SOUTH
SUDAN

2015

COMMON
HUMANITARIAN
FUND — ANNUAL REPORT —

OCHA

SOUTH SUDAN COMMON HUMANITARIAN FUND 2015

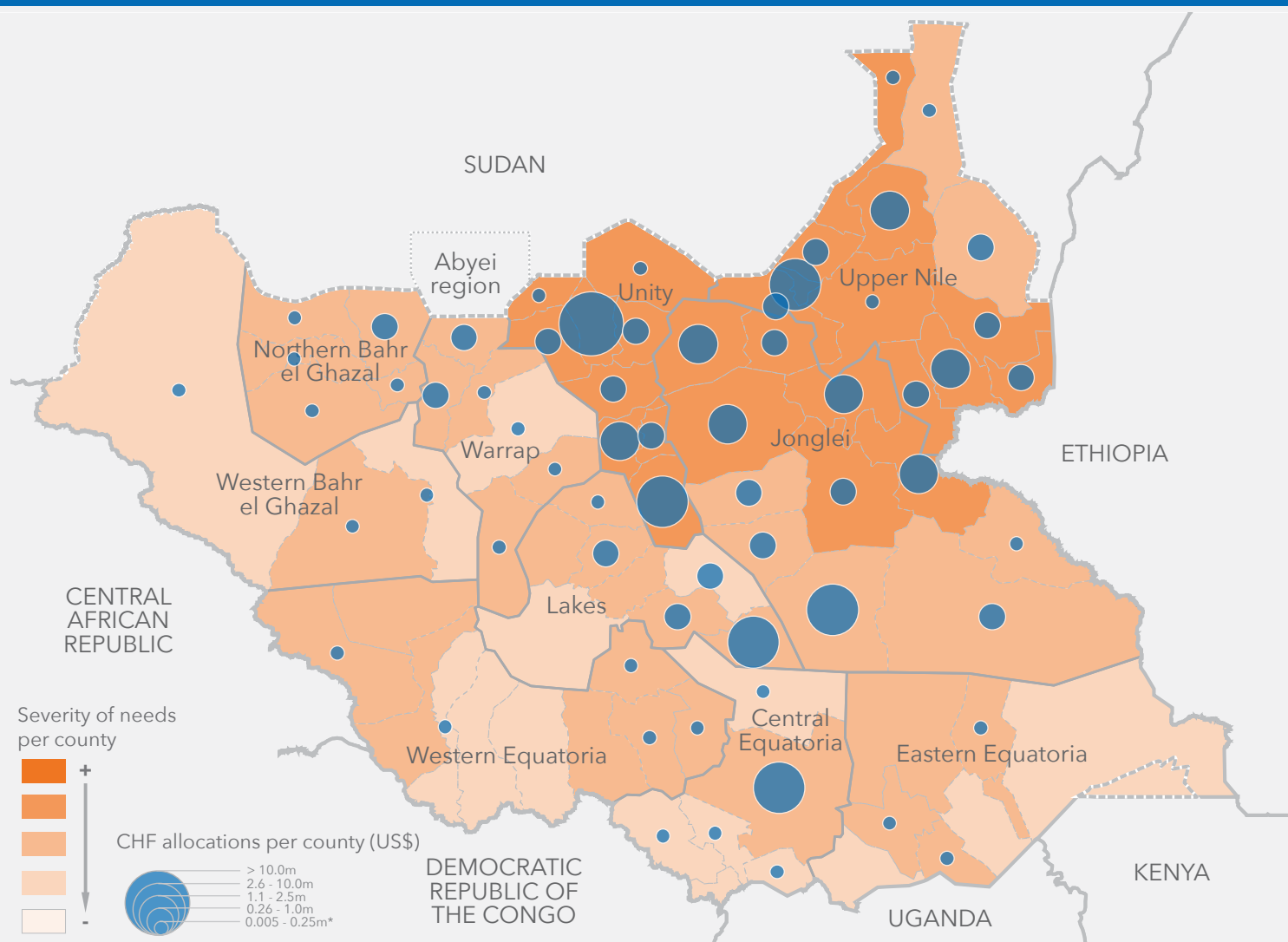| PEOPLE REACHED	ALLOCATIONS	# OF PROJECTS	# OF PARTNERS
1.8м	$92.3м	184	68

SUDAN

Abyei region

Northern Bahr el Ghazal

Unity

Upper Nile

Warrap

Western Bahr el Ghazal

Jonglei

ETHIOPIA

CENTRAL AFRICAN REPUBLIC

Lakes

Severity of needs per county

+

CHF allocations per county (US$)

Central Equatoria

Eastern Equatoria

KENYA

> 10.0m
2.6 - 10.0m
1.1 - 2.5m
0.26 - 1.0m
0.005 - 0.25m*

−

Western Equatoria

DEMOCRATIC REPUBLIC OF THE CONGO

UGANDA

*The smaller allocations depicted above represent common services activities carried out in multiple locations.

Source: OCHA and partners, 2016
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Final boundary between the Republic of South Sudan and the Republic of Sudan has not yet been determined. Final status of Abyei region is not yet determined

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Cover photo: Maciej Moskwa (TESTIGO) for Polish Humanitarian Action

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FOREWORD BY
THE HUMANITARIAN COORDINATOR

For millions of people in South Sudan, 2015 was characterized by unspeakable devastation. Civilians faced brutal and intense violence and humanitarian needs increased exponentially. People were forcibly displaced – many multiple times – from their homes and land, livelihoods were disrupted and decimated, and basic services were destroyed, damaged or shutdown. By the end of the year, over 6.1 million people – more than half of the country's population – were in need of humanitarian assistance.

Despite the enormity of the challenges, humanitarian partners worked tirelessly across the country to reach people in dire need, including in some of the most dangerous and difficult areas.

Throughout the year, the South Sudan Common Humanitarian Fund (CHF) played a vital role in enabling humanitarian action, providing flexible, prioritized and timely resources. We allocated US$92.3 million to 184 projects implemented by 68 partners across the country, making the CHF the fourth largest donor to the 2015 Humanitarian Response Plan.

Under the CHF Advisory Board's stewardship, our standard allocations funded the highest collective priorities, kick-starting the most urgent activities under the 2015 Humanitarian Response Plan (HRP) and providing an important injection of funding at the mid-year point.

As the crisis escalated, we used the CHF reserve proactively to respond to rapidly rising needs, from supporting the release and return of children associated with armed groups in Jonglei, to assisting people fleeing intensifying violence to Protection of Civilians sites, and scaling-up humanitarian operations in southern Unity in response to the immense needs generated by the large-scale offensive which took place in the latter half of the year.

We also leveraged the CHF to support a diverse array of humanitarian actors. Our intensive engagement with national and local non-governmental organizations (NGOs) paid off, with NNGO allocations reaching 11 per cent in 2015 (up from 8 per cent in 2014 and 7 per cent in 2013). In addition, some 30 per cent of CHF funding went directly to international INGO frontline projects, while some 59 per cent went to UN agencies (80 per cent of which was for common pipelines and services that enabled frontline projects).

I am proud of the strides we made in 2015 in using the CHF as a catalyst to promote quality programming, placing protection at the centre of decision-making and ensuring that the unique needs of people of different ages and genders were at the forefront of programmatic analysis and response.

As we look to 2016, funding levels for South Sudan are regrettably declining. We therefore need, more than ever, to ensure that money goes to the partners and projects that have the greatest impact. I remain convinced that the CHF is an invaluable tool in this endeavour, reinforcing our collective prioritization and strategic vision with funding at vital moments.

I sincerely thank all of our partners - NGOs, UN agencies, and donors - for making the CHF a success in 2015, and look forward to our continued close collaboration in the year ahead.

Eugene Owusu
Humanitarian Coordinator for South Sudan

THE SOUTH SUDAN COMMON HUMANITARIAN FUND

2015 AT A GLANCE

PEOPLE REACHED[1]

1.8M

ALLOCATIONS (US$)

92.3M

CONTRIBUTIONS (US$)

99.4M

NUMBER OF PROJECTS[2]

184

NUMBER OF PARTNERS

68

CHF AS A % OF HRP FUNDING

8.7%

ALLOCATIONS BY STATE

SUDAN
Abyei region
Northern Bahr el Ghazal $2.0m
Western Bahr el Ghazal $0.4m
Unity $28.6m
Warrap $2.8m
Upper Nile $21.9m
Jonglei $22.0m
Lakes $7.6m
CENTRAL AFRICAN REPUBLIC
Western Equatoria $0.3m
Central Equatoria $5.7m
Eastern Equatoria $0.9m
ETHIOPIA
KENYA
DEMOCRATIC REPUBLIC OF THE CONGO
UGANDA
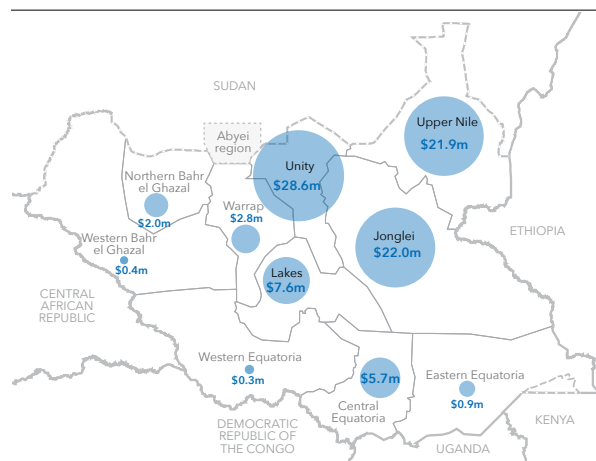
BENEFICIARIES BY SEX & AGE

1.8 million people reached

- 18% (Men)
- 27% (Women)
- 28% (Boys)
- 27% (Girls)

- Boys
- Men
- Women
- Girls

ALLOCATIONS BY RESPONSE TYPE

Total $92.3 million

- 16%
- 32%
- 52%

- $47.7m Frontline services
- $30.1m Core pipelines
- $14.5m Logistics and common services

ALLOCATIONS BY AGENCY TYPE

Total $92.3 million

- 11%
- 30%
- 59%

- UN: $54.1 million (49 allocations)
- INGOs: $28.0 million (81 allocations)
- NNGOs: $10.2 million (54 allocations)

ALLOCATION ROUNDS

Total $92.3 million

- 10%
- 26%
- 64%

- $59.5 million 1st round standard allocation
- $23.8 million 2nd round standard allocation
- $8.9 million CHF reserve allocations (x5)

CHF DONOR CONTRIBUTIONS (US$)

Donor	Amount	Percentage
UK	52.8m	53.1%
Sweden	12.9m	13%
Norway	9.1m	9.1%
Australia	7.4m	7.4%
Netherlands	5.3m	5.3%
Ireland	3.3m	3.3%
Denmark	3.0m	3.0%
Belgium	2.2m	2.2%
Switzerland	1.8m	1.8%
Germany	1.1m	1.1%
Italy	0.6m	0.6%
Carry-over & interest	19.9m	

- Deposits
- Carry-over & interest

CHF CLUSTER ALLOCATIONS (US$)

Cluster	Amount	Percentage
WASH	13.6m	14.7%
Logistics	12.3m	13.4%
Nutrition	12.1m	13.1%
ES & NFI	12.0m	13.0%
FSL	11.0m	11.9%
Health	10.8m	11.7%
Protection	6.6m	7.2%
CCCM	6.0m	6.5%
Education	5.7m	6.1%
CCS	1.3m	1.4%
ETC	0.9m	1.0%
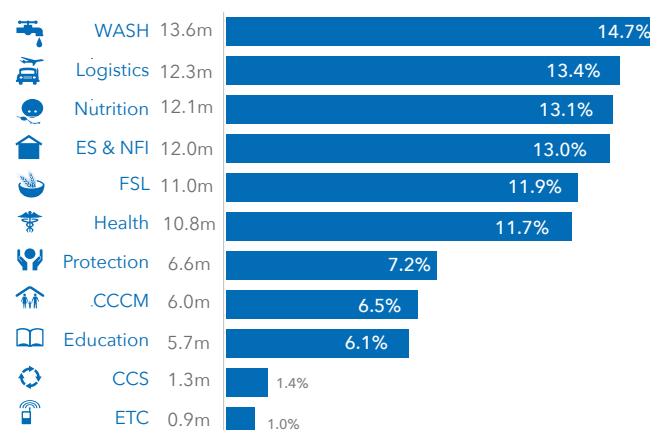
Source for above graphics: CHF-TS, February 2016

HUMANITARIAN

CONTEXT 2015

Over the course of 2015, multiple and interlocking threats across South Sudan - including armed conflict, intercommunal violence, economic decline, disease and climactic shocks – caused humanitarian needs to increase and spread.

