2013 and the first part of 2014. In 2013, heavy floods and inter-communal violence affected the distribution and planting of seeds, the distribution of agricultural kits and cash vouchers, and capacity-building activities. From mid-December 2013, the security situation drastically reduced partners' ability to pre-position inputs and reach people at risk of food insecurity. Continued and unpredictable movement of people within the country caused displacement of livestock previously targeted for disease prevention activities. Limited access to pre-positioning hubs in crisis locations in Jonglei, Unity and Upper Nile delayed delivery of supplies. Transportation costs escalated, in line with elevated risks for transporters.

CHF added value

Despite delays and damage caused by the conflict, the funding provided by CHF to the livelihoods pipeline and frontline services has enabled partners to deliver seeds, tools and veterinary supplies. The central pipeline has reduced transaction costs by allowing partners to benefit from savings through bulk procurement.

To maximize the impact of CHF funding, support to livelihood activities was prioritized under CHF allocations while the food aid operation was supporting via other funding sources

Monitoring and cross-cutting issues

The CHF monitoring was embedded in the cluster's overall monitoring and reporting system. This is linked to the central 3W ("who does what where") database of partners instituted in 2012. The database tracks partners' plans and responses, and supports improvements in reporting by cluster partners. Particular attention was given to disaggregation of data by gender, monitoring of protection mechanisms during distribution of food and livelihood kits, and health-related issues.

The conflict from the end of 2013 has limited field monitoring. The Monitoring and Reporting Specialist funded by the CHF supported oversight of wider cluster activities as well as CHF-funded projects, providing quality control of proposals and reports from partners and support to impact assessments and post-distribution monitoring.



Photo: GOAL

Working together to increase productivity

Jak Farmers Group was formed in Nyeil village, to improve the food security of the community by increasing productivity through farming practices.

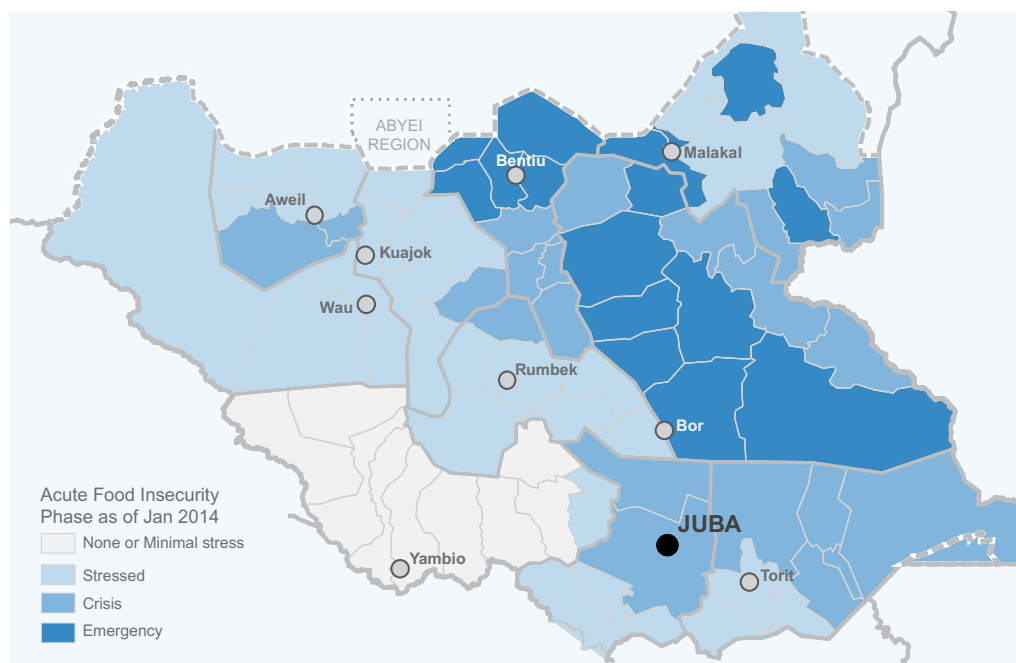
Tools are often unavailable within the market and even when they are, the costs are unaffordable to farmers. The group selected by GOAL received agricultural inputs such as seeds and tools, including pangas, hoes, axes, rakes and sickles. The beneficiaries also learnt how to conduct farming activities as a group, to support each other beyond planting and harvesting times.

Through this project, the farmers' group expanded the surface of land cultivated and learnt the benefits of working together, which will help to increase food production.

One member said "working together brings the community together, hence fostering unity in the community. It also increases production because we are able to cultivate a large piece of land. When we work together, we will increase our income".

– A farmer group in Nyeil Village, Rumamer Payam, Agok, Warrap State (GOAL – FSL Project)

Food insecurity by country



Source: IPC, January 2014

HEALTH

Photo: Len Warren/UNDP



“Pre-positioning of all the supplies should be done before the actual vaccination days to avoid delays”.

– IRC report on mass measles campaign in Aweil East County June 2013



Cluster results using CHF funds

CHF funding contributed to Health Cluster activities to maintain the existing safety net, strengthen emergency preparedness and respond to health related emergencies. CHF funding played a key role in ensuring continuity of emergency health services for vulnerable communities. Although the cluster had a response in almost all the ten states of the country, most of the interventions were implemented in the states of Jonglei, Upper Nile, Unity and Warrap due to increased needs as a consequence of population displacement. The cluster prioritized activities for CHF funding that had immediate to mid-term impact. These included procurement, pre-positioning and distribution of supplies through the central pipelines (drug kits, vaccines and reproductive health kits). Frontline services were also supported – including emergency primary health care, vaccination campaigns, Minimum Initial Service Package (MISP) for reproductive health, secondary health care for emergencies, referral and communicable disease and outbreak control. With the concerted efforts of the 20 CHF funded health partners, the Health Cluster stabilised the health situation with mortality rates maintained below the emergency threshold in targeted areas. Through static and mobile facilities, CHF funding was used to reach around 1,684,000 affected people with health services, of which 225,260 were children under five; to expand outreach in hard-to-reach areas with immunization, antenatal care, postnatal care, and nutrition screening; and to maintain two hospitals in

Cluster snapshot: Health

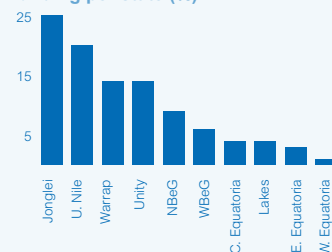
CHF FUNDING IN PROPORTION TO CAP 2013

CAP requirement	\$74.5 million
CAP secured funding	\$71.6 million (96%)
CHF allocated funding	\$14.4 million (20% of secured funding)

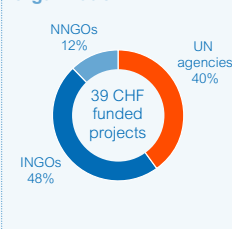
CHF FUNDING PER CATEGORY

Core pipeline	39%	CHF portion of secured funding
Frontline services	16%	

Funding per state (%)



CHF funding per type of organization



Cluster lead	WHO
Cluster co-lead	IMC
CHF recipients	CCM, CCM/CUAM, CDoT, CMA, COSV, GOAL, IMC-UK, IOM, IRC, MEDAIR, MENTOR, MERLIN, NHDF, RI, THESO, UNFPA, UNICEF, UNIDO, UNKEA, WHO

OBJECTIVE

Ensure continuation of basic services in high-risk locations and vulnerable people, as well as emergency preparedness and response.

CHF KEY RESULTS

Output indicator	Planned	Achieved	%
Number of beneficiaries from health services	1,405,025	1,683,994	120%
Women	806,638	975,066	122%
Men	598,387	708,929	119%
Number of children under five provided with medical consultations	255,172	227,257	89%
Number of children under five given measles vaccination	63,105	226,761	359%
Number of births attended by skilled birth attendants	11,672	7,803	67%
Number of people benefitted from emergency drugs supplies - IEHK/trauma kit/RH kit/ PHCU kits	439,778	669,587	152%
Number of health workers trained in MISP/communicable diseases/outbreaks/IMCI/CMR	1,582	1,791	113%

REPORTING

37 reports received out of 39 due



PARTNER SELF-ASSESSMENT

Projects reporting good results	81%	✓
Projects reporting moderate results	19%	
Projects reporting limited results	0%	

priority areas operational. The cluster was able to reach 226,800 children with emergency measles vaccination campaigns, including vitamin A supplementation. 1,790 health workers were trained by cluster partners, building capacity for emergency preparedness, communicable disease control and response. Surge capacity from cluster partners enabled timely response to outbreaks or population displacement, especially in Pibor County. Surgical trauma management was strengthened with over 3,500 wounded patients receiving surgical interventions and 320 medically evacuated for lifesaving surgical operations. Logistical support to referrals was enhanced through ambulance maintenance and community outreach networks.

Support to communicable disease surveillance was ensured with 32 surveillance sites for priority disease operational during the reporting period. This ensured timely detection and response to disease outbreaks, the most common during the year being measles, leading to emergency vaccination campaigns in targeted areas.

The new conflict from December 2013 impacted the health response. Some partners suspending activities in some locations, as displacement worsened the chronic lack of qualified staff and looting/destruction of some of the health facilities occurred. This also led to delays in the procurement process for the required supplies to support the response.

CHF added value

CHF funding allowed health partners to mobilize teams and supplies to respond to acute needs in emergency areas. National NGOs with limited capacity to raise funds were supported to provide essential services. CHF funding enhanced coherence, driving the participation of partners in coordination mechanisms. Surge capacity to respond to outbreaks or emerging emergency needs was also sustained. CHF funding provided links between the development and humanitarian funding streams.

With the ever-changing operational environment due to insecurity and displacement, the CHF became a timely and flexible resource to support innovative strategies to deliver services to the vulnerable communities. These included mobile clinics to hard-to-reach areas or among communities with suddenly increased needs. For the control of communicable disease, mass

measles vaccination campaigns saved the lives of many children. The CHF facilitated deployment of teams, and emergency procurement of vaccines which would have otherwise been inadequate to cover most of the children in the affected communities.

CHF funding also helped to avert critical shortages of pharmaceutical supplies, with significant delays experienced in the Ministry of Health drug supply chain. Partners were supported to ensure availability of buffer stocks to continue the response.

Participation in the CHF process heightened the ability of national NGOs to carry out emergency response. With mentoring from key technical agencies and basic training on CHF process, the confidence of such partners has increased with time to respond to emergencies. With better knowledge of the local context and ability of teams to move with displaced people meant wider coverage primary health care services.

Monitoring and cross-cutting issues

The cluster was supported by the CHF Technical Secretariat in project monitoring and compilation of reports. Field visits were conducted whenever feasible. The monitoring of CHF projects is supported by regular reports issued through weekly Integrated Disease Surveillance and Response (IDSR) and Health Management Information Systems reports which are regularly compiled, analyzed and discussed in the health coordination forum.



Photo: Brian Soko/UNICEF

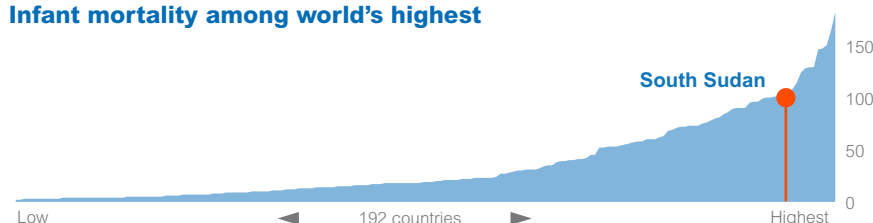
Care group volunteer

Nyanut Duot Major, 31 years old and married with children. She was enrolled in the 'Care Group' programme in April 2013 and has since attended six Care Group volunteer learning sessions on positive hygiene behaviour in Amidai village.

Nyanut started sharing her knowledge and skills with her family and neighbours. Nyanut reports by saying that "neighbours and her own family have stopped drinking contaminated water from the swamps and strictly drink only from the water pump". She also noted that "female neighbours now keep their houses and utensils clean".

– Care Group volunteer success story, Mulrany International

Infant mortality among world's highest



Source: Worldbank, 2012

LOGISTICS



Photo: UNOPS

Thanks to CHF funding, the Logistics Cluster served 45 locations, transported 7,800 passengers, and moved 17,800 kg of cargo.



Cluster results using CHF funds

CHF funding increased transport capacity for organizations providing frontline services in hard-to-reach areas. Common transport services via road and river were supported by the CHF. A dedicated fleet of 13 trucks and boat/barge service for inter-agency use, managed by IOM, helped humanitarian deliver life-saving supplies to people in need.

CHF funds allocated to the United Nations Humanitarian Air Service (UNHAS) helped bridge a critical funding gap during the month of May. Funding ensured continuity of the service at an important moment at the beginning of the rainy season, when land transport to many destinations was no longer possible. The service covered around 35 locations on a regular schedule and 10 locations on an ad-hoc basis; transported some 7,500 passengers, including 16 medical evacuation cases; and moved over 17,800kg of light cargo. During the same period, UNHAS refined its schedule to better match demand and maximize the impact of the funds received. UNHAS aircraft are contracted for a certain amount of hours per month and the budget is calculated accordingly. UNHAS monitored the contracted hours, achieving a utilization rate of 98 per cent (with the two per cent not utilized being flights cancelled due to bad weather).

To improve access for agencies supporting refugees in Unity State, UNOPS rehabilitated airstrips in Ajoung Thok and Yida, and roads from Pariang to Yida and from

Cluster snapshot: Logistics

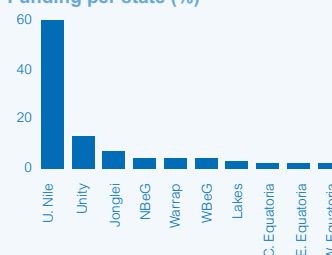
CHF FUNDING IN PROPORTION TO CAP 2013

CAP requirement	\$56 million
CAP secured funding	\$59.2 million (106%)
CHF allocated funding	\$12.2 million (21% of secured funding)

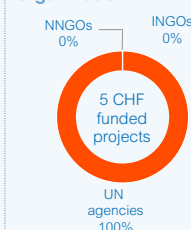
CHF FUNDING PER CATEGORY

Core pipeline	N/A	CHF portion of secured funding
Frontline services	21%	

Funding per state (%)



CHF funding per type of organization



Cluster lead	WFP
Cluster co-lead	N/A

CHF recipients	IOM, UNHAS, UNOPS
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OBJECTIVE

Provide essential logistical support to the humanitarian community, to facilitate a timely and cost-effective emergency response.

