Evaluation of the Common Humanitarian Fund

Country Report: **South Sudan**

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Executive Summary

1.   The Common Humanitarian Fund (CHF) in the Republic of South Sudan (South Sudan), at present the largest CHF in terms of annual contributions, has served a critical role in how the Humanitarian Community meets the needs of the people and communities of South Sudan during a devastating period of emergency. While the Evaluation covers the period from 2012 to 2014, the level 3 emergency declared in 2014 was a particularly complex time for the humanitarian response and the CHF. This period is covered in some detail throughout the report.

2.   On 11 February 2014, the Emergency Relief Coordinator (ERC), following consultations with the Humanitarian Coordinator (HC) and the Inter-Agency Standing Committee (IASC), declared a three-month IASC level 3 emergency (L3) response to the conflict in South Sudan. The HC used the CHF to meet the immediate and emerging needs of the L3. This included the prioritization of some sectors over others and, after some consultation, the establishment of pre-determined funding levels for prioritized clusters. While some argue with the approach, evidence from this Evaluation indicates that the decisions enabled the humanitarian community to meet emerging needs and gaps during the L3 effectively and coherently.

3.   The South Sudan CHF could improve how it identifies opportunities for recovery and resilience approaches and activities, and increase its advocacy for related projects during allocation cycles. This should not be to the detriment of direct humanitarian assistance but instead recognized as integral to such assistance. As the research and examples noted throughout this report indicate, there is strong evidence that when resilience approaches are integrated into regular humanitarian programmes better and more sustainable results are achieved. Resilience in humanitarian action is a matter of becoming "beneficiary" focused, ensuring that one understands how individuals and communities predict, withstand and recover from shocks and what they need to do so. This is different from resilience programming that creates a programmatic "bridge" between humanitarian and development programming. The CHF has an opportunity to ensure that humanitarian activities integrate resilience approaches so as to increase sustained results. This opportunity was missed by the focus on "traditional" life-saving activities funded during the L3. While prioritization is understandable, it should not happen to the detriment of the integration of resilience approaches and activities. Similarly, the absence (or uncertainty) of sufficient funding for resilience programming should not be used as justification to dismiss resilience approaches.

4.   The CHF in South Sudan has been relatively timely. Considerable efforts have been made to abide by its eight-week timeline from the issuance of a policy paper to guide each allocation process to the actual disbursement of funds. A review of allocation timelines and qualitative feedback from evaluation respondents indicate that most are satisfied that the processes are timely and efficient. There has been a concerted effort also to move the first allocation of the year to an earlier date so that funding can be received before the rainy season. The first allocation for 2015 was complete in December 2014. The first allocation for 2014 was also nearly complete prior to January 1st 2014 even in the midst of the breaking emergency.

5.   The CHF is managed well in terms of both day-to-day issues and in how it has incorporated new procedures and practices to ensure continuous improvement. The CHF is managed by a joint Technical Secretariat (TS) that includes United Nations (UN) Office for the Coordination of Humanitarian Affairs (OCHA) staff and the UN Development Programme (UNDP) – the latter as Managing Agent (MA). OCHA staff members are responsible for managing the allocation process, monitoring and reporting activities, and supporting cluster coordinators in setting cluster objectives and priorities, among other roles. The CHF TS has implemented the Grant Management System (GMS), a web-based platform that supports the entire grant cycle. While the GMS is compulsory, the TS ensured that it could be implemented in ways that ensure functionality is appropriate for the context in South Sudan. The TS has actively used guidance and templates from OCHA HQ in its efforts to create effective processes and standard operating procedures. It has been innovative in assigning Monitoring and Reporting (M&R) Specialists to each cluster to support monitoring of projects including the key analytics for how needs and targets will be met. The TS is also strengthening its risk management approach by developing a framework to guide its approach to risk. In brief, the TS has consistently sought out best practices from HQ and from other CHFs, evaluated their relevance to the context in South Sudan, and then implemented them in ways that support their effectiveness overall.

6.   There have been delays from allocation to actual disbursement. Due to delays of deposits by donors, the UNDP as Administrative Agent cannot transfer the funding to UN organizations and the MA. In turn, UNDP MA is unable to enter into contract with NGOs and pre-finance them. The UNDP Managing Agent's financial rules and regulations require the MA to receive the funding into the UNDP account before it can transfer the money to NGOs. The implementation of new guidelines for UNDP, e.g. the Harmonized Approach to Cash Transfers Framework (HACT), will improve processes overall while enhancing the financial monitoring of partner organizations. Donors should also be urged to deposit funds quickly so that timely disbursements can be made.

7.   The CHF is instrumental to how clusters and other coordination structures organize within the humanitarian response. This is largely due to the size and importance of the CHF as a funding instrument for the humanitarian community, the way that the Advisory Board, Humanitarian Coordinator/Humanitarian Country Team and Inter-cluster Working Group (ICWG) work together during and beyond allocations and how each is supported by the TS.

8.   Cluster coordinators' responsibilities and the demanding operational contexts in South Sudan, especially during the L3 emergency, make the cluster lead role challenging. The CHF has done a fair amount to support this role. It has embedded M&R Specialists at the cluster level and has generally worked with clusters to understand CHF processes, timelines and other key information. Nearly all cluster respondents commented favourably on the support they received from the CHF TS.

9.   In terms of M&R directly, the South Sudan CHF has established an effective foundation to support partners from proposal development to implementation. This includes the use of UN Volunteers as M&R Specialists who are assigned to each cluster and work with them to develop their proposals, establish needs and targets, and make the links between a project's intended results and the strategic priorities set for the humanitarian response. This is, as noted above, in addition to their primary role to support the monitoring of projects overall. Evidence from this evaluation illustrates that this level of support is appreciated by relevant cluster coordinators and has had a positive impact on proposal development and M&R tools like the logical framework. The CHF TS with support of the M&R specialists conducts regular field monitoring missions and these use standard tools and templates to ensure both a comprehensive view regarding partner activities as well as a consistent approach to data collection that facilitates the aggregation of data for broader trend analysis.

10.   This provides a basis for strengthening M&R. In particular, M&R activities could be more focused. It is neither feasible, given current resources, nor practical for the CHF to attempt to measure all partner results. Instead, M&R activities should focus on partners' capacities and what enables or constrains their ability to deliver, going beyond broader partner capacity assessments. It should be up to the partner to do the quantitative and qualitative analysis of how and if it achieves results and to use third party monitors and evaluators to support this process. The South Sudan CHF also has the opportunity to ensure that M&R activities are linked to risk management approaches/ information and that the information from M&R serves the allocation process (i.e. that the results of M&R activities are encapsulated as part of the information regarding partners applying for grants).

11.   The South Sudan CHF also needs to ensure that it has an appropriate focus on financial management. Increased financial "spot checks" would supplement those activities done by the MA and thus provide an additional layer of oversight for ensuring that money is spent as intended. Not only is this prudent, it will increase the assessment of recipient organizations' overall capacities.

12.   Information sharing about the allocation cycle, M&R, and risk management could be increased, including regular updates to stakeholders about processes and schedules. This includes working with Cluster Coordinators to ensure that they have the information needed to support their role in setting cluster objectives and project priorities. While some of this may be accomplished by the Grant Management System, additional efforts should not only ensure that the best proposals are put forward but that all deliberating bodies have the ability to properly assess proposals' merit. This will improve overall effectiveness as well as provide more opportunities for the CHF to promote partnership among humanitarian actors.

13.   In conclusion, the South Sudan CHF has proven instrumental to how the humanitarian community meets the needs of peoples and communities in South Sudan both before and during the L3. Funding decisions were based on need and the merits of the proposals. The HC has exercised his authority appropriately and ensured that the CHF is flexible and adaptive to humanitarian needs. The TS has been adept and competent in putting best practices from OCHA HQ and other CHFs to work and building on those practices so that procedures and systems are continuously improved.