Despite the signing of the Peace Agreement in August 2015, violence continued to affect civilians in all ten states. By the end of 2015, more than 2.3 million people had been displaced by the conflict, including 1.69 million internally displaced and 633,800 who were seeking refuge in neighbouring countries.
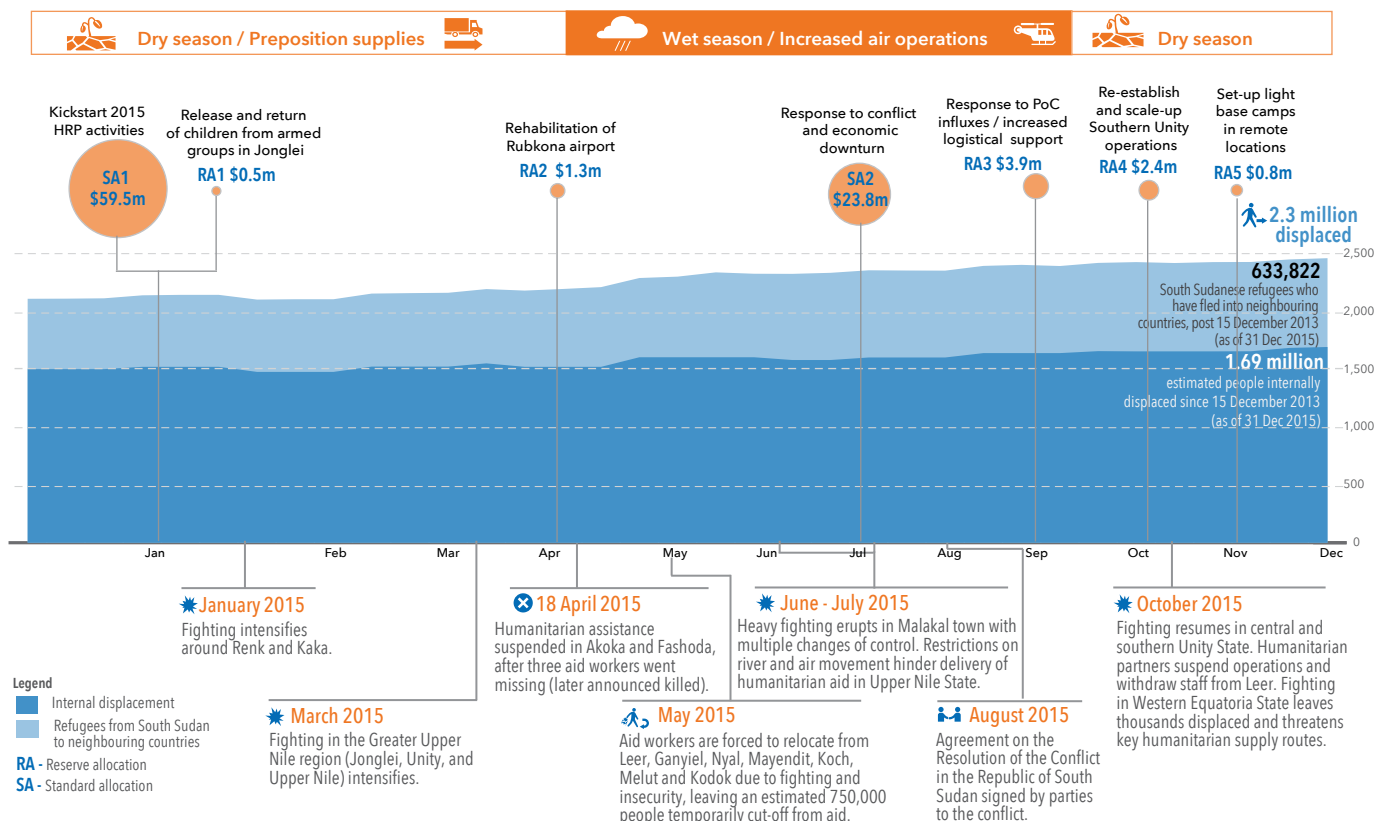
Hunger and malnutrition were widespread. More than 4.6 million people were severely food insecure during the lean season and, as at October 2015, an estimated 40,000 people in southern Unity were believed to be facing an extreme lack of food, leading to starvation, death and destitution. Food insecurity spread to areas previously considered relatively food secure, including in Greater Equatoria and Greater Bahr el-Ghazal. Nearly one in every three pregnant and lactating women, and one in four children under age 5, were estimated to be malnourished.

2015 saw an unprecedented malaria outbreak, with more than 2 million cases reported. There were also five confirmed measles outbreaks and a cholera outbreak. The rising cost of living and ongoing conflict undermined people's ability to access safe water.

Thousands of people lost their lives and violations against civilians were widely reported. In Leer, Koch and Mayendit counties of Unity alone, an estimated 1,000 civilians were killed, 1,300 women and girls were raped, and 1,600 women and children were abducted from April to September 2015.

The operating environment for humanitarian actors continued to be extremely challenging, with more than 900 humanitarian access incidents reported in 2015, more than half of which involved violence against personnel and/or assets.

TIMELINE OF EVENTS & CHF ALLOCATIONS

Dry season / Preposition supplies

Wet season / Increased air operations

Dry season

Kickstart 2015 HRP activities
SA1 $59.5m

Release and return of children from armed groups in Jonglei
RA1 $0.5m

Rehabilitation of Rubkona airport
RA2 $1.3m

Response to conflict and economic downturn
SA2 $23.8m

Response to PoC influxes / increased logistical support
RA3 $3.9m

Re-establish and scale-up Southern Unity operations
RA4 $2.4m

Set-up light base camps in remote locations
RA5 $0.8m

2.3 million displaced

633,822
South Sudanese refugees who have fled into neighbouring countries, post 15 December 2013 (as of 31 Dec 2015)

1.69 million
estimated people internally displaced since 15 December 2013 (as of 31 Dec 2015)

2,500 · 2,000 · 1,500 · 1,000 · 500 · 0

Jan · Feb · Mar · Apr · May · Jun · Jul · Aug · Sep · Oct · Nov · Dec

January 2015
Fighting intensifies around Renk and Kaka.

18 April 2015
Humanitarian assistance suspended in Akoka and Fashoda, after three aid workers went missing (later announced killed).

June - July 2015
Heavy fighting erupts in Malakal town with multiple changes of control. Restrictions on river and air movement hinder delivery of humanitarian aid in Upper Nile State.

October 2015
Fighting resumes in central and southern Unity State. Humanitarian partners suspend operations and withdraw staff from Leer. Fighting in Western Equatoria State leaves thousands displaced and threatens key humanitarian supply routes.

Legend
Internal displacement
Refugees from South Sudan to neighbouring countries
RA - Reserve allocation
SA - Standard allocation

March 2015
Fighting in the Greater Upper Nile region (Jonglei, Unity, and Upper Nile) intensifies.

May 2015
Aid workers are forced to relocate from Leer, Ganyiel, Nyal, Mayendit, Koch, Melut and Kodok due to fighting and insecurity, leaving an estimated 750,000 people temporarily cut-off from aid.

August 2015
Agreement on the Resolution of the Conflict in the Republic of South Sudan signed by parties to the conflict.

DONOR
CONTRIBUTIONS

Donors contributed generously to the South Sudan CHF in 2015, giving $99 million. Most of the funds, 62 per cent, were received in the first half of the year, enabling rapid disbursement for life-saving priorities.
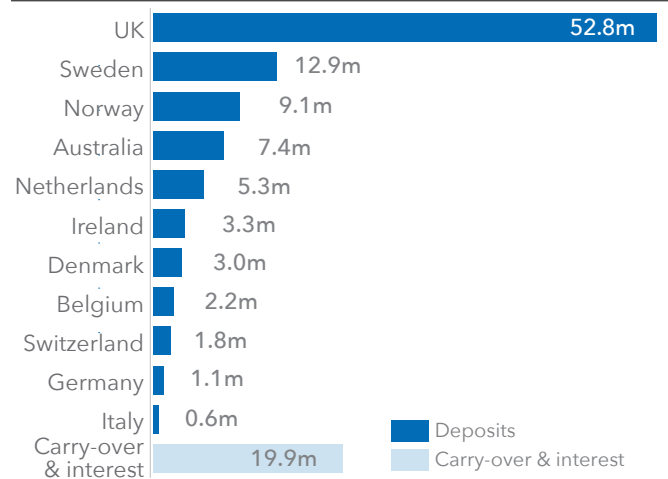
In 2015, the South Sudan Common Humanitarian Fund (CHF) remained the highest-funded country-based pooled fund of its type worldwide, accounting for 36 per cent of all contributions to the six CHFs globally. Eleven donors contributed to the South Sudan CHF over the course of the year, up from ten in 2014 and eight in 2013. The United Kingdom continued as the biggest contributor ($53 million), followed by Sweden ($13 million), and Norway ($9 million). Australia, Belgium, Denmark, Germany, Ireland, Italy (contributing for the first time), the Netherlands and Switzerland collectively contributed $25 million.

However, despite donors contributing generously over the course of the year, the amount given marked a 38 per cent reduction from 2014 - a year of exceptional donor engagement following the eruption of conflict in December 2013. Although the amount contributed in 2015 was 8 per cent higher than in 2013, it was 19 per cent lower than in 2012, the year following South Sudan's independence.

Given the impact of seasonality on the South Sudan operation – where the dry season offers a small window of opportunity for the pre-positioning and delivery of vital aid supplies before 60 per cent of the roads again become inaccessible during the rainy season – deposits made between November and February are absolutely critical.