CHF KEY RESULTS

Output indicator	Planned	Achieved	%
Humanitarian cargo moved by truck (MTs).	2,680	4,476	167%
Humanitarian cargo moved by barge boat (MTs)	1,870	658	35%
Cargo Movement Requests (Barge, Boat and trucks) executed.	1,220	404	33%

REPORTING

5 reports received out of 5 due.



PARTNER SELF-ASSESSMENT

Projects reporting good results	100%
Projects reporting moderate results	0%
Projects reporting limited results	0%



Jamjang to Ajoung Thok. This was critical in enabling the relocation of refugees from Nyeel, Pariang and Yida camps to Ajoung Thok. Five road assessments, two bridge assessments and one airstrip assessment were completed, as requested by the Logistics Cluster.

Some of the challenges that led to delays in implementation or delivery of humanitarian relief cargo were:

- ❖ Customs delays in clearing cargo coming into South Sudan;
- ❖ Security concerns along major road and river corridors; and
- ❖ Limited level of reporting from partners on the capacity of inter-agency storage facilities in deep field locations.

CHF added value

CHF funding significantly increased the ability of the cluster to support the humanitarian community. CHF resources contributed to ongoing

efforts to improve transport capacity for both cargo and passengers and to reach locations which were previously cut off. Logistics continues to be a very costly component of the humanitarian response in South Sudan, and with support from the CHF the humanitarian community was able to implement programmes, accessing vulnerable people, and delivering life-saving supplies.

Monitoring and cross-cutting issues

The Logistics Cluster used several monitoring and reporting mechanisms:

- ❖ Common Transport Service (CTS) requests were recorded using a purpose-built online Relief Item Tracking Application (RITA). This tool allows CTS staff to track consignments and monitor key performance indicators of projects.
- ❖ User group meetings relating to all projects were conducted on a regular basis to ensure activities were guided by partners' needs.



Photo: Tim Irwin/UNHCR

CHF funding significantly increased the ability of the Logistics Cluster to support the humanitarian community. CHF resources contributed to ongoing efforts to improve transport capacity for both cargo and passengers and to reach locations which were previously cut off.

Overview of transport corridors and cluster capabilities



MINE ACTION

Photo: Yoshioka/Mine action Cluster



"I am very happy to see the mine action team working here, as I do not want other people, especially children, to have an accident like mine. Even though I am not able to walk around same like before the accident, people are visiting my shop and when they come to my shop, sometimes I talk about what happened to me. I strongly hope that same thing does not happen again".

– Mr. William Basa, shopkeeper from Maridi who lost his leg when he stepped on anti-personnel landmine buried behind his shop.



Cluster results using CHF funds

CHF funding enabled the Mine Action Sub-Cluster to continue to clear explosive remnants of war, and to provide risk education to some of the millions of people living with the threat of unexploded ordnance and landmines. Between March 2013 and March 2014, mine action partners released 3.4 million m² of land, destroyed 840 landmines, and removed 16,450 items of unexploded ordnance, including cluster bombs, mortars, rockets and grenades.

Following the onset of the conflict in mid-December, CHF funding facilitated clearance of explosives and dangerous items left in the wake of fighting. Landmines, mortars, grenades, rockets and small arms, used by parties to the conflict are continuously discovered in populated areas, displacement sites, humanitarian facilities, and on roads and near distribution sites. Mine action teams, supported by CHF funding, continue to clear these hazards and to teach people how to avoid such dangers.

CHF funds have also enabled partners to address explosive remnants which remain from past conflicts. More than 700 hazardous areas, including more than 300 minefields, are known to remain from the civil war which wracked the country until 2005. Mine action partners have continued to clear old hazards which pose as much of a threat as new explosive remnants.

Mine action agencies also provided risk education to 241,000 people from host

Cluster snapshot: Mine action

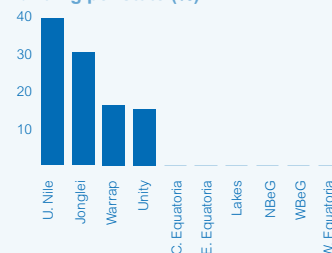
CHF FUNDING IN PROPORTION TO CAP 2013

💰 CAP requirement	\$30.1 million
💰 CAP secured funding	\$28.8 million (96%)
💰 CHF allocated funding	\$1.4 million (5% of secured funding)

CHF FUNDING PER CATEGORY

🚚 Core pipeline	N/A	CHF portion of secured funding
➡ Frontline services	5%	

Funding per state (%)



CHF funding per type of organization



Cluster lead: UNMAS
Cluster co-lead: HANDICAP INTERNATIONAL

CHF recipients: ACT/DCA, DCA, DDG, MAG, UNICEF

OBJECTIVE

Reduce the threat and impact of landmines and explosive remnants of war.

CHF KEY RESULTS

📊 Output indicator	Planned	Achieved	%
Total direct beneficiaries - benefitting from demining activities, Mine Risk Education and the Landmine Safety Project	261,150	425,096	163%
Number of hazardous areas surveyed, discredited, or cleared	195	207	106%
Number of ERWs destroyed	11,600	14,993	129%

REPORTING

7 reports received out of 7 due



PARTNER SELF-ASSESSMENT

📊 Projects reporting good results	86%
Projects reporting moderate results	14%
Projects reporting limited results	0%



and displaced communities in targeted areas. People displaced by the conflict are vulnerable, particularly when returning to areas where fighting has occurred. Partners worked with displaced communities to disseminate risk education messages to bring about changes in the behaviour of those living in areas contaminated by landmines and unexploded ordnance.

CHF added value

The CHF provided a funding lifeline for many mine action partners with limited funding in 2013. The fund allowed many organizations to fill funding gaps to ensure cost-effective and sustained clearance of landmines and other explosive remnants over the reporting period. This is illustrated by the fact that while CHF funding represented only five per cent of overall funding secured against the CAP requirement for mine action in 2013, half of all the CAP projects received some funding from the CHF.

CHF funding has proved essential to enable mine action responses, particularly during the new crisis from December 2013. The flexibility of the funding mechanism has allowed partners

to respond rapidly to emerging needs and changes in operational context. The CHF has also further strengthened coordination amongst mine action partners as a result of the consultative allocation and peer review process.

Monitoring and cross-cutting issues

CHF projects are monitored within the quality management system applied across all mine action activities in South Sudan. As the sub-cluster lead, the UN Mine Action Service (UNMAS) ensures CHF recipients comply with national and international frameworks and standards. UNMAS further ensures that all operations are formally tasked and coordinated in accordance to overall country priorities and national requirements.

The Mine Action Sub-Cluster was supported by the Protection Cluster Monitoring and Reporting Specialist who provided valuable support in providing oversight and guidance on CHF reporting and markedly improved the technical monitoring of CHF projects.



Photo: UNMAS

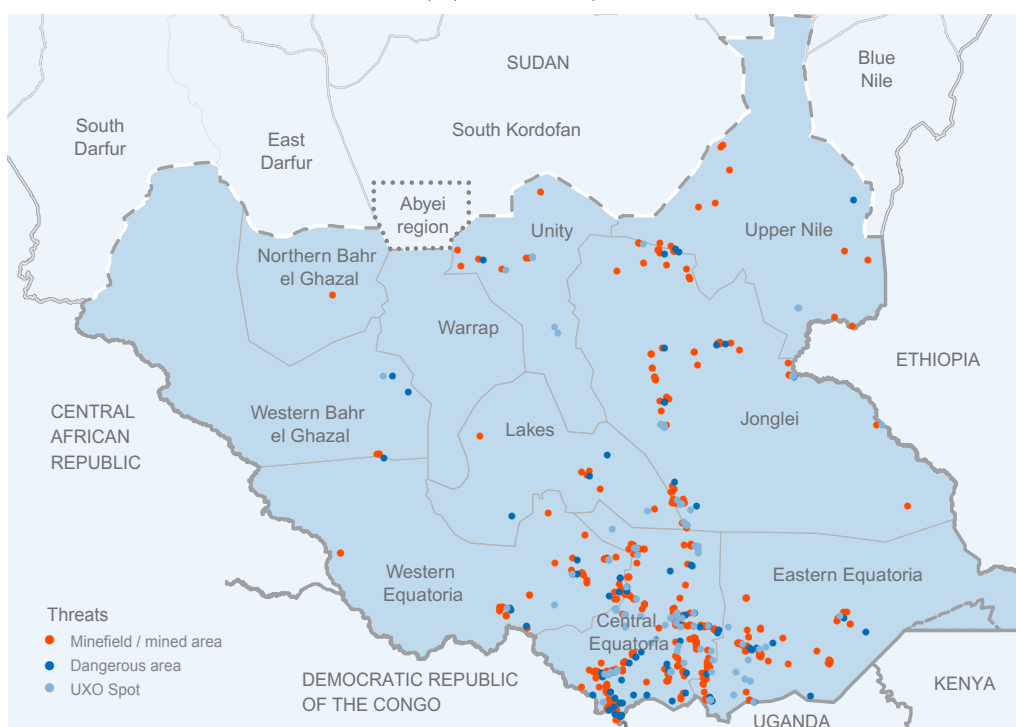
“The mine risk session was very good. I have heard that bombs are bad and lie around. I have now seen how they look and what they do to people. Now that I am a peer educator I can show my t-shirt and colouring book to the young kids in my village who do not go to school. I can teach them to be safe”.

– Pupil John Machar, 14 years old

“I am 100% happy with the cluster bomb clearance operation. People can move around, children can play, women can carry water and farmers can grow crops.”

– Chief Antony Jony of Mariditu, Western Equatoria where 49 cluster munitions from the Sudan Civil War were cleared by UNMAS.

Threats from landmines and ERW (reported areas)



Source: UNMAS, October 2013

MULTI-SECTOR

Photo: Mariantoniella Peru/UNICEF



In 2013, the CHF continued to be a key source of funding to provide onward transport assistance to 44 per cent of 9,000 vulnerable returnees.

Cluster results using CHF funds

CHF funding helped partners provide transport assistance to over 4,000 extremely vulnerable returnees (944 women, 957 girls, 993 boys, and 1,159 men) with onward transportation and in-transit assistance. The CHF also funded protection and assistance to around 170,000 Sudanese refugees in Unity and Upper Nile states, with a specific focus on sustaining access to adequate sanitation and water, upgrading basic health services, and bringing the malnutrition rate below emergency thresholds.

Multi-sector partners also maintained the Abyei population tracking network throughout the year, to analyze trends in population movements to and from Abyei.

CHF funding played a critical role in maintaining the Displacement Tracking and Monitoring (DTM) system to assess and verify displacement across the country. This system enabled the rapid deployment of field teams to carry out registrations of large groups of internally displaced people during the year, including in Pibor County during the Jonglei crisis, and in Northern Bahr el Ghazal and Unity states during seasonal floods. In mid-December, immediately after the outbreak of violence, multi-sector partners were able to start assessments and verification of people seeking refuge in UN bases in Juba. Registration and verification of people displaced by the new crisis was subsequently handed over to Camp management and camp coordination (CCCM) partners, following establishment of the CCCM Cluster.



Cluster snapshot: Multi-sector

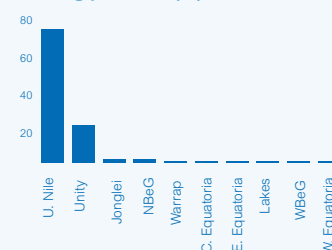
CHF FUNDING IN PROPORTION TO CAP 2013

CAP requirement - Returnees	\$33.7 million
CAP requirement - Refugees	\$224.8 million
CAP secured funding - Ret.	\$22.5 million (67%)
CAP secured funding - Ref.	\$104.7 million (47%)
CHF allocated funding - Ret.	\$5.1 million (23% of secured funding)
CHF allocated funding - Ref.	\$3.3 million (3% of secured funding)

CHF FUNDING PER CATEGORY

Core pipeline	N/A	CHF portion of secured funding
Frontline services	7%	

Funding per state (%)



CHF funding per type of organization



Cluster lead	IOM/UNHCR
Cluster co-lead	DRC
CHF recipients	IMC-UK, IOM, MEDAIR, OXFAM GB, Samaritan's Purse, Solidarites International

OBJECTIVE

Provide assistance and protection to refugees, returnees and Abyei conflict-affected, and to strengthen the capacity of state actors to cope with the arrival of those people.

CHF KEY RESULTS

Output indicator	Planned	Achieved	%
Number of returnees assisted to return to South Sudan	3,000	4,050	135%
Women	1,520	1,900	125%
Men	1,480	2,150	145%
Number of returnees and displaced registered and/or tracked	147,000	194,980	133%
Number of nutrition feeding centers established/maintained	15	14	93%
Number of people reached with WASH messages through IPC using IEC/BCC materials in refugee operations	94,500	113,400	120%

REPORTING

8 reports received out of 8 due



PARTNER SELF-ASSESSMENT

Projects reporting good results	100%
Projects reporting moderate results	0%
Projects reporting limited results	0%



In the second 2013 standard allocation, the CHF channeled resources towards critical gaps in the refugee response in Unity and Upper Nile, in the areas of health, nutrition and WASH. This helped maintain adequate access to water, on average 20 litres per person per day for some 170,000 refugees across six refugee camps. Some 2,325 new shared-family latrines and 170 public latrines were constructed, and 11,500 families benefited from distribution of basic sanitation items. CHF funding also helped maintain 14 nutrition centers in four refugee camps and two existing health facilities in Kaya and Yusuf Batil refugee camps were upgraded to semi-permanent clinics.

The implementation of projects was disrupted in December 2013 as violence spread from Juba to Unity and Upper Nile states where 90 per cent of CHF-funded multi-sector projects are located. The insecurity had a significant impact on the transport of project materials and staff presence. The worsening of the security situation and increasing scarcity of resources led to an increase of tension between host communities and refugees. Onward transportation assistance to vulnerable and stranded returnees in Renk, Upper Nile State, was also affected by insecurity.

CHF added value

The CHF helped fund critical gaps to address life-saving priorities in the refugee camps in Unity and Upper Nile states. In a constrained funding environment, CHF support helped to ensure that frontline health, nutrition and WASH services were maintained during the year. As a result, under 5 and crude mortality rates were kept below emergency thresholds, and water availability and latrine coverage met SPHERE standards as of March 2014. CHF support to core pipelines also helped reduce procurement costs and increase efficiency in accessing nutrition and WASH supplies. CHF support remained critical in providing onward transport and in-transit assistance to returnees by allocating over 24 per cent of the total funding secured for this project.

