Overview

This allocation strategy is issued by the Humanitarian Coordinator (HC), in consultation with the Advisory Board of the South Sudan Humanitarian Fund (SSHF), to set the SSHF funding priorities for the 1st Standard Allocation to support the 2021 South Sudan Humanitarian Response Plan, addressing key response gaps.

An estimate US$ 50 million is available under this allocation. The strategy outlines the allocation’s strategic direction and priorities, the rationale for the prioritization, and a timeline and procedure for the allocation process. The First Standard Allocation for 2021 seeks to support activities identified and approved under the Humanitarian Response Plan (HRP), reflecting the following three strategic objectivities:

- Strategic Objective 1: Reduce morbidity and mortality, protection threats and incidents for the most vulnerable populations in severity levels 4 and 5;
- Strategic Objective 2: Ensure safe, equitable and dignified access to critical cross sectoral basic services to enable populations meet their basic needs in locations of severity level 4 and 5;
- Strategic Objective 3: Enable vulnerable people to recover from crisis, seek solutions to displacement in respect of their rights, and build resilience to shocks and stresses.

The HC with the approval of the SSHF AB members agreed on the following 3 envelopes to guide SSHF partners and stakeholders on prioritisation of needs:

1. Envelope 1: Support for people affected by food insecurity in IPC 4 and 5 areas: $28.5 million
2. Envelope 2: Support to people in 6 IDP settlement sites: $16.5 million
3. Envelope 3: Support for critical enablers, such as land and air transport, warehousing, community engagement, data collection: $5 million

Within the total of up to US$50 million, the allocation will seek to support multi-cluster projects where possible and feasible, with project duration of up to 12 months, all of which respect and comply with the full spectrum of requirements as outlined from the allocation strategy.

Section 1: Humanitarian Context

1.1. Overview of the Humanitarian Situation

The overall humanitarian situation in South Sudan remains fragile. At the beginning of 2021, the number of people in need had reached an all-time high of 8.3 million people, an increase from 7.5 million people recorded at the same time in 2019, already an increase from 7.2 million for same time in 2018. The new caseload includes 8 million South Sudanese, and 0.3 million refugees and asylum seekers.

The humanitarian context is characterized by conflict and sub-national violence, a recurrence of major floods and the impacts of COVID-19. A legacy of violence, political tensions and underdevelopment continues to push more people to vulnerability and, at the same time, undermine humanitarian efforts. While a peace agreement was signed two years ago, its implementation has been modest, and the lack of durable peace and limited investment in basic services continue to impede stability and sustainable development.

A worsening Food insecurity

The effects of conflict and intercommunal violence, floods, disruption of markets and food production activities, a deepening economic crisis and insufficient agricultural production and recently effects of COVID-19, have kept the number of people facing crisis-level acute food insecurity and the levels of acute malnutrition alarmingly high.

According to the Integrated Food Security Phase Classification (IPC), the number of people likely to be in crisis-level acute food insecurity (IPC Phase 3) or worse is projected to increase from an already high of 5.8 million people for the period December 2020 – March 2021 to 7.24 million people in the period April – July 2021. Of these, 31,000 people are likely to be in Catastrophe (IPC Phase 5) acute food insecurity in Akobo County (11,000) in Jonglei State, Aweil South County (7,000) in Northern Bahr el Ghazal...
State, and Tonj North County (13,000) in Warrap State. During this period, an estimated 2.47 million are likely to be in Emergency (IPC Phase 4) acute food insecurity.

**High malnutrition levels persist**

A high prevalence of diseases, poor quality and poor diversity of food elevated levels of food insecurity (IPC Phase 3 and above), and limited access to health and nutrition services continue to drive malnutrition rates. At least some 1.4 million children under age 5 were estimated to suffer from acute malnutrition at the beginning of 2021 – the highest caseload of children with acute malnutrition reported since December 2013 and marks an increase from 1.3 million children reported at the beginning of the 2020

A total of 48 out of 78 counties have a global acute malnutrition (GAM) rate above the emergency threshold of 15 per cent. Of the 48 counties, 20 of them are critical, with a 15- 29.9 per cent GAM rate.

**Access to health services remains limited**

People’s access to health care is limited especially in hard-to-reach areas. Prolonged conflict and limited investment in the health-care system continued to adversely affect health infrastructure and basic service delivery. Of approximately 2,300 health facilities, more than 1,300 are assessed to be non-functional, with some 57 per cent of the functioning sites supported by humanitarian and development actors.

As a result of limited access to health care, the country continues to register the worst health indicators in the world, with child mortality rate of 96 deaths per 1,000 live births. It is estimated that 75 per cent of all child deaths in South Sudan are as a result of preventable diseases, such as diarrhoea, malaria and pneumonia.

**At least 2.4 million school-age remain out school**

An estimated 2.4 million school-age children were out of school in 2020. The situation is dire for children in rural areas, for displaced, refugee and returnee children where only half of them have access to primary education. According to the 2021 Humanitarian Needs Overview, six states - Lakes, Western Equatoria, Jonglei, Unity, Lakes, and Northern Bahr el Ghazal – are the worst affected due to conflict and inadequate education infrastructure.

Access to education has further worsened countrywide with the temporary closure of schools due to COVID-19 until May 2021. The school reopening in May 2021 affords access to education and other essential services such as school feeding programmes, information on disease prevention and access to water and sanitation available at school sites.

**Situation for 1.6 million displacement people remain dire**

An estimated 1.6 million people are internally displaced. The majority, 75 per cent, live in host communities, with the remaining 25 per cent living in camp-like settings, including IDP sites formerly Protection of Civilians (PoC) sites.

The spike in sub-national violence and floods triggered new displacements in 2020. Preliminary analysis shows that more than 230,000 people displaced to a new location in 2020, including new displacement and movement of existing displaced people to secondary areas of displacement.

**The compounding effects of COVID-19**

One year since the first COVID-19 was reported in South Sudan, 10,688 cases were confirmed as of 10 June 2021, with 115 total deaths-- representing 1.09 per cent case fatality rate. While the number of cases has been relatively low compared to neighbouring countries, the impact of COVID-19 mitigation restrictions placed pressure on markets and the movement of goods, leading to high commodity prices and the unavailability of essential supplies. COVID-19 also led to additional demand for health services, supplies and professionals, disrupting some routine programmes, such as the Expanded Programme on Immunization, and affected access to education. The temporary closures of schools, due to COVID-19 restrictions, disrupting education which limits children’s access to essential services, such as school feeding programmes.

**Floods places extra burden to already fragile situation**

Recurrent floods since 2019 exacerbated the humanitarian situation. To date an estimated 856,000 people remain displaced in IDP-like settlements. Flood-induced displacement has limited people’s access to water, sanitation and hygiene (WASH) infrastructure and services, place an extra burden on existing WASH infrastructure in displacement sites and increase the risk of waterborne and hygiene-preventable diseases.

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1. 2020 South Sudan Humanitarian Needs overview
3. https://covid19.who.int/region/afro/country/ss
1.2. Humanitarian Response Plan

The people of South Sudan face multiple shocks, including local and sub-national violence, flooding, inflation and increased food prices, that continue to drive humanitarian needs. In 2021, some 8.3 million people, including refugees, were estimated to need humanitarian assistance. Humanitarian needs are growing, given the impacts of sub-national violence, insecurity, widespread flooding, ongoing macroeconomic crisis and effects of COVID-19. Humanitarian organizations, through the 2021 Humanitarian Response Plan (HRP), requested US$1.68 billion to reach 6.6 million people (of the total 8.3 million people in need) with urgent life-saving assistance and protection.

The people of South Sudan are facing the highest levels of food insecurity and malnutrition since independence. An estimated 7.2 million people or 60 per cent of the population are likely to face acute food insecurity (IPC Phase 3 or worse) during the lean season between April and July. This figure includes 108,000 people in hard-to-reach areas of six counties facing catastrophic hunger (IPC Phase 5). According to the Famine Review Committee’s report in December 2020, western Pibor is classified as “famine likely”. Some 1.4 million children and 480,000 pregnant and lactating women are estimated to be acutely malnourished and in need of treatment in 2021.

Millions of women, men and children remain displaced and in need of protection. Some 3.82 million people remained displaced—including 1.62 million internally displaced and 2.2 million in five neighbouring countries. Due to recurring sub-national violence and severe flooding, people have been forced to flee multiple times in 2020 and continue displaced in 2021. Recurring violence continues to uproot already vulnerable people and limit their access to livelihoods and services.

Humanitarian access remains challenging, impacting people’s access to services and the ability of humanitarians to reach vulnerable people. Humanitarian access continues to be affected by a multitude of issues including recurring violence, operational interference, access denials at checkpoints, illegal taxation and demand for unnecessary additional paperwork. Two locations in catastrophic food insecurity, in Tonj North and Tonj East, cannot be accessed consistently due to conflict between communities. Criminality and ambushes on the main supply roads, looting of humanitarian supplies and destruction of humanitarian infrastructure is also on the rise.

People are likely to continue to be highly vulnerable to vaccine preventable diseases due to low immunization coverage, a weak health system, and poor hygiene and sanitation conditions. The already limited functionality of health services is further strained by COVID-19, deepening vulnerabilities. Morbidity and mortality from epidemic diseases is expected to rise sharply due to the disruption of vaccination campaigns and low healthcare capacity. Illnesses such as malaria, measles and cholera continue to impact people. A sharp increase of diarrhoeal diseases and malaria cases were reported in the flood-affected areas in 2020. According to the World Health Organization, more than 1,000 cases of measles cases and 10 deaths have been reported in 2020, with all cases being in children under five years of age. South Sudan has experienced several cholera outbreaks since 2011 and the recurrent outbreaks demonstrate the continued vulnerability of the population to the disease, which is preventable and treatable.

Section 2: Allocation Strategy

2.1 Strategic Statement

The First Standard Allocation for 2021 will support activities which contribute to vulnerable people’s well-being, allowing meaningful contributions across a 12 month period which aligns with the strategic objectives of the Humanitarian Country Team, as articulated in the HRP.

With the highest levels of food insecurity and malnutrition on record across the country, the SSHF under the First Standard Allocation for 2021 will provide emergency food assistance during the dry season and nutrition interventions, support frontline response and distribution of nutrition products, including ready-to-use therapeutic foods for the treatment of malnourished children and mothers procured under SSHF 2020 RA3 and recent CERF allocations.

The SSHF First Standard Allocation is initiated three months after the launch of the HRP following recent significant donor contributions allowing for a meaningful and strategic intervention. Thanks to SSHF donors, the allocation will also support partners who provide protection assistance to displaced people and those affected by trauma and widespread violence, including children, women and girls. Specific actions are focused on reintegrating child soldiers.

Ongoing activities of the 2020 SSHF First Standard and Third Reserve Allocation to be completed in August 2021 continue to support frontline interventions in addition to pipeline support. Two CERF Rapid Response allocations, focusing on food insecurity with a total of US 17 million during 2021 contributed to support people emerging needs for the first part of 2021.