In 2015, 62 per cent of total donor contributions ($61.7 million) were received in the first half of the year. Along with $16 million received in November and December 2014, these contributions funded the first standard allocation, with $59.5 million provided for the most urgent activities during the dry season. The availability of funds in the first half of the year also enabled rapid funding for life-saving priorities through reserve allocations as the crisis escalated. In January, $500,000 was allocated to support the release and return of children associated with armed groups in Jonglei, and in April, $1.3 million was allocated through a further reserve window for the rehabilitation of the Rubkona airstrip in Unity. In the second half of the year, a further 38 per cent of contributions ($37.7 million) were received, including six deposits totalling $23 million in November and December 2015. This enabled some $23 million to be used for the second standard round allocation and three reserve allocations in the second half of 2015, and some $21 million to be carried over for the first standard allocation round in 2016.
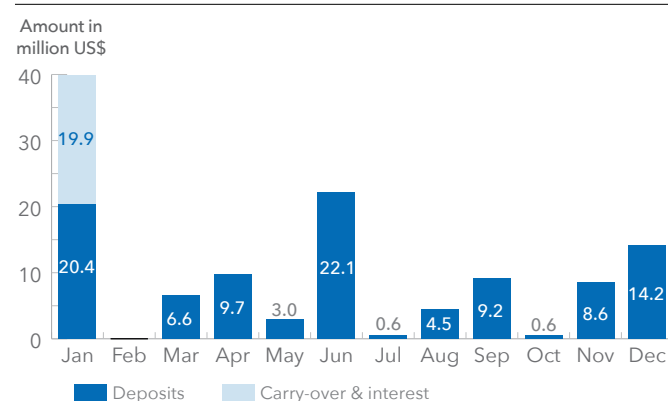
DONOR CONTRIBUTIONS TO CHF (US$)

Donor	Amount
UK	52.8m
Sweden	12.9m
Norway	9.1m
Australia	7.4m
Netherlands	5.3m
Ireland	3.3m
Denmark	3.0m
Belgium	2.2m
Switzerland	1.8m
Germany	1.1m
Italy	0.6m
Carry-over & interest	19.9m

Deposits
Carry-over & interest

SOUTH SUDAN CHF FUNDING TREND (US$)

Amount in million US$

Year	Amount
2012	118m
2013	92m
2014	160m
2015	99m
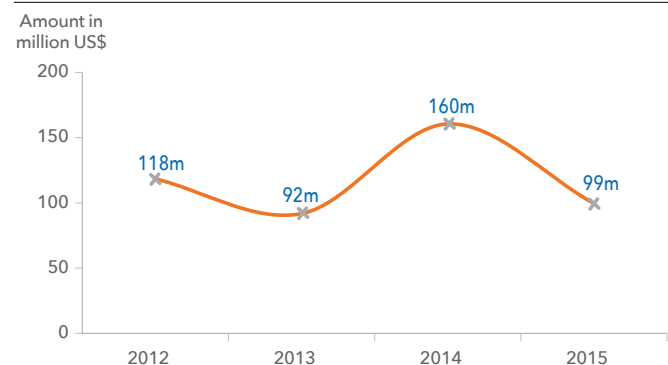
CHF DONOR DEPOSITS BY MONTH (US$)

Amount in million US$

Month	Deposits	Carry-over & interest
Jan	20.4	19.9
Feb		
Mar	6.6	
Apr	9.7	
May	3.0	
Jun	22.1	
Jul	0.6	
Aug	4.5	
Sep	9.2	
Oct	0.6	
Nov	8.6	
Dec	14.2	

Deposits
Carry-over & interest

Source: MPTF, February 2016

OVERVIEW OF
ALLOCATIONS

The CHF allocated $92.3 million in 2015 to 184 projects in support of the Humanitarian Response Plan. About 79 per cent of the funds supported operations in conflict-affected locations in the Greater Upper Nile region.

In 2015, the South Sudan Common Humanitarian Fund (CHF) remained a vital source of timely funding for the most urgent priorities within the Humanitarian Response Plan (HRP):

• 90 per cent of the funds ($83.4 million) were allocated through two standard allocation rounds, with the remaining 10 per cent ($8.9 million) allocated through the reserve window.

• 52 per cent of the funds ($47.7 million) supported frontline activities, 32 per cent ($30.1 million) the procurement and delivery of common core emergency supplies, and 16 per cent (14.5 million) the provision of common services enabling the response, including logistics and security.

Standard allocation rounds funded vital humanitarian assistance and protection

The first standard allocation, in January 2015, provided $59.5 million to kick start the most time-critical activities in the 2015 HRP, taking advantage of the dry season to reach communities in need and preposition emergency supplies.

The second standard allocation, in July 2015, provided $23.8 million to address humanitarian needs emerging from the intensification of conflict and the economic downturn, which were prioritized during the Mid-Year Review of the HRP.

Funds were released rapidly through the reserve for urgent priorities

The reserve modality was used five times in 2015 in order to meet time-critical, urgent and unforeseen needs, as the crisis rapidly escalated.
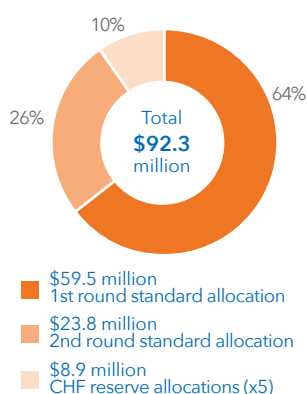
In the first half of 2015, the reserve was used twice, supporting the release and return of children associated with armed groups in Jonglei ($500,000), and improvement of humanitarian access in Unity through the rehabilitation and maintenance of Rubkona airstrip ($1.3 million).

Following the large-scale offensive in Unity from April to October 2015 and rapidly increasing populations in the Protection of Civilians sites in Bentiu and Malakal, the reserve was used three times in the second half of 2015 to: provide essential services in Bentiu, Malakal and Melut Protection of Civilians (PoC) sites and Wau Shilluk, as well as trucks and aircraft for common logistics services ($3.9 million); restart and scale-up life-saving services in southern Unity ($2.4 million); and deploy four Lightweight Base Camps to facilitate humanitarian response in remote locations ($790,000).
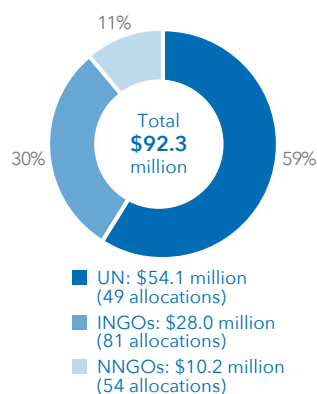
CHF funding supported diverse humanitarian partners

In 2015, 59 per cent of CHF funds were allocated to UN agencies, 80 per cent of which was for common pipelines for
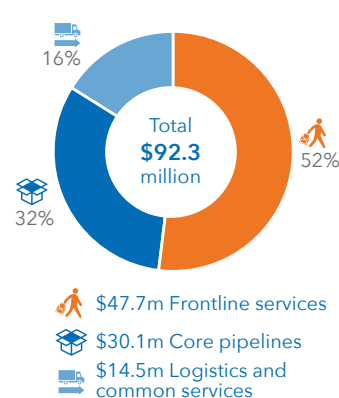
ALLOCATIONS BY TYPE

10%
26%
64%
Total
$92.3
million

- $59.5 million
  1st round standard allocation
- $23.8 million
  2nd round standard allocation
- $8.9 million
  CHF reserve allocations (x5)

ALLOCATIONS BY AGENCY TYPE

11%
30%
59%
Total
$92.3
million

- UN: $54.1 million
  (49 allocations)
- INGOs: $28.0 million
  (81 allocations)
- NNGOs: $10.2 million
  (54 allocations)

ALLOCATIONS BY RESPONSE TYPE

16%
32%
52%
Total
$92.3
million

- $47.7m Frontline services
- $30.1m Core pipelines
- $14.5m Logistics and common services

Source: CHF-TS, February 2016

emergency supplies and common services that enabled front-line humanitarian action; while 30 per cent of CHF funding was channelled directly to INGOs for frontline projects.

Intensive efforts to better engage and support NNGOs paid off, with NNGO allocations reaching 11 per cent (up from 8 per cent in 2014 and 7 per cent in 2013). The CHF Technical Secretariat provided training and information sharing sessions on CHF processes, policies and tools with NNGOs. The project appraisal process promoted the selection of NNGO projects, subject to meeting capacity and performance standards and alignment of proposals to the allocation strategies and priorities.

Allocations focused on the hardest-hit areas

79 per cent of all funds allocated in 2015 supported humanitarian response in the most conflict-affected locations of Greater Upper Nile, with 31 per cent going to Unity, 24 per cent to Upper Nile, and 24 per cent to Jonglei. The remaining 21 per cent went to activities in Central Equatoria (6 per cent), Lakes (9 per cent), Warrap (3 per cent), and Eastern Equatoria, Northern Bar El Ghazal, Western Bhar El Ghazal and Western Equatoria (4 per cent combined). Funding was prioritized for life-saving assistance and protection.

In 2015, nearly 65 per cent of CHF funding went to five clusters: WASH (14.7 per cent), Nutrition (13.1 per cent), ES/NFI (13 per cent), FSL (11.9 per cent) and Health (11.7 per cent). A further 20 per cent was allocated to Camp Coordination and Camp Management (6.5 per cent), Protection (7.2 per cent) and Education (6.1 per cent), while 15 per cent was allocated to common services, including Logistics (13.4 per cent), Emergency Telecommunications (1 per cent) and Coordination and Common Services (1 per cent), including safety and security.

> "I travelled from far because I wanted to reach this health facility. The medical staff here have good medicines and they know how to treat people when they are sick."
>
> - A patient who walked nine hours to access health services at a CHF-funded health facility in Nyal.
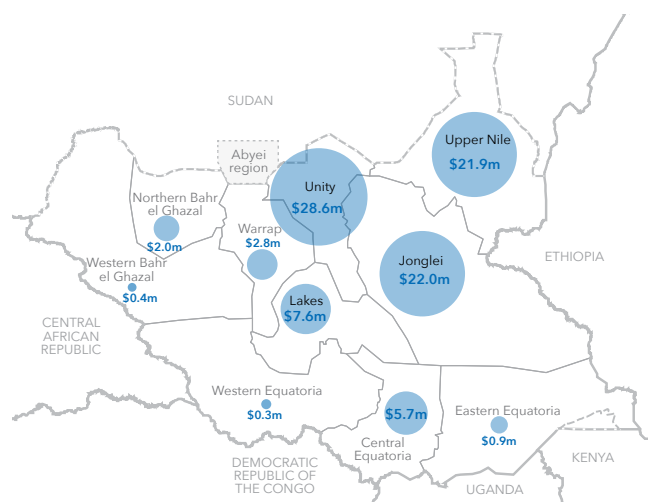
CHF funding complemented other funding, including CERF

During the year, efforts were made to maximize complementarities between CHF funding and other funding sources. In 2015, South Sudan received $13.4 million through three CERF allocations - $5.6 million in June to support refugees in Ajuong Thok Camp in Unity; $5.2 million in July to distribute survival kits to IDPs in remote locations in Jonglei, Unity and Upper Nile; and $2.6 million in August to manage the cholera outbreak in Juba and Bor.

The first CERF allocation was focused on assisting refugees, complementing the focus of the first CHF standard allocation on assisting IDPs. The second CERF allocation to provide survival kits to IDPs was complemented by the third and fourth CHF reserve allocations, which supported common logistics services and the re-establishment of NGO activities in Unity after a lengthy period without access.
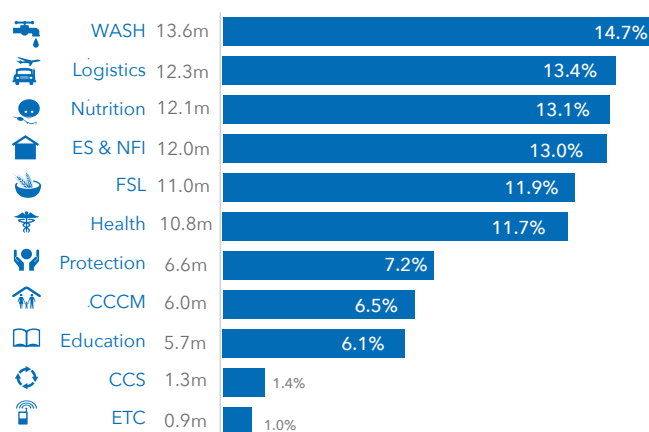
Complementarity with other major funding streams was promoted, with CHF allocations informed by donor mappings - showing locations, activities / sectors funded, amounts, project periods and partners - based on information from USAID, DFID, and ECHO, which together provided 52 per cent of the funding received for the 2015 HRP.

ALLOCATIONS BY STATE

Source: CHF-TS, February 2016

ALLOCATIONS BY CLUSTER

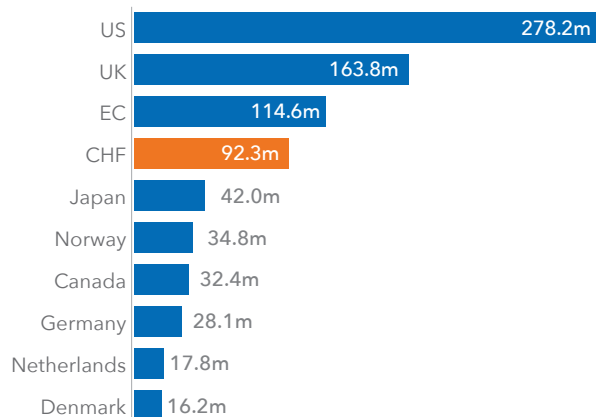| Cluster	Amount	Percentage
WASH	13.6m	14.7%
Logistics	12.3m	13.4%
Nutrition	12.1m	13.1%
ES & NFI	12.0m	13.0%
FSL	11.0m	11.9%
Health	10.8m	11.7%
Protection	6.6m	7.2%
CCCM	6.0m	6.5%
Education	5.7m	6.1%
CCS	1.3m	1.4%
ETC	0.9m	1.0%

The CHF was a major contributor to the HRP

Out of the US$1.07 billion raised for the HRP in 2015[3], $92.3 million (8.7 per cent of HRP funding) was channelled through the CHF. This made the CHF the fourth largest source of funding for the HRP - behind only the United States of America (26 per cent), United Kingdom (15 per cent), and European Commission (11 per cent). The proportional contribution of the CHF to HRP funding remained nearly the same as in 2014 (9 per cent).