Recommendations

14.   While several recommendations are related to monitoring and reporting, this should not be seen as due to any deficit in this area. Rather, the South Sudan CHF has developed an effective foundation for M&R that should support continuous and important improvements. These recommendations focus on supporting those efforts.

Urgent recommendations
There are no urgent recommendations.

Important recommendations

Recommendation	Report Reference Page #	Responsibility	Timeliness
1. Resilience should be included as a priority for the CHF whenever possible and in ways that do not decrease direct humanitarian funding. Resilience, as	Page 7 - 9	HC/ CHF	Next Allocation

Recommendation	Report Reference Page #	Responsibility	Timeliness
defined for humanitarian contexts, includes individual and communities' ability to predict, withstand, and recover from conflict and climatic-based shocks. This is distinct from resilience programming that attempts to make the links between recovery and development. Resilience is already a strategic priority for the 2015 Humanitarian Response Plan, the primary strategic document for the humanitarian response in South Sudan, and so the CHF can do more to support this. The CHF should increase advocacy for resilience approaches and, using intelligence from M&R and risk management, include specific areas for action in project proposals. Proposals that include resilience activities should be prioritized over others when all else is equal.		TS	Process
2. The M&R process should focus on the strategic issues related to the Humanitarian Response Plan, partner capacity overall, partner M&R and evaluation systems, and financial "spot checks". This means less of a focus on actual partner results although these should still be verified. The newest Monitoring Field Template should be adapted to reflect this focus, e.g. decrease the focus on log-frame results and increase aspects related to partner capacities and the efficacy of partner monitoring and evaluation activities toward measuring results.	Page 20; Para 125	OCHA/ CHF TS	< 6 months
3. Once the purpose and focus of M&R activities is refined, M&R should be guided by a single analytical framework that includes metrics, questions, and issues that emerge from project proposals, risk management information, and previous M&R activities. This analytical framework should be refined for each allocation cycle.	Page 20; Para 124	CHF TS	< 6 months
4. Project proposals and/or organizational capacity assessments should include a specific section on organizations' core competencies and experience. This would support broader risk assessments and provide useful information for the allocation process overall. Proposal templates could also include sections on organizational and contextual risks.	Page 20; Para 125	CHF TS	< 6 months
5. Building on the use of the Gender Marker, the CHF should ensure that gender issues are included in programme design systematically and that there are links between the inclusion of gender and how this enhances the overall quality of projects. This should be a prominent feature in project proposals as well as related M&R activities.	Page 12; Para 70 & Page 20; Para 125	CHF TS	< 2 years

Desirable improvements

Recommendation	Report Reference Page #	Responsibility	Timeliness
6. The South Sudan CHF should increase support to cluster coordinators. This includes increased information and knowledge sharing with cluster coordinators that goes beyond the GMS or other existing management information. This may include regular meetings with cluster coordinators by the TS to discuss issues and constraints, new processes and procedures, and opportunities to better facilitate the cluster lead role. Ideally, these would be semi-formal in that they would be incorporated into the allocation cycle, e.g. a "lessons learned" session just after each allocation.	Pages 11 & 12	CHF TS	< 1 year
7. The South Sudan CHF can strengthen partnerships further by increasing the collection and distribution of information related to realized and potential programmatic links and synergies. This should be included as a specific element in project proposals, e.g. ask partner organizations to identify possible partnership opportunities.	Pages 13 & 14; Paras 77 - 79	CHF TS	< 2 years
8. The South Sudan CHF should expand value for money initiatives to include data on partner funding overall, e.g. the amount of funding received from different donors. This can be included in the Partner Proposal template.	Page 19; Para 121	CHF TS	< 2 years
9. OCHA should transition from United Nations Volunteers (UNV) M&R Specialists to regular staff contracts. This will support continuity while further supporting the work done by these specialists at the cluster level.	Page 19; Para 119	OCHA	< 2 years

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Abbreviations

AAP	Accountability to Affected Populations
AO	Administrative Office
BRACE	Building Resilience through Asset Creation and Enhancement
CAP	Consolidated Appeal Process
CAR	Central African Republic
CBPF	Country-based Pooled Fund
CCCM	Camp Coordination & Camp Management
CERF	Central Emergency Response Fund
CHF	Common Humanitarian Fund
CRP	South Sudan Crisis Response Plan
DAC	Development Assistance Committee
DFID	Department for International Development, UK
DRR	Disaster Risk and Reduction
DTM	Displacement Tracking Matrix
ERC	Emergency Relief Coordinator
EGS	Evaluation and Guidance Section
ERF	Emergency Response Fund
EQ	Evaluation Question
ES	Emergency Shelter
EU	European Union
FAO	The Food & Agriculture Organization of the United Nations
FCS	Funding and Coordination Section
FSMS	Food security monitoring system
FTS	Financial Tracking System
GBV	Gender Based Violence
GHD	Good Humanitarian Donorship
GMS	Grant Management System
HACT	Harmonized Approach to Cash Transfers
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HEA	Household Economy Analysis
HQ	Headquarters
HRF	Humanitarian Response Fund
HRP	Humanitarian Response Plan for South Sudan
IASC	Inter-Agency Standing Committee

IRNA	Inter-agency rapid needs assessments
ICWG	Inter-cluster Working Group
IDP	Internally Displaced Person
IMC	International Medical Corps
INGO	International Non-Governmental Organization
L3	Inter-Agency Standing Committee level 3 emergency
M&R	Monitoring and Reporting
MA	Managing Agent
MPTF	Multi-Partner Trust Fund
MPTF Office	The Office of the Multi-Partner Trust Fund
NGO	Non-Governmental Organization
NNGO	National Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
OIOS	Office of Internal Oversight Services (United Nations)
POC	Protection of Civilian
PRT	Peer Review Team
RC	Regional Coordinator
SSRF	South Sudan Recovery Fund
TA	Transformative Agenda
TOR	Terms of Reference
TS	South Sudan Common Humanitarian Fund Technical Secretariat
UN	United Nations
UNDP	United Nations Development Programme
UNHCR	United Nations High Commission on Refugees
UNICEF	United Nations Children's Fund
UNMISS	United Nations Mission In South Sudan
UNV	United Nations Volunteers
WASH	Water, sanitation and hygiene
WFP	The World Food Programme

Introduction

PURPOSE, SCOPE AND OBJECTIVE

1.   This country level report for the Common Humanitarian Fund (CHF) for the Republic of South Sudan (South Sudan) has been prepared within the broader global evaluation of the CHF undertaken at the end of 2014. It is one of five country-level reports. This report identifies specific issues and successes of the CHF in South Sudan and provides a basis for analysis of trends across the CHF in the five countries under review.

2.   The scope of the evaluation considers three main themes:

- **Thematic**: The CHF mechanism, its contribution to the humanitarian response, and its role among the funding instruments;
- **Geographic**: Global (cover five CHFs in detail: Central African Republic, Democratic Republic of the Congo, Somalia, South Sudan, Sudan; with comparisons where relevant and possible with the most recent CHF in Afghanistan);
- **Temporal**: This review covers the period from 2012 following South Sudan's independence through 2014.

3.   The overall Evaluation sets out to address a series of themes:

- Evaluate the CHF mechanism relative to its objectives and the strengths and challenges associated with how those objectives have been met;

- Examine the practices and approaches in terms of the management of risk, to resilience programming in protracted crises, and to their application in relation to the CHFs;

- To determine progress made since the last evaluation in 2011;

- Identify practices that can be replicated elsewhere and recommend adjustments that will strengthen the overall CHF mechanism.