Monitoring and cross-cutting issues

At the cluster level, multi-sector partners monitor emergency returns projects through the Displacement Tracking and Monitoring Unit managed by IOM. The Information Management Unit then produces bi-monthly Emergency

Returns Sector (ERS) and quarterly/situational displacement reports that are shared with humanitarian partners. For the refugee response, partners monitor projects at the cluster level through weekly health, nutrition and WASH reports submitted by partners to UNHCR. This data is compiled in UNHCR's Health Information System and shared at the sector and refugee coordination meetings at field level. These and other information products on refugee response are posted online on UNHCR's refugee information portal for South Sudan.

Monitoring visits were conducted to 63 per cent of CHF funded projects to review performance. Challenges and successes were documented and shared at each stage of the project cycle, promoting decision-making based on clear evidence. Summary statistics of project results at mid-term and end of project were compiled and shared with key stakeholders. Each project collects, analyses, and reports on sex- and age-disaggregated data and ensures that child protection, gender, and environmental issues are mainstreamed in the design and delivery of project activities.



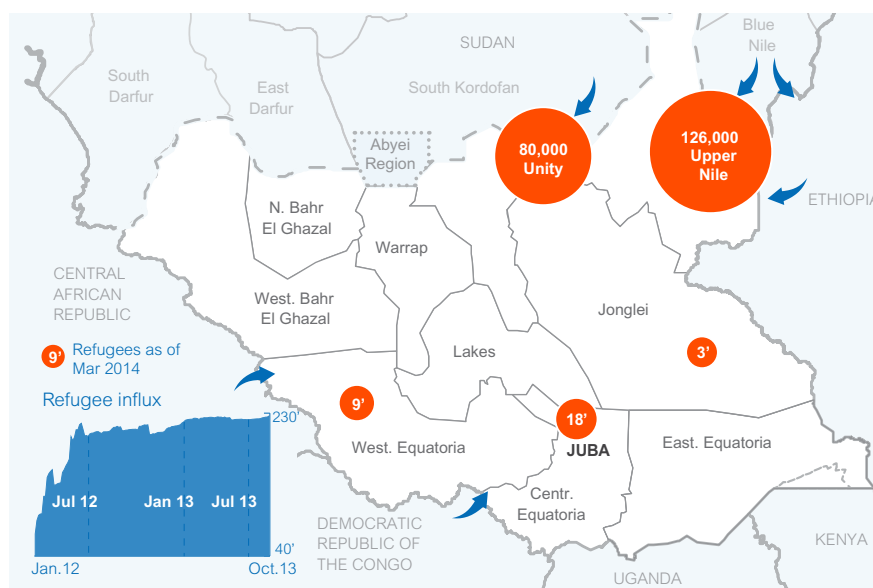
Photo: Pulma Rulashu/UNHCR

"I was very happy to see the new towels, baby clothes, and soap given to me when I gave birth at the health facility. When I was discharged after the delivery, I was advised to return after six days for postnatal care and immunization. I kept that appointment to return to the clinic because I hoped for more and better services for me and my baby"

– Gisma, during her visit to the CHF funded antenatal clinic run by IMC-UK in Gendrasa Refugee Camp.

Refugees in South Sudan

Total refugee population as of March 2014



Source: UNHCR, April 2014

NON-FOOD ITEMS AND EMERGENCY SHELTER

Photo: Harish Murthi/IOM



Logistics posed enormous challenges for the response. While logistical constraints are a common feature of operations in South Sudan and had been taken into account through early pipeline procurement and dry season pre-positioning, the Pibor County operation was entirely air-based and presented challenges.

Cluster results using CHF funds

CHF funds helped the cluster deliver non-food items (NFI) to over 524,700 people who had been affected by disaster or conflict, or who had returned from Sudan. Close to 24,900 of these people also received shelter. The bulk of this support was delivered in the second half of 2013, with a major air-based operation in Pibor County, Jonglei State. This involved broad-scale distributions of essential light household items, taking into account the high mobility of people in need. The scale of needs in Pibor County and of the resulting relief operation explains the high delivery against predicted NFI targets for the year. Essential household items were also distributed to people affected by seasonal floods.

Following the outbreak of conflict in mid-December 2013, the response focused predominantly on providing essential NFI at a large-scale for those affected. In general, shelter delivery remained low against the targets set for 2013, with the cluster's resources prioritized to meet more urgent needs.

Logistics posed significant challenges for the response. While logistical constraints are a common feature of operations in South Sudan and had been taken into account through early pipeline procurement and dry season pre-positioning, the Pibor County operation was entirely air-based and presented challenges. Other factors affecting performance include political pressure to deliver aid to specific constituencies, and high staff turnover.

Cluster snapshot: NFI and Shelter

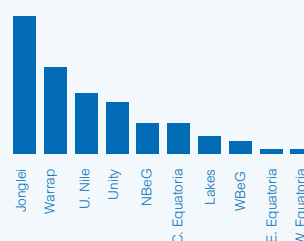
CHF FUNDING IN PROPORTION TO CAP 2013

CAP requirement	\$20.7 million
CAP secured funding	\$10.5 million (51%)
CHF allocated funding	\$5.8 million (56% of secured funding)

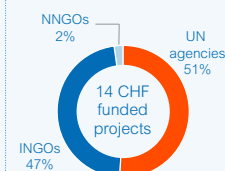
CHF FUNDING PER CATEGORY

Core pipeline	63%	CHF portion of secured funding
Frontline services	50%	

Funding per state (%)



CHF funding per type of organization



Cluster lead	IOM
Cluster co-lead	WVI
CHF recipients	ACTED, DRC, INTERSOS, IOM, LCED, MEDAIR, SC, WVI

OBJECTIVE

To ensure that displaced people, returnees and host communities have inclusive access to appropriate shelter solutions, and essential non-food items.

CHF KEY RESULTS

Output indicator	Planned	Achieved	%
Number of people provided with NFI and shelter support	357,818	549,607	154%
Women	201,074	306,550	152%
Men	156,744	243,057	155%
Number of conflict or disaster affected people, returnees and hosts provided with NFI support	308,853	524,718	170%
Number of conflict or disaster affected people, returnees and hosts provided with shelter support	48,965	24,889	51%
Number of NFI and ES kits procured, transported and stored in partner warehouse.	87,400	85,270	98%
Number of post-distribution monitoring exercises conducted.	36	11	31%

REPORTING

14 reports received out of 14 due



PARTNER SELF-ASSESSMENT

Projects reporting good results	86%	✓
Projects reporting moderate results	14%	
Projects reporting limited results	0%	

Pipeline and pre-positioning efforts in the first half of 2013 paid off during the rains. They also made a difference following the onset of the crisis in mid-December, when stores that were not looted enabled immediate response in remote displacement sites.

Frontline field-based staff supported by mobile teams proved a workable model for flexible response, in particular for the response in Pibor County when the cluster was able to coordinate closely with WASH teams to implement large-scale operations in remote locations. These teams have proved to be an appropriate model for response in the current crisis. An area of the 2013 strategy where implementation was weak was the link with livelihoods activities. The cluster continues to explore this within the limitations of restricted markets and access.



Photo: Martine Perret/UNMISS

CHF added value

The CHF has been an essential top-up fund, enabling individual partners to deliver and the cluster as a whole to meet the needs identified as most urgent.

The CHF helped fill critical pipeline gaps, including costs for procurement and transport; and supplied funds to frontline work, including field coordination and response capacity, without which the efforts of the cluster would have been severely affected. The flexibility of the CHF, including in budget realignment, has allowed cluster partners to adjust work in the face of fast-moving events.

The CHF helps build commitment across agencies to the common pipeline system, saving money through economy of scale and yielding programmatic benefits in terms of coordination and prioritization, ensuring a uniform response in different locations.

Monitoring and cross-cutting issues

The cluster ensures that partners who draw items from the common pipeline report on each response activity using standardized reporting templates developed in 2013. This provides consistent and comparable information that can be analyzed at the national level and fed into various information products that highlight achievements, gaps, challenges and best practices.

This process helps ensure that distributions take place according to humanitarian principles and cluster policy; that they are sustainable and appropriate to the local context; and that provisions are based on life-threatening need. The cluster maintains two databases to account for pipeline and frontline operations across the country.

The Monitoring and Reporting Specialist has been central in developing and implementing these activities, and in providing technical support to partners in post-distribution monitoring (PDM) which takes qualitative and quantitative considerations into account and has supported systematic, in-depth assessments to help design appropriate shelter and NFI response. PDM seeks to ensure accountability to affected populations by examining the real impact of the cluster's work and feeding lessons learned into future programming, and has been a required activity in all CHF projects.

Gender disaggregation of people receiving assistance is required and incorporated into the standard reporting formats developed in 2013, though challenges remain in securing accurate and comprehensive data given operating realities in remote locations.



Photo: DRC

Improving NFI& ES programming through flood assessment

In 2013, with CHF funding, the NFI/ES Cluster supported an ACTED-led flood assessment in Warrap State to locate communities vulnerable to flooding.

This was carried out in collaboration with Impact Initiatives through the REACH initiative and aims to support the cluster to adjust its strategy to provide more adequate shelter.

This work is an initial step to strengthen the coping mechanisms of communities vulnerable to flooding, through improvements in shelter design.

The report makes recommendations for improving shelter design, and outlines methods for reducing the risk of flooding while providing a sustainable solution that responds to cultural, contextual and climatic issues. The report will inform the cluster's coordination and planning activities.

NUTRITION

Photo: Brian Soko/UNICEF



“Poor roads and terrain and bad weather are all challenges we go through, but we soldier on to provide health and nutrition services”.

– Committed team of community health workers doing community nutrition screening (Mulrany International Project)

Cluster results using CHF funds

CHF funding was allocated to 37 nutrition projects to manage acute malnutrition, mostly in six states (Jonglei, Northern Bahr el Ghazal, Unity, Upper Nile, Warrap and Western Bahr el Ghazal) where the prevalence of acute malnutrition is highest. This support was fundamental to the Nutrition Cluster as few partners had access to funds from other donors for nutrition activities.

CHF funding was utilized to procure supplies for partners delivering frontline services for both moderate and severe acute malnutrition. It also enabled the cluster to develop the capacity of five national NGOs which received funds to implement projects. Eight new outpatient therapeutic patient (OTP) sites were established, and two targeted supplementary feeding programme (TSFP) centers.

The finalization of Field Level Agreements with WFP occurred after the allocation of CHF funds, and in many cases treatment targets were above what could be achieved with available supplies. This also affected performance against blanket supplementary feeding targets. The cluster is working with WFP to find a way of better ensuring CHF funded projects have realistic targets for moderate acute malnutrition (MAM) treatment.

Treatment outcomes for severe acute malnutrition (SAM) and MAM met SPHERE standards, though coverage was lower than intended. Preventative nutrition activities undertaken by CHF-funded partners

Cluster snapshot: Nutrition

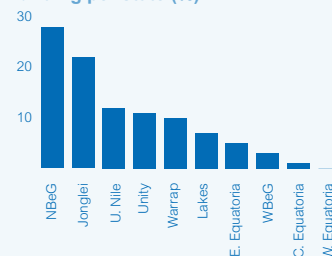
CHF FUNDING IN PROPORTION TO CAP 2013

CAP requirement	\$74.4 million
CAP secured funding	\$42.5 million (57%)
CHF allocated funding	\$12.9 million (30% of secured funding)

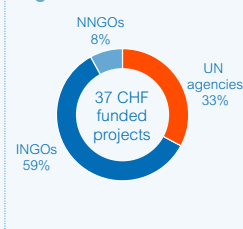
CHF FUNDING PER CATEGORY

Core pipeline	17%	CHF portion of secured funding
Frontline services	46%	

Funding per state (%)



CHF funding per type of organization



Cluster lead	UNICEF
Cluster co-lead	ACF-USA

CHF recipients	ACF-USA, BRAC, CARE International, CCM, CCM/CUAMM, Concern Worldwide, GOAL, HCO, IMC UK, KHI, MaCDA, Malaria Consortium
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OBJECTIVE

Ensure provision of emergency nutrition services in priority states, focusing on high-risk underserved communities and areas where there is food insecurity, high malnutrition, and/or high numbers of displaced people and returnees.

CHF KEY RESULTS

Output indicator	Planned	Achieved	%
Total direct beneficiaries	359,789	731,135	203%
Number of children admitted for the treatment of SAM.	48,228	42,839	89%
Number of children and PLW admitted for the treatment of Moderate Acute Malnutrition (MAM).	67,125	46,226	69%
Number of community members reached with nutrition awareness and education.	123,026	401,623	326%

REPORTING

35 reports received out of 37 due



PARTNER SELF-ASSESSMENT

Projects reporting good results	77%
Projects reporting moderate results	20%
Projects reporting limited results	3%



included micro nutrient supplementation, de-worming and infant and young child feeding, though outputs were below expected targets. These results should be interpreted in light of access constraints occasioned by flooding and the outbreak of conflict towards the end of 2013. Flooding reduced access to beneficiaries in Jonglei, Unity and Upper Nile states. Conflict led some partners to suspend operations.



Photo: Albert Gonzalez Farran/UNMISS

CHF added value

CHF funding has been crucial in reducing nutrition funding gaps, particularly by providing funding for national NGOs which may not normally receive funds from bilateral donors. CHF funding to pipeline and frontline projects contributed towards reduced morbidity and mortality among children under five in states with high prevalence rates of malnutrition. CHF funding was used by nutrition partners to undertake surveys

and assessments, increasing the availability of nutrition data and contributing to the Integrated Phase Classification for food security analysis.

The flexibility of the CHF enabled partners to align their projects with the changes in the security situation, and helped to avoid ruptures of the nutrition supplies pipelines.

Monitoring and cross-cutting issues

The Nutrition Cluster pipeline partners used CHF funding for capacity building on monitoring and supervision to ensure supplies reached intended beneficiaries. The Monitoring and Reporting Specialist conducted field monitoring of the progress and quality of the nutrition projects to ascertain the level of adherence to SPHERE standards. Feedback was offered to partners during the field monitoring visits, drawing on monthly reports. Cluster partners utilized gender relationship mechanisms that increase the status of women as leaders and promote gender balance in community worker networks. Achievements were disaggregated by gender, as required by reporting tools.

Limited progress was made against two cluster priorities: the provision of emergency preparedness and response services (including rapid assessment and response, and training on nutrition in emergencies); and the strengthening of state-level coordination.