Under the second envelope of the 2021 First Standard Allocation, the SSHF will be supporting the ex-Protection of Civilians (POC) sites, where Internally Displaced Population (IDP) will be supported with a multisectoral response worth of $16.5 million. Many people who live in these sites do not perceive they have any other options, and remain resident in these sites. These people require...
a spectrum of humanitarian support while living there, and careful planning and support to voluntarily and safely return to areas of their choice when viable.

The provision of a well-coordinated, effective and cost-efficient logistics response will save lives by ensuring robust supply chains for humanitarian organizations to access to support the most vulnerable people. The third envelope SA 1 will allow the Logistics Cluster to provide humanitarian organizations in South Sudan with the delivery and storage of multisectoral relief items, while facilitating the safe movement of passengers across the country and conduct infrastructure rehabilitation to provide physical access. The SSHF will support the Logistics Cluster with the effective operational planning to pre-position humanitarian cargo by roads and rivers and reduce reliance on air assets, will provide support in repairing dykes between Bor and Mabior enabling road access while promoting economic growth in the region.

The record levels of food insecurity and malnutrition across the country has brought the most vulnerable people to the brink of famine. This allocation, in complementarity with two CERF allocations of total $17 million, will provide emergency food assistance during the dry seasons and treat malnourished children and mothers. With a specific focus on protection, it will assist IDPs, those affected by trauma and widespread violence, including children, women and girls, and support reintegration of child soldiers. The allocation will also construct warehouses and rehabilitate dykes and roads to strengthen the capacity of partners in reaching remote and hard to access areas.

### 3. Operational Strategy

The rationale for the allocation follows the strategic guidance of the Humanitarian Coordinator based on the current funding status, gap analysis data provided by sectors (Annex 1), and with consideration of on-going SSHF interventions, funded under the Third Reserve Allocation and CERF allocations both supporting the response to combat food insecurity (total of $20 million – with programmatic response ending late August 2021).

The main objective of this Standard Allocation is to provide immediate funding to assist people in acute humanitarian needs with a view to mitigate the risks of food insecurity, negative consequences of COVID-19 in addition to protection issues in South Sudan. The first standard allocation seeks to support activities identified and approved under the HRP process, reflecting the strategicobjectivites. Within the total of up to US$50 million, the allocation will seek to support multi-cluster projects where possible and feasible, with project duration of up to 12 months, all of which respect and comply with the full spectrum of requirement as outlined in the project paper. The HC and SSHF Advisory Board endorsed the following three lines of action/envelopes:

1. Support for people affected by food insecurity in IPC 4 and 5 areas: $28.5 million
2. Support to people in IDP settlement sites: $16.5 million
3. Support for critical enablers, such as land and air transport, warehousing, community engagement, data collection: $5 million

Following the endorsement of the allocation’s envelopes, the ICCG decided to support via an integrated response people affected by food insecurity in IPC 4 and 5 counties. The top sixteen counties prioritized for Envelope 1, following ICCG consultations, are: Akobo, Ayod, Aweil South, Bor South, Canal Pigi, Duk, Fangak, Luakapiny/Nasir, Mayom, Nyirol, Pibor, Tonj East, Tong North, Tonj.

**Envelope 2** activities will be focusing in all IDP (ex-POC) sites located in Malakal, Juba, Mangala, Bentiu, Wau and Bor.

### Table 1. SSHF SA1 overall allocation amounts per cluster

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Amount allocated</th>
<th>People Targeted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>US$ 10,418,000</td>
<td>312,500</td>
</tr>
<tr>
<td>Protection</td>
<td>US$ 10,194,502</td>
<td>325,634</td>
</tr>
<tr>
<td>Health</td>
<td>US$ 7,439,209</td>
<td>923,274</td>
</tr>
<tr>
<td>Nutrition</td>
<td>US$ 5,153,793</td>
<td>67,912</td>
</tr>
<tr>
<td>Logistics</td>
<td>US$ 4,500,000</td>
<td>262,664</td>
</tr>
<tr>
<td>Education</td>
<td>US$ 3,320,000</td>
<td>51,850</td>
</tr>
<tr>
<td>Emergency Shelter and NFI</td>
<td>US$ 3,112,670</td>
<td>216,978</td>
</tr>
<tr>
<td>Food Security and Livelihoods</td>
<td>US$ 3,000,000</td>
<td>2,013,496</td>
</tr>
<tr>
<td>Camp Coordination and Camp Management</td>
<td>US$ 2,361,826</td>
<td>553,665</td>
</tr>
<tr>
<td>Coordination &amp; Common Services</td>
<td>US$ 500,000</td>
<td>250 organizations</td>
</tr>
<tr>
<td>Total</td>
<td>US$ 50,000,000</td>
<td></td>
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</tbody>
</table>
## Section 4: Cluster Breakdown and Priorities

### 4.1 Cluster Breakdown/ Envelopes

| Envelope 1: Support for people affected by food insecurity in IPC 4 and 5 areas |
|----------------------------------|----------|----------------|
| Cluster                          | Amount allocated | People Targeted |
| CCCM                             | US$ 1,191,826   | 352,841         |
| Education                        | US$ 2,095,000   | 31,250          |
| FSL                              | US$ 3,000,000   | 2,013,496       |
| Health                           | US$ 4,867,156   | 722,450         |
| Nutrition                        | US$ 4,508,620   | 57,158          |
| WASH                             | US$ 4,918,000   | 137,500         |
| Emergency Shelter and NFI        | US$ 1,912,670   | 116,978         |
| Protection                       | US$ 6,000,000   | 184,041         |
| **Total**                        | **US$ 28,493,272** | **4,220,404**   |

### Prioritized Needs - Envelope 1

**- Camp Coordination and Camp Management (CCCM)**

The CCCM priority for this allocation will be to strengthen site level governance and ensure robust community participation involving all groups of the IDP population to participate meaningfully in decision-making sure site governance structures is as inclusive as possible. Community participation will be enhanced to make sure that different needs and expectations of all groups in the displaced community are represented and addressed, thus contributing to improving humanitarian response and accountability towards affected populations.

The cluster will execute the Area Based Approach (ABA) or Urban Displacement Outside of Camps strategy across sites within the sixteen priority counties which encourages an effective allocation of resources and outlines clear access points for both service providers, displaced communities and host communities. The effective use of Community Resource Centres (CRC) will establish a physical presence within the communities at an easily acceptable distance that will create an environment for local engagement, coordinate service delivery as well as provide information, feedback and referrals between the relevant stakeholders. These are envisaged to provide access for all individuals regardless of status vis a vis the displaced population that includes those with special needs and vulnerability, returnees and host community members.

Supporting this initiative, the Cluster will revise capacity building plans to retrain all camp management committees and encourage community representatives to be responsive leaders. Systematically assess ethical ways of engaging with women, youth and often under-represented people to respect dignity and avoid any increased stigma. Support these people and groups to ensure they are included in decision making processes and have a meaningful role in the site governance. Camp Management will set up monitoring system to monitor the performance of site governance committees against their terms of reference, and work with the committees and groups to make sure they are accountable to the site population.

Support the site governance structures, community groups and service providers and develop a site-based safety plan, ensure these plans are regularly updated. The Cluster will also ensure that the site/camp management agencies have adequate capacity in safety and security assessment and response. CMA will work closely with GBV Sub-cluster and national authority, the new camp administration and employ a risk-based approach to evaluate external and internal threats and institute appropriate measures to respond to them. Through safety audits, CMA will regularly assess the site for risks and safety concerns of the site residents and institute measures to mitigate risks and to respond to the risks. One of such measures is to establish safety committees at the relevant levels to address site-specific threats and risks.

Map all stakeholders to identify who is doing, what, where and clearly set out how tasks will be divided between participating partners. CMA will continue to coordinate with site level service providers to ensure that gaps and duplications in the delivery of assistance and services are identified and responded. Undertake joint, multi-sector assessments to understand needs and capacities following significant changes in the population. Establish sectoral minimum quality standards in consultation with clusters, service providers and the site population and agree on how service provisions shall be regularly monitored. Finally, CMA through site committee will have periodic townhall meetings with site residents to make sure site residents have regular and timely access to accurate information to guide their individual and family decisions to return, integrate or resettle.

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\(^4\) Funding amounts by sectors are indicative and will be reviewed and revised if required based on the relevance and the quality of the proposals and SSHF partner availability.
**- Education**

Under the SSHF Standard Allocation, the Education Cluster response will support the MoGEI Communique on reopening of school to ensure that children, mainly the disadvantaged, return to school after the prolonged closures. The Education Cluster is an active member of MoGEI’s Technical Working Group (TWG) on School Reopening to guide prepare partners how to keep children and school communities safe and support teacher to restart classes. Basing on needs identified by the state education cluster, the education response will focus in all 16 affected food insecure counties. For the successful reopening of schools, partners will organise Back to School campaigns to mobilise communities and teachers to bring children to learning centres. During the phase of reopening of schools, partners support in the implementation of remedial actions and address barriers that continue hinder education response.

The education strategy accounts the level of presence of partners in targeted areas. Existing national and international partners in the prioritised locations will be given priority over new partners minimising operational cost. The Education Cluster works closely with national and international actors to ensure that coordination of service provision is efficient and effective. Information management services will be provided to track, monitor and report Education activities. This will ensure that relevant operational information is disseminated to the humanitarian community particularly to the education stakeholders.

**- Food Security and Livelihoods**

Operational priority for FSL response scale up is to target populations the most severely food insecure populations (high food consumption gaps, poor food diversity and using stressed, crisis, and emergency coping strategies to access food) in the most food insecure counties (IPC phase 4 and those in famine likely (IPC phase 5) locations. This allocation will be:

1. Targeting the most vulnerable population (host community, IDPs and returnees based on vulnerability) in 23 prioritized phase 4 counties, with five counties having pockets of phase 5 populations, with proportions of population in IPC 3+ ranging from 60% to 90% across GUN and GBEG;
2. Timely support to post-harvest dry season livelihood support to populations in the same IPC 4 counties with fishing & vegetable kits + farming tool;
3. List of the FSLC priority ranked counties included in the SSHF strategy:
   - **Priority 1.1 Counties:** 1) Akobo, 2) Pibor, 3) Aweil South, 4) Tonj East, 5) Tonj North and 6) Tonj South.
   - **Priority 1.2 Counties:** 1) Bor South, 2) Duk, 3) Twic East, and 4) Ayod
   - **Priority 1.3 Counties:** 1) Nyirol, 2) Luakpiny/Nasir, 3) Ulang, 4) Canal/Pigi, 5) Fangak 6) Mayom, 7) Panyijiar, 8) Maiwut, 9) Pochalla, 10) Rumbek North, 11) Abiemnhom, 12) Mayendit and 13) Panyikang
4. FSL interventions (including food assistance, livelihood and livestock support both supported by SSHF and not supported by SSHF) will also support the wider multi sectoral integrated response by targeting vulnerable populations in the catchment areas of primary Schools, Healthcare and Nutrition (OTP/ TSFP) facilities; this will also include the training support to community nutrition volunteers in agronomic practices and the establishment of demonstration kitchen gardens at the nutrition facilities; and where possible in communities where WASH ER&P teams have re/ established functional boreholes – ALL clusters using IPC phase 4 as a key response trigger to promote a more integrated multi cluster response;

Challenges: 1) Difficulties in delivering timely (according to the cropping season) assistance to communities and individuals, 2) People facing high life-threatening risks caused by natural and human created calamities such as floods, the economic crisis & conflict; and 3) Disruption & destruction of economic & livelihood capital assets with consequent inability to set communities on the path to sustainable recovery and resilience.