4.   After presenting a brief summary of the CHF in South Sudan, this report addresses the series of questions presented in the evaluation's Terms of Reference with a specific focus on South Sudan. Some of the evaluation questions (EQs) are more relevant at a consolidated or global level and have only been addressed here as relevant. The individual EQs are referenced by section in footnotes, and can be found in full as Annex 1. Conclusions drawn from the findings and a number of recommendations for the South Sudan CHF are included in "Conclusions" section and in the Executive Summary.

METHODOLOGY AND LIMITATIONS

5.   The methodology included gathering data from multiple sources and comparing these to establish evidentiary convergence, trends, or gaps. The Evaluation included a desk review of all relevant documentation, including that about the CHF's and pooled funding mechanisms in general. This included a review of issues raised in briefings in United Nations (UN) Office for the Coordination of Humanitarian Affairs (OCHA) New York and Geneva offices, a field visit to South Sudan, and a data and analysis phase.

6.   The field phase was used to gather evidence, primarily qualitative from a range of respondents, and to test certain assumptions that arose during the desk review. The field phase included:

- 31 interviews; 2 group discussions (43 respondents);
- 6 UN; 6 donors; 7 international non-governmental organizations (INGO); 2 national non-governmental organizations (NNGO); South Sudan NGO Forum; 1 NGO who applied and did not receive funding; CHF Technical Secretariat (TS), OCHA monitoring and reporting (M&R) specialists, the Humanitarian Coordinator (HC).
- Visited Malakal in Upper Nile State on an OCHA M&R mission focused on nutrition and health activities of one partner. Included visits to Protection of Civilian (POC) near Malakal city;
- Visited two POC sites in UN House, Juba.

7.   The field phase was followed by a data and analysis phase wherein the data collected during the desk review and field phase were analyzed and compared with additional comparative information. This information is cited throughout this report.

8.   This work provided the basis for the findings, conclusions and recommendations presented in this Report. In most cases there are several corroborating sources combined with the authors' subject matter expertise and experience. The analysis, findings and conclusions will be compared and contrasted to those of the other country reports and provide an analytical basis for the Global Report.

9.   The primary limitation to the Evaluation concerns the access to data, both raw and in aggregate, which could be used to answer specific evaluation questions. The South Sudan CHF is, as compared to the other CHF's under review, good at providing compiled data about funding, projects, actual grant allocations, and other aspects of the CHF. Yet, there are inconsistencies in this and data from the OCHA Financial Tracking Service (FTS) and the United Nations Development Programme's (UNDP) Multi-Partner Trust Fund Office Gateway that also serves as a repository of pooled-fund related data and information. The Evaluation tended to refer to data provided by the South Sudan CHF first, followed by the OCHA FTS, and the other sources.

CONTEXT

10.   The peoples of South Sudan had experienced conflict and droughts for decades prior to its independence in July 2011. They then enjoyed relative stability until 15 December 2013 when a power struggle erupted between the president and his former deputy. This conflict descended into violence between different groups that resulted in violence against civilians and increased insecurity across the country. While there was a Cessation of Hostilities Agreement in January 2014, clashes against civilians continued through 2014 including sexual and gender based violence.

11.   This conflict led to a projected 1.5 million internally displaced people. While needs have been most acute in Jonglei, Unity and Upper Nile where the conflict was most intense, these needs spread across South Sudan.

Figure 1: Map of the Republic of South Sudan

12.   On 11 February 2014, the Emergency Relief Coordinator (ERC), following consultations with the Humanitarian Coordinator (HC) and the Inter-Agency Standing Committee (IASC), declared a three-month IASC level 3 emergency (L3) response to the conflict in South Sudan.[1] This guided much of the response throughout 2014.

OVERVIEW OF THE CHF

13.   As a Country-based Pooled Fund (CBPF), the CHF is a multi-donor funding instrument managed by OCHA under the leadership of the HC at country level. The CHF is expected to be **complementary** to other funding mechanisms in a humanitarian response, **timely** in its capacity to disburse resources in ways that enable partners to better meet needs, **flexible** in being aligned with cluster priorities that may shift as unforeseen needs and emergencies arise, and **inclusive** in ensuring access to those most in need while supporting coherence across diverse international and national stakeholders.

14.   On these points, the CHF is complementary to other funding mechanisms, especially the Central Emergency Response Fund (CERF) and bilateral contributions under the Humanitarian Response Plan for South Sudan (HRP). The CERF provides up to US$30 million for immediate use by UN organizations and the International Organization for Migration (IOM) at the onset of emergencies, in rapidly deteriorating situations and in protracted crises that fail to attract sufficient resources.

15.   In South Sudan, the CHF was established in 2012 and has served the people of South Sudan from Independence and through this latest conflict.[2]

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[1] "OCHA 2013 Annual Report."
[2] The first Consolidated Appeals Process (CAP) for the Republic of South Sudan was launched in July 2011. The Terms of Reference for the first CHF were issued on 14 February 2012. See, "South Sudan Common Humanitarian Fund Terms of Reference." 14 February 2012.

FUNDING LEVELS AND TRENDS[3]

16.   The CHF is the largest of the five CHFs and has been so since its inception in 2012.[4] This is largely attributable to the needs of a fledgling state emerging from conflict, and with the escalation of hostilities in 2013/2014. Funding levels and trends reflect this. The CHF, as with the entire Consolidated Appeals Process (CAP),[5] increased in total dollar amount in 2014 due to the emergency situation in South Sudan. (See Table 1.)

17.   Actual funding for the CAP increased 52 percent to $1.60 billion with CHF allocations increasing by 43 percent to $135 million.

18.   While the total allocations for the CHF grew, it actually fell as a percent of total CAP funding, from 11.6 percent in 2013 to 8.4 percent in 2014. Correspondingly, the size of the Central Emergency Relief Fund (CERF) grants increased significantly between 2013 and 2014.

19.   Along with increasing funding overall, actual grant amounts to individual organizations have grown also. The average grant amount increased from $431,005 in 2013 to $684,992 in 2014 (Figure 2).

20.   There was also some fluctuation in the number of organizations receiving grants between 2013 and 2014. In 2013, 208 organizations received grants as compared with 212 in 2014. All organization types decreased in actual number while the average grant amount increased significantly. (Figure 3.)

21.   While the number of grants increased for INGOs in 2014, the overall funding as percent of all CHF funding increased for NNGOs. Figure 3 shows that while there was little change across organization types, NNGOs did have a significant increase in funding in both real terms (from $5,638,259 in 2012 to $6,611,763 in 2013 to $10,880,646 in 2014) and as a percentage of total CHF funding (from 5.2 percent in 2012 to 8.1 percent in 2014). As noted later in this Report, the South Sudan CHF's allocation strategy is based on needs and proposal merit and so this may represent the increasing effectiveness of NNGOs to put forward qualifying proposals.