The CHF made a significant contribution to meeting the funding requirements of partners in the HRP. 60 per cent of partners (68 out of 114) with projects in the HRP received funding from the CHF. Allocations to NNGO projects from the CHF were particularly important, amounting to 72 per cent of secured funding for NNGO projects in the HRP. The CHF contributed 10 per cent of secured HRP funding for INGOs and 7 per cent for UN agencies.

TOP TEN CONTRIBUTORS TO THE HRP (US$)

Contributor	Amount
US	278.2m
UK	163.8m
EC	114.6m
CHF	92.3m
Japan	42.0m
Norway	34.8m
Canada	32.4m
Germany	28.1m
Netherlands	17.8m
Denmark	16.2m

Source: FTS, February 2016

Improving living conditions of displaced people

The 2014 rainy season brought devastating flooding to the Bentiu Protection of Civilians (PoC) site. "People were sleeping in water. It was very difficult. Children were put on the beds and the elders did not sleep. They passed the night scooping water from the shelters. The conditions were very bad; children were getting sick," explained Deborah Bayang, an internally displaced woman.

In early 2015, humanitarian agencies in the Bentiu PoC site began implementing a site redevelopment project, funded by the CHF, to expand the camp and upgrade its infrastructure. As part of the project, 8,000 robust emergency shelters were constructed. While the basic structures were erected by construction teams, residents were responsible for completing them using materials provided by the partner, engaging the community in the response.

"It was very easy. My son put up the plastic sheeting and the bamboo on the roof, and I added the grass myself. We are very happy. The roof is higher, there are more materials and there is more space. It reminds us of our own house," said Deborah.

Shelters at Bentiu Protection of Civilians site. Photo: Concern Worldwide

FUND PERFORMANCE

MANAGEMENT & ACCOUNTABILITY

Numerous steps were taken in 2015 to strengthen the performance and accountability of the South Sudan Common Humanitarian Fund.

These included: supporting humanitarian leadership and coordination; maximizing use of resources, including revising project extension processes; enhancing capacity and performance assessment; identifying and mitigating risks; enhancing monitoring and reporting; and learning the lessons from audits and evaluations.

Humanitarian leadership and coordination were bolstered

As the fourth largest funding source for projects under the 2015 HRP, the CHF continued to be an important tool for the Humanitarian Coordinator (HC). Throughout the year, funds were allocated on the basis of collectively agreed priorities and strategies, under the leadership of the HC and stewardship of the Advisory Board.

CHF processes reinforced the coordination system, with Advisory Board discussions and decisions regarding the prioritization of allocations intensively supported by the clusters. This included analysis of priority needs and best use of resources between and within clusters, cluster-specific review processes, and the presentation of top priority cluster projects to the Advisory Board. The project selection process incentivized close engagement by partners with the coordination system.

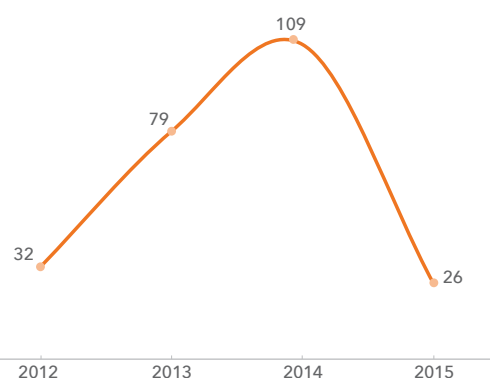### Efficient and timely use of resources was prioritized

To ensure efficient use of resources, additional emphasis was placed on the feasibility of implementing proposed activities. Cluster strategies were reviewed by the Advisory Board to assess the best response modality, including static, mobile and rapid response. Individual project proposals were assessed for feasibility based on a detailed understanding of operating conditions in specific locations, including insecurity and access constraints.

To promote better grant management, new Standard Operating Procedures for project revisions were introduced in 2015. During the year, 26 projects were subject to revision (14 per cent of all projects), down from 109 (51 per cent) in 2014. Changes in duration

REASONS FOR NO COST EXTENSION[4]

9% [0]
27%
$13%
22%
13%
16%

- 💥 Insecurity
- ⊗ Inaccessibility
- ⟳ Programme context
- 👥 Staffing
- $ Procurement
- [0] Others
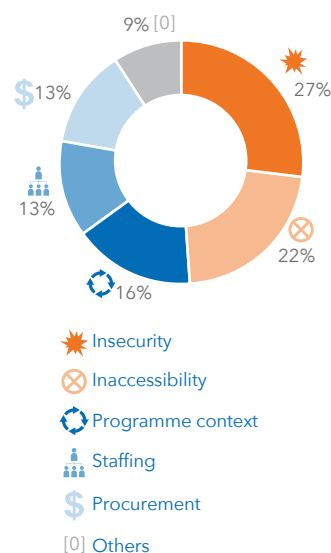
CHF PROJECT REVISIONS 2012-2015

109
79
32
26

2012   2013   2014   2015

Source: CHF-TS, February 2016

(no-cost extensions) and budget realignments were the most common types of revision, with insecurity (27 per cent) and limited access (22 per cent) in conflict affected locations the most common justifications. Other revisions related to changes in locations, activities, target beneficiaries and outputs.

Partner capacity and performance assessment ensured maximum impact of funding

Throughout 2015, the CHF Technical Secretariat (TS) undertook multiple actions to track and enhance partner capacity and ensure that CHF funds would be used to optimal effect. For new NGO partners, five capacity assessments were undertaken within an increasingly consolidated Harmonized Approach to Cash Transfers (HACT), allowing for the sharing of partner assessments carried out by different UN organizations and a consistent approach to the management and oversight of grants. Following assessment, these new partners were supported in preparing an action plan to address capacity gaps where needed. For existing partners, performance was tracked through the Partner Performance Index (PPI) which assessed: quality and timeliness of implementation against targets; quality and timeliness of reporting; frequency, timeliness and justification of project revision requests; quality of financial management; and audit findings. The PPI was used to inform funding decisions during allocations, thereby incentivizing performance. In 2015, $55.5 million was allocated to partners with good performance rankings, while $28.4 million was allocated to partners with an average performance, including new partners who receive an average performance ranking by default. In addition, with exceptional justification from cluster coordinators, $8.3 million was allocated to partners with below average performance rankings who were uniquely placed to meet priority needs.

Risks were identified and mitigated

In 2015, numerous steps were taken to bolster the South Sudan CHF's risk management. The CHF Risk Management Framework identified risks to the successful operation of the Fund and commensurate mitigation measures. Achievements

KEY FIGURES

54 field monitoring visits

185 narrative reports submitted

180 audits conducted

26 projects revised

were made in addressing risks associated with fraud, monitoring and reporting, project tracking, governance, and donor coordination. A Fraud Awareness Toolkit was developed and shared with partners. One case of self-reported fraud was brought to closure through a refund of the misappropriated amount to the CHF. Two further potential fraud cases which were identified during the year remained under processing at the time of writing.

The HACT approach allowed for direct payment modalities for two new partners where the risk of cash transfers was considered significant. Monitoring and reporting was strengthened, including through increased field visits. Oversight of, and reporting on, project portfolio data was improved through the roll out of the on-line Grant Management System (GMS), including the modules for project revisions and partner reporting. Governance was strengthened through the updating and endorsement of revised Terms of Reference for the Advisory Board (see annex page 22), clarifying roles and responsibilities. Coordination with other donors was enhanced, particularly during allocations.

Monitoring and reporting was enhanced

In 2015, a team of eight specialists, contracted by the CHF TS, were placed within clusters to support monitoring and reporting (M&R) on CHF-funded activities.[5] The M&R Specialists undertook field visits to 26 per cent of projects funded through 2015 allocations – 47 out of 184 - as well as seven projects funded through 2014 allocations. Field visits were prioritized according to level of risk, amount of funding, project duration and cluster recommendations. Wherever possible, joint visits were undertaken to optimize the use of human resources, enable a focus on strategic issues, and reduce the monitoring burden on affected people and humanitarian partners. In addition to increasing field monitoring, the CHF TS utilized the roll-out of the reporting module in the GMS to improve partners' understanding of, and compliance with, reporting schedules. This enabled the quarterly aggregation and analysis of data from across the project portfolio, including the number of people reached through CHF-funded projects. During the year, 185 narrative reports were submitted from an expected total of 213 (87 per cent). Follow-up is ongoing with partners to ensure that pending reports are submitted as soon as possible.

Three rounds of allocation audits were conducted

The CHF in South Sudan ensures that all allocations to NGO partners are audited at least once, and that exceptional audits are considered where expenditures exceed $300,000 in a financial year. Since the inception of the CHF in 2012, 383 allocations have been audited in eight rounds. In 2015, 180 audits were conducted in three rounds by Pricewaterhouse Coopers (PwC), covering allocations from late 2013, 2014 and the 2015 first standard allocation round. Issues of potentially ineligible or unsupported expenditures were identified in relation to 52

allocations amounting to $1.6 million. Refunds amounting to $619,000 were received from concerned implementing partners for 33 allocations. Eighteen NGOs with qualified, disclaimer and adverse audit opinions were recommended for new capacity assessments to be conducted in 2016. Allocations to UN Agencies are not audited through the CHF TS, but fall under the annual certified financial statements and reports issued by each respective Agency.

Lessons were learned from CHF audits and evaluations

During 2015, the 2014 Global Evaluation of Common Humanitarian Funds report was finalized, noting that the South Sudan CHF has served a critical role in how the humanitarian community met the needs of people and communities during a devastating period of emergency. Recommendations included consolidation of M&R frameworks and the use of capacity assessments. A management response plan was prepared in consultation with the CHF Advisory Board and actions were intiated which will continue into 2016. In late-2015, a UN Inter-agency Audit of the CHF was conducted and the report will be finalized in 2016.

Funds allocated early were fully utilized

Of the $92.3 million allocated to 184 projects in 2015, 73 per cent ($67.8 million) had been spent by December 2015. This includes 90 per cent ($53.8 million) of funds allocated through the First Standard Round Allocation, 46 per cent ($11 million) allocated through the Second Standard Round Allocation, and 32 per cent ($2.8 million) allocated through the reserve.

Of the $38.2 million allocated to 135 NGO projects in 2015, 66 per cent was reported as spent by December 2015. 98 per cent of all funds from the first standard allocation round had been utilized, while most allocations made in the second half of the year continue to be utilized in early 2016, covering 44 projects.

