#### **Policy Paper**

#### South Sudan Common Humanitarian Fund

#### **2013 First Round Standard Allocation**

## 21 December 2012

- 1. This paper outlines the allocation strategy and guidance for the allocation of a funding envelope of an estimated USD 30 35 million (including fees) for the first standard allocation of the 2013 Common Humanitarian Fund (CHF) for South Sudan.
- 2. The paper includes proposed prioritization criteria for projects selection and advice to clusters/Peer Review Teams (PRTs).

# Humanitarian priorities

- 3. As articulated in the 2013 CAP, the humanitarian response in South Sudan is organized around seven over-arching strategic objectives.
  - Prepare for and respond to emergencies on time by preposition supplies via core pipelines, securing alternative supply chains, upgrading access routes, mapping at-risk communities, building partner capacity, mobilizing logistics, conducting multi-agency assessments and monitoring delivery.
  - ii) Maintain frontline services in hotspot areas until other delivery, regulatory, and funding mechanisms are in place, linking short-term action to longer-term goals.
  - iii) Assist and protect refugees and host communities.
  - iv) Protect people affected by crisis by mitigating the effects of violations related to violence or displacement. Improving child protection and combating gender-based violence will be key priorities.
  - v) Support returns in a voluntary, safe and sustainable manner.
  - vi) Increase resilience of households suffering from recurrent shocks that make people vulnerable to food insecurity.
  - vii) Improve the operating environment by monitoring interference in humanitarian action, advocating with the state and military authorities, and building state capacity.

The CHF 2013 first round standard allocation will focus on critical activities related to objectives i), ii), iv), and v)<sup>1</sup>.

# The allocation strategy

- 4. Given the limited resources available <u>life-saving</u><sup>2</sup> humanitarian activities will be prioritized so as to maximize the impact of the funds (see Annex 1).
- 5. The first round CHF standard allocation will focus on two priority categories:

**Category A (first priority): Replenishing core pipelines** <sup>3</sup>and ensuring adequate logistics and common services support: This will support the most time sensitive and underfunded emergency life saving operations, health, nutrition<sup>4</sup>, water and sanitation, non food items and emergency shelter, seeds and tools and emergency education and will ensure that essential common services and logistics support are in place in priority states.

In considering the prepositioning of core pipelines and essential common services, clusters should consider:

- a. Critical gaps for the humanitarian operation in light of support given through the CHF 2012 second round standard allocation (see Table 1 on pipeline funding status);
- b. the ability of the pipeline managing agency to procure, transport and preposition by (end of April 2013) the onset of the rainy season;

<sup>&</sup>lt;sup>1</sup> Support to refugees and large-scale food assistance (objectives iii) and vi) though key drivers of the humanitarian needs in South Sudan (see CAP 2013), are not prioritized for this first round allocation due to the limited envelope vis-à-vis scale of requirements of the refugee and food aid response. This parameter will be reviewed again for each subsequent CHF allocation and may be subject to change

<sup>&</sup>lt;sup>2</sup> Use the CERF guidance to define life-saving activities

<sup>&</sup>lt;sup>3</sup> Support to the refugee response will be provided through the core pipelines

<sup>&</sup>lt;sup>4</sup> To include MAM requirements (WFP)

Category B: Supporting frontline service providers in highly vulnerable locations focusing on activities prioritized by the clusters. Supporting front line service providers in vulnerable counties in states as specified under point 7 (ii) below with large numbers of vulnerable groups, particularly IDPs, returnees, and high level of malnutrition. Within these areas projects from the following cluster will be considered: education, livelihoods, health, multi-sector, nutrition, NFIs/ES, protection, and water and sanitation.