Table 1: CHF Allocations as a Share of South Sudan CAP/CRP Funding

	2012	2013	2014
CAP/CRP Funding	753	776	1,605
CERF Allocation	40	11.6	53.7
CHF Allocation	108	90	135
% of CHF to CAP/CRP	14.3%	11.6%	8.4%

* All figures in US$ millions; Source OCHA FTS February 2015.
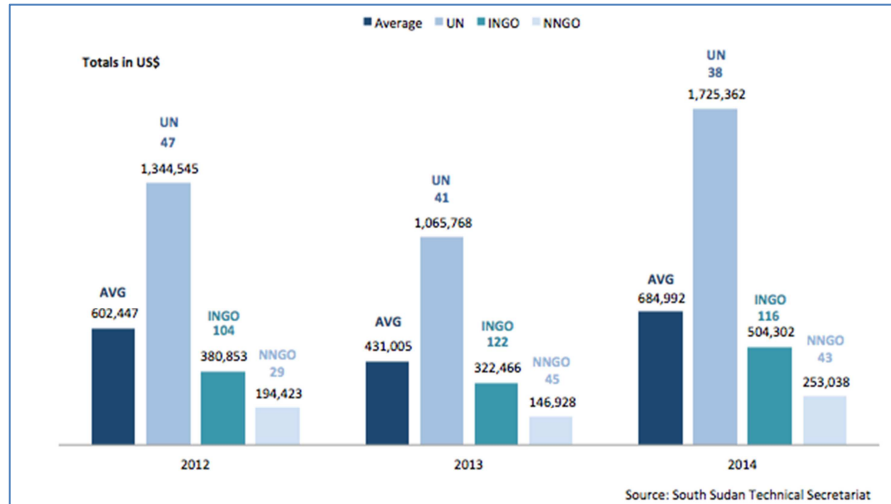
Figure 2: Average CHF Grant Amounts & Number of Grants by Organization
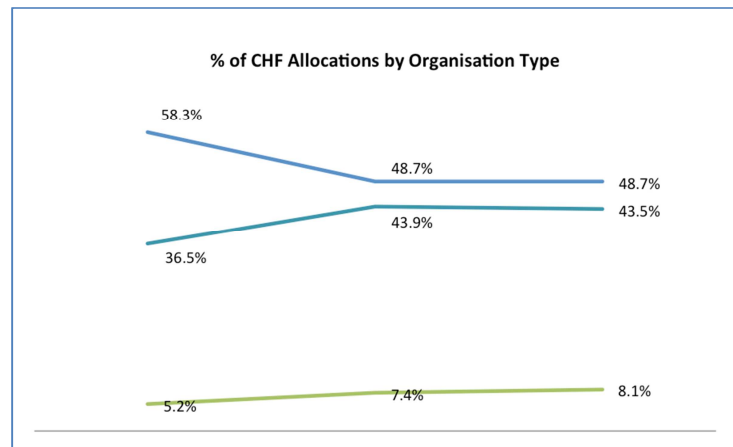
Figure 3: Percent of CHF Allocations by Organization Type

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[3] This answers evaluation question (EQ) 14, " What has contributed to trends in funding of each CHF? Can any inferences be drawn for the future funding of CHFs in general?"

[4] This is based on the most recent FTS data. See also "Global Overview of 2012 Pooled Funding: CERF, CHF, and ERFs." Financial Tracking Service, 15 February 2013.

[5] The Consolidated Appeals Process is a programme cycle for aid organizations to plan, coordinate, fund, implement, and monitor their response to disasters and emergencies, in consultation with governments. The CAP contributes significantly to developing a strategic approach to humanitarian action, and fosters close cooperation between host governments, donors, aid agencies, and in particular between NGOs, the Red Cross Movement, IOM and UN agencies. Working together in the world's crisis regions, they produce a Common Humanitarian Action Plan (CHAP) and an appeal for funds. The CAP has been discontinued in line with the IASC Transformative Agenda. Appeals are organized by way of the Humanitarian Programme Cycle.

Table 2: Donor Contributions to the CHF, 2012 - 2014

CHF Donors	2012 Deposits (US$)	% of Total	2013 Deposits (US$)	% of Total	2014 Deposits (US$)	% of Total
Germany		0%		0%	1,957,870	1%
Switzerland		0%		0%	2,049,511	1%
Belgium		0%	2,982,600	3%	3,293,925	2%
Ireland	2,918,900	2%	3,213,070	4%	4,020,300	3%
Denmark	5,123,826	4%	7,054,290	8%	8,316,944	5%
Australia	9,345,700	8%	4,816,300	5%	7,009,900	4%
Norway	12,106,630	10%	8,701,251	9%	11,378,493	7%
Netherlands	20,000,000	17%	5,000,000	5%	15,665,100	10%
Sweden	19,082,399	16%	13,997,699	15%	33,224,899	21%
UK	49,695,300	42%	45,941,464	50%	73,582,600	46%
Total Contributions	**118,272,755**		**91,706,674**		**160,499,542**	

Source: http://mptf.undp.org/tools/transactions/contributions

22.   These funding levels and trends demonstrate that the South Sudan CHF has been largely characterized by the context in South Sudan. The CAP nearly doubled between 2013 and 2014 with the onset of the hostilities and escalating humanitarian needs. CERF allocations increased significantly also, from $11.6 million in 2013 to $53.7 million in 2014. At the time of South Sudan's independence, allocations strategies were more evenly spread among clusters. With the onset of the emergency, the strategy shifted toward direct life-saving activities and support to pipeline supplies.

23.   While CHF funding increased in dollar amounts, it decreased as a percentage of all CAP funding, from 11.6 percent in 2013 to 8.4 percent in 2014. This decrease is related to the increase in HRP requirements.

OBJECTIVES OF THE CHF

24.   As with funding levels, CHF objectives and priorities have been largely influenced by the volatility in South Sudan since its independence. In general, there has been a focus on supporting "frontline life-saving activities" and supporting "emergency core pipelines" as compared with recovery and resilience activities. CHF Allocation priorities include:

Table 3: CHF Priorities, 2012 – 2013

CHF standard allocation priorities in 2012	CHF standard allocation priorities in 2013	CHF standard allocation priorities in 2014
Pre-positioning of emergency life-saving core pipelines to ensure essential common services and logistics support.	Support pre-positioning of emergency core pipelines and ensure adequate logistics and common services support.	Increased prioritization of WASH, Health, NFI & ES, FSL, Nutrition, and Protection for regular and reserve allocations.
The food aid operation and refugee programme were ineligible for standard allocations as CHF funding would have limited impact on beneficiaries, given the large overall budget.	Support frontline life-saving activities in highly vulnerable locations with large numbers of people at risk, particularly internally displaced people, returnees, and malnourished children.	

25.   The CHF priorities do not include resilience even though this has been a consistent objective for the CAPs for 2012 – 2014. Even during the crisis, resilience was seen as a strategic priority. The Crisis Response Plan for 2014 includes: "Support the resumption of livelihoods activities by affected communities as quickly as possible and build resilience by providing integrated livelihoods assistance."[6] [See Annex 2 for a table that compares CAP Strategic Objectives and CHF Allocation Priorities, 2012 – 2014.]

26.   The 2015 HRP Strategic Objectives also include resilience:

- Strategic objective 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need;
- Strategic objective 2: Protect the rights of the most vulnerable people, including their freedom of movement;

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[6] Strategic Objective 3, "South Sudan Crisis Response Plan, January – December 2014."

- Strategic objective 3: Improve self-reliance and coping capacities of people in need by protecting, restoring and promoting their livelihoods.[7]

27.   Thus, the CHF's objectives have shifted toward the direct emergency humanitarian needs in South Sudan. There was an allocation for livelihoods in the first half of 2014 yet this is somewhat different from an integrated approach to resilience activities.

ALLOCATION STRATEGY

28.   The CHF's purpose is to ensure that contributions from any one donor are used collectively and effectively toward humanitarian needs. This is what makes it a "pooled" fund. These funds are then used in their entirety to address agreed priorities such as health, food assistance, nutrition, livelihoods, education, shelter, protection and logistics.

29.   The CHF provides allocations, or direct grants to recipient organizations, around three primary areas of activity:

- Pipelines: procurement and pre-positioning of supplies;
- Front line services: humanitarian activities with communities, households and individuals; and
- Enablers: support services such as logistics, including transportation of supplies and personnel.

30.   Allocation processes take into account complementary funding streams, including the CERF and bilateral funding from individual donors.