**- Health**

Health Cluster will provide essential lifesaving health services through mobile outreach as well as strengthening support to available but overstretched static health facilities. Through this allocation of resources, health cluster will ensure a timely response to the ongoing multiple disease outbreaks and seasonal environmental hazards including floods, and projections for trauma-related insecurities. The Health Cluster supports integrated multi-cluster projects to avoid duplication and promote holistic care and value for money. Each strategic objective is carefully aligned with several output indicators and type of activity required to promote the necessary intervention required for a resource-intensive and time-critical response and costed accordingly. The cycles of violence and flooding have affected the already weak public health system plunging entire populations in these locations without essential healthcare services. Hence, the affected populations have to walk longer distances to seek services. The Health Cluster’s response activities aim to improve living conditions of vulnerable people by reducing suffering, morbidity and mortality from diseases pneumonia, diarrheal diseases, malnutrition for children under 5 years of age and malaria. Functional health facilities will improve assisted deliveries by skilled birth attendants resulting in wellbeing of mothers and newborns. Communities will have improved access to GBV health services including Clinical Management of Rape (CMR), MHPSS and disability services.

Functioning mobile and static health facilities together with community health workers will increase availability and accessibility of health services to ensure quality maternal, neonatal and child health services for women, adolescents and children. These affected populations in the top sixteen counties are prioritized by the NAWG and the ICCG. The top sixteen counties prioritized are Akobo, Ayod, Aweil South, Bor South, Canal Pigi, Duk, Fangak, Luakpiny/Nasir, Mayom, Nyirol, Pibor, Tonj East, Tong North, Tonj South, Twic East and Ulang in the states of Jonglei, Upper Nile, and Warrap.
Protection partners will refer the most vulnerable cases to service providers. CVA presents IPA (Individual Protection Assistance) for vulnerable persons, should conditions permit. Appropriate community participation, accountability framework, and incorporation of age, gender and diversity will be used.

Protection Cluster aims to consolidate data received from protection monitoring to facilitate community-based activities. Protection partners will deliver protection capacity building activities, including mentoring and coaching, for NGOs, but mostly national and local government authorities, since they have been established in late 2020 in most of the states and some of the core protection activities, such as access to justice, access to documentation, HLP rights can be fulfilled in cooperation with the authorities only.

The Protection Cluster will strengthen static response capacity in priority areas, balancing with the flexibility of mobile interventions. Use of remote modalities needs to be increased due to COVID-19. Static programming will take place at a state level and in key deep field locations with significant concentrations of displaced people, host communities and displaced returnees. The Protection Cluster is planning twofold operational strategy and it will be applied in all AORs of the Protection Cluster. The Protection Cluster will strengthen static response capacity in priority areas, balancing with the flexibility of mobile interventions. Use of remote modalities needs to be increased due to COVID-19. Static programming will take place at a state level and in key deep field locations with significant concentrations of displaced people, host communities and displaced returnees. The Protection Cluster aims to consolidate data received from protection monitoring to facilitate community-based activities.

Protection partners will deliver protection capacity building activities, including mentoring and coaching, for NGOs, but mostly national and local government authorities, since they have been established in late 2020 in most of the states and some of the core protection activities, such as access to justice, access to documentation, HLP rights can be fulfilled in cooperation with the authorities only. Referral pathways will be established, and partners will refer the most vulnerable cases to service providers. CVA presents opportunities for tailored support to those seeking safe, dignified, and voluntary solutions, and it will continue to be used as a modality of individual protection assistance (IPA) for vulnerable persons, should conditions permit. Appropriate community participation, accountability framework, and incorporation of age, gender and diversity will be used.

- Nutrition

The nutrition response requirement is estimated at $6,050,639 to meet frontline cost to support 73,878 people in need (15,104 SAM and 31,685 MAM children, and 27,089 acute malnourished PLW), i.e., 25% of the annual targets for acute malnutrition in under five children in the prioritized 15 counties classified in Emergency (IPC Phase 4) acute food insecurity (i.e. Akobo, Ayod, Bor South, Canal/Pigi, Duk, Fangak, Nyirol, Pibor and Twic East in Jonglei State; Luakpiny/Nasir and Ulang in Upper Nile State; Aweil South in Northern Bahr al Ghazal State; Tonj East, Tonj North and Tonj South in Warrap state. The purpose of the response is to ensure continuity of detection and lifesaving treatment of children under 5 years with SAM and MAM and pregnant and lactating women with acute malnutrition. Individual and/ or group counselling on Infant and Young Child Feeding (IYCF) will be embedded into the treatment services, as per the national guidelines, and integration with other clusters will be promoted, in compliance with the 2021 HRP.

- Shelter and Non-food Items (ES/NFI)

The Standard Allocation aims to the provision of emergency Shelter and Non-food Items (ES/NFI) Cluster to newly displaced people and those with new vulnerabilities affected by recent events of sub national violence and flooding, resulting into loss of shelter and essential nonfood items to the affected populations in the top sixteen counties prioritized counties by the NAWG and the ICCG. The priority sixteen counties prioritized are Akobo, Ayod, Aweil South, Bor South, Canal Pigi, Duk, Fangak, Luakapiny/Nasir, Mayom, Nyirol, Pibor, Tonj East, Tong North, Tonj South, Twic East and Ulang in the states of Jonglei, Upper Nile, and Warrap.

Furthermore, this allocation aims to provide shelter and Non-food Items (ES/NFI) to populations returning to areas of origin and/or places of habitual residence to access emergency shelter and essential nonfood items. These returnees are often returning to open spaces or living under trees because their shelter have either been razed down or destroyed during incidences of sub national violence and these affected populations in the top sixteen counties prioritized counties by the NAWG and the ICCG. The top sixteen counties prioritized are Akobo, Ayod, Aweil South, Bor South, Canal Pigi, Duk, Fangak, Luakapiny/Nasir, Mayom, Nyirol, Pibor, Tonj East, Tong North, Tong South, Twic East and Ulang in the states of Jonglei, Upper Nile, and Warrap.

- WASH

Through this allocation, the WASH Cluster will prioritize 6 counties that were not among the 6 priority counties identified for immediate IPC response scale up early in 2021, plus Tonj East where important response gaps persist. The new proposed counties are those showing high food insecurity and GAM prevalence and the highest Vulnerability for the WASH indicator “sufficient access to safe water”. These counties are Duk, Luakpiny/Nasir, Ulang, Ayod, Canal Pigi, Fangak, Mayom and Tonj East.

In these 6 new counties identified for WASH response scale up plus Tonj East, the WASH Cluster will continue to integrate its response with nutrition partners at nutrition site level and community level. In nutrition facilities, WASH partners will ensure that adequate water supply is available to facilitate nutrition programmes and each couple “SAM child/caretaker” will receive a WASH NFI kit (sourced through local market) and be trained/sensitized on household water treatment and hygiene promotion.

In communities with high prevalence of GAM and high WASH Vulnerability (demonstrated in the project document), partners will improve access to safe water through the construction rehabilitation of water points and/or upgrading of existing systems. These locations should be identified in consultation with nutrition partners on the ground with a proven record of joint coordination (e.g. email with the nutrition partners).

In flood-prone locations, partners will apply a flood-resilient approach for infrastructures (e.g. elevated water points and/or toilets in congested sites). Implementing flood-resilient approaches will be a hard criterion for the vetting of the project proposals. WASH items (NFIs) will not be procured from the core pipeline. GBV mitigation throughout the project cycle is compulsory (e.g. safety audits). Partners will largely refer to the 3 WASH Cluster guidelines – integration of WASH in Nutrition programmes in South Sudan during IPC crises response, - WASH GBV mitigation in SSD and – technical guidelines for WASH programming in SSD.

Under this envelope 0.8M will be allocated to an Emergency and Preparedness Response (EPR) capacity with deployment of rapid teams to implement emergency response for a duration of 3 months in each context, in addition to 0.15M to be allocated to an assessment specialized agency to monitor WASH market in strategic counties for a year.

- Protection

**General Protection:** Protection cluster is planning twofold operational strategy and it will be applied in all AORs of the Protection Cluster. The Protection Cluster will strengthen static response capacity in priority areas, balancing with the flexibility of mobile interventions. Use of remote modalities needs to be increased due to COVID-19. Static programming will take place at a state level and in key deep field locations with significant concentrations of displaced people, host communities and displaced returnees. The Protection Cluster aims to consolidate data received from protection monitoring to facilitate community-based activities.
Integration of GBV risk mitigation (WASH, CCCM, ESNFI, FSL, Education, Nutrition etc.) and survivor support across the different humanitarian response clusters / sectors, capacity building of frontline workers, livelihoods and economic support through Cash and Voucher Assistance to vulnerable women and girls and GBV survivors as part of a multi-sectoral GBV response, awareness raising, and GBV risk mitigation, distribution of fuel efficient stoves, establishing / strengthening of referral pathways are also important GBV interventions that need to be implemented through multi-sectoral response package in Akobo, Pibor, Aweil South, Tonj North, Tonj East, Tonj South, Bor South, Twic East, Ayod, Duk, Canal Pigi, Luakapiny/Nasir, Fangak, Mayom and Nyirol

Child Protection
The CPAOR aims to adopt multi-faced approaches of working with the affected communities, government, NGOs and other sector partners to address the Child Protection needs including provision of case management services; Mental health and psychosocial support; assessment, monitoring and reporting; awareness raising; capacity building and provision of child protection services such as FTR, PSS, community cares program among others. This will also entail the use of both static and mobile CP services; door to door visits and work with local actors deliver CP services.

Through this SSHF funding, the CPAOR partners will facilitate both specialized and multi sectoral response through the provision of preventive and response Child Protection services including Family Tracing and Reunification for unaccompanied and separated children, mental health and psychosocial support for children and their caregivers, case management for other vulnerable children, community based child protection approaches and outreach, community cares program and monitoring and reporting on the situation of children including grave violations against children. The multi-sectoral response package will include facilitating MHPS in schools and communities; strengthening CP coordination, identification and referral for vulnerable children, establishment of referral pathways; Community outreach and awareness raising; Capacity building of CP and non-CP actors on Child Protection approaches; Monitoring and reporting on the situation of children and Community based Child Protection mechanisms.