Photo: Nile Hope

Reducing malnutrition in Akobo

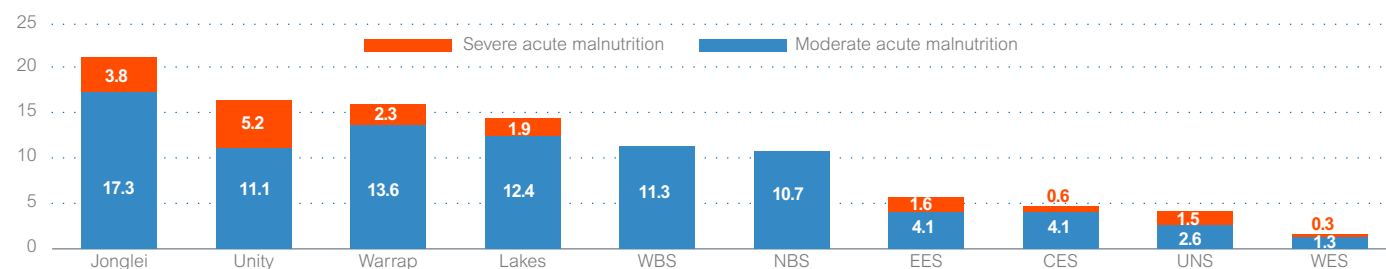
A CHF-supported Nile Hope project provided Plumpy Nut food supplement to Nyabiel Chol's child who was severely malnourished. The child was admitted with a weight of 7.3kg and was later discharged when attaining the targeted weight of 8.6kg, after intensive follow up and close monitoring.

"The program has improved the life of my child and many other children in the community", says Nyubiel Chol.

– Nile Hope project

Child nutrition by state

Malnutrition rates among children by state (in %)



Source: WFP, June 2013

PROTECTION

Photo: Tim Mckulka/UNMISS



The flexibility of the CHF has allowed partners to revise and recalibrate their projects without difficulties throughout the year, so as to respond to new displacement, deteriorating security, logistical challenges and other factors beyond their control. Some partners were able to quickly deploy or remain in crisis-affected areas thanks to CHF funding.

Cluster results using CHF funds

The Protection Cluster received funds from the CHF through both standard allocations, for frontline projects assisting displaced people, returnees and host communities in vulnerable areas. The level of CHF funding remained consistent with that in 2012 but the number of partners funded increased from nine to 13. While projects addressing gender-based violence (GBV) and child protection received the biggest share of funding, CHF funds also contributed to general protection, conflict prevention and activities related to house, land and property rights, and access to civil status documentation.

Though many of the projects funded in the second round allocation were still to be completed at the end of March 2014, cluster partners generally reported good progress. GBV partners focused on prevention of violence through awareness-raising activities and on services for survivors of violence provided by trained staff. Capacity-building of national actors in GBV prevention and response was strengthened in Bor, Juba and Rumbek. Centers for clinical management of rape were established in Juba Teaching Hospital and in Bor. GBV coordination and data collection for advocacy and programming were strengthened at the national and sub-national levels.

Child protection partners provided psychosocial support to children, youth and communities, raising awareness about children's rights and protection. During the Pibor County crisis and since the onset of



Cluster snapshot: Protection

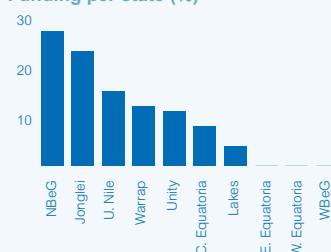
CHF FUNDING IN PROPORTION TO CAP 2013

CAP requirement	\$48.6 million
CAP secured funding	\$22.9 million (47%)
CHF allocated funding	\$5.9 million (26% of secured funding)

CHF FUNDING PER CATEGORY

Core pipeline	NA	CHF portion of secured funding
Frontline services	26%	

Funding per state (%)



CHF funding per type of organization



Cluster lead	UNHCR
Cluster co-lead	NRC
CHF recipients	ARC, CESVI, DRC, INTERSOS, IRC, NHDF, NP, NPC, SALF, SC, SCA, UNFPA, UNICEF

OBJECTIVE

Strengthen protection, safety and dignity of crisis-affected people by mitigating the effects of grave violations related to displacement and humanitarian emergencies, by coordinating responses with focus on vulnerable groups.

CHF KEY RESULTS

Output indicator	Planned	Achieved	%
Total direct beneficiaries	184,223	203,645	111%
Women	102,581	111,733	109%
Men	81,642	91,912	113%
Number of identified and registered (separated/unaccompanied) children reunited with their families or alternative care arrangements assured	1,300	2,631	202%
Number of people reached with behavior change messages on GBV issues and available services in emergency settings	83,107	99,384	120%
Number of crisis affected children receiving psychosocial support and services	18,920	24,478	129%

REPORTING

21 reports received out of 23 due



PARTNER SELF-ASSESSMENT

Projects reporting good results	85%	✓
Projects reporting moderate results	10%	
Projects reporting limited results	5%	

widespread conflict in December 2013, partners carried out emergency response, including family tracing and reunification services and support to the release and reintegration of children associated with armed forces and armed groups.

Other protection projects facilitated access to land for displaced, returnee and host communities; established collaborative resolution mechanisms to solve disputes over access to land and/or natural resources; and facilitated access to civil status documentation. These initiatives focused on counties in Northern Bar el Ghazal, complementing similar activities in Warrap and Western Bahr el Ghazal funded through other sources and with other partners. Protective presence was carried out in several locations, aiming to improve physical safety and community protection, including by preventing or reducing conflict, controlling rumors, and establishing early warning systems. During the Pibor County crisis coordination of the response improved, allowing clusters to discuss protection mainstreaming and create appropriate response models. These are now being adapted to the current crisis.



Photo: Tim Irwin/UNHCR

CHF added value

As a funding source, the CHF is of the utmost importance for protection partners. The cluster uses the fund as a means to cover critical gaps and for the distribution and pre-positioning of protection supplies that do not fall within the core pipelines. Most importantly, the CHF is an instrument to strengthen the capacity of national NGOs with proven protection capacity and presence in key areas.

The flexibility of the CHF has allowed partners to revise and recalibrate their projects without difficulties throughout the year, so as to respond to new displacement, deteriorating security, logistical challenges and other factors beyond their control. Some partners were able to quickly deploy or remain in crisis-affected areas thanks to CHF funding. While other clusters' partners on the ground value the contribution of protection agencies during emergencies, the Protection Cluster's ability to deploy staff is highly dependent on funding channels such as the CHF. Furthermore, protection activities continue to require deployment of high numbers of staff, with commensurate costs.

Monitoring and cross-cutting issues

Monitoring and reporting tools were developed and used in 2013. With the CHF as an entry point, the cluster was encouraged to define and develop its internal reporting mechanisms in line with its complex structure, which comprises a number of sub-clusters and working groups. Sub-cluster coordinators engaged directly in CAP monitoring and reporting, in coordination with the Monitoring and Reporting Specialist who mainly focused on CHF projects.

Half of the CAP 2013 projects funded through CHF were monitored by the Monitoring and Reporting Specialist, who checked the quality of reports and provided technical support to partners and the cluster team. The involvement of the Monitoring and Reporting Specialist in the allocation and project revision process contributed to the organization of the cluster's work and the development of more solid project documents and reference materials. Mainstreaming in all sectors could be further enhanced through the activities of the cross-cluster Monitoring and Reporting Working Group (MRWG), for example through joint monitoring visits and common tools such as cross-cluster checklists for protection monitoring.

The cluster aims to maintain its strong focus on national NGOs for which the CHF is often the key funding source for the start-up of activities. The cluster is moving towards more comprehensive projects that address both child protection and GBV, and that include protection mainstreaming.



Photo: Brian Sokol/UNDP

"I was told by a participant that they were being trained on GBV and that men should take care of their wives instead of beating them. Hence I felt I must attend such a training myself other than being told and to prove what the participants had said was true because no one has ever told us that beating women is bad".

– Participant in GBV training in Gumuruk Pibor County, Intersos project

WATER, SANITATION AND HYGIENE (WASH)



Photo: Brian Sokol/UNDP

“At least life has become better now; we feel part of the wider society. Our women used to fetch water from far (5 -10 kms). We are now able to access safe drinking water within 2-3 kilometers. Women’s work loads and child labour is expected to reduce by 50 per cent. This borehole in Bajack will serve more than 3,500 people as it will be the only and nearest borehole in five surrounding villages which have no existing boreholes.”

– Kangach Yong Lam,
Bajack Village
Chairman/Leader,
CMD WASH project



Cluster results using CHF funds

CHF-funded projects reached over 310,700 people with improved and safe water supply. Eighty-two new water points were constructed, and 280 existing water points were rehabilitated. Training and equipping communities to address issues with water points was an essential component of the portfolio. Some 2,340 people were trained in the management of water, sanitation and hygiene services, including pump mechanics and ‘Water Management Committee’ (WMC) members. WMCs operate to keep water collection points clean, and to educate users on how to collect water hygienically and use pumps properly to avoid unnecessary wear and tear. Training of pump mechanics, often from local governmental institutions, has in many counties strengthened local capacity to respond to pump breakdowns.

CHF allocations enabled partners to reach over 21,000 people with hygienic latrine facilities. Partners constructed 845 new latrines, and rehabilitated 25 existing ones. Communities were taught about the importance of using latrines and hand washing stations. Over 1,205 households were reached with emergency hygiene kits, including people affected during flooding in Warrap State. Partners far exceeded the target of distributing 500 kits, and used the core pipeline to respond to greater than anticipated needs. Almost 19,825 people were trained as hygiene promoters and solid waste management activities benefited some 48,770 people. As a result of two CHF funding allocations to the pipeline, essential

Cluster snapshot: WASH

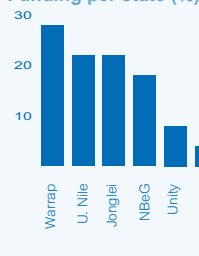
CHF FUNDING IN PROPORTION TO CAP 2013

CAP requirement	\$70.5 million
CAP secured funding	\$44.6 million (63%)
CHF allocated funding	\$12 million (27% of secured funding)

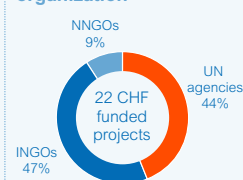
CHF FUNDING PER CATEGORY

Core pipeline	50%	CHF portion of secured funding
Frontline services	22%	

Funding per state (%)



CHF funding per type of organization



Cluster lead: UNICEF
Cluster co-lead: MEDAIR

CHF recipients: ACF-USA, ACTED, ASMP, CMD, GOAL, IAS, Intermon Oxfam, IOM, IRW, MEDAIR, NHDF, PLAN International, RUWASSA, Samaritan's Purse, UNICEF

OBJECTIVE

Increase access to safe water and improved sanitation and hygiene practices among emergency-affected and acutely vulnerable communities.

CHF KEY RESULTS

Output indicator	Planned	Achieved	%
Total direct beneficiaries (people provided with sustained access to water supply and to hygiene latrine facilities)	326,504	331,731	102%
No. of people provided with sustained access to safe water supply (15 ltr/person/day within 1 km distance)	279,028	310,721	111%
Women	159,214	171,550	108%
Men	119,814	139,171	116%
No. of new/additional water points constructed	102	82	80%
No. of existing water points rehabilitated	258	280	109%
No. of new latrines constructed	1,155	845	73%

REPORTING

20 reports received out of 22 due



PARTNER SELF-ASSESSMENT

Projects reporting good results	92%
Projects reporting moderate results	8%
Projects reporting limited results	0%



emergency supplies were procured and pre-positioned allowing partners to deliver life-saving aid to 204,900 beneficiaries. CHF support to WASH partners was instrumental in initiating the response to the new crisis in December.



Photo: UNICEF

CHF added value

Through the CHF, partners were able to implement critical and timely emergency WASH activities targeting acutely vulnerable people, in particular displaced, returnee and host communities in Jonglei, Northern Bahr el Ghazal, Upper Nile and Warrap states. CHF funding contributed to achieving 35 per cent of the cluster's overall target for safe drinking water, and helped the cluster to significantly exceed its target for training of hygiene promoters.

The emergency response objectives of the WASH Cluster would not have been achieved without the essential injection of CHF funds into the project portfolio. In comparison to 2012, CHF funding for WASH projects increased by approximately \$1 million. The share of funds

going to NGOs increased from 48 to 55 per cent with a significant increase for national NGOs, which received 9 per cent as compared to 5 per cent in 2012.

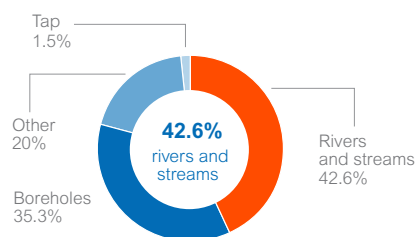
Monitoring and cross-cutting issues

The WASH Cluster's Monitoring and Reporting Specialist was able to visit several CHF projects to monitor their quality and impact.

These field visits (in addition to support provided to the cluster reporting mechanism) significantly improved the cluster's reporting efforts, helping to verify and clarify results. The WASH portfolio met the specific needs of children, with easily accessible water points and new and rehabilitated school latrines allowing children to protect themselves from illness and to access education.

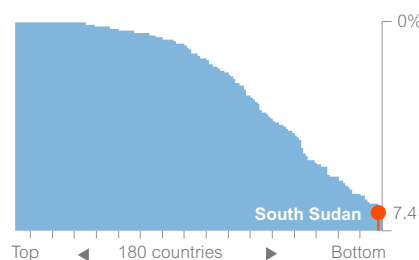
A focus on involving women and elderly people in WMCs, and training women to serve as hygiene promoters in their communities, resulted in a gender and age-sensitive approach to the implementation of both the hardware and software components of WASH projects.

Clean water accessibility in South Sudan Water sources for the majority of communities



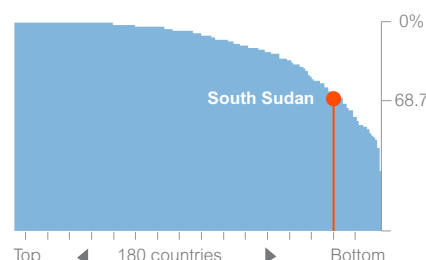
Source: IOM, 2013

Almost no access to sanitation facilities Access to sanitation facilities



Source: United Nations MDG Progress Report, 2012

Access to drinking water near the bottom Access to improved water sources



Source: United Nations MDG Progress Report, 2012

Photo: Jenn Warren/UNDP



Water for rural people

Islamic Relief used CHF funding to address problems associated with insufficient water, sanitation and poor hygiene practices which have been identified as one of the reasons for chronic malnutrition in Tonj North County, Warrap State. Residents express their satisfaction on getting access to water, as it has brought a lot of relief among the residents and they no longer need to walk many kilometers in search of water.