Of the $54.1 million allocated to 49 UN Agency projects in 2015, 79 per cent was reported as spent by December 2015. 88 per cent of all funds from the first standard allocation round had been utilized, while most allocations made in the second half of the year continue to be utilized in early 2016, covering 11 projects.
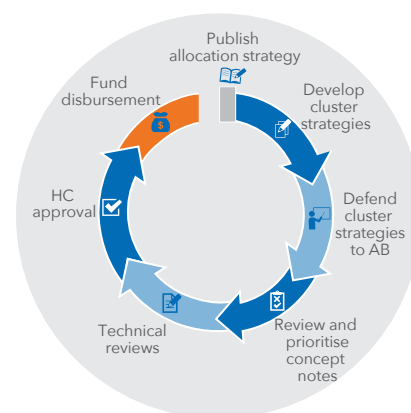
Funds were disbursed rapidly

Efforts were undertaken to maximize strategic value and rigorous prioritisation through CHF allocation rounds, while ensuring rapid disbursement of funds. The average time taken for the allocation process - from the launch of the allocation strategy paper to the HC's final approval of funding for projects - was 40 calendar days. Fund disbursement to UN agencies then took an average of nine calendar days, allowing for acknowledgement of the HC's funding decision by recipient organizations and processing of the corresponding Fund Transfer Request. Fund disbursement to NGO partners through UNDP, as the Managing Agent, took an average of 17 calendar days, following preparation and signing of contracts and submission of payment requests.
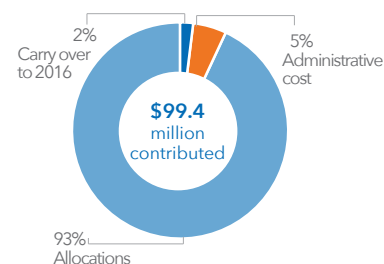
Management and administrative costs were kept low

Management and administrative costs were around 5 per cent of the total contributions during the year, the same level as in 2014.
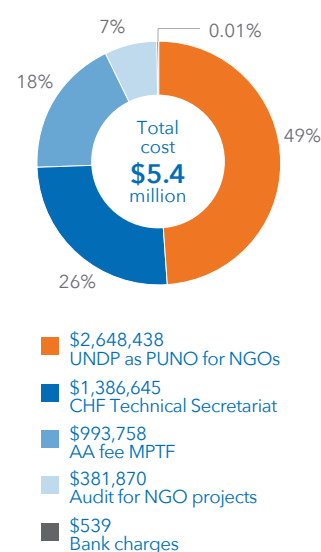
ALLOCATION PROCESS

CHF ALLOCATIONS VS ADMINISTRATIVE COST 2015

2% Carry over to 2016
5% Administrative cost
$99.4 million contributed
93% Allocations

MANAGEMENT AND ADMINISTRATIVE COSTS

7%   0.01%
18%
Total cost $5.4 million
49%
26%

- $2,648,438 UNDP as PUNO for NGOs
- $1,386,645 CHF Technical Secretariat
- $993,758 AA fee MPTF
- $381,870 Audit for NGO projects
- $539 Bank charges

Source: CHF-TS and MPTF, February 2016.

PROMOTING QUALITY

PROGRAMMING

Given its vital role in funding the humanitarian response in South Sudan, the CHF is well-placed to promote good quality programming – including gender mainstreaming, protection mainstreaming and measures to enhance accountability to affected people - across clusters and geographic areas.

Gender

Analysis of gender dynamics and the incorporation of gender sensitive programming were reviewed as part of the criteria for CHF funding. This resulted in the funding of projects which demonstrated good practice in gender mainstreaming, including the following:

CCCM partners facilitated the establishment of women's committees at each displacement site, promoted the inclusion of women in leadership roles, and set up referral systems to support survivors of gender-based violence (GBV) in a safe and confidential manner. Education partners built separate latrines for girls and boys in schools, and worked to promote girls' enrolment in classes. FSL partners prioritized female-headed households for distributions of agricultural kits and seeds, and cash assistance.

ES/NFI partners promoted the involvement of women and tailored non-food items to address the specific needs of women. Wives in polygamous marriages and their children were provided with shelter materials and household items in their own right, and not required to share with others. Nutrition partners recruited equal numbers of female and male volunteers to promote awareness of services and maximize admissions of malnourished children.

Protection partners ensured that community-based protection networks included the representation of men, women, boys and girls, with women and girls involved in meetings, training and community decision-making. They also undertook activities involving family members, physiotherapists, occupational therapists and psychologists to help communities to better understand the vulnerabilities and discrimination they faced, and reviewed approaches used to respond to cases of GBV to ensure the safety and privacy of survivors. WASH partners promoted participation and leadership of women in programming, resulting in women forming the majority in community WASH committees and hygiene promotion teams.

Protection and accountability to affected people

The CHF worked as a catalyst to promote protection mainstreaming, including the strengthening of communication with, and accountability to, people and communities affected by crisis across all clusters. CHF-funded projects included the following good practices:

Protection partners conducted participatory assessments involving men, women, boys, girls and people with specific needs to identify protection risks. Child protection committees, women and youth organizations and community leaders were involved in project activities, including identification of beneficiaries, allocation of resources to different *payams*, and the establishment of referral systems for victims and survivors of abuse and exploitation.

ES/NFI partners involved affected communities in each stage of the response, including collecting community feedback in post distribution monitoring to inform future programming. Distributions were managed in view of specific protection concerns - female headed households in congested sites where women were at risk of attack were prioritized for assistance, while distributions in remote areas were planned in ways to avoid revealing the locations of people who had fled from armed actors.

CCCM partners expanded the dissemination of information about projects to allow people to make more informed decisions about their own lives. Complaints and feedback mechanisms, community governance systems and outreach initiatives were put in place, giving greater voice to the communities' demands for appropriate and accountable service delivery.

Education partners developed the capacities of different actors to identify child protection concerns and make appropriate referrals, including for psychosocial support. Health partners ensured regular dialogue with community representatives and health committees, and supported mother-to-mother groups to take ownership of hygiene and health promotion activities.

Nutrition partners carried out workshops to build understanding and support regarding planned interventions amongst local authorities and affected communities, and continued with regular dialogue to discuss progress and challenges. WASH partners consulted with beneficiaries to ensure appropriate site selection for water points and shared family latrine construction.

CHALLENGES &

LESSONS LEARNED

Critical lessons learned in 2015 included the value of utilizing multiple modalities to deliver life-saving assistance and protection in a highly volatile and ever-changing operating environment.

Humanitarian partners faced numerous challenges in implementing CHF-funded projects in 2015, including as a result of the complex, volatile, dangerous and difficult operating environment. Violence and insecurity resulted in frequent changes in the scale and nature of humanitarian needs, often cutting-off access for aid agencies to reach affected people. Access constraints and bureaucratic and administrative impediments were imposed by the conflict parties, while seasonal rains, minimal road infrastructure and the high cost of air operations all posed challenges to delivery. The shifting regulatory environment and deteriorating economic situation also complicated the planning and implementation of activities, with partners facing increased costs as a result of spiraling inflation and currency devaluation, while coping with shortages in basic goods such as fuel.

Mitigation strategies included: upholding humanitarian principles in designing needs-based cluster strategies and project proposals; undertaking intensive humanitarian access negotiations; advocating for the rights of affected people to receive protection and assistance; and incorporating seasonal factors into project planning, including the procurement and prepositioning of emergency supplies during the dry season.

Across partners and sectors implementing CHF-funded projects in 2015, lessons learned, and mitigation strategies used, included the importance of:

- Utilizing multiple delivery modalities - including rapid response missions and mobile teams to access hard to reach locations and deliver vital assistance, complemented by partners with established field level presence for efficiency and effectiveness – in a highly volatile and ever-changing operating environment. Increasing the participation of national NGOs, and encouraging CHF-funded partners to focus on geographical areas where they have a comparative advantage due to strong presence and a history of working with communities can increase coverage of needs and provide better value for money.

- Pre-positioning of adequate supplies during the dry season to ensure continuity of services and avoid stock-outs during the rainy season.

- Involvement of cluster partners in the establishment of priority activities and geographical locations, which in turn supports management of expectations of partners applying for CHF funding.

- Clearly identifying those projects that need immediate funding, especially at the start of the year, so that these can be prioritized, accompanied by a stronger push for projects that are continually underfunded to look for alternative funding mechanisms.

- Timely disbursement of CHF funding to: ensure rapid response, enable clusters to reach their targets, and act as a catalyst for additional donor funding to be released.

- Involving communities in planning and coordination at all stages of project implementation, including to ensure that services are set up in close proximity to beneficiaries to ensure safe access.

- Assessing accessibility, infrastructure, reliability of communication/transportation means, and capacity of implementing partners prior to project implementation.

- Proactive engagement by the CHF Technical Secretariat and clusters with CHF-funded partners when the security situation deteriorates in an area, in order to enable early joint analysis of the expected effect on project implementation and allow for the response and prioritisation to be adjusted accordingly. Realistic and implementable contingency plans, supported by robust conflict analysis, are required for volatile and complex situations which may result in dramatic and sudden increases in displacement.

- Streamlining funding for common services, including procurement of core pipeline items, to ensure economy of scale, consistency in items procured, and a smoother and more transparent process of managing and monitoring inventories.

- Capacity-building for the local work force, particularly given the high turnover and security constraints related to international staff.

- Analysis regarding greatest impact of CHF funding, including, where appropriate, funding fewer partners with higher amounts so they can either reach more beneficiaries or consider activities that require more staff or other resources.

- Consideration, as part of project planning, of exit strategies to keep activities going after CHF funding ends. Due to its short duration (usually 6 to 9 months), CHF funding should be seen as a complementary funding stream, rather than the main funding source for operations.

PART II: SUMMARY OF ACHIEVEMENTS

- Camp Coordination and Camp Management
- Education
- Emergency Shelter and Non-Food Items
- Food Security and Livelihoods
- Health
- Nutrition
- Protection
- Water, Sanitation and Hygiene

- Coordination and Common Services
- Emergency Telecommunications
- Logistics

CAMP COORDINATION AND CAMP MANAGEMENT

FUNDS ALLOCATED BY CHF (US$)

6.0m
21% of HRP secured funding

CHF PROJECTS

10

PARTNERS

ACTED, AFOD, DRC, IN, IOM, PIN

CLUSTER LEAD & CO-LEAD

Lead: IOM, UNHCR
Co-lead: ACTED

Through CHF-funded projects, CCCM partners reached more than 1 million people with assistance, accounting for 65 per cent of all people reached by the cluster during the year. Projects contributed to the achievement of the cluster objectives: camp management structures were strengthened in and outside PoC sites to improve living conditions and delivery of services; displacement tracking and monitoring in conflict affected locations was expanded; and camp management was improved by supporting communities' needs for better information and a stronger voice in the humanitarian response.
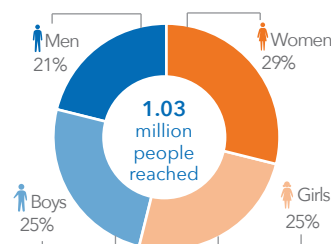
CHF-funded projects supported the registration of nearly 269,600 IDPs, displacement tracking in 20 counties through support to County Focal Points, management and coordination activities in 9 IDP sites, and planning and improvements to infrastructure at 13 sites.

More IDPs were relocated than anticipated due to increase of displacement. The IDP population in Malakal POC site increased from 21,359 registered IDPs in February 2015 to 45,462[6] IDPs at the end of August 2015

due to a new influx of IDPs which resulted in overcrowding. As a result, 14,215 IDPs were relocated to the new extensions within the PoC sites, of which 7,715 were new IDPs not anticipated during the proposal development.

The original registration plan included Abyei Administration Areas. However, due to delays in obtaining administrative clearance, this was not feasible within the project timeline. In Upper Nile and Unity states, the IOM/DTM Registration team could not travel outside the PoC sites due to insecurity. This led to registration of fewer IDPs than targeted.

PEOPLE REACHED[7]

Men 21%
Women 29%
Boys 25%
Girls 25%
1.03 million people reached

EDUCATION

FUNDS ALLOCATED BY CHF (US$)

5.7m
15% of HRP secured funding

CHF PROJECTS

16

PARTNERS

ADCORD, AVSI, CAD, CMD, FYF, HCO, IBIS, Intersos, Mercy Corps, NRC, PCO, UNICEF, UNIDO
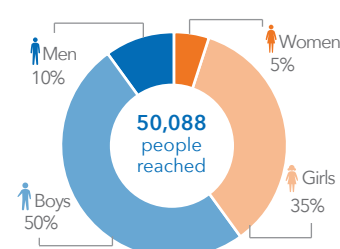
CLUSTER LEAD & CO-LEAD

Lead: UNICEF
Co-lead: Save the Children

CHF funding for education activities in 2015 supported the resumption of education in hard-to-reach areas, complementing resources from other donors. Nearly 50,900 children were reached by CHF-funded projects, accounting for 10 per cent of all people reached by the cluster during the year. CHF projects contributed to the achievement of two cluster objectives: access for conflict affected children to quality learning in protective spaces was increased; and psychosocial support and life skills training was provided. More than 41,000 children were reached with teaching and learning materials, representing 21 per cent of the overall cluster achievement; 111 temporary learning spaces (TLS) were established, 15 per cent of the cluster achievement; and more than 2,300 teachers were trained on life skills, psychosocial support and referral mechanisms, representing 44 per cent of the cluster achievement.