31.   The "**standard allocation**" process takes place twice per year. This creates a predictable funding cycle to allocate and disburse funds strategically in line with agreed priorities and gaps identified in joint plans.

32.   A **"reserve allocation"** process is used to respond rapidly and flexibly to unforeseen needs as well as to meet underfunded and/or ad hoc needs. In the fluctuating environment of the current crisis, this means funds can be used in line with the shifting pattern of needs and evolving priorities.

33.   While typically, 20 percent of CHF funding is set aside for reserve allocations, this grew to 40 percent in 2014 given the prioritized needs associated with the L3.

MANAGEMENT STRUCTURE

34.   The strategy, allocations, oversight, and coordination of the South Sudan CHF are carried out by the HC. The HC is supported by the CHF Advisory Board, the joint OCHA-United Nations Development Programme (UNDP) Technical Secretariat (TS), and the Humanitarian Country Team (HCT). The HC carries out his duties on behalf of the ERC. The TS ensures the day to day management and administration of the CHF at country level.

35.   In South Sudan, the UNDP representative for the Managing Agent role sits with the CHF Technical Secretariat (TS). As noted in "Clusters and Coordination" below, this has advantages for ensuring communication between the different TS functions and for enabling them to respond to queries and issues.

36.   The HC's role includes approving Standard Allocation amounts, approving amounts and priorities for the CHF Reserve, ensuring that formal procedures and processes are followed, ensuring that timely allocations are made according to the CAP, authorization for disbursements to all approved projects, overseeing all monitoring, reporting and evaluation activities, among other responsibilities. In brief, the HC has overall oversight, decision-making, strategic development and reporting authority for the CHF.

37.   The UNDP Multi-Partner Trust Fund (MPTF) serves as the Administrative Agent (AA) for the CHF in South Sudan. The MPTF receives and administers donor contributions and their corresponding disbursements. This includes disbursements to UN organizations and to UNDP itself as the primary agent for disbursements to NGO projects in accordance with the HC. This arrangement was originally conceived as a means of ensuring that NGOs could receive direct contributions based on project approvals rather than being implementing partners of other UN organizations. The MPTF prepares consolidated financial reports and financial statements. The MPTF Office maintains a real-time website that provides current data on donor commitments, deposits, and transfers and quarterly expenditure data (by those Agencies that can report quarterly, otherwise annual certified financial expenditure data).

38.   The TS is charged with the day-to-day management of the CHF including working with partners and cluster coordinators and ensuring that processes are understood and followed. They are also charged with collecting, analysing and disseminating information related to the CHF. This is done through various means including monitoring and reporting activities and a steadily enhanced risk management approach.

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[7] "South Sudan Humanitarian Response Plan, 2015." OCHA South Sudan, 1 December 2014.

Findings of the Evaluation

THE CHF AND THE HUMANITARIAN RESPONSE IN SOUTH SUDAN

39.   The South Sudan CHF is both an important funding instrument and an important component for how the humanitarian community organizes and responds to humanitarian needs. This is the case both before and during the 2014 crisis.

40.   Given the variations in funding levels and grant allocations, the CHF has proven to be exceptionally flexible and adaptive to the humanitarian needs in South Sudan. The context demands it. South Sudan went from fragile independence to hostilities that left over 7.3 million people at risk, 3.9 million facing food insecurity, and over 1.5 million people displaced.[8] The CHF based allocation strategies on serving the needs of those affected by a protracted crisis to those who were directly impacted by an escalating emergency. It shifted from supporting nearly all clusters to those associated with direct life-saving activities.

This section addresses:
Evaluation Question 1: How, and to what extent, has the CHF contributed to the collective results of the humanitarian community? How do we know? (Impact)
Evaluation Question 25: How appropriate is the prioritization and decision-making on resource allocation?

This section addresses how the CHF contributes to the humanitarian needs in South Sudan and how broader strategies have influenced allocation decisions. In conclusion, the CHF has been used strategically, allocating across clusters prior to the L3 and then shifting priorities to life-saving activities during the L3. This has increased how the clusters and other actors work together in the emergency context in South Sudan.

41.   The CHF's allocation strategy overall is designed to support the best and most appropriate partner proposals. A majority of respondents to this evaluation state that allocation decisions are based on the merit of the proposal and how they are aligned with stated priorities.[9] Partner performance assessments also show that partner experience and demonstrated competencies are also considered as of primary importance when assessing project proposals.

42.   The allocation process is seen as being generally transparent and participatory. Respondent feedback and a review of the allocation processes also show that these follow established procedures that include various steps to ensure that clusters can present their objectives and the merit of their selected project proposals. No respondent doubted the efficacy of this process even if some disputed the actual decisions. This was particularly the case during the L3 because the HC/Advisory Board de-prioritized certain sectors and set funding levels per cluster.

43.   The decision to focus on life-saving and pipeline support, especially as the L3 emergency escalated in 2014, is within the full discretion of the HC. He makes decisions based on the broader needs of within the humanitarian response. In this sense, he used the CERF and CHF as intended, the CHF being used when CERF funding is exhausted while ensuring that the two were complementary.

44.   As Figures 4 and 5 show, there were significant increases in funding for programme areas related to life-saving activities in 2014 as part of the L3 response. Nutrition, logistics, education and multi-sector cluster all experienced a decrease in funding as a percentage of total CHF allocations (Figure 4). WASH, Food Security and Livelihoods (FSL), Non-food Items (NFI), and Emergency Shelter (ES) received 51 percent of total CHF funding as compared with 29.8 percent in 2013. When compared with revised CAP figures for 2014, one can also see an increased focus on life-saving activities in the CHF as compared to the overall CAP (Figure 5). There, NFI & ES and FSL remained at approximately the same levels as 2013. There is a corresponding reduction, however, in the CAP funding in nutrition, education, and logistics as in the CHF.

45.   In addition to this shift in the allocation strategy to life-saving activities during the L3, there were additional funding opportunities that arose that matched this priority. For instance, there were funding allocations to support the victims of flooding in Bentiu at the end of 2014.[10] This matched the broader CHF priority of meeting life-saving needs. The floods represented just such a need and were largely unforeseen.

46.   The primary allocation strategy has been consistently geared toward meeting specific and emerging needs under the Humanitarian Response and Crisis Response Plans. (HRP/CRP) In this way, the HC has acted according to his remit and the CHF's stated purpose, mainly to be timely and flexible, even if overall inclusiveness is decreased (for more on this, see "Strengthening Leadership" below).

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[8] "South Sudan Crisis Response Plan 2014." OCHA, June 2014.
[9] The Evaluation included semi-structured interviews with respondents among all lead cluster organizations, CHF staff, NGOs, local NGOs, and donors. The information from these interviews was analyzed for trends, e.g. a majority or a minority of respondents from any cohort or overall said the same thing.
[10] See, "CHF Allocation Meeting: Bentiu." CHF South Sudan technical Secretariat; 12 August 2014.