- Note: The funding envelop in this first round includes the administration fees of the CHF Technical Secretariat. The fees for the OCHA component will be charged directly to the fund while the UNDP component will be paid through the 7% charged by UNDP for contracting NGOs projects.
- 6. Cluster priority activities by location are summarized below:

Cluster	Priority Geographical areas	Priority Activities (Thematic issues)
Education	<ul> <li>i) Jonglei (Fangak, Pigi, Akobo, Uror, Pibor)</li> <li>ii) Unity (Pariang, Abienhom, Mayom, Mayendit, Panyajar)</li> <li>iii) Upper Nile (Mabaan, Renk, Melut, Ulang, Nasir)</li> <li>iv) Warrap (Twic, Tonj South, Tonj East)</li> <li>v) Lakes (Rumbek North)</li> <li>vi) NBeG (Aweil North, Aweil East)</li> </ul>	<ul> <li>i) Establish or rehabilitate safe and protective learning spaces for boys and girls</li> <li>ii) Provide learning opportunities for emergency-affected children and youth across ten states</li> <li>iii) Construct safe water sources and separate sanitation facilities for boys and girls</li> <li>iv) Advocate, report and respond when schools are occupied by armed forces or other groups</li> <li>v) Pre-positioning of core pipeline / EP &amp; R through the procurement and prepositioning of emergency teaching and learning materials at state and country level</li> <li>vi) Distribute essential teaching and learning materials to emergency-affected schools and communities.</li> <li>vii) Conduct rapid training or orientation of teachers and PTAs in emergency-related life skills and psycho-social support</li> <li>viii) Ensure risk reduction analysis tools and contextualized minimum standards are available and used widely at state levels</li> </ul>
Health	All locations except the Equatorias	<ul> <li>i) Maintain the existing safety net by providing basic health packages and emergency referral services.</li> <li>ii) Strengthen emergency preparedness including surgical interventions.</li> <li>iii) Respond to health related emergencies including controlling the spread of communicable diseases.</li> </ul>
FSL	<ul> <li>i) Upper Nile,</li> <li>ii) Unity,</li> <li>iii) Warrap (&amp;Abyei Admin area),</li> <li>iv) NBeG,</li> <li>v) WBeG,</li> <li>vi) Jonglei,</li> <li>vii) Lakes</li> </ul>	<ul> <li>i) Emergency livestock vaccinations and disease control interventions</li> <li>ii) Agricultural inputs (seeds &amp; tools) provision for food production</li> <li>iii) Core pipeline support for agricultural inputs</li> <li>iv) Nutrition enhancing FSL responses (vegetable &amp; fruits production, kitchen gardens &amp; cooking demos, etc)</li> <li>v) Cash transfers for household income generation, access to inputs &amp; services,</li> <li>vi) Creating/rehabilitating community assets (including grazing &amp; water resources) for building community resilience to shocks</li> <li>vii) Post harvest handling and storage, strengthening value chain, and agro-processing (value addition)</li> </ul>
Mine Action	i) Upper Nile, ii) Unity, iii) Warrap, iv) NBeG, v) WBeG, vi) Jonglei.	Emergency mine/ERW clearance and Mine Risk Education
NFI & ES	<ul> <li>i) Jonglei – (Pibor, Uror, Duk, Akobo);</li> <li>ii) Upper Nile (Renk, Maban);</li> <li>iii) Unity (Leer, Rubkona);</li> <li>iv) Abyei Administrative Area; Warrap (Twic);</li> <li>v) NBeG;</li> <li>vi) Unity;</li> <li>vii) Lakes.</li> </ul>	<ul> <li>i) Adequate storage and transportation for the pipeline to ensure completion of dry season prepositioning.</li> <li>ii) Adequate procurement to prevent pipeline breakage in 2013.</li> <li>iii) Frontline response capacity including field coordination; frontline transportation; assessment; appropriate shelter/NFI provision and PDM.</li> </ul>
Nutrition	<ul> <li>i) Jonglei (Pibor, Akobo )</li> <li>ii) Upper Nile (Host communities around Maban, Renk)</li> </ul>	<ul> <li>i) Treatment and management of acute and moderate malnutrition</li> <li>Treatment for SAM and MAM in children U5 years, P&amp;LW and other vulnerable groups with focus on strengthening the SAM and MAM program linkages.</li> <li>ii) Prevention of Acute Malnutrition</li> </ul>