The target on teaching and learning supplies was not fully reached over the reporting period due to access constraints; however the remaining materials were distributed in early 2016. Similarly, inflation and increased cost of materials and transport did not allow partners to fully reach the target on construction of TLSs.

PEOPLE REACHED[8]

Men 10%
Women 5%
Boys 50%
Girls 35%
50,088 people reached

EMERGENCY SHELTER AND NON-FOOD ITEMS

FUNDS ALLOCATED BY CHF (US$)

12.0m
38% of HRP secured funding

CHF PROJECTS

13

PARTNERS

CW, DRC, Intersos, IOM, LCED, MEDAIR, UNHCR, WV South Sudan
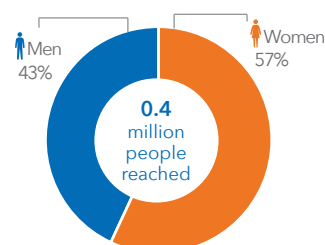
CLUSTER LEAD & CO-LEAD

Lead: IOM
Co-lead: WV South Sudan

CHF-funded ES/NFI projects reached nearly 381,900 people in 2015, accounting for 35 per cent of all people reached by the cluster during the year. The CHF supported three cluster objectives: delivering life-saving non-food items and emergency shelter; providing locally appropriate, sustainable emergency shelters; and procuring and prepositioning emergency shelter and non-food items. CHF-funded projects provided 326,439 people in need with non-food items, representing 37 per cent of the cluster achievement, and 55,394 with emergency shelter represent-ing 30 per cent of the cluster achievement. The CHF also funded the shelter-NFI core pipeline, with the procurement of 38,816 kits and the transportation of 925 metric tons of shelter and NFI materials to field locations for distribution.

In addition to the procurement of items to assemble 2,083 full shelter kits, additional loose items were procured and provided to households needing selected items rather than the full kit. As these assistance materials are loose items, they are not accounted for in the figure for full kit achievement.

PEOPLE REACHED[9]

Men 43%
Women 57%
0.4 million people reached

FOOD SECURITY AND LIVELIHOODS

FUNDS ALLOCATED BY CHF (US$)

11.0m
3% of HRP secured funding

CHF PROJECTS

17

PARTNERS

CMD, CRS, FAO, FCDI, JAM, Nile Hope, RI, SPEDP, RUCAPD, UNKEA, VSF-G, VSF-S, WFP

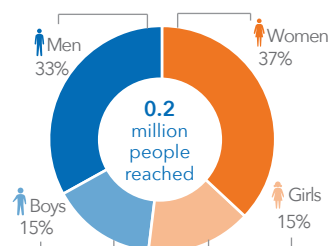## CLUSTER LEAD & CO-LEAD

Lead: FAO, WFP
Co-lead: NRC

Through CHF-funded projects, partners reached more than 228,800 people with Food Security and Livelihoods (FSL) assistance in 2015, 7 per cent of the total cluster achieve-ment. CHF-funded projects focused on emergency livelihoods support, maximizing impact by tailoring interventions according to seasonality, livelihood zones, and house-hold capacities.

CHF-funded projects contributed to the overall Cluster Objective of protecting and rehabilitating livelihoods for the most vul-nerable, with nearly 102,700 people provided with emergency livelihood kits for agriculture or fishing (17.6 per cent of the total cluster achievement) and nearly 78,900 households provided with vegetable seeds (14 per cent of the cluster achievement).

However, while CHF-funded partners were able to reach close to their targets for delivery of agricultural and fishing kits, there were substantial challenges in the procurement and delivery of vegetable seeds, leading to only 59 per cent of the target being reached.

PEOPLE REACHED[10]
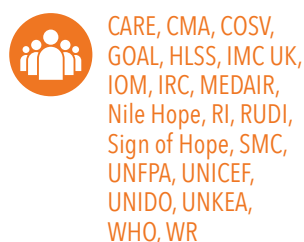

Men 33%
Women 37%
Boys 15%
Girls 15%
0.2 million people reached

HEALTH

FUNDS ALLOCATED BY CHF (US$)

10.8m
13% of HRP secured funding

CHF PROJECTS

37

PARTNERS

CARE, CMA, COSV, GOAL, HLSS, IMC UK, IOM, IRC, MEDAIR, Nile Hope, RI, RUDI, Sign of Hope, SMC, UNFPA, UNICEF, UNIDO, UNKEA, WHO, WR
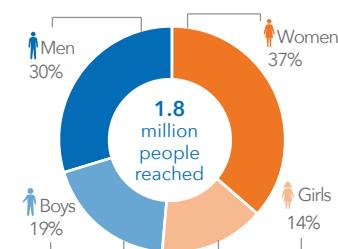
CLUSTER LEAD & CO-LEAD

Lead: WHO
Co-lead: GOAL

CHF-funded projects enabled health partners to reach nearly 1.8 million people in 2015. The CHF supported four health cluster objectives, mainly in the most conflict affected areas of Jonglei, Unity and Upper Nile as well as other locations with large numbers of displaced people, including PoC sites. Primary healthcare was provided to target the main causes of avoidable mortality; surveillance was intensified to enhance early warning of epidemics and trigger responses to halt the spread of communicable diseases; access to mental health and psychosocial support services was increased; and the procurement and prepositioning of emergency medical supplies was strengthened. Through concerted efforts by health partners implementing CHF-funded projects: some 663,537 curative consultations were provided in hard to reach areas, representing 33 per cent of the cluster achievement during the year; 10,322 children received three doses of pentavalent vaccine, representing 21 per cent of the cluster achievement; and 1,000 health staff and community workers received training on the minimal initial service package (MISP), communicable disease control and outbreak prevention and response, representing 78 per cent of the cluster achievement.

The average outpatient consultations utilization rate in South Sudan stands at 0.6. For CHF funded projects, health partners managed to reach a 0.7 utilization rate. Other challenges included insecurity, fluid population movement and inaccessibility.

PEOPLE REACHED[11]

Men 30%
Women 37%
Boys 19%
Girls 14%

1.8 million people reached

NUTRITION

FUNDS ALLOCATED BY CHF (US$)

12.1m
14% of HRP secured funding

CHF PROJECTS

28

PARTNERS

ACF-USA, CARE, CCM, COSV, CW, GOAL, HCO, IMC UK, IRC, MEDAIR, Nile Hope, RI, TEAR-FUND, UNICEF, UNIDO, UNKEA, WFP, WR

CLUSTER LEAD & CO-LEAD
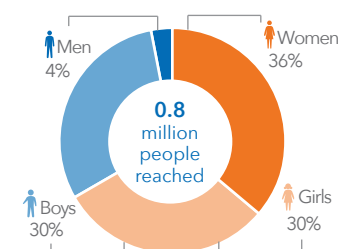
Lead: UNICEF
Co-lead: ACF-USA

Through CHF-funded projects partners reached more than 801,300 people with nutrition services in 2015, including some 160,716 acutely malnourished people admitted for treatment, 26 per cent of the total cluster achievement. CHF-funded projects supported the cluster objective of delivering quality, life-saving management of acute malnutrition in children and other vulnerable groups, including pregnant and lactating women. Through CHF-funded projects more than 53,200 boys and girls under age five with severe acute malnutrition (SAM) were admitted to therapeutic feeding programmes for treatment, representing 36 per cent of the overall cluster achievement. Programme performance was very good, with an 88.8 per cent cure rate and 0.3 per cent defaulter rate, both better than SPHERE thresholds. In addition, more than 51,700 boys and girls under age 5 and nearly 36,800 pregnant and lactating women (PLW) with moderate acute malnutrition (MAM) were admitted to targeted supplementary feeding programmes, representing 19 per cent and 27 per cent of the overall cluster achievements respectively. In addition, CHF funding enabled partners to implement preventive activities, including Vitamin A supplementation and de-worming. More than 429,200 children and PLW were screened for malnutrition with CHF funding.

Nutrition partners were able to reach well beyond the initially targeted number of people with nutrition screening due to the influx of IDPs in some project areas. However, partners were unable to reach the targeted number for MAM treatments because of delayed supply delivery in some of the areas.

PEOPLE REACHED[12]

Men 4%
Women 36%
Boys 30%
Girls 30%

0.8 million people reached

PROTECTION

FUNDS ALLOCATED BY CHF (US$)

6.6m
13% of HRP secured funding

CHF PROJECTS

24

PARTNERS

CCOC, CINA, DDG, HI, Intersos, IRC, Nile Hope, NPP, SALF, SCA, TdH-L, UNFPA, UNHCR, UNICEF, UNIDO, VSF-S

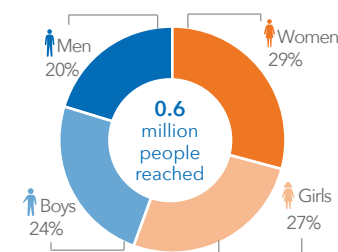## CLUSTER LEAD & CO-LEAD

Lead: UNHCR
Co-lead: NRC

The CHF supported a wide range of protection prevention and response initiatives in 2015, including in relation to child protection and gender-based violence and mine action, which reached more than 635,300 people, representing 27 per cent of the total number reached by the cluster during the year. CHF-funded projects contributed to the achievement of the Protection Cluster's three objectives: timely response and prevention services; identification of protection needs through effective monitoring, reporting and response; and enhancement of positive coping strategies in support of return and reintegration. CHF-funded projects provided: women and girls of reproductive age with 10,140 dignity kits, representing 11 per cent of the total cluster achievement during the year; and 63,273 crisis-affected children with psychosocial support and services. More than 1,600 protection by presence activities were carried out with CHF funding during the year.

Due to the influx of IDPs in the project locations during project implementation period, partners reached substantially more children with psychosocial support and services and conducted more protection by presence activities than planned. However, due to the increase in the cost of dignity kits, the Protection Cluster procured fewer dignity kits than targeted. Moreover, fewer dignity kits were distributed than procured, as inaccessibility and insecurity prevented partners from delivering 1,025 dignity kits planned for Leer and Nyirol counties, while 2,500 dignity kits arrived late in Fangak County due to security reasons.

PEOPLE REACHED[13]

Men 20%
Women 29%
0.6 million people reached
Boys 24%
Girls 27%

WATER, SANITATION AND HYGIENE - WASH

FUNDS ALLOCATED BY CHF (US$)

13.6m
15% of HRP secured funding

CHF PROJECTS

27

PARTNERS

ACF-USA, CMD, CW, Intermon Oxfam, IOM, IRC, MEDAIR, Nile Hope, OXFAM-GB, PAH, RUWASSA, Solidarités, TEARFUND, THESO, UNICEF, UNIDO, UNKEA

CLUSTER LEAD & CO-LEAD

Lead: UNICEF
Co-lead: NRC

CHF-funding supported highest priority WASH projects in 2015, both in PoC sites and in remote and hard to reach locations through mobile response. CHF-funded projects assisted more than 552,800 people, accounting for 20 per cent of the cluster achievement for the year. The projects contributed to the achievement of three cluster objectives: the availability of safe water was increased; sanitary and hygienic conditions were improved; and good hygienic practices promoted. CHF projects: provided 395,630 people with access to safe water, representing 15 per cent of the cluster achievement; supported 190,817 people with improved sanitation facilities, including safe excreta disposal, representing 12 per cent of the total cluster achievement; and reached 65,550 people with messages and information promoting hygienic behaviours and reducing exposure to disease, representing 15 per cent of the cluster achievement.