"The project has helped women and girls who bear the greatest burden of water collection because it reconstructed the existing water points that were non-functional and now water is got in a shorter distance and it is very clean" says Gale Mariam, who is also trained on proper handling and care of the water facilities.

– Islamic Relief project in Tonj North County



Photo: Brian Soko/UNICEF

CHF MANAGEMENT AND WAY FORWARD

CHF MANAGEMENT

CHF roles and responsibilities

Humanitarian Coordinator: The Humanitarian Coordinator is responsible for the overall management of the CHF and provides strategic direction; mobilizes financial resources; defines the size and scope of each standard and reserve allocation; approves allocations to projects; authorizes disbursements; ensures resources are allocated in accordance with established procedures; and supervises the monitoring and evaluation of the humanitarian response.

CHF Advisory Board: The CHF Advisory Board provides guidance to the HC on management of the CHF and serves as a forum for discussing strategic issues. The Board consists of two UN agency representatives, one representative of the NGO Forum and one representative of the NGO Steering Committee, two contributing donor representatives and one non CHF contributing donor representative as an observer. OCHA and UNDP provide secretarial support to the Advisory Board.

CHF Technical Secretariat (joint OCHA and UNDP team): Under the supervision of the HC the Technical Secretariat oversees the day-to-day operations of the CHF, including the programmatic and financial management of projects and oversight of the project management

cycle. The UNDP component of the Technical Secretariat is known as the "Managing Agent" for its role in contracting and disbursing funds for NGOs implemented projects and organize the financial reporting.

Cluster Coordinators and Co-coordinators: Cluster coordinators and co-coordinators lead coordination at the cluster level to ensure a transparent and strategic CHF allocation process. They establish priorities, recommend humanitarian projects for funding and are responsible for defending cluster allocation strategies before the CHF Advisory Board. They support CHF monitoring and reporting by defining indicators and promoting common technical standards.

Multi-Partner Trust Fund: The UNDP Multi-Partner Trust Fund (MPTF) office, based in New York, is the Administrative Agent of the CHF. It receives, administers and manages contributions from donors, and disburses funds to the UN agencies including to UNDP for NGO projects in accordance with the decisions of the HC. The MPTF prepares the annual consolidated financial report and regular financial statements for the CHF donors and other stakeholders.

Innovation

OCHA and UNDP - as the Managing Agent of the CHF - continued their ever closer collaboration within the CHF Technical Secretariat. The UNDP team reached full strength with the arrival of a Programme Specialist, a Finance Associate and a Finance Analyst. The M&R Working Group facilitated by OCHA became fully operational by the end of the first quarter, with M&R Specialists in post within their respective clusters.

Allocation processes were better informed and more evidenced-based than in 2012 as a result of improved M&R arrangements. Information related to the level of expenditure and performance of partners – showing their comparative ability to deliver results on the ground – was factored into the selection of projects to be funded. This complemented the analysis carried out by each cluster to identify priority activities and key gaps to be supported by the CHF.

Another notable improvement was the strengthening of the Peer Review Team (PRT) mechanism. A follow-up technical review of projects after the decision in principle to fund them was introduced to ensure their final quality. This change was made in line with the new global guidance for country-based pooled funds.

Project revisions and extensions

The outbreak of conflict in mid-December 2013 had a major impact on the implementation of projects funded earlier in the year, which were expected to complete in the first part of 2014. Many organizations had to change their implementation plans as insecurity and increased needs demanded major changes in the design and delivery of aid activities in large parts of the country. The Humanitarian Coordinator approved an exceptional process to fast-track project revision and extension requests between January and April 2014. By the end of April, 33 per cent of 208 CHF allocations made in 2013 had been revised and/or extended, compared to only 12 per cent in 2012.

The most commonly reported reasons for extensions in 2013 were insecurity (32 per cent) and lack of access to intended beneficiaries (24 per cent), as opposed to procurement and programmatic delays in 2012. Other reasons included delays in recruitment needed to address high staff turnover rates; lack of local availability of supplies leading to procurement delays; and delayed disbursement of funds.

The significant reduction in the number of project extensions attributed to delays in finalizing Project Partnership Agreements (PPA) shows improved CHF performance in the contracting process. On

Developing a partner performance index

The CHF Secretariat uses information collected and updated since the inception of the fund to produce a partner performance index. The index combines data related to CHF-funded projects and partners' performance, drawn from monitoring activities, financial and narrative reporting and audits. Compiling this data generates a comparative score for each organization.

The performance index was used for the first time during the second standard allocation in 2013, to inform the selection of projects to be funded. It was used again for the first standard allocation in 2014. It will be incorporated into the overall risk management framework for the CHF, and will allow CHF stakeholders to monitor changes in performance over time.

the other hand, the number of extensions resulting from delays in fund disbursement owing to the timing of allocation processes and donor deposits more than doubled.

Throughout the year the CHF Technical Secretariat and cluster coordinators invested significant time and effort in reviewing and processing 72 requests for budget revisions and no-cost extensions. The development and roll-out of a new on-line CHF Grant Management System (GSM) in 2014 is expected to improve turnaround time.

CHF administration fees

CHF Technical Secretariat – OCHA:
\$763,255
Administrative Agent – MPTF:
\$917,067
Managing Agent – UNDP as PUNO for NGOs:
\$3,216,685
Bank Charges - \$865

Source: CHF TS, MPTF April 2014

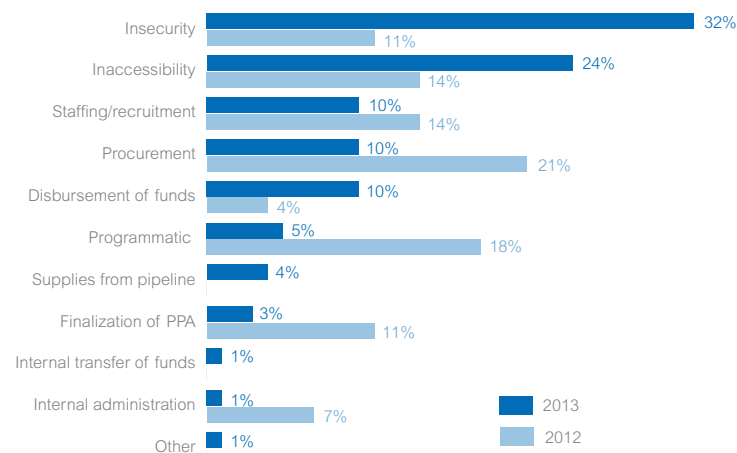
Financial summary for NGO projects

167 allocations to NGOs in 2013 amounted to \$46 million. In the first standard allocation \$24.6 million supported 81 projects; in the second standard allocation \$20.9m supported 86 projects. One project received \$500,000 through a reserve allocation. Funds allocated to NGOs are disbursed progressively in line with quarterly reporting and liquidation. By the end of March 2014, more than 80 per cent of funds allocated through the first standard allocation had been disbursed to partners, and 90 per cent of this reported as spent. Over 85 per cent of funds allocated through the second standard allocation had been disbursed, with 75 per cent of this reported as spent. This represents a lower rate of utilization than in the previous year, with many projects requiring revisions and no-cost extensions following the onset of the conflict in December. Administrative procedures were made more efficient. For the second standard allocation contracting was completed in an average of nine days and cash disbursement completed within an average of four working days.

Financial summary for UN agency projects

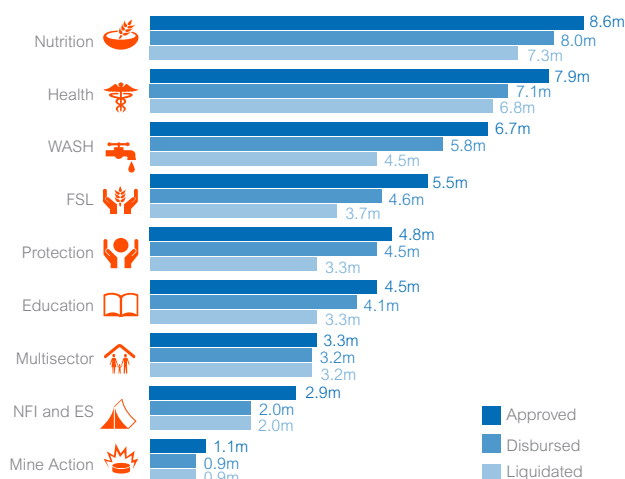
41 allocations to UN agencies in 2013 amounted to \$43.7 million. Half of this amount went to support 16 pipeline projects. In the first standard allocation, \$31.2 million supported 22 projects; in the second standard allocation \$12.1 million supported 18 projects; through the reserve allocation supported one project with \$400,000. Funds allocated to UN agencies are fully disbursed following allocation. By the end of March 2014, 95 per cent of the total amount disbursed was reported spent, with the remaining expenditure corresponding to projects still under completion.

No cost extensions analysis in 2012 and 2013



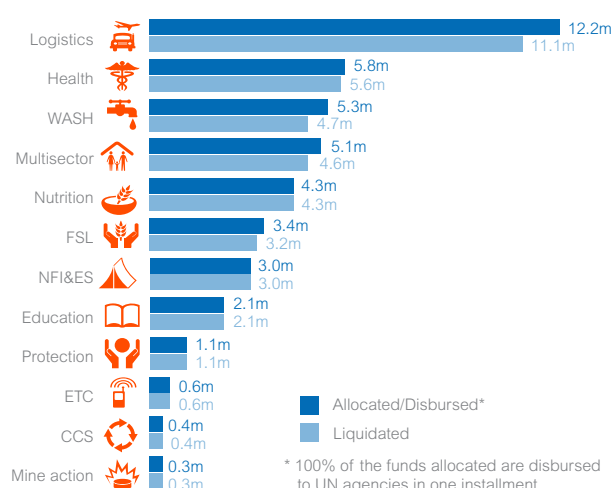
Source: South Sudan CHF Technical Secretariat, April 2014

NGOs' financial performance (\$ million)



Source: South Sudan CHF Technical Secretariat, April 2014

UN agencies' financial performance (\$ million)



* 100% of the funds allocated are disbursed to UN agencies in one installment.

Source: South Sudan CHF Technical Secretariat, April 2014

ACCOUNTABILITY AND RISK MANAGEMENT

The CHF's accountability and risk management framework encompasses: the monitoring and reporting (M&R) framework and mechanism; accountability to affected people, including gender programming; the partner performance index; value for money; financial oversight; and training and capacity building. These elements were all strengthened in 2013.

Monitoring and reporting

Roll out of the M&R framework

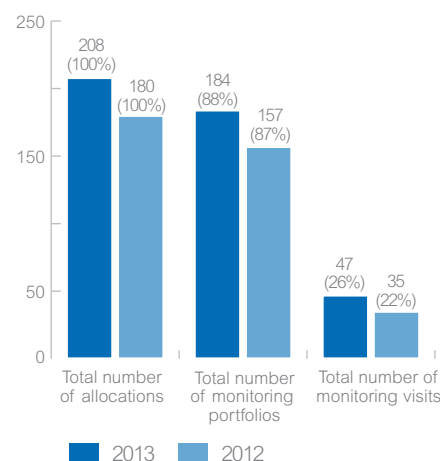
Regular reporting cycles were organized across the projects funded in 2013. Partners provided narrative reports for 92 per cent of the 208 allocations. This reporting rate was maintained at the same level as in 2012 even though allocations increased by 16 per cent. Establishing a reporting cycle helped ensure regular collection, review and aggregation of results, and enhanced the clusters' ability to assess progress and understand challenges encountered by partners during project implementation.

Monitoring of CHF-funded projects intensified in 2013, with a focus on frontline projects. 26 per cent of all frontline projects were monitored, either during a dedicated visit or as part of other cluster monitoring activities. These efforts were not, however, spread evenly throughout the year. 42 per cent of projects funded in the first standard allocation were monitored, as compared to only nine per cent for the second standard allocation. This was because the mid-term point of most allocations funded in the second standard allocation coincided with the departure of several M&R Specialists. Monitoring towards the end of the year was further constrained by the outbreak of violence in December. Projects not monitored in 2013 are prioritised for review in 2014.

Given the relationship between planning and monitoring, the M&R Working Group was closely involved in the review and quality assurance of proposals submitted for new funding. To increase the effectiveness of funded projects, the proposals were reviewed to ensure adherence to minimum standards, including the clear articulation of expected results for the M&R mechanism to track.

In addition to their CHF-related work, the M&R Specialists also supported cluster-wide M&R activities. Initiatives included an impact assessment undertaken by the Education Cluster, and post-distribution monitoring activities carried out by the NFI and Emergency Shelter Cluster.

CHF allocation monitoring in 2012 and 2013



Source: CHF TS, April 2014

Key achievements

In 2013 the CHF continued to strengthen its M&R mechanism, which was first adopted in 2012. M&R activities increased significantly from February, with eight M&R Specialists recruited and deployed to priority clusters. The M&R Working Group was set up and met regularly to coordinate and develop initiatives to measure the results of the CHF and of cluster activities more broadly. Towards the end of the year, plans to build on this experience and establish a permanent M&R capacity were delayed due to negotiations around costs and administrative issues. They were further complicated by the sudden change in the context in mid-December.

The M&R mechanism increased the ability to capture results achieved by CHF-funded projects, and to tailor new funding allocations to best meet beneficiaries' needs. Stakeholders have recognized that embedding M&R Specialists within clusters is an efficient way to strengthen accountability of humanitarian activities. The model has ensured that CHF M&R activities build on cluster's existing M&R arrangements, or – where needed – strengthen clusters' own M&R arrangements through the support of the CHF M&R Specialists.

The rise of 16 per cent in the number of projects funded between 2012 and 2013 increased the CHF M&R portfolio and the demands on the team. Nevertheless, good progress was made throughout the year and all CHF stakeholders remained supportive of the investment in effective M&R.

CHF M&R framework description

The Humanitarian Monitoring and Reporting Framework was developed and rolled-out in 2012.

The framework has a two-pronged approach, aiming to: 1) strengthen the capacity of clusters to monitor and report on results within their cluster; 2) strengthen the CHF M&R activities to increase learning and improve programme delivery.