with the second secon		<ul> <li>iii) Unity (Likely northern counties)</li> <li>iv) NBeG (All counties)</li> <li>v) Warrap (Twic)</li> <li>vi) High risk spots of WBeG, EES and Lakes.</li> </ul>	<ul> <li>Provide micronutrient supplementation to children U5 and P LW</li> <li>Provide supplementary foods (BSFP) to boys and girls aged 6-36 months as well as P LW</li> <li>Protect, promote and support appropriate infant and young child feeding</li> <li>Capacity Building</li> <li>Training of health workers in treatment of SAM and MAM in line with national guidelines</li> <li>Train health workers, MSGs( Mother support groups) and CBOs on IYCF</li> <li>Monitoring and evaluation/supervisory visits and mentor ship</li> <li>Regular M&amp;E and supervisory visit to the program sites to ensure quality of the programs and mentoring to strengthening the capacity of the partners and staff</li> <li>Provision of Emergency preparedness and response services( rapids assessments and response, trainings on Nutrition in emergencies, provision and strengthening</li> </ul>
Protection       i)       Upper Nile       Emergency response (general):         ii)       Lakes       i)       Rapid protection assessments to identify vulnerable persons and risks/gaps for response.         iv)       Unity       i)       Warrap       ii)       Enhance capacity and training of frontline responders (police, health workers, community protection networks; conflict reduction and early warring systems.         vi)       NBeG       ii)       Contral Equatoria       iii)       Contral training of frontline responders (police, health workers, community networks; etc.), relevant for both GBV and child protection         vii)       NBeG       iii)       Conditation with UNMISS and UNISF A on Protection of Civilians initiatives         GBV       vi)       Oirect support and response to GBV survivors, including immediate medical and psychosocial care (incl. PEP kits)         vii)       GBV emergency response to unaccompanied and separated children Family Tracing and Reunification (FTR); Provision of temporary care arrangement for boys and girls.         vii)       Protection assistance to Children Associated with Armed Group and Armed Forces and for conditional and psycho-social support for children and community affected by emergency.         HUP       xii)       Calaborative dispute resolution mechanisms to solve conflict among communities and/or individuals over access to land.         viii)       Continued support for civil status documentation focused on persons with specific needs from conflict impacted popula			•
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upon the emergencies that may arise, but likely areas are listed for each state: i) Jonglei—Bor, Pibor, Likongole, Akobo, and Boma ii) Upper Nile—Renk, Malakal, Maban, and Melut iii) Unity—Bentiu and Yida	<ul> <li>ii) Provision of common transport services (via truck, boat/barge, and air - when needed and based on funding available)</li> <li>iii) Pre-positioning of core pipeline by augmenting organization's logistical capacity on difficult to access routes or where commercial options are unavailable/cost prohibitive</li> <li>iv) Provision of common storage facilities for prepositioning of humanitarian interagency cargo in key coordination hubs (eight additional storage units budgeted for 2013)</li> <li>v) Coordination of force protection convoys, as needed, with OCHA and UNMISS</li> </ul>
<ul> <li>iv) Warrab—Alek and Wunrok</li> <li>v) Northern Bahr el Ghazal and Western Bahr el Ghazal—Raja, Aweil, and Wau</li> <li>vi) ALL STATES - emergency road/bridge/airstrip repair</li> </ul>	<ul> <li>Notes:</li> <li>Jonglei—Common inter-agency storage provision in five locations (Bor, Pibor, Likongole, Akobo, and Boma) - ability to scale up if needed; transportation of humanitarian goods via truck, force protection coordination with OCHA and UNMISS; provision of airlift capacity, if needed and funds available</li> <li>Upper Nile—Common inter-agency storage provision in four locations (Renk, Malakal, Maban, and Melut) - ability to scale up if needed; pre-positioning of six trucks for movement of humanitarian cargo</li> <li>Unity—Common inter-agency storage in two locations (Bentiu and Yida) - ability to scale up if needed; pre-positioning of six trucks for movement of humanitarian cargo</li> <li>Warrab—Common inter-agency storage in two locations (Alek and Wunrok) - ability to scale up if needed</li> <li>Northern Bahr el Ghazal and Western Bahr el Ghazal—Common inter-agency storage in three locations (Raja, Aweil, and Wau) - ability to scale up if needed; pre-positioning of two trucks for movement of humanitarian cargo</li> <li>ALL STATES - emergency road/bridge/airstrip repair available as identified by User Group and members; river transport available for movement of humanitarian good to Upper Nile or Jonglei if needed.</li> </ul>