Figure 4: CHF Allocations per Cluster as a % of Total CHF Allocations
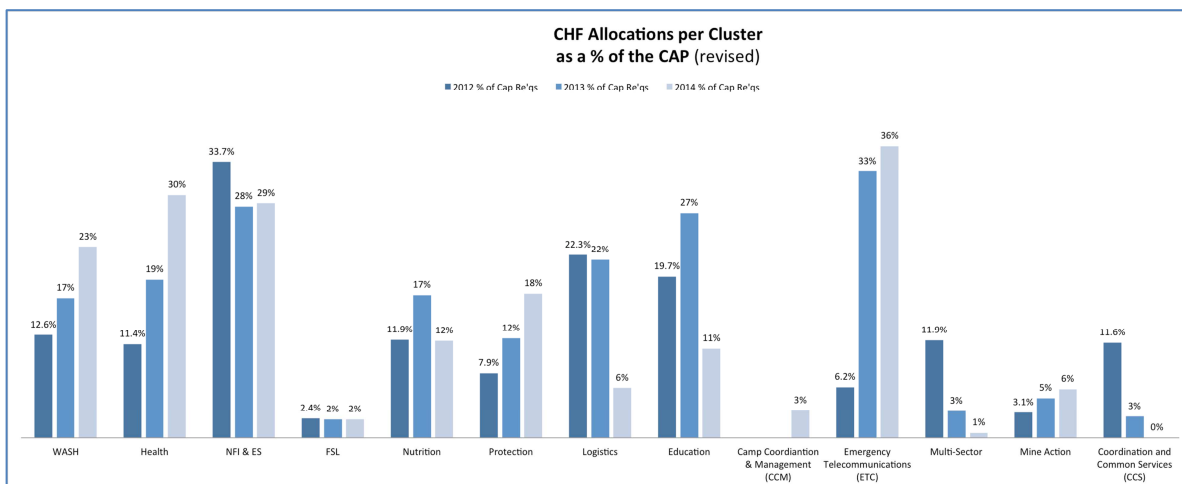
Figure 5: CHF Allocations per Cluster as a % of the CAP

THE CHF AND RESILIENCE

47. Traditionally, resilience is seen as an important way to ensure that people's longer-term needs are incorporated into immediate humanitarian actions. Yet, it is also a way to increase the effectiveness and efficiency of humanitarian action. In this way, it is not a stand-alone programme that should be done in period of recovery but an integral to how humanitarian programming can be done. In essence, it prompts humanitarians to ensure that their activities are beneficiary centric, e.g. that the way individuals and communities prepare for, withstand, and recover from conflict and climatic shocks should be an important consideration for how activities are delivered and what links can be made to resilience in humanitarian contexts, especially those protracted emergencies like that in South

This section addresses:
Evaluation Question 3: Given that all CHF countries face protracted crisis, what is its value added with respect to addressing chronic issues, preparedness, and recovery?
Evaluation Question 3.1: To what extent are CHF-funded projects linked to disaster risk reduction, recovery, and long-term development programmes?

This section compares how the CHF accounts for the broader HRP/CRP objectives regarding resilience and whether the CHF could better account for resilience in its grant allocation strategies. In conclusion, resilience approaches and activities can be used to actually increase the results of humanitarian life-saving activities and so should be considered as integral to humanitarian programming.

Sudan. This is far more critical in most humanitarian contexts than making programmatic links between recovery and development. This can also be premature in many instances. However, resilience is recognized as an effective way to actually improve results in complicated humanitarian contexts.[11]

48.   Both the 2014 CRP and the 2015 Humanitarian Response Plan (HRP) include objectives for resilience. Objective 3 states: "Support the resumption of livelihoods activities by affected communities as quickly as possible and build resilience by providing integrated livelihoods assistance."[12] Prior to the conflict, there was a 3-year CAP developed that dealt with resilience programming. This plan was, however, derailed by the war that started in December 2013. Since then, the CHF has not included resilience as a direct allocation strategy nor as a priority for the reserve allocations in 2014. In fact, it does not have particular prominence in the allocation priorities and decisions from 2012 and 2013 either.[13]

49.   The HC/Advisory Board decided that the CHF is best used to meet immediate and emergent life-saving needs. While this is appropriate, there remain opportunities to include resilience approaches and activities into direct life-saving assistance. It also enhances the complementary with other mechanisms that make the links between humanitarian emergencies, recovery and development, such as the the South Sudan Recovery Fund (SSRF) that has as its purpose "to support the allocation and disbursement of donor resources to activities that demonstrate quick recovery impacts and yield more immediate "peace dividends" for the population."[14]

50.   Overall humanitarian funding is already inadequate when compared to needs and so the notion of shifting life-saving funding toward resilience may seem misguided to some. Yet, in protracted crises like those in South Sudan, resilience can be seen as integral to humanitarian action. It is the way to ensure that people are better able to predict, withstand, and recover from shocks and to graduate from the conditions that make them particularly vulnerable. Increased resilience approaches and activities during humanitarian emergencies decreases individuals' and communities' vulnerability and supports opportunities for more sustained outcomes. The earlier the better. As a UNDP report on the subject states: "In the case of an on-going and protracted crisis where a representative national authority may not yet be in place, the establishment of a development pooled fund for recovery in parallel with the humanitarian instruments may still be advisable. When conflicts are localized to specific regions of a country, the early establishment of a recovery pooled fund focusing on resumption of basic services could prevent a further deterioration of the socio-economic and physical infrastructure and could preserve sources of livelihoods in regions that are not directly affected by the violence."[15]

51.   The use of resilience approaches and activities for humanitarian action is not uncommon in South Sudan. The "Building Resilience through Asset Creation and Enhancement" (BRACE) consortium programme provides food and cash transfers to households, while building skills, physical assets and knowledge to support overall resilience. The immediate, direct humanitarian support is coupled with ways to strengthen how households predict, withstand, and recover from shocks. BRACE uses standard metrics, including Food Consumption Scores, the Coping Strategy Index, and a revised Household Economy Analysis (HEA) approach that measure changes in food security, household assets and income. ICRC also has a resilience programme that focuses on nutrition, WASH, and livelihoods.

52.   Of course, CHF grants are short term. They are designed to address emergency needs and gaps that emerge during a humanitarian response. CHF grants cannot, in and of themselves, provide a sufficient basis for effective resilience programming. However, the CHF can be used to spot opportunities for resilience programming within existing projects. In addition, it can evaluate proposals that have resilience approaches and components and value these differently from those that do not.

53.   This is compounded, of course by the HC's decision to prioritize life-saving clusters over others. The education cluster (it was de-prioritized for the first half of 2014) argued that the reduction of education funding not only meant that kids risked falling behind academically but also that mothers and others would be less free to engage in livelihood activities that could improve their situation. Education in emergencies comprises psychosocial support and life skills education, peace-building, alternative education, vocational education – all things that contribute to mitigating some of the key drivers of humanitarian need. It is, in this sense, a core resilience activity. The de-prioritization of education may make sense from a strict focus on immediate life-saving activities but it will

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[11] For a fair overview, see Simon Levine & Irina Mosel, "Supporting Resilience in Difficult Places." Overseas Development Institute, April 2014; & Adam Pain & Simon Levine, "A conceptual Analysis of Livelihoods and Resilience: Addressing the 'Insecurity of Agency'." Humanitarian Policy Group Working Paper, November 2012. For a more econometric approach, see: Prabhu Pingali, Luca Alinovi and Jacky Sutton, "Food Security in Complex Emergencies: Enhancing Food System Resilience." *Disasters*, Vol. 29, Issue Supplement 1; June 2005.
[12] "South Sudan Crisis Response Plan, January – December 2014." OCHA South Sudan, 14 June 2014; And "South Sudan 2015 Humanitarian Response Plan," OCHA South Sudan, 1 December 2014. The same strategic objectives are included in the "Crisis Response Plan" from June 2014.
[13] This includes a review of the CHF Annual Report and project proposals for the allocations in this period.
[14] "Multi-Party Donor Trust Fund Office Gateway," UNDP. http://mptf.undp.org/factsheet/fund/SRF00.
[15] Fiona Bayat-Renoux & Yannick Glemarec, "Financing Recovery for Resilience". UNDP, June 2014. Page 49.

have longer-term consequences that will reduce peoples' resilience and make then more reliant on humanitarian assistance.[16]

CHF AND THE HUMANITARIAN REFORM PROCESS

54.   The Humanitarian Reform of 2005 introduced the cluster system, supported improved coordination, aimed to increase humanitarian leadership especially through the position of Humanitarian Coordinator, aimed to foster partnerships vital to humanitarian response, and established new, predictable financing mechanisms that could respond to rapid-onset emergencies.[17] The CHF is a distinct outcome of these reforms.