This framework was designed to address the recommendations of previous CHF evaluations calling for an improvement of monitoring mechanisms to better capture results achieved by projects beyond delivery of output, and to ensure that the CHF tailors its support to beneficiary needs.

To strengthen the capacity of clusters to conduct M&R activities, M&R Specialists were assigned to eight clusters with large programmes and many partners.

Embedding M&R support directly in the cluster structure was recognized as the most efficient manner to: 1) empower clusters in strengthening accountability of humanitarian activities; and 2) ensure that monitoring activities built on pre-existing monitoring tools.

Several missions visiting South Sudan provided positive feedback, especially on the innovative decision to embed M&R Specialists in the clusters.

Links between the CAP and the CHF were strengthened by the active participation of the M&R Specialists in both the mid-year review of the CAP 2013 and the design of the CAP 2014-2016. The M&R support provided by the CHF also strengthened clusters' ability to make more evidence-based decisions. Monitoring results fed into the CHF allocation processes and informed funding decisions. This was partly achieved through the introduction of a partner performance index described elsewhere. During the second round allocation, the Advisory Board explicitly acknowledged the important contribution of M&R activities to informing its decisions.

Pilot activities were carried out to expand the scope of the monitoring to capture qualitative aspects and cross-cluster collaboration. For instance, the M&R Working Group visited Akobo in Jonglei State to conduct joint monitoring of projects from five clusters over several weeks. This promoted better understanding of how activities in different sectors collectively respond to the needs of a particular group of people. Members of the M&R Working Group also promoted mainstreaming of cross-cutting issues such as protection and gender in the work of different clusters.

Looking forward

The M&R mechanism has been acknowledged by donors and clusters as a good practice which should be continued. The CHF Advisory Board agreed to renew this initiative in 2014 to further build on the very positive pilot experience in 2013.

In addition, more work will go into developing new monitoring mechanisms to complement field visits, given the restrictions on movements imposed by increased insecurity. The M&R mechanism should contribute to other CHF developments such as the roll-out of the new Grant Management System and the reinforcement of the CHF accountability framework.

Accountability to affected people

A mission on 'accountability to affected people' mechanisms in South Sudan was carried out in the first half of the year. This included a review of CHF mechanisms and provided recommendations on how to strengthen accountability to people receiving assistance. CHF monitoring visits also reviewed how affected people are involved in project design and implementation and provided further recommendations to partners. Some clusters also carried out activities in this area through post-distribution monitoring and impact studies. These initial steps provide a foundation for continued work to strengthen accountability to affected people in 2014.

Mainstreaming gender

Efforts to mainstream gender throughout the programme cycle continued in 2013. During allocations, the CHF asked clusters to ensure that projects recommended for funding included an analysis of the specific needs and priorities of women, girls, boys and men. This gender component is among the key criteria used by the cluster Peer Review Teams to put forward projects for funding. Further, in the second standard allocation the GenCAP Advisor worked with partners to better incorporate gender issues in the design of their projects.

In the review of reports submitted by partners and during monitoring visits gender considerations were at the forefront, for example by assessing the set-up of mother-to-mother support groups for nutrition activities or reviewing girls' school attendance rates. In addition, the CHF supported and benefitted from the clusters' own efforts to mainstream gender in their response. The M&R Specialists supported this, some becoming the gender focal points for their respective clusters. As an example, the increase of post-distribution monitoring exercises in the NFI and Emergency Shelter Cluster helped modify the response to better cater to the needs of women and girls.

Despite these efforts, gender mainstreaming is not always reflected sufficiently in the quantitative results reported at the cluster level, for example in relation to training of community workers. Projects report indicate that gender balanced participation in activities is rarely achieved, despite the willingness and effort of partners. This reflects the overall operating environment in South Sudan, where there are still relatively few female teachers or health workers. It is an area where all stakeholders need to continue to intensify their efforts.

Partner performance index

The CHF Technical Secretariat collects and triangulates information on a regular basis and incorporates findings into its partner performance index. The information is fed back into the analysis and selection of projects to be funded in each successive allocation process, and also informs the selection of projects for monitoring visits. In 2014 the CHF will continue to strengthen its risk management framework in line with global guidelines and best practices.

Ensuring value for money

The CHF Technical Secretariat introduced tools in 2013 to further define and apply the concept of 'value for money' during the allocation processes. A detailed budget sheet was introduced with guidance on the classification of direct and indirect costs for funded projects. Projects proposed for funding were reviewed for potential overlapping funding, particularly where partners received CHF funding across several clusters or in both standard allocations. The level of secured resources against the CAP was also taken into account during allocations, to refine understanding of the value added by the CHF. Finally, during the allocations Peer Review Teams reviewed the projects submitted for funding against specific 'value for money' criteria, defined by each cluster and adapted to the context and the nature of activities required to support the humanitarian response.

Financial oversight

In its first two years of operation, the CHF has progressively developed its framework of financial risk management, currently organized around four pillars:

Capacity assessments of new CHF partners

A capacity assessment is a mandatory requirement for all new NGO partners before they may receive CHF funds. This is in line with the development of the Harmonised Approach to Cash Transfers (HACT). Capacity is assessed by an independent audit company to establish the risk profile of the organization.

Partial and sequential cash disbursements

The budget allocated to NGOs is phased in line with a quarterly work plan. The initial disbursement is provided to cover the forecasted requirement for the first quarter. Partners are then required to submit quarterly financial reports along with requests for subsequent disbursements. These will only take place after submission of a compliant financial report and where at least 80 per cent of the amount previously advanced has been spent.

Financial reporting

NGO partners are required to submit financial reports within 30 days from the end of each quarter, detailing expenditure during the quarter. Encouragingly, expenditure patterns were generally found to be broadly in line with financial forecasting.

In 2013, more than 70 per cent of partners submitted their quarterly report on time, compared to 2012 when less than half of partners were on time.

UN agencies provide their certified financial reports on an annual basis to the Multi-Partner Trust Fund Office (MPTF Office). (See ANNEX 4). They also provide non-certified expenditure information for CHF-funded projects ahead of each allocation process.

Audit

According to UNDP procedures, exceptional audits of all NGO projects with expenditure of more than \$450,000 in any calendar year are a statutory requirement. Further, and irrespective of the amount, every allocation to an NGO is audited at least once, usually when the implementation period is over. Presently this role is performed by PWC Kenya.

In 2013 external independent audits of all CHF allocations from 2012 were carried out. No misappropriation or misuse of CHF funds was detected. However, some partners were found to have exceeded eligibility criteria for certain budget lines. In such cases ineligible amounts are refunded.

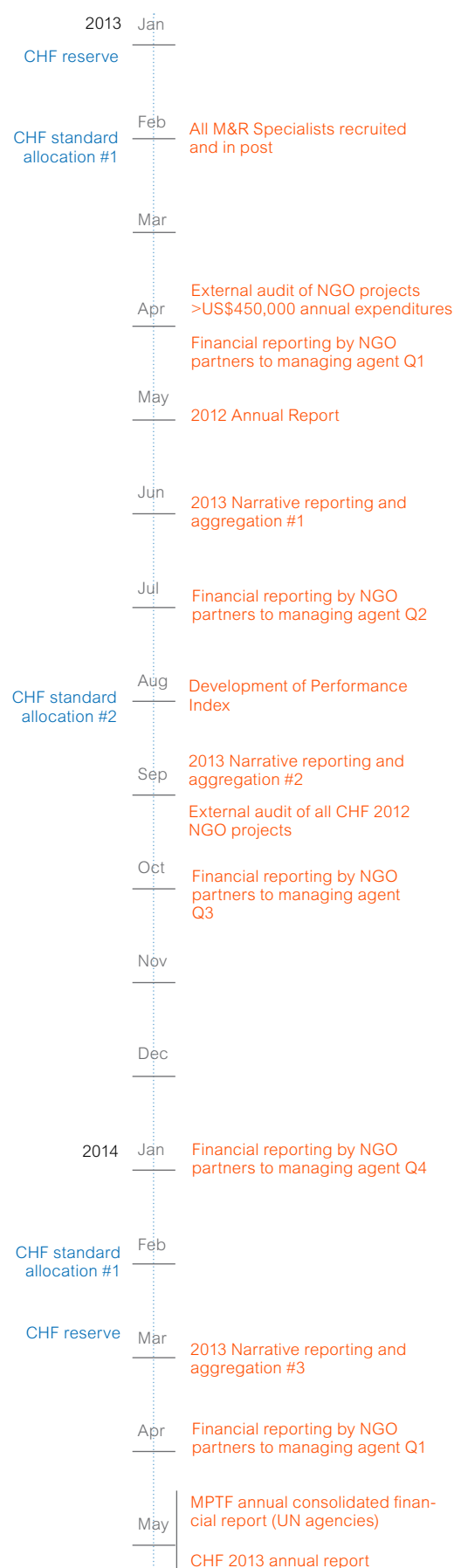
Training and capacity-building

Throughout 2013 the CHF Technical Secretariat organized capacity-building workshops for existing and new partners on contracting, reporting and other project management issues. A special session was held for national partners to increase their project development and management capacity.

Review missions

In 2013 the CHF received several evaluation and review missions from donors and UN Headquarters. Notably, DFID commissioned an independent review of the CHF in May 2013 and Norway and Sweden also reviewed the activities of the fund. A high-level Multi Partner Trust Fund (MPTF), UN OCHA and UNDP team came to South Sudan in September 2013 to review the operation of the fund, and to look at the work of the Managing Agent in particular. The mission visited some NGO projects in the field. The team expressed overall satisfaction with the CHF and were appreciative of the management systems in place.

CHF monitoring and reporting activities in 2013 (May 2014)



Monitoring visits to CHF projects

LESSONS LEARNT AND WAY FORWARD

The CHF had a second successful year in 2013, making important contributions to the aid operation in South Sudan. That said, the Humanitarian Coordinator, OCHA and the entire Advisory Boards believe strongly that there is always room for improvement. Attempts to better align the cycle of donor deposits and allocations with the seasonal calendar have been only partially successful. Further gains can be made by getting resources to implementing partners at the most appropriate times of the year to pre-position supply pipelines and support community-level activities. Advocacy with all stakeholders will continue to optimize the timing of contributions, allocations and disbursements.

Once allocation processes are underway, there is a trade-off between the speed and quality of the process. The sense of urgency in finalizing allocation decisions should be matched by due consideration of the work required to formulate robust proposals and review them to ensure their quality. The allocation process is part of the wider project cycle, and the eventual impact of CHF resources needs to be manifested through high-quality project implementation. The CHF Technical Secretariat and the Advisory Board will continue to work with the clusters to ensure the quality of proposals submitted within the limited timeframes of allocation processes.

The CHF has played two important roles – filling gaps for some projects by funding a small proportion of their total financial requirements, and being the predominant funding source for other projects. The onset of a major new crisis at the end of 2013 has promoted further debate on the relative merits of spreading available resources more widely or targeting them to a smaller number of prioritized projects and partners. This issue requires further analysis to ensure an appropriate balance between these two roles, which may shift over time in response to changes in the operating context.

In response to urgent needs on the ground, the CHF has in some circumstances supported projects of no more than three months. While these have often been successful in achieving their overarching goals, in many cases implementation within the stipulated timeframe has proved impractical, resulting in a significant additional burden for partners and the CHF Technical Secretariat in analysing and processing no cost extensions and budget revisions. More can be done to make sure that project periods make implementation feasible.

A major achievement during the year was a new partnership with an additional donor. The number of donors remains limited at eight, however, and the fund continues to rely on a few countries for the major part of its resources. Those resources also fell between 2012 and 2013. Work will continue to mobilize contributions through proactive engagement and information sharing with the donor community, under the leadership of the Humanitarian Coordinator.

Notable achievements in piloting innovative monitoring and reporting arrangements have been recognized by internal stakeholders and external observers alike. In 2014 it will be important to build on this success by establishing sustainable administrative arrangements for M&R Specialists, within the overarching monitoring and reporting framework.

Using CHF resources optimally will depend on being aware of, and coordinating with, other funding streams. Efforts continued during the year to improve mapping of opportunities for complementarity, for example with the Health Pooled Fund. There is scope for more work in this regard. The current crisis has heightened the importance of this issue, with major improvements in the day-to-day mapping of contributions from the CHF and other humanitarian funding streams in support of most critical and immediate priorities. This will be further strengthened throughout 2014.

In view of the overall size of the CHF and its annual turnover, the number of projects funded, the number of allocations made to those projects, and the commensurate volume of proposals, narrative and financial reports, non-cost extensions, budget realignments, monitoring reports and other information items that come with the grant management cycle, it is important to consolidate data management capability. The planned roll-out in 2014 of the new online Grant Management System will encompass and align a range of data sets to allow for more agile and effective oversight and analysis by the CHF Technical Secretariat. The new system will also make processes and procedures more user-friendly for partners.

The CHF is one tool in the collective pursuit of effective and coordinated humanitarian action in South Sudan, with a wide range of stakeholders and observers in-country and around the globe. Access to timely information is important. To meet this need, the CHF Technical Secretariat produced dashboards, funding updates and the 2012 annual report, and used websites to make available a range of data and reference documents. At the same time, more can be done to tailor information products and communications channels to better meet the demands of busy stakeholders. A priority in 2014 will be to develop a more comprehensive communications strategy to address this need.

Important steps were taken in 2013 to strengthen and refine risk management practices, with several initiatives related to financial oversight and due diligence reinforced or introduced. During the coming period further work will be done to develop a more comprehensive risk management framework. This will look at a wider range of issues that are relevant to the governance and management of the fund as a whole, and to the delivery of projects.

CONCLUSION

This report describes the second year of operation of the South Sudan CHF, since its inception the largest fund of its kind in the world. During the year, important improvements were seen on many fronts. Approaches to define the strategic parameters for each allocation were refined; grant management procedures were clarified; ways of working within the Technical Secretariat were reinforced; creative arrangements for monitoring and reporting were piloted; donor support was diversified; accountability mechanisms were promoted; and risk management measures were strengthened, amongst many others.

As a relatively new fund, however, this good progress goes alongside recognition that further consolidation is needed in a range of areas. Enriching the risk management framework; moving from piloting to sustainable arrangements within a robust monitoring and reporting framework; rolling out a new online Grant Management System; developing a more comprehensive communications strategy; diversifying further the donor base; enhancing coordination and complementarity with other funding streams; and exploring ways in which the fund can continue to work with its partners to promote gender programming and strengthen accountability to beneficiaries are just some of a wider number of important initiatives for follow up.