Housing and Land Property (HLP)
Addressing HLP issues will support the Protection’s Cluster objective of enabling durable solutions for displaced people, including those returning to areas of origin or habitual residence, as well as other populations. HLP programming will support addressing HLP concerns as an essential component of conflict-prevention and establishing of rule of law, which is particularly important with increased return trends of refugees and returnees to the IPC 4 and 5 areas. For the SSHF Standard Allocation proposed activities will aim to strengthen community-based dispute resolution mechanisms, promote legal awareness raising, and provide legal support, counselling, and aid particularly for women and vulnerable people. This covers activities aimed at creating a conducive environment for returns and includes responses to HLP issues that provide equal rights and responsibilities to men and women, mitigate the potential for returns to exacerbate tensions over scarce resources. It also establishes mechanisms to identify legal and/or community-based solutions to resolve HLP disputes. Cash assistance will be considered where feasible and in line with protection principles.

Mine Action (MA)
Under the SSHF SA1 activities are intended to serve as an ‘enabler’ of the broader humanitarian response and are often an essential forerunner to frontline projects coordinated by other clusters which is a multi-cluster support service. As such, the Mine Action Sub-Cluster encourages its partners to draw on multisector information shared as part of the humanitarian response planning process and to prioritise tasks that support other clusters under SSHF priorities. The priority locations for SA1 for explosive risk education will be in the nine locations, Envelope 1: Jonglei (Akobo, Canal, and Fangak), targeting some 16,500 individuals, mainly children, as they become victims of unexploded ordnance (UXO) in most of the cases.

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**Envelope 2: Support to people in IDP settlement sites**

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Amount allocated</th>
<th>People Targeted</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCCM</td>
<td>US$ 1,170,000</td>
<td>200,824</td>
</tr>
<tr>
<td>Education</td>
<td>US$ 1,225,000</td>
<td>20,600</td>
</tr>
<tr>
<td>Health</td>
<td>US$ 2,572,053</td>
<td>200,824</td>
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<tr>
<td>Nutrition</td>
<td>US$ 645,173</td>
<td>10,754</td>
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<tr>
<td>Protection</td>
<td>US$ 4,194,502</td>
<td>141,593</td>
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<tr>
<td>Shelter/NFI</td>
<td>US$ 1,200,000</td>
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</tr>
<tr>
<td>WASH</td>
<td>US$ 5,500,000</td>
<td>175,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>US$ 16,506,728</strong></td>
<td></td>
</tr>
</tbody>
</table>

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1. Funding amounts by sectors are indicative and will be reviewed and revised if required based on the relevance and the quality of the proposals and SSHF partner availability
Prioritized Needs - Envelope 2

- Camp Coordination and Camp Management (CCCM)

The CCCM priority for this allocation will be to strengthen site level governance and ensure robust community participation involving all groups of the IDP population to participate meaningfully in decision-making to ensure site governance structures is as inclusive as possible. Community participation will be enhanced; needs will be assessed through consultations whereby all groups in the displaced community are represented and provide feedback on what can be addressed when and how, thus contributing to improving humanitarian response and accountability towards affected populations. Supporting this initiative, the Cluster will revise capacity building plans to retrain all camp management committees and encourage community representatives to be responsive leaders. Systematically assess ethical ways of engaging with women, youth, and often under-represented people to respect dignity and avoid any increased stigma that may result to negative coping mechanism. Support these people and groups to ensure they are included in decision making processes and have a meaningful role in the site governance. Camp Management will set up system to monitor the performance of site governance committees against their terms of reference, and work with the committees and groups to make sure they are accountable to the site population.

Supporting site care and maintenance is another area of focus for this allocation, community groups and service providers shall develop a site-based safety plan, ensure these plans are regularly updated. The Cluster will also ensure that the site/camp management agencies have adequate capacity in safety and security assessment and response. Camp Management Agencies (CMA) will work closely with GBV Sub-cluster and national authority, the new camp administration, and employ a risk-based approach to evaluate external and internal threats and institute appropriate measures to respond to them. Through safety audits, CMA will regularly assess the site for risks and safety concerns of the residents and institute mitigating measures especially in improving accessibility to person with disabilities and enhancing infrastructure designs to reduce protection related concerns. CMA will establish safety committees at the relevant levels to address site-specific threats and risks. Finally, re-establish and or enhance site development committee to facilitate meaningful community participation by introducing cash for work in the site care and maintenance. This also include setting up women groups and supporting initiative through community grants.

Map all stakeholders to identify who is doing, what, where and clearly set out how tasks will be divided between participating agencies. CMA will continue to coordinate with site level service providers to ensure that gaps and duplications in the delivery of assistance and services are identified and responded. Undertake joint, multi-sector assessments to understand needs and capacities following significant changes in the population. Establish sectoral minimum quality standards in consultation with clusters, service providers and the site population and agree on how service provisions shall be regularly monitored. Finally, CMA through site committee will have periodic townhall meetings with site residents to make sure site residents have regular and timely access to accurate information to guide their individual and family decisions to return, integrate or resettle.

- Education

The Education Cluster response is in-line with the MoGEI Communique on reopening of school to ensure that children, mainly the disadvantaged, return to school after the prolonged closures. The Education Cluster is an active member of MoGEI’s Technical Working Group (TWG) on School Reopening to guide prepare partners how to keep children and school communities safe and support teacher to restart classes.

Basing on needs identified by the state education cluster, the education response will focus on five PoC sites e.g. Juba 1&3, Mangala, Bor, Malakal and Unity for SSHF – SA1. For the successful reopening of schools, partners will organise Back to School campaigns to mobilise communities and teachers to bring children to learning centres. During the phase of reopening of schools, partners support in the implementation of remedial actions and address critical gap that continue hinder education response.

The education strategy accounts the level of presence of partners in targeted areas. Existing national and international partners in the prioritised locations will be given priority over new partners. This will minimise operational cost. The Education Cluster works closely with national and international actors to ensure that coordination of service provision is efficient and effective. Information management services will be provided to track, monitor and report Education activities. This will ensure that relevant operational information is disseminated to the humanitarian community particularly to the education stakeholders.

- Health

Functioning health facilities together with existing community health workers will increase availability and accessibility of health services to ensure quality maternal, neonatal and child health services for women, adolescents and children. While the static facilities will ensure improved access to essential health services that will contribute to the overall reduction of the high maternal mortality rates and under-five mortality rates in women and children, the CHW’s will strengthen the referral pathways for mental health and psychosocial support, GBV survivors and for maternal and child health emergencies will be streamlined and strengthened.

The strategy is based on Ministry of Health’s guidelines as per the basic package of health and nutrition services (BPHNS) for health care facilities in South Sudan. According to Ministry of Health guidelines, one PHCU to serve a population of 15,000, and one PHCC to serve 50,000 people to provide primary health care services as defined in BPHNS. Community Health Workers will be supported to ensure linkages between communities and health care facilities.

- Nutrition

Under this SSHF SA1 2021, the nutrition response requirement is estimated at $645,171 frontline cost to cover 10,754 people in need (1,167 SAM and 6,479 MAM children, and 3,108 acute malnourished PLW), i.e., 34% of the annual targets for acute malnutrition in under five children and in women in Bentiu, Malakal and Wau former and current POCs. The purpose of the response is to ensure
continuity of detection and lifesaving treatment of children under 5 years with SAM and MAM and pregnant and lactating women with acute malnutrition. Individual and group counselling on Infant and Young Child Feeding (IYCF) will be embedded into the treatment services, as per the national guidelines, and integration with other clusters will be promoted, in compliance with the 2021 HRP.

- Protection

Protection Cluster, including its specialized services in CP, GBV, HLP, and mine action aim to adopt multi-faced approaches of working with the affected communities, government, NGOs and other sector partners to ensure Centrality of Protection in response. For this analysis is conducted to inform do-no-harm and protection- and conflict-sensitive approaches to other sectors’ programming and response, supporting child centered approaches in addressing the specific needs of children, inclusive programming in non-protection sectors, and ensuring a protection lens in data collection. Solutions for voluntary returns will require an interagency approach, moving to longer-term/development activities, increased cooperation with government authorities both at the national and state levels, to support safe, dignified, and voluntary solutions to displacement. This has the potential to necessitate increased need for protection assessments and protection monitoring in areas of return/relocation and intended return, provision of individual support to vulnerable persons, and an increase in housing, land, and property services. To address the needs, the CP, GBV AORs include the provision of case management services; Mental health and psychosocial support; assessment, monitoring and reporting; awareness raising; capacity building and provision of Child protection services such as FTR, PSS, community cares program among others. Mine Action activities are intended to serve as an ‘enabler’ of the broader humanitarian response and are often an essential forerunner to frontline projects coordinated by other clusters which is a multi-cluster support service.

- Shelter and Non-food Items (ES/NFI)

This allocation will support care and maintenance of shelters for populations in protracted situations in IDP camps, PoCs and informal settlements which were previously POC in Bentiu, Bor, Juba, and Wau, the POC site in Malakal, and Mangalla IDP Camp where basic services and access to shelter and non-food items repair and replacement have collapsed increasing the risk of the population’s vulnerable. The target per each location is elaborated in Annex 1.

- WASH

The WASH Cluster has established a Task Force with the partners operating in the PoC/ex-PoC sites, to advocate for resources and develop a long-term WASH transition plan, in consultation with the state coordination. This allocation will serve as a catalyst for the cluster to kick off some components of the transition process and continue to advocate with donors to top-up with funding for scaling up programming around transition. In addition, the cluster will be attentive to address technical challenges related to sanitation through this allocation. Partners will be requested to recruit skilled staff with in-depth experience in sanitation in crowded context to facilitate community ownership for excreta management and domestic waste management systems.

This allocation will also be critical to trigger community engagement in some sites or scaling it up in sites where it has already been kick-started. WASH cluster partners will be vigilant not to break the positive achievements that were made on community ownership where consultation with beneficiaries has been started already (e.g. Bentiu). In Mangala, the partner will be requested to immediately engage with populations as new permanent infrastructures must be installed for both water supply and sanitation facilities. Quality of services will be analysed by the WASH Cluster, among other through the rolling out of the new “WASH Guidelines and Standard” document that is being finalized by the cluster. Priorities supported under WASH, envelope 2:

Priority 1. IDPs have adequate, appropriate and acceptable toilet facilities, sufficiently close to their dwellings, to allow rapid, safe and secure access at all times, day and night.
Priority 2. IDPs have a safe and equitable access to a sufficient quantity of water for drinking, cooking and personal and domestic hygiene. Public water points are sufficiently closed to households to enable use of the minimum water requirement.
Priority 3. IDP population has an environment not littered by solid waste and has the means to dispose of their domestic waste conveniently and effectively.

Envelope 3. Support for critical enablers, such as land and air transport, warehousing, community engagement, data collection

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<tr>
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<th>People Targeted</th>
</tr>
</thead>
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<td>Logistics Cluster</td>
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<td>262,664/ 250 organizations</td>
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<tr>
<td>Coordination &amp; Common Services (Sector)</td>
<td>US$ 500,000</td>
<td>8.3m (nationwide representative sample of PIN)</td>
</tr>
<tr>
<td>Total</td>
<td>US$ 5,000,000*</td>
<td>N/A</td>
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</tbody>
</table>
### Prioritized Needs - Envelope 3

**- Logistics**

Poor road infrastructure is one of the main challenges for people in need of access to life-saving assistance and services as well as for humanitarian actors to reach people in need. In late 2020, access to many areas affected by flooding remained challenging, with roads washed away and locations continuously inundated with water. This has shortened the humanitarian cargo prepositioning window during the dry season. Humanitarian actors delivering cargo to crisis-affected populations will continue to need cost-effective transport assistance that is robust enough to overcome the challenges of lack of road network and insecurity.