55.   As a corollary to this, a Humanitarian Programme Cycle (HPC) was developed in 2014 to help prepare for, manage and deliver humanitarian response. It consists of five elements: needs assessment and analysis; strategic response planning; resource mobilization; implementation and monitoring, and operational review and evaluation.[18] This provides guidance on how different elements should be incorporated into project planning, implementation, and assessment (Figure 6).

56.   The South Sudan CHF has largely served the Transformative Agenda (TA) that sought to improve on the Humanitarian Reform Process initiated in 2005. It has made contributions to the areas of the TA that are deemed most important for CBPFs. This includes:

- **Strengthening strategic engagement and response:** The CHF has brought stakeholders to the table and, in standard allocations, promoted cluster prioritization and targeting that are in line with the CAP. This is supported by M&R Specialists who assist with project log-frames that make the links between project results and the strategic objectives of the humanitarian response.
- **Strengthening leadership and coordination:** The office of the HC has used the CHF for distinct priorities and to meet gaps in the humanitarian response. He is engaged with the CHF and maximizes its flexibility and responsiveness to needs. In standard allocations, it has also strengthened coordination structures, including the HCT and ICWG.

This section addresses:
Evaluation Question 9: How, and to what extent does the CHF mechanism contribute to the humanitarian reform initiatives, including the Transformative Agenda?
Evaluation Question 9.1: How do CHFs integrate with the Humanitarian Programme Cycle?

This section reviews how the South Sudan CHF follows the humanitarian programme cycle and how it integrates other elements of the Transformative Agenda. South Sudan has been exemplary here by incorporating the humanitarian programme cycle and other elements of the Transformative Agenda into its daily operations.
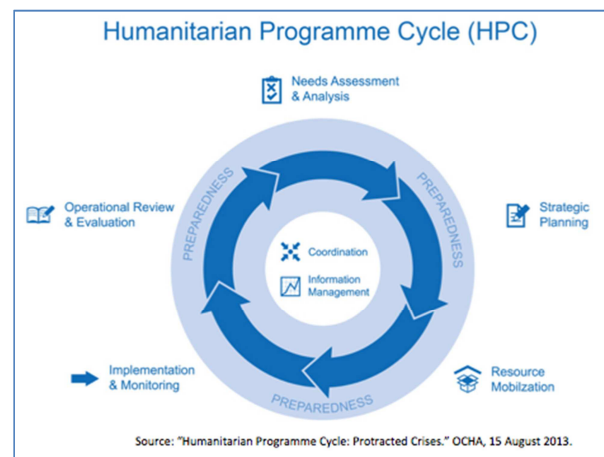
Figure 6: Humanitarian Programme Cycle

- **Expanding humanitarian access:** Allocation decisions have been used strategically to meet the immediate and emerging needs of peoples across South Sudan. The CHF has been used to meet gaps and ensure access both through its support of logistics and transportation but also in special reserve allocations like that in Bentiu where flooding threatened the lives and livelihoods of many. While CHF funding to local NGOs remains under 9 percent of total funding, this has increased each year in percent of overall funding and in total funding.
- **Information sharing.** The South Sudan CHF has created a number of communication products and opportunities to share information among relevant stakeholders. This will be supported further with the implementation of the Grant Management System that provides an automated, web-based on-line system for the input, review, and distribution of partner information related to each allocation cycle. While information sharing can be improved, especially regarding the engagement of cluster coordinators, an effective foundation is in place.

57.   There are other areas where improvements could be made:

- **Supporting early action and resilience:** While the CHF has supported early and flexible action in a number of ways, it could strengthen the way it identifies and advocates for resilience programming.
- **Promoting inclusiveness and diversity:** While the CHF focuses on the merit of partner proposals, it has ensured that NNGOs have adequate opportunities to engage in the process. NNGOs have seen total funding

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[16] Education was re-prioritized after the first half of 2014 and remains a priority.
[17] For a useful brief on the follow-up to the Humanitarian reform of 2005, see Jan Egeland, "Towards a Stronger Humanitarian Response System." *Forced Migration*, 1 October 2005.
[18] "Humanitarian Programme Cycle: Protracted Crises." OCHA, 15 August 2013.

and funding as a percent of all CHF allocations increase. The CHF makes decisions based on merit rather than a quasi-quota system designed to increase the number of NNGOs. However, parts of the process are skewed toward organizations that have extensive proposal and presentation experience.

STRENGTHENING LEADERSHIP

58.   The CHF is intended to support the leadership of the Humanitarian Community and to ensure that funds are available for rapidly changing contexts and new needs. The CHF should act as a lever that both brings parties to the table but also gives them the tools and information to make informed decisions. The HC, more than any other actor, influences how well the CHF achieves these goals. The HC, through the HCT and on behalf of the ERC, develops the strategy for the CHF and other CBPFs while ensuring that they are managed in accordance with set policies and procedures, including those articulated in the 2014 Operational Handbook for CBPFs. As this Handbook states, the HC is responsible for:

This section addresses:
Evaluation Question 9.2: What have been the effects of the CHF on humanitarian leadership and coordination structures at the country level?

This section concerns how the CHF supports the HC's leadership and overall accountability to the humanitarian community in South Sudan. In brief, it considers how decisions made during the L3 may have longer-term consequences for the otherwise strong participatory nature of how the clusters work with the CHF.

1. Leading the process at country level of establishing and closing a CBPF.

2. Chairing the Advisory Board and providing strategic direction for the CBPF.

3. Approving the use of and defining the strategic focus and amounts of fund allocations.

4. Making final decisions on projects recommended for funding. This responsibility is exclusive to the HC and cannot be delegated.

5. Funding decisions can be made at the discretion of the HC, without a recommendation from the Advisory Board for circumstances that require an immediate response. In addition, the HC has the authority to overrule recommendations from the review committee(s).

6. Approving projects and initiating disbursements.

7. Ensuring complementary use of CBPF funding with other funding sources, including the CERF, as was largely done in South Sudan.

8. Leading country-level resource mobilization for the fund supported by the OCHA Country Office and in coordination with relevant OCHA entities at headquarters.

9. Approving the CBPF Operational Manual, which outlines the fund's scope and objectives, programmatic focus, governance structures and membership, allocation modalities and processes, accountability mechanisms and operational modalities.

10. Ensuring that the Advisory Board and the review committee(s) are functioning in accordance with the guidelines outlined in the Handbook.[19]

59.   This breadth of responsibilities speaks to the importance of the role as well as to how the HC can use the CHF to support and strengthen his leadership. The HC has exercised his authority in setting the strategy and priorities for the CHF. Even during the 2014 reserve allocations, the HC worked through and with the HC and the Advisory Board even though the authority noted in number 5 on the list of HC responsibilities above indicates that he may choose not to do so. In fact, it is not clear that the CHF, in and of itself, is inherent to strengthening the HC's leadership—rather it provides the HC with the opportunity to use it as a tool to do so. Instead, the HC has exercised his authority and
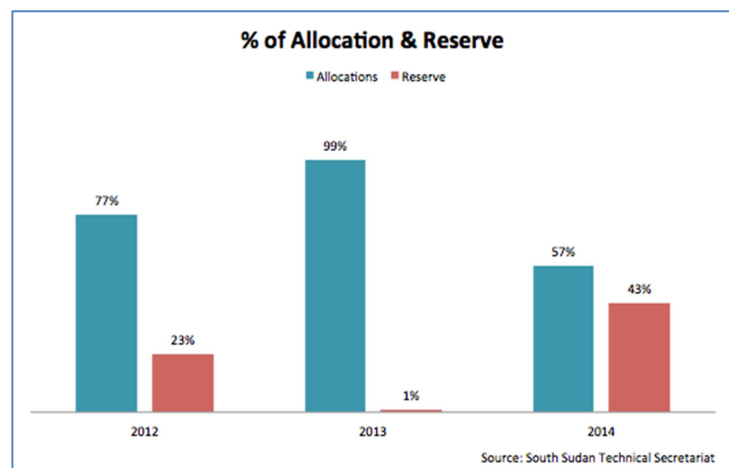
leadership to use the CHF to meet