CHF supported solid waste management projects in Juba, Bentiu, and Malakal PoC sites.

In the final report received from one partner that planned to serve 40,000 beneficiaries by establishing two garbage bins in Waat, only 2,000 beneficiaries were reported, leading to under-achievement against the relevant indicator.

PEOPLE REACHED[14]

Men 20%
Women 26%
0.6 million people reached
Boys 28%
Girls 26%
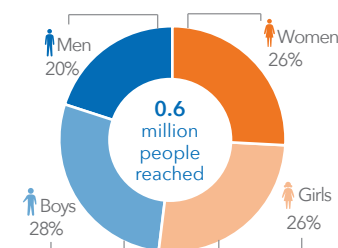
COORDINATION AND COMMON SERVICES

FUNDS ALLOCATED BY CHF (US$)

1.2m
15% of HRP secured funding

CHF PROJECTS

2

PARTNERS

UNDSS
IOM

CLUSTER LEAD

Lead:OCHA
Co-lead:NGO Forum

In 2015, CHF funding supported the operation of a dedicated aircraft for the United Nations Department of Safety and Security (UNDSS) to provide security services to the humanitarian community. The aircraft supported a range of activities, including 76 security risk assessments (SRAs), eight emergency relocations and six medical evacuations. UNDSS provided transportation for some 190 staff from aid organizations in locations not covered by UNHAS or UNMISS flights, such as Aweil, while SRAs supported the continuation and/or resumption of humanitarian activities in key locations, including through recommending the re-opening of 18 air strips. The aircraft also supported humanitarian assessments and liaison and negotiation with diverse actors on the ground, including through joint missions by UNDSS and humanitarian partners.

Three humanitarian hubs were supported, providing accommodation and work space to humanitarian personnel.

KEY RESULTS

76 security risk assessments

14 emergency and medical relocations

18 airstrips re-opened

3 humanitarian hubs

EMERGENCY TELECOMMUNICATIONS

FUNDS ALLOCATED BY CHF (US$)

0.9m
74% of HRP secured funding

CHF PROJECTS

1

PARTNERS

WFP

CLUSTER LEAD

Lead: WFP

The CHF supported the Emergency Telecommunications Cluster's special operation, 'Provision of Life-Saving Emergency ICT services to the Humanitarian Community in South Sudan' reaching 154 humanitarian partners with emergency data connectivity and security telecommunications. The project established common telecommunications infrastructure based on response priorities determined by the Inter-Cluster Working Group. Internet connectivity was enabled in areas with no power supply by deploying equipment with hybrid solar power. Four sites (Aweil, Bor, Malakal and Mingkaman) were transitioned into the Humanitarian Internet Support Project (HISP), a sustainable solution based on cost sharing by users to eliminate dependency on external funding. The cluster also provided technical support and training to humanitarian organizations for security telecommunications, offered radio programming services, and maintained the VHF and HF network country-wide.

While the Cluster was able to exceed targets for the number of partners benefitting from data connectivity services, the number of operating centres in crisis affected areas was lower than anticipated due to the insecurity prevailing in those areas. However, the services were still delivered in other places.

ORGANIZATIONS REACHED[15]

IOs & Others 4%
NNGOs 5%
UN Agencies 7%
INGOs 84%

154 partners supported

LOGISTICS

FUNDS ALLOCATED BY CHF (US$)

12.3m
14% of HRP secured funding

CHF PROJECTS

9

PARTNERS

IOM, UNOPS, WFP

CLUSTER LEAD

Lead: WFP

In 2015, the Logistics Cluster utilized CHF funds to support both static programmes and rapid response in line with priorities agreed by the humanitarian coordination system. Airlifts of emergency supplies and other cargo were carried out, mostly by helicopters, providing assistance to people in remote, hard to reach areas. In conjunction with air transportation of cargo, CHF-funded projects supported ground transportation of cargo to and from airstrips, ensuring timely delivery and reception. Funding was also provided for logistics operations in the Malakal hub in support of the response in the PoC site.

The CHF supported humanitarian flights for a monthly average of 14,210 aid workers, and 241 metric tons of light cargo. In addition, funds enabled the repair and maintenance of the Rubkhona airstrip to allow year-round usage by aeroplanes with a payload of 5 metric tons, overcoming helicopter-only usage in the wet season and improving the economy of the aid operation.

The cargo movement requests planned were based on averages from 2014. All cargo requests received in 2015 were completed by the end of the year. Individual Service Request Forms vary in tonnage from <1 metric ton to 150 metric tons.

ORGANIZATIONS REACHED[16]

NNGOs 11%
UN Agencies 21%
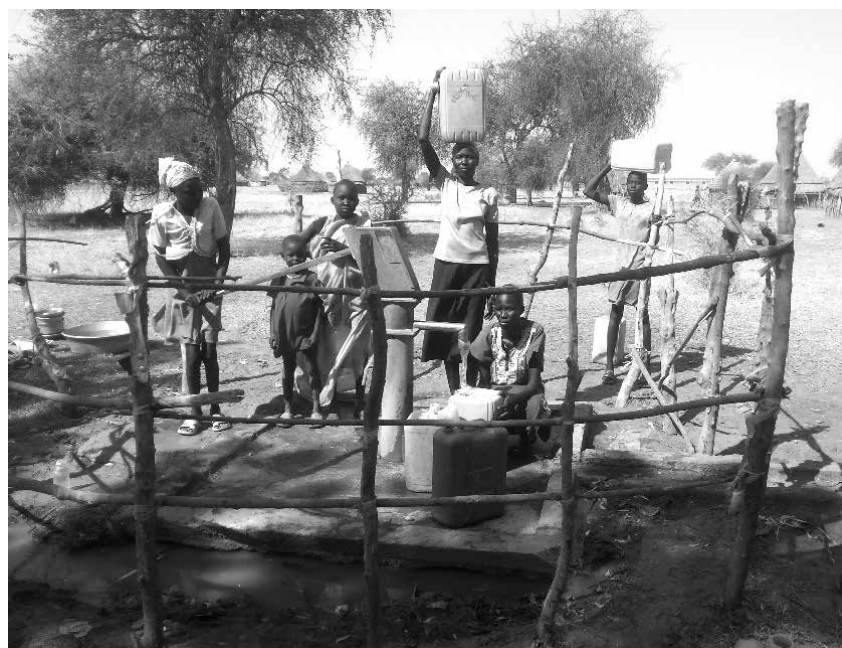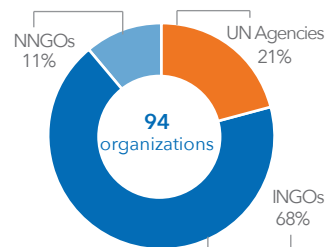**94** organizations
INGOs 68%

Photo: WASH Cluster

Providing safe water

Nyachan Reat, 38 years old, is one of the users of the borehole funded by the CHF in Ulang.

"Before the construction of the borehole we used to suffer from diarrhoea and other water borne diseases. We used to walk for more than 30 minutes to collect water from the river. We are thankful to the donors and partners for constructing the borehole; we are now safe and have access to clean water. This borehole is important to our life; it is the only safe water we have in the village," said Nyachan.

PART III: ANNEXES

ADVISORY BOARD
STRUCTURE AND FUNCTION

The CHF Advisory Board (AB) represents the views of donors, UN agencies and the NGO community and provides guidance and advice to the Humanitarian Coordinator (HC) on strategic and policy matters in pursuit of the Fund's overall objectives. AB members represent their respective communities and not individual agency opinions.

Membership of the AB is as follows:

a. Humanitarian Coordinator (as Chairperson, non-rotating)

b. 2 representatives of contributing donors (rotating)

c. 2 representatives of participating UN Cluster Lead Agencies (rotating)

d. 1 representative of the international NGO community (rotating)

e. 1 representative of the national NGO community (rotating)

f. OCHA Head of Office (as Observer on behalf of CHF TS, non-rotating)

g. UNDP Country Director (as Observer on behalf of CHF TS, non-rotating)

h. 1 representative of a non-contributing donor (as Observer, rotating)

The AB is responsible for:

a. Advising the HC on the strategic direction of the CHF and its continuous development and refinement as an effective humanitarian funding instrument. This may involve participation in occasional reviews, evaluations and other learning initiatives;

b. Analysing risks that may affect the achievement of the Fund's objectives and advising the HC on risk management strategies;

c. Supporting the HC in the mobilization of resources to maximize the overall reach and impact of the Fund;

d. Advising the HC on the quality, transparency and equitability of CHF processes throughout the programme cycle. Participating during the development of allocation strategies, at cluster defences, and at any other stage as may be required by the HC. Advising on monitoring and reporting arrangements;

e. Supporting the promotion of the Fund, including but not limited to the review of key information products such as Annual Reports, to ensure an accurate reflection of achievements.

FUNDING BY ORGANIZATION

ORGANIZATIONS	ALLOCATIONS (US$)
ACF – USA	1,108,832
ACTED	1,079,208
ADCORD	201,100
AFOD	71,262
AVSI	205,097
CAD	202,779
CARE	742,574
CCM	297,030
CCOC	347,754
CINA	408,457
CMA	198,020
CMD	988,934
COSV	428,740
CRS	297,030
CWW	3,721,146
DDG	197,884
DRC	1,609,156
FAO	6,411,231
FCDI	272,277
FYF	203,214
GOAL	836,634
HCO	369,655
HI	352,972
HLSS	544,557
IBIS	229,978
IMC-UK	1,230,413
IN	296,252
Intermon Oxfam	415,754
INTERSOS	1,055,374
IOM	16,125,314
IRC	1,766,337
JAM	330,756
LCED	109,241
MEDAIR	2,085,540
Mercy Corps	499,967

ORGANIZATIONS	ALLOCATIONS (US$)
Nile Hope	2,195,240
NP	620,370
NRC	263,680
OXFAM GB	3,122,195
PAH	197,723
PCO	340,342
PIN	136,634
RI	1,195,238
RuCAPD	150,849
RUDI	99,008
RUWASSA	248,020
SALF	120,577
SCA	76,013
SI	495,050
SMC	267,353
SoH	297,762
SPEDP	169,330
TDH	263,366
TEARFUND	454,456
THESO	178,219
UNDSS	500,000
UNFPA	1,412,911
UNHCR	1,488,963
UNICEF	12,546,653
UNIDO	1,525,462
UNKEA	1,159,728
UNOPS	2,835,026
VSF Suisse	613,785
VSF-G	296,608
WFP	11,359,004
WHO	1,402,536
WR	300,545
WVSS	695,487
Total	**92,268,600**

For the full list of projects funded by the Common Humanitarian Fund in 2015 please see: http://bit.ly/1sC2yGV

SELECTED CLUSTER OUTPUT INDICATORS

CAMP COORDINATION AND CAMP MANAGEMENT: OUTPUT INDICATORS	PLANNED	ACHIEVED	%
Number of IDPs registered	399,178	269,598	68%
Numbers of IDPS relocated	6,500	14,215	219%
Number of IDPs sites and camps established/managed	9	9	100%
Number of site planning and development carried out/updated	12	13	108%
Number of humanitarian hubs established/maintained	3	3	100%

EDUCATION: OUTPUT INDICATORS	PLANNED	ACHIEVED	%
Number of children benefiting from learning supplies and teaching materials	52,885	41,041	78%
Number of children benefiting from TLS construction and rehabilitation	29,448	29,852	101%
Number of temporary/emergency learning spaces established	122	111	91%
Number of members of Parent Teachers Association/School Management Committees trained	1,346	1,400	104%

EMERGENCY SHELTER AND NON-FOOD ITEMS: OUTPUT INDICATORS	PLANNED	ACHIEVED	%
Number of conflict or disaster affected people provided with NFI support	341,371	334,059	98%
Number of conflict or disaster affected people provided with shelter support	25,700	41,402	161%
Number of emergency shelter kits procured	3,000	2,083	69%
Number of NFI kits procured	33,850	36,773	109%
Tonnage of NFI/shelter kits transported	541	925	171%