Common Transportation Services (CTS) ensures cargo is transported from warehouses to airstrip/riverside docks for onward transport to priority locations (in Bentiu, Bor, Juba, Malakal, Rumbek, and Wau) or directly to priority locations through the Beyond Responses, assisting more than 80 humanitarian organizations in South Sudan to deliver lifesaving and emergency materials and products to priority locations served by the cluster through a fleet of 18 trucks, with the addition of common storage facilities where needed.

Many IPC phase 4+ (Emergency) locations will be cut off from transport by road and/or river in the rainy season and require costly air transport. This SSHF allocation will enable the Logistics Cluster to maintain the delivery humanitarian cargo on behalf of the humanitarian partners implementing their projects in locations identified as Priority 1 counties (Pibor, Akobo, Tonj North, Tonj South, Tonj East, Aweil South) for populations in need of humanitarian support. Through this allocation, the cluster will scale up provision of cargo air transport services, essential at ensuring other parts of the countries in need of assistance also continue to receive required life-saving cargo to prevent aggravating their level of needs. Without the required funding to ensure the continuity of service provision during 2021, cluster partners will be unable to receive the necessary humanitarian commodities required to implement their multi-sectoral projects.

The two consecutive seasons of unprecedented floods since 2019 in Jonglei State have caused significant damage to the main road connecting Bor to the rest of Jonglei, cutting off communities from humanitarian access and restricting the supply of commercial goods and access to markets. Additionally, the floods have exacerbated food insecurity levels and contributed to the displacement of communities. High levels of water in the River Nile over-powered the dyke, leading to the collapse of over 200 points between Baidit-Jalle-Mabior rendering the locations and roads inaccessible by road, despite being at the height of the dry season. Through community engagement, the dyke repair will promote economic growth in the region, as the casual laborers, who live in this region, will utilize the money gained through their work to purchase commodities in the local market, stimulating economic growth. This operation is critical not only in the short run to grant road access not but also to facilitate the return of displaced communities as a total of 262,664 have been affected by flooding-210,535 adults and 52,129 children in Bor South, Twic East an Duk. The successful rehabilitation of both dyke and roads will enable road access to the area and will enable continuous provision of emergency assistance through the most cost-efficient modality. Humanitarian actors delivering cargo to crisis-affected populations will continue to need cost-effective transport assistance that is robust enough to overcome the challenges of lack of road network and insecurity. The rehabilitation of the identified roads will be done where necessary, and in compliment to the efforts being carried out through recovery and development road work.

**- Coordination and Common Services (CCS)**

Country-wide multi-sectoral needs assessment is required to strengthen the ability of all clusters and the ICCG & HCT to plan and prioritize the response making the best use of the limited resources in order to effectively inform the humanitarian response plan for 2022. Building on the successes of the Food Security and Nutrition Monitoring System (FSNMS) and inter-cluster assessments, there is a critical need for more evidence based and prioritized response planning across all sectors urgently. The assessment will present findings and analyses across the sectors of demographics, protection, education, livelihoods, food security, health, shelter, and WASH for HHs in displacement affected and population movement settings as well as host communities HHs across South Sudan. The evidence collected during the FSNMS + HNO inputs data collection process will form the foundation for the Humanitarian Needs Overview and next year’s Humanitarian Response Plan impacting the planning cycle for the entire humanitarian operation.

### Section 5: Eligibility Parameters/Guidance to Applicants

#### 5.1 Allocation Parameters and Prioritization Criteria

The HC in discussion with the SSHF Advisory Board has set the Allocation criteria and priorities as follows:

- Be aligned with the strategic priorities of the HRP 2021;
- Meet the strategic priorities of the clusters for this allocation, as endorsed by the SSHF AB;
- Include gender and protection mainstreaming component;
- Demonstrate means of ensuring accountability to the affected population;
- Demonstrate inclusive programming;
- Clearly identify risks and outline mitigation strategies;
- Projects duration identified for a period from 10 to 12 months’ (waiver only following agreement of OCHA HFU, following Cluster coordinator clarification on the strategic scope);
• Minimum grant amount should be no less than USD 300,000 (waiver only following agreement of OCHA HFU, following Cluster coordinator clarification on the strategic scope);
• Projects directly working on gender (especially women and girls), specific needs of persons with disabilities, and gender-based violence (GBV) will be prioritized (to be reflected in the Strategic Review scorecard). Note that all SSHF projects must cross-cut Gender and Age Marker as per IASC guidelines.

**Multi Cluster Programming:** This allocation will prioritize integrated cluster programming to enhance coordination, efficiencies and convergence of sectoral response, in terms of both common geographical locations and complementary activities responding to the needs of affected communities, who do not experience needs in sectoral siloes.

**Partnerships via Project Implementation**

In line with the SSHF’s continued commitment to promoting localization since 2020, the HC and AB have endorsed the use of sub-implementing partners approach (sub-IP), whereby funds are allocated to multiple humanitarian actors through a single lead organization working in equal partnership with all members. The objectives of this approach are: (1) to channel funds to and build operational and institutional capacities of national NGOs; (2) to enhance the efficiency of allocation processes and ensure timely disbursement of funds to prioritized projects; and (3) to enhance coordination between partners and the response as a whole.

While partnerships are the preferred modality for this allocation, the signatory-lead and sub-IP organizations need to ensure that partnership function effectively as more than an administrative entity to bring operational value and truly draw on the benefits of the modality described above. In cases where it is operationally not feasible, individual partner grants will still be signed upon agreement of the SSHF, Cluster and partner and endorsed by the HC.

Eligibility criteria and guidance for such partnerships are as follows:

- Projects including the utilization of sub-IP modality must include activities for capacity building of sub-IPs with an emphasis on NNGOs in the proposal logframe and budget.
- Lead partners should clearly explain the reasons why sub-IPs are selected and whether a capacity assessment has been conducted in case of sub-IP not being an SSHF eligible partner.
- SSHF partners who have been assessed as “low” and “medium” risk can submit proposals utilizing the sub-granting modality. For “high” risk level partners submitting individual proposals, is recommended to mention all cases of coordination and project integration, with other local actors through the submitted project summary.
- Partnerships or multi-partner projects must include budget categories for dedicated resources and management for the partnership to function.
- Partnerships of up to 3 partners must include at least 2 NNGO. Partnerships of 4 or more partners must include at least 2 NNGOs.
- Leading/signatory partners are encouraged to share a proportion of the 7 per cent program support costs in agreement with sub-IPs.
- Maximum allowable consortia project budget is the sum of the individual partner risk levels as per SSHF Operational Modalities. Non-assessed partners can be part of a partnership led by an eligible partner and their sub-budget ceiling will be the same as a high-risk partner’s budget ceiling.
- In accordance with article 5 of the SSHF Grant Agreement, the signatory lead Organization “shall be fully responsible for all work and services performed by these operational partners and for all acts and omissions committed by them or their employees.”

**Partner Eligibility:**

- Only SSHF eligible partners can submit project proposals. No capacity assessments will be conducted at the time of the allocation.
- SSHF partners who have been requested to submit a performance plan, following their organizations risk level realignment, have been informed to submit such a plan to OCHA HFU in order for a project proposal to be accepted for review. As requested by the HC when a performance plan is not according to HFU standards, proposal will not pass for review process.
- Partners who have failed to reimburse the SSHF from previous OCHA/UNDP projects are not eligible to submit any proposals.
- All SSHF partners are assessed for performance on a rolling basis. Parameters include the quality and timeliness of submitted project proposals; the timeliness and quality of project implementation; the timeliness and quality of narrative and financial reporting; the findings of audits and financial spot checks. In certain exceptional cases an organisation may be deemed ineligible to receive funding as a result of past performance.
5.2 Project Submission and Review/Guidance to Applicants

**- Proposal Preparation**

1. All project proposals should be submitted via the SSHF [Grant Management System (GMS)](https://gms.sshf.org) by Sunday 27 June 2021 at 23:59 (South Sudan time). Any submission after this date will not be accepted. GMS registration is obligatory for all eligible partners prior to the project proposal submission with due diligence component approved. GMS is a web-based platform that supports the management of the entire grant life cycle for the SSHF.

2. Once you complete your registration on the GMS, please log into [CBPF GMS Support Portal](https://gms.cbpf.org) and follow the instructions on how to submit a project proposal.

3. Project proposals should be prepared in line with the objectives of this Allocation Strategy and priorities summarized under Annex 1. This needs to be supported by clear log frames with outcomes, outputs, SMART indicators and detailed activities. Please refer to the CBPF Operational Handbook [Annex 8 for a sample Project Proposal Template](https://gms.cbpf.org/annexes) (zip file).

4. Partners should consult with relevant cluster coordinators during the project proposal preparation phase to receive further details of the cluster priorities for the allocation.

5. Partners should also consult/inform relevant cluster coordinators at a national level. Discussions should include representatives of OCHA Field Coordination during the project proposal preparation phase to ensure proposal validity with regards to project prioritization and partners access in proposed locations of intervention.

6. A recent brief Needs Assessment (NA) to the suggested area of implementation will have to be submitted in the GMS. Partners submitting an NA will be scored favorably.

7. Each partner may submit per envelope, only one project proposal. In cases where partners wish to submit multi-cluster proposal and/or more than one envelope the GMS can accept all types of prioritization.

8. Partners when submitting must to identify envelopes and locations, when drafting name/title of the proposal.

**- Budget Preparation**

9. As per the SSHF operational modalities, high-risk partners can apply for a maximum of USD 0.5 million per project (and hold a maximum of USD 1 million in active grants at the same time). Medium-risk partners can hold a maximum of USD 1.2 million per project, while low-risk partners do not have a ceiling. Please refer to the SSHF Operational Modalities (Annex 3) for further details. Partners who are not sure of their risk level may contact HFU to validate partner risk level.

10. All project proposals must have a detailed budget outlining all the project-related expenditures under relevant budget lines. Please refer to the [CBPF Operational Handbook Annex 13 Project Budget Template](https://gms.cbpf.org/annexes) for further details.

11. Budget proposals must reflect the correct and fair budget breakdown of the planned costs and clearly outline units, quantities and percentages. When budget lines contain costs of multiple items greater than **US$4,000** (according to SSHF Operational Manual) a budget breakdown should be included in the GMS BOQ tool, listing item, unit, quantity, cost (per unit and total cost).

12. Provide a budget narrative (as an essential component of the budget) that clearly explains the object and the rationale of any budget line. For example, shared costs, large/expensive assets, and costs/equipment required to support the regular operation of the implementing partner, are clear cases where the provision of details will be necessary in the budget narrative. - Where a partner applies a shared cost methodology, the costs should be related to the project implementation and a detailed breakdown and unit costs must be provided

13. **Project proposals that do not meet the above requirements or with missing financial and budgeting information will not make it to the strategic review stage and will be rejected.**

14. For further guidance on budgeting (eligible and ineligible costs, direct or indirect costs), please also refer to Annex 2.