In synopsis, the work and impact of the CHF is situated within the complexities of the wider operating context in South Sudan, characterised by extensive poverty and food insecurity overlaid with episodes of conflict and violence. The latter in particular require frequent recalibration of humanitarian priorities, with corresponding realignment of the support provided by the CHF.

The CHF continues to be central to the humanitarian endeavour in South Sudan, demonstrating its primary added value as an instrument where resources can be pooled and allocated with flexibility and responsiveness to emerging circumstances, and in a way that reflects the strategies and priorities of the wider humanitarian community. A notable example of this flexible and responsive approach is the way in which priorities were reformulated quickly and allocations re-programmed accordingly following the onset of a major new crisis at the very end of 2013. The CHF remains an inherent part of the coordination architecture under the leadership of the HC, including the HCT, clusters, donors and implementing partners in support of the Transformative Agenda and the optimization of humanitarian action.





Photo: Brian Sokol/UNDP

ANNEXES

ANNEX 1

LIST OF ADVISORY BOARD MEMBERS IN 2013

Chair:	Humanitarian Coordinator
Donor Representatives:	Representatives of two CHF contributing donors (Sweden and DfID)
UN Representatives:	Two heads of UN agencies (UNHCR and UNICEF with IOM and WHO as alternate)
NGO:	Representatives from the NGO Forum and NGO Secretariat
Observer:	Representative from ECHO

ANNEX 2

CONTACT LIST OF CHF TEAM

Name	Title	Contact
OCHA South Sudan team (Office phone: +47 241 37828-35 ext.1010)		
David Throp	Head of the Humanitarian Financing Unit	throp@un.org
Thomas Onsare Nyambane	Humanitarian Affairs Officer	nyambanet@un.org
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Tersit Belete	Humanitarian Affairs Officer	belete@un.org
UNDP South Sudan team		
Ashutosh Jha	Programme Specialist	ashutosh.jha@undp.org
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Blessing Kachere	Contracting Officer	blessing.kachere@undp.org
Christine Eyotaru Alex	Finance Associate	christine.alex@undp.org
UNDP/MPTF Office New York team		
Yannick Glemarec	Executive Coordinator of the MPTF Office	yannick.glemarec@undp.org
Olga Aleshina	Senior Portfolio Manager	olga.aleshina@undp.org
Louise Moretta	Senior Finance Manager	louise.moretta@undp.org
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Myasanda Hlaing	Operations Associate	myasanda.hlaing@undp.org
Patricia Stockeyr	Programme Associate	patricia.stockeyr@undp.org

ANNEX 3

FREQUENTLY ASKED QUESTIONS

What is the difference between CAP and CHF?

The CAP is a planning document outlining humanitarian requirements by humanitarian organizations in South Sudan to meet most urgent humanitarian needs. The CHF is a pooled fund mechanism to avail funding to humanitarian projects. The CHF uses the CAP as its primary allocation framework. While the CAP is the “demand side” the CHF represents the “supply side”. On average the CHF contributes approximately 10 per cent of overall CAP funding requirements. In 2014, with the eruption of the crisis the CAP was replaced by the CRP.

What is the difference between the standard and reserve allocations?

The CHF standard allocation mechanism is used to allocate the bulk of the CHF resources (up to 80 per cent) and to ensure funding for priority projects in the CAP. Two standard allocation rounds per year are envisaged under this mechanism. The first standard allocation is normally launched at the beginning of the year, to facilitate pre-positioning of supplies at the field level and sustain operational capacity of humanitarian organizations throughout the rainy season. A second allocation is normally completed in the wake of the midterm review of the CAP to ensure that funding from the CHF targets the highest priority components of the revised humanitarian strategy.

The CHF reserve mechanism is used for the rapid and flexible allocation of funds to meet unforeseen needs and critical gaps. Projects in and outside the CAP are eligible for allocation of funds from the reserve.

Who is eligible for funding?

Funding proposals are accepted from UN agencies, the Red Cross Movement, and international and national non-governmental humanitarian organizations.

What is the maximum duration of a CHF project?

The duration of a CHF project is determined by the nature of the project and the recommendation of the cluster's peer review team. The maximum duration of a project is 12 months.

What is the start date of a CHF project?

The start date of a project can be as early as the CHF Advisory Board approval date of the allocation. This is the preferred option of implementing partners who are able to pre-finance their projects. It is also possible to have a delayed start date, if the implementing partner prefers to start the project once the grant is received.

What are the reporting requirements?

A narrative report is submitted to the CHF Technical Secretariat at midterm and end of the project. For projects with duration of six months or less, only a final report is required. Financial reporting is submitted by NGOs to UNDP (as Managing Agent for NGO partners) on a quarterly basis prior to requesting payment for the next quarter. UN agencies submit estimated expenditures at midterm and end of the project to the CHF Technical Secretariat with the final certified financial reporting submitted to MPTF Office in New York on an annual basis.

ANNEX 4

FINANCIAL SUMMARY FROM ADMINISTRATIVE AGENT (MPTF)

The UNDP MPTF Office is the Administrative Agent of the South Sudan CHF. In this capacity, the MPTF is responsible for the two following financial reporting functions:

- ❖ Provide periodic (annual and final) financial reports on the South Sudan CHF Account to the Humanitarian Coordinator, contributing donors the South Sudan CHF Advisory Board and PUNOs.
- ❖ Provide the Humanitarian Coordinator, the CHF Advisory Board and Participating UN Organizations with the statements of donor commitments, deposits and transfers to Participating UN Organizations and other financial information related to the South Sudan CHF, available directly from the publicly accessible MPTF Office GATEWAY (<http://mptf.undp.org>);

The UNDP MPTF Office released the 2013 'Consolidated Annual Financial Report on Activities Implemented under the South Sudan Common Humanitarian Fund' on 15 May 2014. The financial report is annexed to this report and available online at:

<http://mptf.undp.org/factsheet/fund/HSS10>

Key facts from the report include:

- ❖ In 2013, US\$ 106.89 million was transferred to participating organizations (including UNDP to further transfer to NGOs).
- ❖ The participating organizations reported US\$ 101.89 million in expenditures.
- ❖ The delivery rate as of 31 December 2013 is 75 percent (US\$101.89 million).

When interpreting this delivery rate it is important to note that 32 percent (US\$ 34.4 million) of the transfers, representing the second standard allocation, were made between September and November 2013, following receipt of donors' contribution of US\$ 37.6 million in August and October 2013.

It should be noted that there is a hiatus between the period covered by this report which goes from 1 January to 31 December 2013 and the period covered by this CHF Annual Report which covers the period 1 March 2013 to 31 March 2014 to capture the results of both 2013 standard allocations. Efforts will be made in 2014 to better align these reporting cycles in 2014. The section "Financial summary from Managing Agent provides further information on the disbursements and delivery rate of NGOs which receive their funding through UNDP which as a participating organization plays the role of Managing Agent.

ANNEX 5

CHF AND CERF SUPPORTED LIST OF PROJECTS

Organization	Agency	CHF	CERF	Cluster	Project code
ACF-USA Total \$2,470,000	INGO	\$250,000		FSL	SSD-13/ER/55153
		\$270,000		FSL	SSD-13/ER/55153
		\$550,000		Nutrition	SSD-13/H/55015
		\$350,000		Nutrition	SSD-13/H/55015
		\$700,000		WASH	SSD-13/WS/55874
		\$350,000		WASH	SSD-13/WS/55874
ACT/DCA Total \$149,619	INGO	\$149,619		MA	SSD-13/MA/54316
ACTED Total \$734,593	INGO	\$162,530		NFI&ES	SSD-13/S-NF/55612
		\$132,000		NFI&ES	SSD-13/S-NF/55612
		\$190,063		WASH	SSD-13/WS/55901
		\$250,000		FSL	SSD-13/A/55169
ARC Total \$677,961	INGO	\$350,043		Protection	SSD-13/P-HR-RL/55119
		\$327,918		Protection	SSD-13/P-HR-RL/55119
ASMP Total \$52,629	NNGO	\$52,629		WASH	SSD-13/WS/55979
AVSI Total \$116,980	INGO	\$116,980		Education	SSD-13/E/55500
BRAC Total \$173,994	INGO	\$119,997		Nutrition	SSD-13/H/55055
		\$53,997		Nutrition	SSD-13/H/55055
CARE International Total \$660,000	INGO	\$260,000		FSL	SSD-13/A/55198
		\$400,000		Nutrition	SSD-13/H/55019
CCM Total \$736,096	INGO	\$311,096		Health	SSD-13/H/55326
		\$200,000		Health	SSD-13/H/55326
		\$225,000		Nutrition	SSD-13/H/55145
CCM/CUAMM Total \$668,655	INGO	\$218,655		Health	SSD-13/H/55330
		\$200,000		Health	SSD-13/H/55330
		\$250,000		Nutrition	SSD-13/H/55145
CDoT Total \$100,000	NNGO	\$100,000		Health	SSD-13/H/55646

Organization	Agency	CHF	CERF	Cluster	Project code
CESVI Total \$280,018	INGO	\$280,018		Protection	SSD-13/P-HR-RL/55130
CMA Total \$250,000	INGO	\$250,000		Health	SSD-13/H/55436
CMD Total \$481,976	NNGO	\$101,000		Education	SSD-13/E/58571
		\$80,000		FSL	SSD-13/A/55232
		\$120,976		WASH	SSD-13/WS/55915
		\$180,000		WASH	SSD-13/WS/55915
Concern Worldwide Total \$1,179,995	INGO	\$280,000		FSL	SSD-13/ER/55235
		\$550,000		Nutrition	SSD-13/H/55021
		\$349,995		Nutrition	SSD-13/H/55021
COSV Total \$349,929	INGO	\$199,929		Health	SSD-13/H/55461
		\$150,000		Health	SSD-13/H/55461
CRADA Total \$70,000	NNGO	\$70,000		FSL	SSD-13/ER/55831
DCA Total \$389,373	INGO	\$389,373		MA	SSD-13/MA/54316
DDG Total \$350,953	INGO	\$200,953		MA	SSD-13/MA/55769
		\$150,000		MA	SSD-13/MA/55769
DRC Total \$387,916	INGO	\$162,831		NFI&ES	SSD-13/CSS/55617
		\$129,064		Protection	SSD-13/P-HR-RL/55129
		\$96,021		Protection	SSD-13/P-HR-RL/55129
FAO Total \$3,420,000	UN	\$3,000,000		FSL	SSD-13/A/56113
		\$420,000		FSL	SSD-13/A/56113
FLDA Total \$59,997	NNGO	\$59,997		FSL	SSD-13/A/55954
GOAL Total \$2,180,000	INGO	\$250,000		FSL	SSD-13/ER/55247
		\$400,000		Health	SSD-13/H/55405
		\$300,000		Health	SSD-13/H/55405
		\$330,000		Nutrition	SSD-13/H/55063
		\$900,000		WASH	SSD-13/WS/55991
HCO Total \$397,046	NNGO	\$175,722		Education	SSD-13/E/55600
		\$131,319		Education	SSD-13/E/55600
		\$90,005		Nutrition	SSD-13/H/55038
IAS Total \$199,930	INGO	\$199,930		WASH	SSD-13/WS/55922
IBIS Total \$92,000	INGO	\$92,000		Education	SSD-13/E/55601

Organization	Agency	CHF	CERF	Cluster	Project code
IMC UK Total \$2,601,425	INGO	\$600,000		Health	SSD-13/H/55433
		\$300,000		Health	SSD-13/H/55433
		\$200,000		Health	SSD-13/H/55438
		\$500,000		Health	SSD-13/H/55438
		\$281,425		MS	SSD-13/H/55795
		\$320,000		Nutrition	SSD-13/H/55043
		\$400,000		Nutrition	SSD-13/H/55043
Intermon Oxfam Total \$495,000	INGO	\$270,000		FSL	SSD-13/F/55967
		\$225,000		WASH	SSD-13/WS/56138
INTERSOS Total \$1,693,817	INGO	\$326,637		Education	SSD-13/E/55548
		\$320,180		Education	SSD-13/E/55548
		\$320,000		NFI&ES	SSD-13/S-NF/55620
		\$302,000		NFI&ES	SSD-13/S-NF/55620
		\$180,000		Protection	SSD-13/P-HR-RL/55138
		\$245,000		Protection	SSD-13/P-HR-RL/55138
IOM Total \$14,120,602	UN	\$359,370		Health	SSD-13/H/54887
		\$2,136,288		Logistics	SSD-13/CSS/55434
		\$2,117,134		Logistics	SSD-13/CSS/55434
		\$3,049,928		MS	SSD-13/MS/55806
		\$1,030,000		MS	SSD-13/MS/55804
		\$989,076		MS	SSD-13/MS/55806
		\$1,940,006		NFI&ES	SSD-13/S-NF/55455
		\$1,048,800		NFI&ES	SSD-13/S-NF/55455
		\$800,000		WASH	SSD-13/WS/55937
		\$650,000		WASH	SSD-13/WS/55937
IRC Total \$1,330,500	INGO	\$450,000		Health	SSD-13/H/55421
		\$250,000		Health	SSD-13/H/55421
		\$400,000		Protection	SSD-13/P-HR-RL/55182
		\$230,500		Protection	SSD-13/P-HR-RL/55182
IRW Total \$250,679	INGO	\$250,679		WASH	SSD-13/WS/55939
KHI Total \$429,215	INGO	\$179,215		Nutrition	SSD-13/H/55135
		\$250,000		Nutrition	SSD-13/H/55135
LCED Total \$104,245	NNGO	\$50,045		NFI&ES	SSD-13/S-NF/55627
		\$54,200		NFI&ES	SSD-13/S-NF/55627
MaCDA Total \$100,000	NNGO	\$100,000		Nutrition	SSD-13/H/55045
MAG Total \$205,000	INGO	205,000		MA	SSD-13/MA/55355