- 7. The following criteria are proposed to support the prioritization of the CHF first round allocation and the work of the Peer Review Teams (PRTs):
  - i) **Implementation timeline:** CHF first round should prioritize activities that are in accordance with the cluster priorities defined (under point 6) above and can be undertaken in the period March to September 2013<sup>5</sup>. Expenditure rate of this first round allocation will be considered in subsequent CHF allocations. The launch of CHF second round is planned for July 2013 aiming at completing the allocation process by mid-September<sup>6</sup>.
  - ii) **Timely expenditure and reporting:** The PRT should consider the ability of applying organization to timely disburse and report on previous CHF allocations. The CHF Technical Secretariat (TS) will provide Cluster Coordinators/Co-Coordinators financial data in this regard.
  - iii) **Life saving activities:** life saving activities should be prioritized. Clusters should apply the CERF life-saving criteria to when defining priority interventions.
  - iv) **High Priority projects in CAP 2013**: Projects in the above mentioned states classified as high priority in the CAP 2013 should be weighted high in the vetting process at the Peer Review Team (PRT) meetings.
  - v) **Projects with a significant chance of success** as a result of resource mobilization ability, established capacity on the ground, and likely continued access should be prioritized.
  - vi) **Overlap with CHF 2012:** Activities supported by the CHF 2012 through Round 1 and 2 (running up to March 2013) should not overlap with any new request submitted.
  - vii) **Gender mainstreaming:** Projects with gender score of 2 in the CAP 2013 should be weighted favorably in the vetting process at the Peer Review Team (PRT) meetings.
  - viii) **Indirect costs:** Projects that can demonstrate low indirect costs as a proportion of direct costs should be weighted favorably.
  - ix) **Value for Money:** Projects that can demonstrate the most 'value for money' (e.g. high utilization rates at a health clinic) relative to the project budget should be prioritized.
  - x) **WFP emergency food assistance** will not be eligible for this first round allocation given the magnitude of WFP's requirements vis-a-vis the limited Round One envelope<sup>7</sup>;

<sup>&</sup>lt;sup>5</sup> It is anticipated that the second round standard allocation CHF 2013 will take place September 2013

<sup>&</sup>lt;sup>6</sup> Tentative planning dates

 $<sup>^7</sup>$  This guidance should not be interpreted as CHF policy and will be revisited with every subsequent CHF allocation

- xi) **The needs of refugees** will continue to be catered through core pipelines (see under Point 5). The refugee programs will not be eligible for this first round allocation<sup>8</sup>; emerging critical gaps will be addressed through bilateral funding and CERF Rapid Response complemented by CHF reserve where possible.
- xii) **The needs of Abyei** returnees in relation to life-saving humanitarian activities will be catered for through the core pipelines.

# **Cluster Project Selection Process**

- 8. In accordance with the South Sudan CHF allocation guidelines, cluster portfolios will be prepared through internal cluster reviews. This process will involve:
  - Cluster Coordinators/Co-Coordinators who will be asked to convene cluster consultations meetings to refine and adopt cluster specific priorities which be promptly communicated to partners to allow enough time for the drafting of the proposals,
  - CAP partners will be asked to submit proposals based on priorities endorsed within their clusters,
  - Cluster Coordinators/Co-Coordinators will engage with their respective cluster PRTs to review the proposals submitted against their respective cluster specific criteria in line with priorities and guidance stipulated in this policy paper,
  - The composition of the PRTs should be Cluster Coordinator, Co-Coordinator, UN agency representative, INGO and NNGO representative and OCHA TS representative. It is recommended that the Clusters discuss with the NGO Forum to advise on the representation of one International and one National NGO representative to each PRT.