**- Start date and eligibility of expenditure**

15. The HFU will liaise with the implementing partner to determine the start date of the project. The agreed-upon start date will be included in the Grant Agreement. Under the updated Grant Agreement, the earliest possible start date of the project (and validity of the expenditure) is the date of budget approval in GMS. However, the Grant Agreement is valid and becomes legally binding only after both parties have signed it.

16. Upon signature by the HC, the HFU notifies the partner that the project has been approved and sends the agreement for counter signature. Once the partner has countersigned, the agreement will be sent to OCHA Headquarters for Executive Officer Approval, with MPTF releasing all funds.

**- Prioritization of Projects**

17. The prioritization of project proposals is made in accordance with the programmatic framework and focus described above, and on the basis of the SSHF Allocation Criteria (see section 4.2 on page 6 of the [SSHF Operational Manual](https://gms.cbpf.org/annexes)), which will be reflected in the Strategic Review scorecard of this allocation.
- Project Selection Process

18. For strategic review, Strategic Review Committees (SRCs) will be convened (with multi-sector composition for integrated projects). Proposals will be strategically and technically reviewed by Cluster-nominated review committees (Cluster Coordinator or Co-Coordinator/UN Agency/INGO/NNGO) and OCHA’s Humanitarian Financing Unit (HFU), using a standardized scorecard. To avoid conflict of interest, Review Committee(s) members with project proposals under their organization will not participate in the review of the relevant specific project review (Cluster Coordinator, NGO or UN Agency).

5.3 Allocation Timeline

<table>
<thead>
<tr>
<th>Phase</th>
<th>Describe workflow step</th>
<th>Responsible body</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLOCATION DEVELOPMENT</td>
<td>Agree on Strategic Priorities for the Allocation</td>
<td>HC, AB</td>
<td>28 April 2021</td>
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<tr>
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<td>Allocation priorities, Timeline and Prioritization Template shared with Clusters</td>
<td>OCHA, Clusters</td>
<td>3 May 2021</td>
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<td>Deadline for Clusters to return Prioritization Template to HFU</td>
<td>Clusters</td>
<td>4-18 May 2021</td>
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<td>Allocation Strategy Developed and shared with ICCG for feedback</td>
<td>OCHA</td>
<td>19 May to 2 June 2021</td>
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<td>ICCG Feedback on Allocation Strategy Shared with HFU</td>
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<td>2 to 4 June 2021</td>
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<td></td>
<td>Allocation Strategy shared with HC/AB for endorsement</td>
<td>OCHA, AB</td>
<td>7 to 10 June 2021</td>
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<td>Allocation Strategy finalised incorporating any AB feedback and approved by HC</td>
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<td>11 June 2021</td>
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<td>PROPOSAL</td>
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<td>HC, OCHA HFU</td>
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<td>Proposal Development Phase</td>
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<td>Deadline for submission of Project Proposals</td>
<td>Partners</td>
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<td>REVIEW</td>
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<td>Clusters, STR committees, OCHA</td>
<td>1 to 12 July 2021</td>
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<td>Partner Proposal Revision and Adjustments (rolling basis)</td>
<td>Partners</td>
<td>13 to 19 July 2021</td>
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<td>Final Technical and Finance Review (rolling basis)</td>
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<td>APPROVAL</td>
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<td>FTR/Grant Agreement (GA) preparation</td>
<td>OCHA HQ</td>
<td>2 August 2021</td>
</tr>
<tr>
<td></td>
<td>HC signature GA/FTR / Final approval</td>
<td>HC</td>
<td>3 to 4 August 2021</td>
</tr>
<tr>
<td></td>
<td>GA countersignature</td>
<td>Partners</td>
<td>3 to 5 August 2021</td>
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<tr>
<td></td>
<td>FTR/GA final clearance and EO signature</td>
<td>OCHA HQ</td>
<td>5 to 9 August 2021</td>
</tr>
<tr>
<td></td>
<td>Disbursements</td>
<td>OCHA HQ</td>
<td>From 10 August 2021</td>
</tr>
</tbody>
</table>

Section 6: HFU Contacts and Complaints

6.1 Key Contacts

- Georgios Alexandratos, OCHA - HFU, Fund Manager, alexandratos@un.org, Mobile: +211 922 473 112
- John Ndiku, OCHA - HFU Programme Manager, ndiku@un.org, Mobile +211 922 406 679
- Umikalthum Shukri Noor, OCHA - HFU Programme Manager, nooru@un.org, Mobile +211 922 000 567
- Partner risk level information, please contact ochasshf@un.org

6.2 Complaints Mechanism

All correspondence regarding the SSHF should be sent to ochasshf@un.org. Complaints from stakeholders regarding the SSHF allocation process should be sent to feedback-sshf@un.org. The OCHA Head of Office will receive, address and refer any critical issues to the HC for decision-making.
<table>
<thead>
<tr>
<th>ENVELOPE 1</th>
<th>Cluster Priority/Objectives</th>
<th>Recommended activities</th>
<th>Location</th>
<th>Budget - Duration</th>
</tr>
</thead>
</table>
| **CCCM**   | 1. Inclusive site governance structures are accountable and have the capacity to meet the needs of the site population enabling meaningful community participation | - Strengthen existing community governance mechanisms through participatory service monitoring, community feedback system, community-led projects and undertaking capacity building initiatives  
- Mobilize IDP site community to participate in periodic maintenance of site infrastructures through community-led safety mapping to mitigate physical safety and security in the sites and reduce protection and health risks to the IDPs  
- Carry out multi-sectorial needs assessment that provide up-to-date information to humanitarian actors to ensure affected populations have equitable access to protection and assistance through a well-coordinated and evidence-based response | Tonj South, Tonj North, Akobo, Ayod, Pibor, Bor South, Fangak, Nyirol, Luakpiny/Nasir, Ulang | US$ 1,191,826 12 months |
|            | 2. Site residents live in a dignified environment that is safe and secure from harm and violence  
3. Services are coordinated and monitored to meet the needs of the displaced and host populations | | | |
| **Education** | 1. Improve equitable access to safe and protective education services. | - Establish TLS/ Rehabilitate existing classrooms  
- WASH in school  
- Teaching, learning and recreational supplies  
- Provision of teacher training  
- Support volunteer teachers with monthly incentives | Tonj East, Tonj South, Tonj North, Aweil South, Akobo, Ayod, Pibor, Twic East, Bor South, Duk, Fangak, Canal/Pigi, Nyirol, Luakpiny/Nasir, Ulang, Mayom | US$ 2,095,000 10 months |
|            | 2. Improve the quality of education services of at all levels education system and protect the wellbeing of all children. | | | |
| **FSL**    | 1. Emergency life-saving livelihood protection support  
2. Training/Capacity building (Coping strategy and resilience)- Training in improved agronomic and fishing practices, including reducing post-harvest losses and cooking techniques | - Livelihoods input distribution - Dry season livelihood  
- Training in improved agronomic and fishing practices, including reducing post-harvest losses and cooking techniques | Akobo, Bor South, Duk, Twic East, Pibor, Nyirol, Luakpiny/Nasir, Ulang, Ayod, Canal/Pigi, Fangak, Mayom, Panyijiar, Maiwut, Pochalla, Rumbek North, Aweil South, Abiemnhom, Mayendit, Panyikang, Tonj East, Tonj North and Tonj South | US$ 3,000,000 6 to 7 months |
<p>| <strong>Health</strong> | 1. Reduce excess morbidity and mortality of epidemic prone diseases | Emergency and Basic Life Saving Health Services; Early warning and Response for Disease Outbreak detection and management | Tonj East, Tonj North, Aweil South, | US$ 4,867,156 12 months |</p>
<table>
<thead>
<tr>
<th>Section</th>
<th>Goal</th>
<th>Activities</th>
<th>Locations</th>
<th>Allocation</th>
</tr>
</thead>
</table>
| **Nutrition** | 2. Improve access and scale-up response to integrated quality essential health care services to vulnerable populations | - Increase access to treatment for SAM and MAM in boys and girls under five years through active screening, effective referral and treatment, by static, mobile and outreach teams.  
- Increase access to treatment for acute malnutrition in PLW through active screening, effective referral and treatment, by static, and mobile teams. | Akobo, Pibor, Twic East, Bor South, Duk, Ulang | 12 months |
| **WASH** | 1. Access to drinking water for couple SAM/caretaker and nutrition sites  
2. Reducing environmental risk for disease outbreak  
3. Access to permanent water source in high GAM locations | - Distribution of WASH NFI kits to couple SAM/Caretaker in nutrition sites with training on the use of the items (HHWTS) and hygiene promotion  
- Access to safe water in nutrition facilities  
- Access to safe water in sufficient quantity in high GAM prevalence communities with water vulnerability 4/5  
- Hygiene promotion in communities with high GAM prevalence and water vulnerability 4/5  
- Mitigate WASH GBV (safety audit and adapted response/mitigation)  
- Apply flood resilient design for WASH facilities in flood-prone locations  
- Refer to WASH Cluster guidelines (GBV, WASH in Nut and Technical)  
- EPR: all rapid response approaches to be applied by the ERP teams deployed for a duration of 3 months | Tonj East, Ayod, Duk, Fangak, Canal/Pigi, Luakpiny/Nasir, Ulang, Mayom | US$ 4,918,000 12 months |
| **Shelter/NFI** | 1. Improve access to safe; appropriate emergency shelter and lifesaving NFIs to | - Provision of NFIs through in-kind distribution  
- Provision of in-kind Emergency Shelter Kits (ESKs) | Tonj East, Tonj South, Tonj North, | US$ 1,912,670 Up to 12 months |
<table>
<thead>
<tr>
<th>Protection</th>
<th>General Protection/HLP</th>
<th>Child Protection</th>
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</table>
| newly displace or populations with new vulnerabilities. | Targeted assistance through needs identification and protection monitoring case management, referral and individual protection assistance (IPA), cash assistance, including for persons with specific need. Strengthening community-based protection mechanisms, set up of outreach. | • Provision of Mental Health and Psychosocial Support Services in schools and communities including through School clubs, child rights clubs, static and mobile teams, as well as other integrated responses.  
• MHPSS services through static and mobile teams, child and adolescent friendly spaces, parenting skill sessions with caregivers, life skills sessions, Peer-to-peer support activities with children and adolescents.  
• Identification, Documentation, Tracing and Reunification of Unaccompanied and Separated Children. This includes provision of alternative care arrangements.  
• Training of non-CP staff and other stakeholders like teachers, health and community based workers on basic PSS approaches including Psychosocial First Aid (PFA), basic supportive listening skills; Signs of distress and existing services etc.  
• Capacity building of child protection front line service providers.  

