

BACKGROUND

1. **The South Sudan Humanitarian Fund (SSHF) Advisory Board has agreed to allocate around US\$25 million through a Second Standard Allocation (SA2) for 2017**, based on the Fund's cash balance and projected commitments to be received. The second standard allocation will focus on supporting the most urgent and life-saving activities in areas with the most severe humanitarian needs.
2. **In the first five months of 2017, the humanitarian crisis in South Sudan continued to deepen and spread.** Conflict continued in multiple locations across the Equatorias and re-intensified in and around Wau and Raja in Western Bahr El Ghazal, while major government offensives on the west bank in Upper Nile and in northern Jonglei caused mass displacement. By the end of May, over 2 million people were internally displaced, and more than 1.9 million had fled the country as refugees. Food insecurity reached unprecedented levels, with localized famine declared in Leer and Mayendit counties in February 2017, and malnutrition rates above the emergency threshold recorded in an increasing number of locations. The escalation of conflict and collapse of the healthcare system exacerbated the spread of communicable diseases. For the first time since South Sudan's independence, the cholera outbreak continued through the dry season, reaching new locations and becoming the longest and most widespread outbreak since 2011, with at least 18 counties affected.
3. **South Sudan remains first and foremost a protection crisis. In addition to generating immediate protection concerns, conflict has exacerbated the risks associated with the rainy season and lean season which are now underway.** The coming months are likely to see an increase in the spread of cholera and malaria, as well as the deepening of the food insecurity and malnutrition crisis, as highlighted by the updated Integrated Phase Classification (IPC) analysis completed in June 2017.
4. **The 2017 Humanitarian Response Plan (HRP), which requires \$1.6 billion, is currently 48 per cent funded.** However, some clusters remain severely under-funded, according to the Financial Tracking System (FTS). This includes Protection, Health, Education and WASH, which have all received less than 12 per cent of their requirements. The HRP focuses on three Strategic Objectives, namely to: save lives and alleviate suffering of those most in need; protect the rights and uphold the dignity of those most vulnerable; and support communities most at risk to sustain their coping capacities. The HRP strategy emphasises efficient, effective and transparent resource utilisation; the centrality of protection in action and advocacy; flexibility, adaptation and coordination; delivering by securing safe access; rigorous prioritisation; and putting communities at the heart of humanitarian action.

2017 SECOND STANDARD ALLOCATION – STRATEGY AND PROCESS

Allocation Strategy

5. **The overarching aim of the SSHF second standard allocation is to provide resources for the most critical and time-sensitive life-saving activities in the second half of 2017.**
6. **The allocation will be strictly targeted to ensure optimal use of the limited funds available.** Specifically, the allocation will prioritise: *counties with protection concerns, including those hosting large caseloads of recently displaced people; and locations with the most severe humanitarian needs, including counties with active cholera transmission, locations with GAM rates substantially exceeding the emergency threshold, and IPC Phase 4.* To this end, a preliminary list of 24 priority counties has been developed based on an analysis of displacement, global acute malnutrition rates (GAM), food insecurity, and cholera transmission. The analysis builds on the 2017 Humanitarian Needs Overview severity index, and incorporates updated data. Given the level of funding to counties considered to be in, or at risk of, famine in the first half of 2017 – Leer, Mayendit, Koch and Panyijiar – these counties have not been included in the prioritized list. However, consideration may be given to funding for projects in these areas upon receipt of exceptional justification from the relevant cluster(s).

7. **In light of the specific risks posed by the conflict, rainy season and lean season, top priority will be given to Protection, Health, WASH, Nutrition, FSL, and Emergency Shelter/NFI projects, and cross-sectoral response addressing food insecurity, cholera and protection issues, to be implemented in priority counties.**¹ Activities and approaches that promote impact across clusters, cross-cluster collaboration and synergies, and the centrality of protection, will be given precedence. Projects which promote holistic approaches to tackling key concerns – e.g. schools as zones for peace and integrated response which provide a safe space for referral pathways, cholera-prevention messaging, proper hygiene and sanitation practices etc. – will receive positive consideration.
8. **Given the timing of the second standard allocation, which will require project implementation during the rainy season, frontline activities will be prioritized.** However, requests for replenishment or bolstering of core pipeline supplies due to unanticipated needs – e.g. as a result of the cholera outbreak - will also be given consideration. Common services (i.e. “enablers”) that will support rainy season programming will be eligible.
9. **To be considered for funding, activities and projects must:**
 - a. **Be consistent with CERF life-saving criteria**² **and aligned with the cluster top priority activities outlined in the HRP;**
 - b. **Be implementable immediately:** cluster strategies and individual project proposals should include a compelling articulation of approaches that will ensure feasibility of implementation, taking into consideration any access constraints, insecurity or other challenges. Modalities should be prioritised that enable rapid and adaptable responses to humanitarian needs, in light of the volatile situation on the ground. Innovation is encouraged;
 - c. **Be cost efficient:** innovation, particularly in light of rainy season limitations and the impact of these on costs, are encouraged; and
 - d. **Exemplify quality programming:** to the extent feasible in the circumstances, all projects should incorporate mainstreaming of gender; AAP; and robust protection analysis to ensure conflict sensitivity and avoid harm.