#### **CHF** Reserve

9. The CHF Advisory Board will recommend the CHF reserve amount to be maintained to enable the Humanitarian Coordinator to allocate funds in the event of unforeseen needs arising outside the CHF standard allocation. Projects in and outside the South Sudan CAP 2013 will be eligible for allocation of funds from the reserve upon meeting the requirements set out in the CHF guidelines and subject to endorsement by the Cluster Coordinator/Co-Coordinator. Allocations from the CHF reserve will be approved by the Humanitarian Coordinator in consultation with the CHF Advisory Board. In reviewing applications for the CHF reserve, the Humanitarian Coordinator and the CHF Advisory Board will consider the appropriateness of proposed activities as well as the suitability of other funding mechanisms such as the CERF and the IOM "Rapid Response Fund" available in country. This approach will help ensure a high degree of complementarity among pooled funds and support the identification of priorities for all funding streams. Note: When all 2012 donor pledges materialize, the balance in the CHF Reserve will be US\$4.5million.

#### Funding status and requirements of core pipeline projects

#### Table1: Funding Status of the core pipeline projects as of 17 December 2012

Cluster	Pipeline	Agency	Project Title	Project Code	Revised Requirements (US\$)	Secured Funding (US\$)	Funding Level (%)	Pooled funding (USD)	% of c secured	type as a overall funding Bilateral
EDU	Education Supplies	UNICEF		SSD- 12/E/46093	18,874,800	7,389,949	39%	4,499,772	61%	39%
FSL	Seeds, Tools and animal vaccines	FAO	Enhancing food security of returnees, IDPs and vulnerable host communities through provision of appropriate production inputs, technologies and services	SSD- 12/A/46142	10,000,000	8,616,289	86%	7,503,544	87%	13%
FSL	Food Assistance	WFP	Food assistance to vulnerable populations affected by conflict and natural disasters	SSD- 12/A/46147	313,260,995	74,042,438	87%	4,397,966	2%	98%
н	Reproductive Health Kits	UNFPA	Implementing the Minimum Initial Service Package (MISP) for Reproductive Health in Emergencies	SSD- 12/H/46211	1,010,000	998,029	99%	998,029	100%	0%
н	Health - vaccines	UNICEF	Vaccine Preventable Disease Control through Routine and Supplementary Immunization Interventions	SSD- 12/H/46251	12,964,841	6,462,285	50%	2,839,686	44%	56%
Н	Health	WHO	Enhancing Surgical and Mass Casualty	SSD-	865,095	399,966	46%	399,966	100%	0%

<sup>&</sup>lt;sup>8</sup> This guidance should not be interpreted as CHF policy and will be revisited with every subsequent CHF allocation

			management Capacities of Hospitals in South Sudan.	12/H/46378						
	NFIs and Emergency Shelter	IOM	Provision of Emergency NFIs and ES materials to IDPs, returnees, and Host community members		7,588,580	7,845,380	103%	7,436,380	95%	5%
NUT	Nutrition supplies		Support to the Nutrition Pipeline for Emergency Therapeutic Responses in South Sudan	SSD- 12/H/46186	17,090,040	10,139,116	59%	6,184,421	61%	39%
WASH	WASH supplies	UNICEF	Emergency WASH Preparedness, Response and Coordination in South Sudan	SSD- 12/WS/4646 9	21,929,200	14,297,892	65%	9,716,615	68%	32%
			TOTAL		403,583,551	30,191,344	82%	43,976,379	13%	87%