<table>
<thead>
<tr>
<th>Protection</th>
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<tbody>
<tr>
<td>2. Improve access to safe, appropriate emergency shelter and lifesaving NFIs to vulnerable returnees or populations with new vulnerabilities.</td>
</tr>
<tr>
<td>Protection</td>
</tr>
</tbody>
</table>
| 1. Provide life-saving assistance to address priority protection needs for the most vulnerable women, men, girls, and boys in hard-to-reach and priority locations; Prevent, mitigate, and respond to protection risks through enhanced preparedness and resilience;  
2. Enable durable solutions for IDPs and other affected populations |
| Protection |
| 2. Improve access to safe, appropriate emergency shelter and lifesaving NFIs to vulnerable returnees or populations with new vulnerabilities. |
| Protection |
| - Provision of S/NFIs through vouchers/cash distributions |

Aweil South, Akobo, Ayod, Pibor, Twic East, Bor South, Duk, Fangak, Canal/Pigi, Nyirol, Luakpiny/Nasir, Ulang, Mayom

Twic East, Bor South, Duk, Luakpiny/Nasir, Ulang

US$ 6,000,000  
12 months

Tonj East, Tonj South, Tonj North, Aweil South, Akobo, Ayod, Pibor, Twic East, Bor South, Duk, Fangak, Canal/Pigi
<table>
<thead>
<tr>
<th>ENVELOPE 2</th>
<th>Cluster Priority/Objectives</th>
<th>Recommended activities</th>
<th>Location – ex POCs</th>
<th>Budget - Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CCCM</strong></td>
<td>1. Inclusive site governance structures are accountable and have the capacity to meet the needs of the site population enabling meaningful community participation</td>
<td>Strengthen existing community governance mechanisms through participatory service monitoring, community feedback system, community-led projects and undertaking capacity building initiatives</td>
<td>Juba, Malakal, Rubkona, Wau and Bor South, Mangalla,</td>
<td>US$ 1,170,000 12 months</td>
</tr>
<tr>
<td></td>
<td>2. Site residents live in a dignified environment that is safe and secure from harm and violence</td>
<td>Mobilize IDP site community to participate in periodic maintenance of site infrastructures through community-led safety mapping to mitigate physical safety and security in the sites and reduce protection and health risks to the IDPs</td>
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</table>

- **GBV**
  - **Case management:** Provision of survivor-centered psychosocial support focused on healing, empowerment and recovery / Provision of appropriate GBV case management services including coordinated care and support / Establish and / or strengthen GBV referral systems and linking GBV survivors to available response services and support
  - Implement Women and Girls Friendly Space (WGFS) programming: provide services, information and activities that promote healing, well-being and empowerment
  - Provision of legal services: Protecting the rights of GBV survivors and promote their access to justice
  - EMAP: Engage men and boys for accountable practices to transform harmful social norms that perpetuate gender inequality, and to promote the health and safety of women and girls.
  - Integration of GBV risk mitigation (WASH, CCCM, ESNFI, FSL, Education, Nutrition etc.) and survivor support across the different humanitarian response clusters/sectors
  - Capacity building: Provision of capacity building/trainings to partners from other clusters (Guiding Principles, Survivor centered approach, Referral linkage).

**Mine Action:** EORE education

<table>
<thead>
<tr>
<th>Location</th>
<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td>Tonj East, Tonj South, Tonj North, Aweil South, Akobo, Ayod, Bor South, Pibor, Twic East, Duk, Canal/Pigi, Mayom</td>
<td>US$ 28,493,272</td>
</tr>
<tr>
<td>SSHF 1st Standard Allocation 2021</td>
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<tr>
<td><strong>3. Services are coordinated and monitored to meet the needs of the displaced and host populations</strong></td>
<td>Carry out a multi-sectoral needs assessment that provide up-to-date information to humanitarian actors to ensure affected populations have equitable access to protection and assistance through a well-coordinated and evidence-based response</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Education</strong></th>
<th></th>
</tr>
</thead>
</table>
| **1. Improve equitable access to safe and protective education services.** | - Establish TLS/ Rehabilitate existing classrooms  
- WASH in school  
- Teaching, learning and recreational supplies  
- Provision of teacher training  
- Support volunteer teachers with monthly incentives |
|  | Juba, Malakal, Rubkona, Wau and Bor South, Mangalla, |
|  | US$ 1,225,000  
10 months |
| **2. Improve the quality of education services of at all levels education system and protect the wellbeing of all children.** | Emergency and Basic Life Saving Health Services; Emergency and Basic Life Saving Health and Early warning and Response for Disease Outbreak detection and management |
|  | Juba, Malakal, Rubkona, Wau and Bor South, Mangalla, |
|  | US$ 2,572,053  
12 months |

<table>
<thead>
<tr>
<th><strong>Health</strong></th>
<th></th>
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</thead>
</table>
| **1. Reduce excess morbidity and mortality of epidemic prone diseases within the IDP camps** | Early detection and treatment of girls and boys under 5 years of age affected by acute malnutrition  
- girls and boys screening for malnutrition,  
- girls and boys SAM/MAM admitted for treatment  
- Early detection and treatment pregnant and lactating women affected by acute malnutrition  
- PLW screened for malnutrition  
- Pregnant and lactating women with AM admitted for treatment |
|  | Juba, Malakal, Rubkona, Wau and Bor South, Mangalla, |
|  | US$ 645,173  
12 months |

<table>
<thead>
<tr>
<th><strong>Nutrition</strong></th>
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</thead>
</table>
| **Increase equitable access and utilization of quality lifesaving nutrition services for early detection and treatment of acute malnutrition for girls and boys under five years of age and PLW affected by acute malnutrition in prioritized locations by the end of 2021** | Early detection and treatment of girls and boys screening for malnutrition,  
- girls and boys SAM/MAM admitted for treatment  
- Early detection and treatment pregnant and lactating women affected by acute malnutrition  
- PLW screened for malnutrition  
- Pregnant and lactating women with AM admitted for treatment |
|  | Juba, Malakal, Rubkona, Wau and Bor South, Mangalla, |
|  | US$ 5,500,000  
12 months |

<table>
<thead>
<tr>
<th><strong>WASH</strong></th>
<th></th>
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</thead>
</table>
| **1. Excreta disposal** | - Desludging/latrine emptying system.  
- Rehabilitation and/or construction of adequate sanitation facilities  
- Facilitate hand washing with soap after defecation with adequate solutions (e.g. kettles distribution to households)  
- Community engagement throughout project cycle and plan exit strategy for sanitation though community ownership |
|  | Juba, Malakal, Rubkona, Wau and Bor South, Mangalla, |
|  | US$ 5,500,000  
12 months |
| **2. Access to safe water** | - New water point construction (borehole with adequate distribution system)  
- Maintenance and/or rehabilitation of existing water distribution systems through community engagement |
<p>| <strong>3. Domestic waste management</strong> | - Resuming domestic waste management system and installation of waste management areas for final disposal |</p>
<table>
<thead>
<tr>
<th>Shelter and NFI Cluster</th>
<th>4. Hygiene Promotion</th>
<th>5. WASH safety audits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Improve the living conditions of highly vulnerable protracted IDPs who are unable to meet their Shelter needs.</td>
<td>- Community engagement throughout project cycle and plan exit strategy for sanitation through community ownership</td>
<td>- In consultation with Protection Cluster, ensure that WASH safety audits are conducted for all WASH facility including both new and old ones (to be rehabilitated).</td>
</tr>
<tr>
<td>2. Improve the living conditions of highly vulnerable protracted IDPs who are unable to meet their non-food items needs</td>
<td>- Hygiene promotion campaign with a focus on hand hygiene, maintenance of WASH facilities and reducing transmission routes of water- and mosquito-borne diseases</td>
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</tr>
<tr>
<td></td>
<td>Provision of hygiene items through local markets.</td>
<td>Provision of hygiene items through local markets.</td>
</tr>
<tr>
<td>Protection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Provide life-saving assistance to address priority protection needs for the most vulnerable women, men, girls, and boys in hard-to-reach and priority locations;</td>
<td>General Protection:</td>
<td></td>
</tr>
<tr>
<td>2. Prevent, mitigate, and respond to protection risks through enhanced preparedness and resilience;</td>
<td>Protection awareness-raising, Individual &amp; group PSS, case management/ PSN support / IPA, protection monitoring, protection by presence, individual PSS, legal support</td>
<td></td>
</tr>
<tr>
<td>3. Enable durable solutions for IDPs and other affected populations.</td>
<td>Child Protection:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Family Tracing and Reunification services for Unaccompanied and Separated Children (alternative care arrangement/services for Unaccompanied and separated children)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Mental Health and Psychosocial social support services through static and mobile teams, child and adolescent friendly spaces, parenting skill sessions with caregivers, life skills sessions and peer to peer support activities with children and adolescents</td>
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<tr>
<td></td>
<td>- Case management and referral for other vulnerable children including CAAFAG, Children in detention, Child Survivors of GBV.</td>
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<td></td>
<td>- Socio economic and reintegration support for children released /formerly associated with armed forces and groups (CAAFAG)</td>
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<td></td>
<td>- Facilitating social norms program in selected communities</td>
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<td></td>
<td>- Capacity building of child protection front line service providers</td>
<td></td>
</tr>
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<td></td>
<td>- Strengthening /establishing Community based Child Protection structures</td>
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<tr>
<td></td>
<td>- Capacity building of non-CP actors on Child Protection approaches including Psychosocial First Aid (PFA)</td>
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</tr>
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<td></td>
<td>- Monitoring and Reporting on Grave Violations Against Children</td>
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</tr>
<tr>
<td>Juba, Malakal, Rubkona, Wau and Bor South, Mangalla,</td>
<td>Juba, Malakal, Rubkona, Wau and Bor South, Mangalla,</td>
<td>US$ 1,200,000 12 months</td>
</tr>
<tr>
<td>Juba, Malakal, Rubkona, Wau and Bor South, Mangalla,</td>
<td>US$ 4,194,502 12 months</td>
<td></td>
</tr>
</tbody>
</table>
### Cluster Priority/Objectives

<table>
<thead>
<tr>
<th>ENVELOPE 3</th>
<th>Cluster Priority/Objectives</th>
<th>Recommended activities</th>
<th>Budget - Duration</th>
</tr>
</thead>
</table>
| CCS        | Provision of coordinated and efficient logistics support to the overall humanitarian community | - Rehabilitation of dykes and roads  
- Continuation of Common Transport Service  
- Provision of key logistical services including transportation of humanitarian cargo and warehousing  
- Movement of humanitarian personnel and cargo from the major hubs in South Sudan to areas of operation | US$ 4,500,000  
Up to 12 months                                                   |
|            | Evidence based and prioritized response planning across all sectors                           | - FSNMS and HNO inputs process to be the foundation for the Humanitarian Needs Overview and Humanitarian Response Plan. | US$ 500,000  
Up to 12 months                                                   |

**TOTAL** $US 5,000,000
This guidance clarifies SSHF financial requirements for the preparation of SSHF project budgets. It has been developed based on recurrent issues observed when reviewing budgets and provides advice for a smoother and faster preparation of budgets and review of proposals.