FOOD SECURITY AND LIVELIHOODS: OUTPUT INDICATORS	PLANNED	ACHIEVED	%
Number of people provided with vegetable seeds	133,802	78,883	59%
Number of people receiving agricultural tools/kits	47,388	36,590	77%
Number of people receiving fishing gears/kits	77,300	65,722	85%
Number recipient farmers of seeds and tools trained	19,325	17,811	92%
Number of heads of livestock treated or vaccinated	96,625	83,533	86%

HEALTH: OUTPUT INDICATORS	PLANNED	ACHIEVED	%
Number of estimated beneficiaries reached by the supplies from the pipeline (emergency medical supplies and kits)	1,086,400	1,160,661	107%
Number of outpatient consultations in conflict-affected and other vulnerable states	946,131	663,537	70%
Number of children who have received measles vaccinations in emergency or returnee situation	1,239,854	1,032,921	83%
Number of direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits)	290,227	314,351	108%
Proportion of communicable diseases alerts verified and responded to within 48 hours	1,164	1,056	91%

NUTRITION: OUTPUT INDICATORS	PLANNED	ACHIEVED	%
Number of SAM boys and girls aged 0-59 months newly admitted for treatment	56,672	53,230	94%
Number of MAM boys and girls aged 6-59 months newly admitted for treatment	70,287	51,739	74%
Number of PLW with acute malnutrition newly admitted for treatment	33,757	36,785	109%
Number of boys and girls 6-59 and months and PLW screened for acute malnutrition in a community	286,268	429,241	150%

PROTECTION: OUTPUT INDICATORS	PLANNED	ACHIEVED	%
Number of protection by presence activities carried out by protection teams deployed in disasters and emergencies, and other vulnerable locations	534	1,606	301%
Number of dignity kits distributed to beneficiaries	19,690	10,140	51%
Number of crisis-affected children receiving psychosocial support and services	28,804	63,273	220%
Number of affected people reached by messaging initiatives providing life-saving information	15600	15099	97%

WATER, SANITATION AND HYGIENE - WASH: OUTPUT INDICATORS	PLANNED	ACHIEVED	%
Number of people provided with sustained access to safe and gender appropriate hygiene latrine facilities[SPHERE Standard]	179,245	190,817	106%
Number of people provided with sustained access to safe water supply [SPHERE Standard]	267,287	395,630	148%
Number of people served by solid waste management	98,017	64,811	66%
Number of people trained on hygiene promotion messages to be shared with their community	81,167	65,550	81%

COORDINATION AND COMMON SERVICES: OUTPUT INDICATORS	PLANNED	ACHIEVED	%
Number of relocations or medical evacuations conducted as requested	14	14	100%
Number of humanitarian personnel transported for urgent mission in response to emergency security situation	190	190	100%
Number of security risk assessments conducted	72	76	105%

EMERGENCY TELECOMMUNICATIONS: OUTPUT INDICATORS	PLANNED	ACHIEVED	%
# of humanitarian partners benefitting from data connectivity services for critical communications in crisis affected areas	150	154	103%
# of sites to be provided with data connectivity services on cost recovery basis	4	4	100%
# of operating centres in crisis affected areas equipped with security telecommunications networks and data connectivity	6	4	67%

LOGISTICS: OUTPUT INDICATORS	PLANNED	ACHIEVED	%
Number of cargo Movement Requests executed	1,130	971	86%
Number of tons of light cargo transported (MTs) (UNHAS)	253	241	95%
Number of infrastructure works completed vs. number of works tasked	180	144	80%
Monthly average # of passengers transported monthly (UNHAS)	10,033	14,210	142%
Storage capacity made available to the humanitarian community (SQM)	4,800	11,200	233%

For the full list of cluster's output indicators please see: http://bit.ly/1srlBnw

ACRONYMS

A

AA	Administrative Agent
AB	Advisory Board
ACF-USA	Action Contra la Faime - USA
ACTED	Agency for Technical Cooperation and Development
ADCORD	Advocates Coalition for Rights and Development
AFOD	Action For Development
AVSI	Associazione Volontari per il Servizio Internationale

C

CAD	Community Aid for Development
CE	Central Equatoria
CARE	CARE International
CAR	Central African Republic
CCCM	Camp Coordination and Camp Management
CCM	Comitato Collaborazione Medica (Medical Collaboration Committee)
CCOC	Confident Children out of Conflict
CCS	Coordination and Common Services
CERF	Central Emergency Response Fund
CHF	Common Humanitarian Fund
CHF AB	Common Humanitarian Fund Advisory Board
CHF-RA	Common Humanitarian Fund Reserve Allocation
CHF TS	Common Humanitarian Fund Technical Secretariat
CMA	Christian Mission Aid
CMD	Christian Mission for Development
COSV	Comitato di Coordinamento delle Organizzazione per il Servizio Volontario
CRS	Catholic Relief Services
CINA	Community in Need Aid
CW	Concern Worldwide

D

DFID	Department For International Development
DDG	Danish De-mining Group
DRC	Danish Refugee Council
DRC	Democratic Republic of Congo

E

EE	Eastern Equatoria
EC	European Commission
ECHO	European Commission's Humanitarian Aid and Civil Protection department
ES/NFI	Emergency Shelter and Non-Food Items
ETC	Emergency Telecommunication Cluster

F

FAO	Food and Agricultural Organization of the United Nations
FCDI	Fangak Community Development Initiative
FSL	Food Security and Livelihoods
FYF	Fashoda Youth Forum
FTS	Financial Tracking Service

G

GBV	gender-based biolence
GMS	Grant Management System

H

HACT	Harmonized Approach to Cash Transfers
HC	Humanitarian Coordinator
HCO	Hold the Child Organisation
HCT	Humanitarian Country Team
HF	High Frequency
HI	Handicap International
HISP	Humanitarian Internet Support Project
HLSS	Health Link South Sudan
HRP	Humanitarian Response Plan

I

IASC	Inter-Agency Standing Committee
IBIS	IBIS
ICT	Information and Communication Technology
IDP	internally displaced person
IMC-UK	International Medical Corps- United Kingdom
IEHK	Interagency Emergency Health Kit
IN	Internews Network
INGO	international non-governmental organization
IO	Intermon Oxfam
IOM	International Organization for Migration
IRC	International Rescue Committee

J

JAM	Joint Aid Management International

L

LBCs	Lightweight Base Camps
LCED	Lacha Community and Economic Development
LOGS	Logistics

M

M&R	Monitoring and Reporting
MA	Managing Agent
MAM	moderate acute malnutrition
MS	Multi -Sector
MISP	Minimum Initial Services Package
MPTF	Multi-Partners Trust Fund
MT	metric tones

N

NA	not applicable
NCEs	No Cost Extensions
NBG	Northern Bahr el Ghazal
NFI	non-food items
NGO	non-governmental organization
NNGO	national non-governmental organization
NP	Nonviolent Peaceforce
NRC	Norwegian Refugee Council

O

OCHA   Office for the Coordination of Humanitarian Affairs

P

PAH   Polish Humanitarian Action
PPI   Partner Performance Index
PCO   Peace Corps Organization
PHCU   Primary Health Care Unit
PIN   People In Need
PLW   Pregnant and Lactating Women
PoC   Protection of Civilians
PTA   Parents Teachers Association
PUNO   Participating United Nations Organizations
PwC   PricewaterhouseCoopers

R

RI   Relief International
RH kit   Reproductive Health kit
RUDI   Rural Development Initiative South Sudan
RUWASSA   Rural Water and Sanitation Support Agency

S

SAM   Severe Acute Malnutrition
SA1   First Standard Allocation
SA2   Second Standard Allocation
SALF   Standard Action Liaison Focus
SCA   Street Children Aid
SMC   Sudan Medical Care
SPEDP   Support for Peace and Education Development Programme
SRAs   Security Risk Assessments
SQM   Square Metres

T

TdH-L   Terre des Hommes-Lausanne
THESO   The Health Support Organization
TLS   Temporary Learning Structures

U

UK   United Kingdom
UN   United Nations
UNDSS   United Nations Department for Safety and Security
UNDP   United Nations Development Programnme
UNDP/MA   United Nations Development Programnme - as a Managing Agent
UNOPS   United Nations Office for Project Services
UNFPA   United Nations Population Fund
UNHAS   United Nations Humanitarian Air Services
UNHCR   United Nations Office of the High Commissioner for Refugees
UNICEF   United Nation Children's Fund
UNIDO   Universal Intervention and Development Organization
UNKEA   Universal Network for Knowledge and Empowerment Agency
UNMISS   United Nations Mission in South Sudan
UNOCHA   United Nations Office for the Coordination of Humanitarian Affairs
USAID/OFDA   United States Agency for International Development/ Office for Foreign Disaster Assistance
USA   United States of America
US   United States
US$ United States dollar

V

VSF-G   Veterinaires Sans Frontieres - Germany
VHF   Very High Frequency
VSF-S   Veterinaires Sans Frontieres - Suisse

W

WE   Western Equatoria
WASH   Water, Sanitation and Hygiene
WBG   Western Bahr el Ghazal
WFP   World Food Programme
WHO   World Health Organization
WR-SS   World Relief-South Sudan
WVSS   World Vision South Sudan

END NOTES

1   The number of people reached was calculated by: a) breaking down the number of people reached per cluster at county-level; b) identifying the highest cluster caseload reached for each county; and c) adding up the highest cluster caseload per county to develop the total. This method of calculation minimizes the risk of duplication as it calculates the number of unique individuals reached, rather than double-counting across clusters. It is the same method that was used to calculate the number of people reached in 2015 under the HRP.

2   More than one CHF project can support one single HRP project.

3   As reported in the FTS by mid February 2016.

4   One project revision might involve multiple causes.

5   CCCM based at UNHCR, Education based at UNICEF, FSL based at WFP, Health based at WHO, Nutrition based at UNICEF, Protection based at UNHCR, ES/NFI based at IOM and WASH based at UNICEF.

6   IOM/DTM IDP Data Reported as of 15 August 2015.

7   CCCM results are extracted from 6 final narrative reports (out of 6 due) and 6 progress narrative reports (out of 6 due)

8   Education results are extracted from 12 final narrative reports (out of 13 due) and 5 progress narrative reports (out of 7 due).

9   ES/NFI results are extracted from 8 final narrative reports (out of a total of 9 due) and 2 progress narrative reports (out of 2 due).

10   FSL results are extracted from 7 final narrative reports (out of 14 due) and 11 progress narrative reports (out of 16 due).

11   Health results are extracted from 25 final narrative reports (out of 28 due) and 7 progress narrative reports (out of 8 due)

12   Nutrition results are extracted from 19 final narrative reports (out of 20 due) and 8 progress narrative reports (out of 9 due).

13   Protection results are extracted from 14 final narrative reports (out of 19 due) and 9 progress narrative reports (out of 9 due).

14   WASH results are extracted from 15 final narrative reports (out of 15 due) and 1 progress narrative reports (out of 1 due).

15   ETC results are extracted from 1 final narrative reports (out of 1 due) and 2 progress narrative reports (out of 2 due).

16   Logistics results are extracted from 7 final narrative reports (out of 7 due) and 6 progress narrative reports (out of 6 due).

CHF CONTACTS &
USEFUL LINKS

CHF CONTACTS

General feedback regarding the CHF can be sent to chfsouthsudan@un.org.

Please find the contacts of CHF staff here:

http://www.unocha.org/south-sudan/common-humanitarian-fund/contacts

USEFUL LINKS

- Evaluation of the Common Humanitarian Fund - Global Synthesis Report, May 2015:
  http://www.unocha.org/what-we-do/policy/thematic-areas/evaluations-of-humanitarian-response/reports

- https://chfsouthsudan.unocha.org/

- http://mptf.undp.org/factsheet/fund/HSS10

- http://www.unocha.org/south-sudan

- http://www.ss.undp.org/

- https://fts.unocha.org/pageloader.aspx?page=emerg-emergencyCountryDetails&cc=ssd

- http://www.unocha.org/cerf/