# Table2: Requirements of core pipeline <sup>9</sup>projects in the CAP 2013

Cluster	Pipeline	Agency	Project Title	Project Code	CAP 2013 Original Requirements (US\$)
EDU	Education Supplies	UNICEF	Providing inclusive access to quality life saving education for IDPs, stranded returnees, refugees and host community affected by emergencies in South Sudan.	SSD-13/E/55519	5,788,385
FSL	Food assistance	WFP	Food Assistance for Food-Insecure and Conflict-Affected Populations in South Sudan	SSD-13/F/55863	321,519,310
FSL	Seeds, Tools and animal vaccines	FAO	Improving food and livelihood security of vulnerable host community, returnee, IDP, refugee and pastoral households in South Sudan through increasing access to agricultural, fisheries and livestock inputs and services and strengthening purchasing power	SSD-13/F/56113	16,845,000
н	Health – vaccines	UNICEF	Support to Emergency Immunization Interventions through provision of vaccines and strengthening cold chain systems to Prevent Outbreak of Vaccine Preventable Diseases in South Sudan	SSD-13/H/55197	11,891,351
н	Reproductive Health Kits	UNFPA	Maintaining and scaling up access to quality Reproductive Health (RH) services for IDPs, Returnees, Refugees and other Vulnerable Populations in South Sudan	SSD-13/H/55251	4,160,880
н	Health	WHO	Responding to health-related emergencies in populations of humanitarian concern in the Republic of South Sudan	SSD-13/H/55471	10,604,040
NFI	NFIs and Emergency Shelter	IOM	Provision of Emergency NFIs and Shelter to IDPs, returnees, and Host community	SSD-13/S- NF/55455	8,794,800
NUT	Nutrition supplies	UNICEF	Support to the Nutrition Pipeline for Emergency Therapeutic Responses in South Sudan	SSD-13/H/55044	18,765,021
WASH	WASH supplies	UNICEF	Emergency WASH Preparedness and Response in South Sudan through the Supplies Core Pipeline	SSD- 13/WS/56024	14,034,553

# Advice to Clusters and PRT:

- 10. Role of Cluster Coordinators/Co-Coordinators
  - Cluster Coordinators/Co-Coordinators and PRTs will rate projects for technical merit and relevance in addressing the most urgent humanitarian needs in accordance with cluster priorities and previous performance of the implementing agency.
  - Cluster Coordinators/Co-Coordinators will prepare a presentation to defend the cluster's strategy and projects portfolio in front of the CHF Advisory Board.
  - During the defence, Cluster Coordinators/Co-Coordinators will ensure that the portfolio is "blind," hiding the identity of the requesting organization. Cluster Coordinators/Co-Coordinators are required to demonstrate that their programmatic strategy is evidence-based. They are also required to support their allocation proposals with clear and concise documentation on the ranking and decision making process to demonstrate that a transparent, inclusive and objective process was followed. If dissatisfied with a particular presentation, the HC or CHF Advisory Board may request the concerned Cluster Coordinator Co-Coordinator to make a second presentation.
  - Based on the presentations and in line with the policy paper, the HC, in consultation with the CHF Advisory Board, will make recommendations for funding to each cluster.