1. Responsibility of any SSHF partner:

Before submitting a project, any partner should ensure to:

A. Address all recommendations from the partner capacity assessment, financial spot-check, and the audits of previous SSHF-funded projects, as applicable, and clear any pending issues related to previous SSHF projects (revisions, final financial report and refunds);

B. Provide a correct and fair budget with a clear breakdown of the planned costs that are necessary to implement the activities and achieve the objectives of the project;

C. Provide an accurate budget narrative (as an essential component of the budget) that clearly explains the components (quantity, unit cost, occurrence and percentage charged to SSHF) and the rationale of each budget line. For example, shared costs, large/expensive assets, and costs/equipment required to support the regular operations of the SSHF partner are clear cases where the provision of details will be required in the budget narrative;

D. In case of having other ongoing SSHF projects being implemented by the same partner. The partner needs to clarify how the new project will affect/change percentages charged to current ongoing SSHF projects;

E. In case the partner has secure co-funding for the same project. The partner should mention the co-funding amount in the project proposal and clarify how the co-funding will affect/change percentage charged to the new project.

F. Partner to provide budget in line with the SSHF operational modalities, within their risk level. On request from partners, the HFU to know their current risk level (place generic email of the SSHF).

2. Guidance on each budget category:

- General Info

  - While filling out the budget, consider the info bubbles of each category Budget Lines (BL). To view them, scroll the mouse over the icon and provide required information as per the BL narrative;

  - Either the unit cost or the total cost of the budget line exceeding $4,000.00 requires a Bill of Quantities (called BoQ or breakdown). The BoQ can be provided either online in the GMS or preferably in an Excel file by uploading under the ‘documents’ tab in the GMS.

  - In case of an Excel BoQ, breakdowns shall be provided as one single Excel document but in separate tabs named after the BL numerical code (e.g. 2.1, 4.2, etc.) not the BL description. Indicate ‘refer to BoQ’ in all BL narrative that breakdowns have been provided for. Upon SSHF’s discretion, BoQs could be requested for the lesser amounts as well;

  - If the total amount of budget line exceeds $10,000.00 but for a single item, the BoQ is not required (Specification of the items to be provided);

  - If the project has more than one cluster, relevant cluster name should be mentioned for each budget line, as well in the case of joint costs relevant cluster and the percentage of each cluster line to be specified.

  - Lump sum salary/cost and/or groups of staff in one budget provided with online BoQ in the GMS is not accepted.

- Category 1 (Staff and Other Personnel Costs)

  - No narrative/remark section of the budget lines shall be left blank.

  - Every staff member/position with different functional title, TORs and salaries shall be added as a separate budget line.

  - Indicate for each position what specific role is played in the implementation of the project, explain how the unit cost has been estimated, whether salaries are net or gross and in the latter case what costs are included in unit cost (e.g. salary and associated taxes, social security, medical and life insurance, hazard pay, fringe benefits, work permit fees, etc.);
Staff salaries should be as per the organization salary scale and the partner’s salary scale must be uploaded under the ‘documents’ tab;

For each staff indicate the location (either in the BL description or narrative section), where the person is/will be based;

Follow the cluster standard on the number of staffs to be charged to a specific project.

**Category 2 (Supplies, Commodities, Materials)**

- Only supplies that are going to be provided to beneficiaries/facilities inside South Sudan shall be indicated in this category (no office supplies, etc.);
- For supplies include associated transportation, freight, storage and distribution costs must be included and detailed;
- Group of items (e.g. kit, bag, etc.) shall be broken down within the remark section showing content list. Alternatively, a BoQ can be provided.

**Category 3 (Equipment)**

- Specify in the narrative of the BLs whether to which staff, facility, etc. the equipment is going to be allocated to;
- Technical specifications of all equipment should be provided within the BL narrative;
- The necessity of procuring new equipment needs to be justified;
- The market location of the items to be purchased shall be mentioned in budget narrative;
- In case the cost of ownership is included within the item value (costs of item, custom costs, transportation, installation etc.) a breakdown shall be provided;
- In case of new equipment request (including IT equipment) the partner needs to provide list of all equipment received under SSHF previous projects. The list should include value, location, year of purchase, status and current end user of the equipment.

**Category 4 (Contractual Services)**

- All types of contracted services related to the project shall be included within this category (e.g. project vehicle rental contracts, daily workers, etc.).
- Rental contracts shall be facilitated through official and direct owner of property. In case the rental contract is signed with a third party, budgeted costs will be accepted if proper documentation exists.
- Any project related staff especially from sectors Health, Nutrition, Education and Protection such as health facility staff, school staff, protection activity staff shall be mentioned under this category.

**Category 5 (Travel)**

- Project related travel cost should be broken down either in BoQ/breakdown or itemized in budget narrative (into quantity of trips, transportation/ticket, accommodation, DSA/Per diem, etc.), whether how the calculation/estimation was made and specifying the travelers;
- The locations and the necessity of travels for the implementation of the project should be provided in the narrative.

**Category 6 (Transfers and Grants to Counterparts)**

- Sub-implementing partners shall be provided in separate BLs and names of organizations must be indicated. Total costs of this BLs in this category should match the ‘Sub- Grants to Implementing Partners’ section under the ‘other info’ tab.
- Budget for each Sub-implementing partner (using SSHF budget template) shall be uploaded as an excel file under ‘documents’ tab. Online BoQ will not be accepted for sub-implementing partner (pdf or scan of excel tables are not accepted either);
- Activities carried out by the sub-implementing partner shall be indicated briefly in the budget line narrative;
- PSC of sub-implementing partners associated with the implementation of a specific project shall be covered by the overall maximum 7 per cent of the actual project budget and should not be duplicated in the sub-implementing partners’ budget.
While the allocation of the PSC is made at the discretion of the partners and the sub-implementing partner, the principle of rationality is encouraged to support partnership.

- **Category 7 (General Operating and Other Direct Costs)**
  - All general operating expenses should be itemized (such as office supplies, utilities, stationery, communication costs, etc.);
  - Money transfer fees (if any) shall be indicated in this category and the costs explained;
  - Lump sums are not permitted;
  - Cost for office locations and other support cost that are necessary/important for a successful project implementation shall be budgeted and remain proportional to the project’s objectives. For example, the rental cost of an office in Juba cannot be charged 100 per cent and utilities are to be charged with the same percentage as the office percentage.

3. **Costing:**

Reserve Allocation specific instructions:

a. UN agencies to charge only field staff costs related to the project implementation only, i.e. no charges of HQ/Juba based staff within the staffing costs.

b. Overall project support costs not to exceed 15% of total project budget.

**Eligible cost:**

There are two categories of eligible expenditures: Direct and Indirect (support) Costs:

G. These costs must be clearly linked to the project activities described in the project proposal and the logical framework.

H. Must comply with the principles of sound financial management, the principles of economy, efficiency, effectiveness, transparency and accountability and must be identifiable in the accounting records and backed by original supporting evidence as incurred in accordance with the approved project proposal and duration.

I. They are defined as actual costs directly related to the implementation of the project to cover the costs of goods and services delivered to beneficiaries, and the costs related to the support activities (even partial, such as a security guard or a logistician partially working for the project), required for the delivery of services and the achievement of the project objectives.

**Eligible cost includes:**

i. All staff costs (including salaries, social security contributions, medical insurance, hazard pay (when applicable) and any other cost included as part of the salary benefits package of the organization). Salaries and costs may not exceed the costs normally borne by the partner as per their salary scale.

ii. Costs for consultancies involved in the implementation of the project.

iii. Support staff costs at country-level directly related to the project.

iv. Travel and subsistence costs directly linked to the project implementation for project staff, consultants, and other personnel that may also be eligible, provided the costs do not exceed those normally borne by the partner.

v. A contribution to the partner’s Country Office costs, as shared costs charged on the basis of a well explained calculation and reasonable allocation system. Shared costs must be itemized.

vi. The financial support to beneficiaries, including cash and voucher-based distribution.

vii. Purchase costs for goods and services delivered to the beneficiaries of the project, including quality control, transport, storage and distribution costs.

viii. Costs related to non-expendable items (assets) such as equipment, information and technology equipment for registration and similar field activities, medical equipment, water pumps and generators.

ix. Expenditure incurred by the partner related to awarding contracts required for the implementation of the project, such as expenses for the tendering process.

x. Costs incurred by sub-implementing partners, directly attributable to the implementation of the project.
xi. Other costs derived directly from the requirements of the grant agreement such as monitoring, reporting, translation and insurance, including financial service costs (bank fees for transfers).

xii. Programme Support Costs (PSC). PSC are all costs that are incurred by the partner regardless of the scope and level of its activities and which cannot be traced unequivocally to specific activities, projects or programs. These costs typically include corporate costs (i.e. headquarters and statutory bodies, legal, general procurement, recruitment, premises related costs, etc.). PSC is a maximum 7% of the approved direct expenditures.

Ineligible cost:

The following costs are ineligible:

xiii. Costs not included in the approved budget (taking into consideration duly approved budget revisions).

xiv. Costs incurred outside the approved implementation period of the project (taking into consideration duly approved no-cost extensions and signed amendment to the grand agreement).

xv. Debts and provisions for possible future losses or debts.

xvi. Interest owed by the implementing partner to any third party.

xvii. Items already financed from other sources.

xviii. Purchases of land or buildings.

xix. Currency exchange losses.

xx. Cessions and rebates by the implementing partner, contractors or staff of the implementing partner of part of declared costs for the project.

xxi. Government staff salaries.

xxii. Incentives, mark-ups, gifts to staff.

xxiii. Fines and penalties.

xxiv. Duties, charges, taxes (including VAT) recoverable by the implementing partner.

xxv. Global evaluation of programmes.

xxvi. Audit fees/system audit fees – these costs are paid directly by the SSHF.

xxvii. Hospitality expenses, provision of food/refreshments for project staff (not including water and hospitality for trainings, events and meeting directly related to project implementation).
<table>
<thead>
<tr>
<th>Risk level</th>
<th>Project duration (months)</th>
<th>Project value (thousand USD)</th>
<th>Maximum amount per project* (thousand USD)</th>
<th>Disbursement s (in % of total)</th>
<th>Financial reporting**</th>
<th>Narrative reporting**</th>
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Total USD Ceiling of Active Grants:

**For HIGH risk partners** = An individual NGO with a high-risk rating is allowed to hold a maximum total amount of $1 million USD in active grants at any one time. Active grants are calculated as grants under implementation at the time of an allocation (estimated date of grant agreement signature as per Allocation Strategy timeline). Partners who have exceeded that ceiling will have to ensure previous grants have either been closed or under final reporting or auditing before they can request additional funds.

**Remarks:** High Risk partners which have never implemented a SSHF project can apply for a maximum amount of USD 0.5 million (total grants) the first time.

* Three progress reports are only required for projects of 10 months or more.

** Minimum reporting/monitoring requirements.

*** Monitoring of UN agency projects is mandatory according to the new 2017 CBPF global guideline and is described in the monitoring section of this guideline. A monitoring visit will be systematic if the UN agency has a grant equal to or over US$2 million.