Process

10. **The process will be similar to the first round standard allocation** and will make every effort to streamline and expedite the allocation. A detailed allocation timeline has been attached to this Allocation Strategy Paper, summarised as follows:
 - Clusters will provide key information in relation to needs, priority activities and locations, proposed envelopes, and other factors such as feasibility, inter-cluster synergies etc.
 - This information will be compiled and peer-reviewed by a team composed of Cluster Coordinators / Co-coordinators and OCHA / SSHF Technical Secretariat (TS). The peer review will allow clusters to question one another’s strategies, explore integrated approaches and arrive at common conclusions regarding the top priorities for funding, including locations, activities and recommended cluster envelopes.
 - The collective, inter-cluster proposition will be defended before the SSHF Advisory Board (AB) and refined as appropriate to obtain AB endorsement.
 - Proposals from partners will then be called for and reviewed in order to prioritise and select for funding those which most closely align to the parameters endorsed by the AB.

¹ Support to the refugee response and food aid are generally excluded from SSHF allocations due to the overall magnitude of their requirements compared to the relatively small resources available to the SSHF. However, if funding to either the refugee response or food aid is agreed as an inter-cluster priority it may be exceptionally considered.

² https://docs.unocha.org/sites/dms/CERF/FINAL_Life-Saving_Criteria_26_Jan_2010_E.pdf

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- Selected proposals will undergo the usual technical review process by the SSHF TS and clusters.

OPTIMAL USE OF RESOURCES: COMPLEMENTARITY AND DIRECT IMPLEMENTATION

11. Funds allocated shall be complementary to, and not duplicative of, resources available from other sources.

Clusters should estimate their requirements and proposed envelopes on an understanding of other resources available to their partners in prioritised locations. When reviewing proposals from partners, other funding will be taken into account to ensure that the funds allocated are complementary to, and do not duplicate, funding through other mechanisms, or from previous SSHF allocations.

12. Funds will be allocated only to proposals of HRP partners with demonstrated capacity to implement immediately priority activities in prioritised locations, in line with cluster strategies. Funds will be allocated directly to implementers. *Pass-through of funds from one agency to another is precluded.*

22 June 2017

Attached: - Cluster prioritisation template; CERF lifesaving criteria; allocation timeline; protection main streaming guidance

List of Prioritized Counties

	Prioritized Counties	
	<i>Jonglei</i>	
1	Uror	Displacement, IPC Phase 4, cholera risk
2	Nyirrol	Displacement, IPC Phase 4
3	Duk	Displacement, Active cholera transmission, IPC Phase 4, GAM rate 26.1%
4	Ayod	Displacement, IPC Phase 4, GAM >20%
5	Bor South	Active cholera transmission, food insecurity, GAM rates
6	Akobo	Displacement
	<i>Upper Nile</i>	
7	Fashoda	Displacement, Protection, Active cholera transmission, IPC Phase 4
8	Nasir	Displacement, kalazar, destruction of health facilities, low immunization coverage
	<i>Unity</i>	
9	Guit	Protection, IPC Phase 4
	<i>Eastern Equatoria</i>	
10	Magwi	Displacement, Protection
11	Kapoeta South	Active cholera transmission
12	Kapoeta North	Active cholera transmission
13	Kapoeta East	Active cholera transmission
	<i>Central Equatoria</i>	
14	Kajo-Keji	Displacement, Protection, IPC Phase 4
15	Terekeka	Displacement, Cholera Risk
16	Yei	Displacement, Protection
17	Lainya	Displacement, IPC Phase 4
	<i>Northern Bahr El Ghazal</i>	
18	Aweil North	IPC Phase 4, GAM
19	Aweil South	IPC Phase 4, GAM
	<i>Warrap</i>	
20	Tonj North	Displacement, Cholera Risk

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21	Tonj South	Displacement, Cholera Risk
22	Tonj East	Active cholera transmission
	Lakes	
23	Yirol East	Active cholera transmission
24	Yirol West	Active cholera transmission