<sup>&</sup>lt;sup>9</sup> Pipelines include the refugee response needs

- The HC will then debrief each Cluster Coordinator/Co-Coordinator on the outcome of the defences informing how much is allocated to the cluster, and issues to address before project allocations are approved.
- 11. Clusters members should agree on cluster specific timelines, prioritization criteria, and the criteria which will be used after the cluster envelope has been decided by the Advisory Board. The Cluster will be asked to explain these criteria in their defence to the Advisory Board.
- 12. The PRT should consider the ability of the applicant to timely disburse and report from the previous CHF allocations. To this end, the quarterly disbursement matrix maintained by UNDP for CHF allocation will be provided to clusters by the CHF Technical Secretariat.
- 13. The PRT should also consider projects that have limited potential of receiving funds through other channels if all other criteria are met, including the ability to implement the project.
- 14. Clusters should ensure that projects recommended for CHF support include an analysis of the specific needs and priorities of women, girls, boys and men and that all activities are informed by this analysis. This requirement does not apply to 'gender-neutral' projects such as logistics and emergency telecommunications projects. The GenCap Adviser at OCHA is available to support Clusters in this regard.
- 15. Clusters will consider the 'value for money' of a project and the indirect costs as a proportion of direct costs. The CHF Technical Secretariat will provide updated guidelines on the calculation of Direct and Indirect costs. It is important that:
  - The budget includes a detailed budget breakdown including the total cost of the project and other contributions (including in kind contributions);
  - Personnel costs indicate responsibility/title, duty station in South Sudan, unit cost, quantity, duration, and percentage dedicated to the specific project;
  - Transportation and operational costs directly charged to project area and to head office are clear;
  - (Potential) higher operational costs due to inaccessibility and insecurity among others are taken into account.
- 16. Clusters should avoid allocating small amounts to many projects. The minimum allocation to a single project is recommended at US\$200,000 for UN agencies and INGOs, and at US\$50,000 for NNGOs. Under special circumstances smaller project allocations will be considered for critical activities if:
  - The entire project budget is below US\$200,000;
  - The amount will fully cover a funding gap for the total project budget; or
  - The amount will fund vital life-saving activities that will cease in less than 30 days or is a gap-filler for three months of activities until another donor is identified.
- 17. Pass-through arrangements, where organizations sub-grant funding to their implementing partner organization without providing any meaningful guidance, coordination, technical advice, monitoring and evaluation capacities or any other function of additional value will not be accepted.
- 18. Submitted proposals should articulate in a clear manner how the proposed intervention in the proposal will contribute to achieve the cluster specific priorities identified for this allocation. Proposals will include at least three indicators from the Cluster Standard Output Indicators List<sup>10</sup> to monitor the progress and the results achieved by the CHF funded project. Each indicator should provide a target scaled to the CHF contribution to the CAP project and broken down by age and gender as much as possible. The CHF Monitoring and Reporting Officer at OCHA is available to support Clusters in this regard.
- 19. Implementation of a CHF recipient project shall not exceed twelve (12) months<sup>11</sup> from the effective CHF allocation date or incase of pre-financed projects, from the date of the first invoice related to CHF activities after project allocation approval and before disbursement. Project pre-financing will be limited to only the costs incurred in the interim period between the HC's approval and the actual cash disbursement to the recipient project.

<sup>&</sup>lt;sup>10</sup> The list of Standard Outputs Indicators is included in the CHF documentation for this allocation.

<sup>&</sup>lt;sup>11</sup> Although 2013 CAP projects are up to December 2013, duration of projects allocated CHF can run up to twelve months from allocation date. Page **7** of **8** 

- 20. NGO partners who have not been allocated funds from the previous South Sudan CHF will need to be assessed by UNDP for their capacity before the contract is prepared. Capacity assessment requirements will be shared with concerned partners.
- 21. NNGOs applying for funding through the first standard allocation will present their budgets in USD and will receive the allocation in hard currency. This is an exceptional measure taken due to the current economic situation for direct CHF disbursements through UNDP.<sup>12</sup>
- 22. The process will be supported by the joint OCHA and UNDP Technical Secretariat based in OCHA South Sudan. Technical Secretariat focal points are: Federica D'Andreagiovanni, dandreagiovannif@un.org, +211 922406061; Thomas Nyambane, nyambanet@un.org, +211 922406071; Meron Berhane, berhanem@un.org, +211 922 406080, Rashid Mogga (for PPAs), Rashid.Mogga@undp.org, +2110926743259.

## Important deadlines

- 23. NGO PPA Submission Deadline: NGOs awarded an allocation will have to submit signed Project Partnership Agreement (PPA) documents (project proposal, budget and banking details) within two weeks following the first contact from UNDP.
- 24. UN Acknowledgement Deadline: UN agencies awarded an allocation will have to submit a CHF acceptance letter within two weeks of receipt of the allocation letter.

## **Complaints Mechanism**

25. Participants with insufficiently addressed concerns or complaints regarding CHF processes or decisions can at any point in time approach the OCHA Head of Office with these concerns. The OCHA Head of Office will compile, review and present raised issues to the Humanitarian Coordinator, who will then take a decision on necessary action(s). The Humanitarian Coordinator will share with the Advisory Board any such concerns or complaints and actions taken thereof.

<sup>&</sup>lt;sup>12</sup> UNDP statement of intent and communication to OCHA (15/8/2012).