Organization	Agency	CHF	CERF	Cluster	Project code
Malaria Consortium Total \$250,000	INGO	\$250,000		Nutrition	SSD-13/H/55140
Mani Tese Total \$310,000	INGO	\$310,000		Education	SSD-13/E/59013
MEDAIR Total \$4,405,380	INGO	\$550,000		Health	SSD-13/H/55400
		\$550,000		Health	SSD-13/H/55400
		\$625,380		MS	SSD-13/MS/55798
		\$400,000		NFI&ES	SSD-13/S-NF/55630
		\$430,000		NFI&ES	SSD-13/S-NF/55630
		\$600,000		Nutrition	SSD-13/H/55168
		\$650,000		WASH	SSD-13/WS/55987
		\$600,000		WASH	SSD-13/WS/55987
MENTOR Total \$200,000	INGO	\$200,000		Health	SSD-13/H/55464
Mercy Corps Total \$1,393,698	INGO	\$373,698		Education	SSD-13/E/55504
		\$490,000		Education	SSD-13/E/55504
		\$250,000		FSL	SSD-13/A/55286
		\$280,000		FSL	SSD-13/A/55286
MERLIN Total \$1,170,000	INGO	\$400,000		Health	SSD-13/H/55410
		\$200,000		Health	SSD-13/H/55410
		\$370,000		Nutrition	SSD-13/H/55051
		\$200,000		Nutrition	SSD-13/H/55051
Mulrany International Total \$200,000	INGO	\$200,000		Nutrition	SSD-13/H/58555
NHDF Total \$2,255,298	NNGO	\$165,429		Education	SSD-13/E/55551
		\$185,000		Education	SSD-13/E/55551
		\$60,000		FSL	SSD-13/A/55172
		\$250,000		Health	SSD-13/H/55465
		\$200,000		Health	SSD-13/H/55465
		\$220,000		Nutrition	SSD-13/H/55067
		\$220,000		Nutrition	SSD-13/H/55067
		\$270,964		Protection	SSD-13/P-HR-RL/55120
		\$133,914		Protection	SSD-13/P-HR-RL/55120
		\$350,000		WASH	SSD-13/WS/56146
		1\$99,991		WASH	SSD-13/WS/56146
NP Total \$756,763	INGO	\$419,052		Protection	SSD-13/P-HR-RL/55127
		\$337,711		Protection	SSD-13/P-HR-RL/55127
NPC Total \$95,099	NNGO	\$95,099		Protection	SSD-13/P-HR-RL/55136

Organization	Agency	CHF	CERF	Cluster	Project code
NRC Total \$906,598	INGO	\$299,999		Education	SSD-13/E/55626
		\$410,000		Protection	SSD-13/P-HR-RL/55144
		\$196,599		Protection	SSD-13/P-HR-RL/55144
Oxfam GB Total \$1,118,588	INGO	\$250,000		FSL	SSD-13/ER/55291
		\$868,588		MS	SSD-13/WS/55801
PCO Total \$571,863	NNGO	\$210,500		Education	SSD-13/E/55507
		\$80,000		FSL	SSD-13/ER/55285
		\$211,361		Education	SSD-13/E/55507
		\$70,002		FSL	SSD-13/ER/55285
PLAN International Total \$951,316	INGO	\$331,316		Education	SSD-13/E/55664
		\$280,000		FSL	SSD-13/A/55296
		\$340,000		WASH	SSD-13/WS/55951
RI Total \$1,097,920	INGO	\$270,000		FSL	SSD-13/A/55300
		\$257,957		Health	SSD-13/H/55425
		\$150,000		Health	SSD-13/H/55425
		\$219,963		Nutrition	SSD-13/H/55014
		\$200,000		Nutrition	SSD-13/H/55014
RUWASSA Total \$125,000	NNGO	\$125,000		WASH	SSD-13/WS/55955
SALF Total \$134,239	NNGO	\$134,239		Protection	SSD-13/P-HR-RL/55142
Samaritan's Purse Total \$2,176,649	INGO	\$270,000		FSL	SSD-13/ER/55307
		\$656,649		MS	SSD-13/MS/55819
		\$600,000		WASH	SSD-13/WS/55964
		\$650,000		WASH	SSD-13/WS/55964
Save the Children Total \$1,457,201	INGO	\$323,321		Education	SSD-13/E/55512
		\$232,516		NFI&ES	SSD-13/S-NF/55637
		\$449,999		Nutrition	SSD-13/H/55158
		\$451,365		Protection	SSD-13/P-HR-RL/55167
SCA Total \$79,993	NNGO	\$79,993		Protection	SSD-13/P-HR-RL/55397
Solidarites International Total \$906,801	INGO	\$906,801		MS	SSD-13/MS/55818
SPEDP Total \$80,000	NNGO	\$80,000		FSL	SSD-13/A/55317
SSUDA Total \$249,997	NNGO	\$149,999		Education	SSD-13/E/55602
		\$99,998		Education	SSD-13/E/55602
Tearfund Total \$150,000	INGO	\$150,000		Nutrition	SSD-13/H/55068

Organization	Agency	CHF	CERF	Cluster	Project code
THESO Total \$450,000	NNGO	\$300,000		Health	SSD-13/ H/55572
		\$150,000		Health	SSD-13/H/55572
UNDSS Total \$366,662	UN	\$366,662		CCS	SSD-13/CSS/55665
UNESCO Total \$190,000	UN	\$190,000		Education	SSD-13/E/55603
UNFPA Total \$1,576,588	UN	\$865,000		Health	SSD-13/H/55251
		\$300,000		Health	SSD-13/H/55251
		\$210,000		Protection	SSD-13/P-HR-RL/55132
		\$201,588		Protection	SSD-13/P-HR-RL/55132
UNHAS Total \$2,238,004	UN	\$2,238,004		Logistics	SSD-13/CSS/55435
UNICEF Total \$12,099,745	UN	\$1,375,089		Education	SSD-13/E/55519
		\$586,003		Education	SSD-13/E/55554
		\$1,600,009		Health	SSD-13/H/55197
		\$368,926		Health	SSD-13/H/55319
		\$400,000		Health	SSD-13/H/55197
		\$204,674		MA	SSD-13/MA/55463
		\$149,790		MA	SSD-13/MA/55463
		\$1,500,012	\$176,550	Nutrition	SSD-13/H/55044
		\$400,000		Nutrition	SSD-13/H/55041
		\$200,026		Nutrition	SSD-13/H/55041
		\$731,009		Nutrition	SSD-13/H/55044
		\$399,502		Protection	SSD-13/P-HR-RL/55147
		\$321,393		Protection	SSD-13/P-HR-RL/55147
		\$965,050		WASH	SSD-13/WS/56024
		\$2,898,262	\$490,201	WASH	SSD-13/WS/56024
UNIDO Total \$750,000	NNGO	\$200,000		Health	SSD-13/H/55648
		\$170,000		Nutrition	SSD-13/H/55194
		\$130,000		Nutrition	SSD-13/H/55194
		\$250,000		Health	SSD-13/H/55648
UNKEA Total \$507,010	NNGO	\$107,010		Education	SSD-13/E/55481
		\$150,000		Health	SSD-13/H/52572
		\$150,000		Health	SSD-13/H/52572
		\$100,000		Nutrition	SSD-13/H/52569
UNOPS Total \$5,682,866	UN	\$4,500,000		Logistics	SSD-13/CSS/55654
		\$1,182,866		Logistics	SSD-13/CSS/55654
VSF (Belgium) Total \$670,000	INGO	\$400,000		FSL	SSD-13/A/55302
		\$270,000		FSL	SSD-13/A/55302

Organization	Agency	CHF	CERF	Cluster	Project code
VSF (Switzerland) Total \$630,000	INGO	\$360,000		FSL	SSD-13/A/55310
		\$270,000		FSL	SSD-13/A/55310
WFP Total \$2,125,000	UN	\$225,000		ETC	SSD-13/CSS/55200
		\$400,000		ETC	SSD-13/CSS/55200
		-	\$5,386,810	FSL	SSD-13/F/55863
		-	\$3,766,678	Logistics	SSD-13/CSS/55435
		\$1,500,000		Nutrition	SSD-13/H/55056
WHO Total \$1,877,024	UN	\$1,477,024	\$1,766,640	Health	SSD-13/H/55471
		\$400,000		Health	SSD-13/H/55471
World Relief Total \$400,000	INGO	\$250,000		FSL	SSD-13/A/55314
		\$150,000		Nutrition	SSD-13/H/55005
WV South Sudan Total \$1,083,691		\$230,691		NFI&ES	SSD-13/S-NF/55609
		\$383,000		NFI&ES	SSD-13/S-NF/55609
		\$470,000		Nutrition	SSD-13/H/55154
Total		\$89,649,136	\$11,586,879		

ANNEX 6

GLOSSARY

ACRONYMS

AA	Administrative Agent	CUAMM	Collegio Universitario Aspirante e Medici Missionari
ACF-USA	Action Against Hunger-USA	CWW	Concern Worldwide
ACT/DCA	ACT Alliance / DanChurchAid	DCA	DanChurchAid
ACTED	Agency for Technical Cooperation and Development	DDG	Danish De-mining Group
ANC	Antenatal Care	DDK	Diarrhoeal Disease Kits
ARC	American Refugee Committee	DFID	Department for International Development – Gov.t UK
ASMP	Alaska Sudan Medical Project	DPT	Diphtheria Pertusis Tetanus
AVSI	Associazione Volontari per il Servizio Internazionale	DRC	Danish Refugee Council
BCG	Bacillus Calmette–Guérin	DRC	Democratic Republic of Congo
BRAC	Bangladesh Rural Advancement Committee	DTM	Displacements Tracking and Monitoring
CAP	Consolidated Appeal	ECHO	European Commission Humanitarian Aid Office
CAR	Central African Republic	EIE	Education in Emergencies
CARE	CARE International	ERS	Emergency Returns Sector
CCCM	Camp Coordination and Management Cluster	ETC	Emergency Telecommunication Cluster
CCM	Comitato Collaborazione Medica	FAO	Food & Agriculture Organization of the United Nations
CCS	Coordination and Common Services	FAQ	Frequently Asked Questions
CDot	Catholic Diocese of Torit	FLDA	Farmer Life Development Agency
CERF	Central Emergency Response Fund	FSL	Food Security and Livelihoods
CESVI	Cooperazione E Sviluppo - CESVI	FTS	Financial Tracking System
CHF	Common Humanitarian Fund	GBV	Gender Based Violence
CHF SS	Common Humanitarian Fund South Sudan	GMS	Grant Management System
CHF TS	Common Humanitarian Fund Technical Secretariat	GOAL	GOAL
CMA	Christian Mission Aid	HCO	Hold the Child Organisation
CMD	Christian Mission for Development	IAS	International Aid Services
COSV	Comitato di Coordinamento delle Organizzazioni per il Servizio Volontario	IBIS	IBIS
CRADA	Christian Recovery and Development Agency	IDPs	Internally Displaced Persons
CTS	Common Transport Services	IDSR	Integrated Disease Surveillance and Response
		IEHK	Interagency Emergency Health Kits (IEHK)

IMCI	Integrated Management of Childhood Illnesses (IMCI)	OCHA	Office for the Coordination of Humanitarian Affairs
IMC-UK	International Medical Corps UK	OTP	outpatient therapeutic patient
INGOs	International Non-governmental Organizations	OXFAM GB	OXFAM Great Britain
INTERMON OXFAM	Intermon Oxfam	PCO	Peace Corps Organization
INTERSOS	INTERSOS	PDM	Post-Distribution Monitoring
IOM	International Organization for Migration	PLAN INTERNATIONAL	Plan International
IRC	International Rescue Committee	PRT	Peer Review Team
IRW	Islamic Relief Worldwide	PWC	Price Waterhouse coopers
KHI	Kissito Healthcare International	QDK	Quick Deployment Kits
LCED	Lacha Community and Economic Development	RH	Reproductive Health
M&E	Monitoring and Evaluation	RI	Relief International
M&R	Monitoring and Reporting	RITA	Relief Items Tracking Application
MaCDA	Mother and Children Development Aid	RUWASSA	Rural Water and Sanitation Support Agency
MAG	Mines Advisory Group	SA1	Standard Allocation one
MALARIA CONSORTIUM	Malaria Consortium	SA2	Standard Allocation two
ManiTese	Mani Tese	SALF	Standard Action Liaison Focus
MEDAIR	MEDAIR	SAM	Severe Acute Malnutrition
MENTOR	Mentor Initiative	SAMARITAN'S PURSE	Samaritan's Purse
MERCY CORPS	Mercy Corps	SCA	Street Children Aid
MERLIN	Medical Emergency Relief International	SCISS	Save the Children in South Sudan
MOH	Ministry Of Health	SOLIDARITÉS INTERNATIONAL	Solidarités International
MPTF	Multi Partner Trust Fund	SPEDP	Sudan Peace and Education Development Programme
MRWG	Monitoring and Reporting Working Group	SSUDA	South Sudan Development Agency
MT	Metric Tones	TEARFUND	TEARFUND
MULRANY INTERNATIONAL	Mulrany International	THESO	The Health Support Organization
NBeG	Northern Bahr el Ghazal	TSFP	Targeted Supplementary Feeding Programme
NCEs	No-Cost Extensions	TT	Tetanus toxoid
NFI&ES	Non-Food Items and Emergency Shelter	UK	United Kingdom
NGOs	Non-Governmental Organizations	UN	United Nations
NHDF	Nile Hope Development Forum	UNDP	United Nations Development Programme
NNGOs	National Non-Governmental Organizations	UNDSS	United Nations Department of Safety and Security
NP	Nonviolent Peaceforce	UNESCO	United Nations Educational, Scientific and Cultural Organization
NPC	Nuer Peace Council	UNFPA	United Nations Population Fund
NRC	Norwegian Refugee Council		

UNHAS	United Nations Humanitarian Air Service	USD	United States Dollars
UNHCR	United Nations Office of the High Commissioner for Refugees	VSF-Belgium	Vétérinaires sans Frontières (Belgium)
UNICEF	United Nation Children's Fund	VSF-Suisse	Vétérinaires sans Frontières (Switzerland)
UNIDO	Universal Intervention and Development Organization	WASH	Water, Sanitation and Hygiene
UNKEA	Universal Network for Knowledge and Empowerment Agency	WBeG	Western Bahr el Ghazal
UNMAS	United Nations Mine Action Service	WFP	World Food Programme
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs	WHO	World Health Organization
UNOPS	United Nations Office for Project Services	WMC	Water Management Committee
USA	United States of America	WR	World Relief
		WVSS	World Vision South Sudan

ANNEX 7

USEFUL LINKS

OCHA South Sudan:	http://www.unocha.org/south-sudan
South Sudan CHF:	http://www.unocha.org/south-sudan/financing/common-humanitarian-fund
UNDP:	http://www.ss.undp.org/south_sudan/en/home.html
MPTF GATEWAY:	http://mptf.undp.org/factsheet/fund/HSS10
Financial Tracking System:	www.fts.unocha.org
CERF:	http://www.unocha.org/cerf/
Relief Web:	http://www.reliefweb.int
Cap Mid Year Review 2013:	http://www.unocha.org/cap/appeals/mid-year-review-consolidated-appeal-south-sudan-2013

