Policy Paper - South Sudan Common Humanitarian Fund (CHF)
Second round standard allocation for 2014

May 30th 2014

Introduction

1. In its meeting of May 28th 2014 the CHF Advisory Board (AB) agreed that the process for a second round standard allocation for 2014 be started to ensure that any new funds into the CHF be promptly utilised, particularly in the expectation of additional funding coming in post-Oslo pledging conference.¹

2. The standard allocation is established for the amount of US$34.5m.

Overarching humanitarian response strategy

3. The updated Crisis Response Plan (CRP) prioritises saving lives, preventing famine and averting the loss of a generation.

4. The CRP prioritises activities under six clusters: food security and livelihoods; nutrition; health; water, sanitation and hygiene; shelter and NFIs; and, protection. Ensuring logistical capacities for these clusters is equally a priority. These sectors are deemed those most critical to reduce excess mortality caused by the seven main killers; cholera, measles, malaria, acute respiratory infections, malnutrition, trauma, and maternal mortality.

Parameters for the standard allocation

5. The health, nutrition, protection, and WASH clusters for both pipeline and front line requirements are eligible.

6. The total amount for allocation is distributed across these clusters in the following proportions: health 30%; nutrition 15%; protection 15%; WASH 40%.

7. Projects in the three most conflict affected states – Jonglei, Unity and Upper Nile – as well as Lakes and Warrap due to displacement and contiguous spreading of food insecurity are eligible. Central Equatoria is also eligible, to address priorities in displacement sites in Juba.

8. While each cluster may develop its own additional criteria, as a minimum the following should be used to inform project prioritisation:

   - Projects must contribute to the most life-saving and time-critical activities (note the seven killers above), taking into account the seasonal calendar and other elements of the cluster strategy.
   - Projects from organisations best placed to deliver results on the ground and perform strongly throughout the project cycle. The CHF performance index should be used in the prioritisation process.
   - Projects which address most vulnerable populations. IPC, IRNAs and related vulnerability mapping, and other cluster tools should inform prioritisation.
   - Projects which have received a greater proportion of funding during the year to date. Allocations to projects which remain significantly underfunded should be made only with substantive justification as to the ability of the partner to perform.
   - Immediate high²/high priority coded CRP projects.

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¹ In parallel the AB established the parameters for a reserve allocation to support emergency response in hard to reach areas. A separate policy paper will guide the reserve allocation process.

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<th>Donor</th>
<th>Amount $</th>
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<td>Denmark</td>
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<td>Less obligations</td>
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<td>Outstanding (IOM) payment and fees</td>
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<td><strong>Total</strong></td>
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<tr>
<td></td>
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<tr>
<td>Remarks</td>
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<td>Reserve allocation</td>
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- Projects with higher gender marker codes, preferably code 2.
- Projects from national NGOs are encouraged, where other criteria are adequately met.
- Projects with best value for money:
  - organisations that have received funding from previous CHF allocations or from other donors for the same activities should clearly demonstrate how any new funding will be complementary and not duplicative.
  - organisations should similarly indicate the amounts and sources of any co-funding of projects.
  - projects should be prioritised where they demonstrate a more favourable ratio of indirect to direct costs\(^3\). Where the ratio of indirect to direct costs has increased, this must be robustly justified.

*Ends.*

\(^{300514}\)