Figure 7: % of Funding for Standard and Reserve Allocations, 2012 - 2014

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[19] Section 2.2.2; "Operational Handbook for Country Based Pooled Funds", OCHA. December 2014.

humanitarian objectives as intended.[20] As a recent peer review states: "Humanitarians expressed broad appreciation for the HC's vision and leadership of the humanitarian response and for balancing the roles and responsibilities of his 'triple hat' despite initial concerns. He has been commended for his commitment to advocate in support of protection of civilians, mobilization of resources and action, and humanitarian access, and is considered strategically and operationally decisive. The HC also has fully embraced the empowered leadership protocol, at times to the detriment of the collective."

60.   Yet, frustrations have grown since the 2014. The 2014 allocations, especially the reserve allocations, were based on new priorities set by the HC. He prioritized life-saving clusters (WASH, NFI & ES, & FSL), among a few others, and established specific funding amounts, or "envelopes" for these newly prioritized clusters in the second standard allocation. The HC's approach created a certain level of confusion and frustration at the cluster level. They had become accustomed to a more participatory process wherein the HC and Advisory Board largely concurred with cluster priorities. Respondents from recipient organizations comment on the "inconsistent' decision-making of the HC. They state that while clusters were asked to develop priorities, these were largely ignored. In allocations before the L3 emergency, the HC ensured that, while objectives and priorities were aligned with the CAP, he did little to direct actual priorities and funding levels at the cluster level. Cluster level respondents commented favourably on these "regular" allocation cycles for the participatory and inclusive approaches.

61.   These reserve allocations also became nearly half of all funding in 2014. As Figure 7 shows, reserve allocation funding went from 1 percent of funding in 2013 to 43 percent in 2014. This is a dramatic change that contributed to the frustration and confusion expressed by many cluster-level respondents. This was done in tandem with a massive expansion of the CHF and, in particular, one reserve allocation of about $35 million for the rapid response mechanism, something called for by 3 -4 clusters but not the majority. Three or four clusters called for this but not the majority. This, like other examples, was a strategic decision.

62.   The HC's judgement and decisions are not in question here. What may prove significant is if the complaints about the 2014 reserve allocations manifest into a more general sentiment that the CHF allocation process is not inclusive and participatory.[21] People could feel, as some expressed, that it is not worth their time to go through the laborious process of setting objectives and priorities if these are going to be overturned by the HC. This could have a deleterious impact on how the ICWG works and on the quality of project proposals.

63.   This also raises issues of accountability. The HC is accountable for the responsibilities listed above. He is also accountable for how certain decisions, while aligned with these responsibilities and his overall authority, may have a longer-term negative impact on how the CHF operates. The decision-making in the short term may be sound. Yet, if there are longer-term consequences, like those associated with the frustrations of clusters who had become accustomed to a more participatory process before the L3, should be identified and strategies put in place to limit their negative impact. The Advisory Board, as noted, can play an increased role here.

CLUSTERS AND COORDINATION

64.   Cluster coordinators and co-coordinators ensure that clusters can be effective during the CHF allocation process. They work with the organizations in each cluster to establish their internal priorities, to recommend projects for CHF grants, and are responsible for defending cluster allocation strategies before the CHF Advisory Board.

65.   Respondent feedback and a review of related documentation indicate that the primary coordination structures in South Sudan function well.[22] The CHF is instrumental to how clusters and other coordination structures organize and respond to humanitarian needs articulated under the CAP. This is largely due to the size and importance of the CHF as a funding instrument for the humanitarian community, the way that the Advisory Board, HC/HCT and ICWG work together during and beyond allocations, and the direct support provided by the

This section addresses:
Evaluation Question 9.2: What have been the effects of the CHF on humanitarian leadership and coordination structures at the country level?
Evaluation Question 18: How equipped are clusters to implement the CHF processes?

This section considers how the CHF supports and/or constrains how the clusters work together and within each CHF allocation cycle. While the standard allocations in the first half of 2014 used a more focused strategy and set of priorities that caused some frustration among clusters, overall the CHF enhances coordination by using a participatory approach to decision making and supporting cluster leads overall.

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[20] IASC Operational Peer Review, "Internal Report: Response to the Crisis in South Sudan." Review Mission 18 – 28 June 2014. 30 July 2014. Paragraph 23.
[21] It should be noted that some respondents actually found this directive leadership helpful in that it reduced the work necessary to establish cluster priorities.
[22] The Evaluation included semi-structured interviews with respondents among all lead cluster organizations, CHF staff, NGOs, local NGOs, and donors. The information from these interviews was analyzed for trends, e.g. a majority or a minority of respondents from any cohort or overall said the same thing.

Technical Secretariat. While the decisions regarding the Reserve allocation in 2014 in response to the L3 emergency could undermine some aspects of the coordination structure, even this may be limited by the general strength of the coordination mechanisms overall.

66.   This range of responsibilities and the demanding operational contexts in South Sudan, especially during the L3 emergency, make the cluster lead role especially challenging. The CHF has done a fair amount to support this role. It has embedded M&R Specialists at the cluster level and has generally worked with clusters to understand CHF processes, timelines and other key information. Nearly all cluster respondents commented favourably on the support they received from the CHF TS. A significant number of other respondents also mentioned that they appreciated that while they were putting in exceptionally long hours the TS was doing the same.

67.   Several allocation processes, including the first for 2015, had condensed time frames and followed after CERF or other allocation processes that made the time for review, prioritization, and the articulation of cluster strategies challenging. In addition, there were mixed views regarding cluster coordinators' capacities to balance their own organization's goals with those of the cluster. Some said that cluster coordinators did this well while others said they did not. It is seemingly dependent on the person and context rather than formal structures or performance standards.

68.   There were also differing views on how Cluster Defences were presented, a critical step in the allocation process.[23] Proposals are reviewed at the cluster level and those who have better proposal drafting and presentation skills may fair better than those who do not. Upon a review of proposals, there did not seem to be any overt evidence that this was the case. In fact, there was a remarkable consistency in proposals, at least in their written form, and various steps, including a Peer Review, that are meant to diversify the assessment of proposals. It may be that the Cluster Defences are daunting and yet this is not the only criterion for allocation decisions.

69.   Overall, most state that the ICWG is an effective and deliberative body. This is striking in comparison to cluster working groups in other contexts.[24] This success stands as an opportunity to improve further. While not prominent, some did state that there was a lack of cross-sector strategy development and competition between clusters. Again, this is relatively common. Yet, the CHF may have an opportunity to minimize these through the support to cluster coordinators noted above.

GENDER

70.   Gender is recognized as instrumental to humanitarian assistance as girls, boys, women and men have different needs and play different roles during an emergency and the recovery period. This includes issues of GBV and other protection issues related to different groups. In line with the IASC Gender Marker, project proposals do include an analysis of needs and priorities for girls, boys, women and men and the demographics of target populations are indicated by gender and age as appropriate and possible.[25] The PRTs for each cluster also include gender as one of the metrics used to analyze a project's technical merit. The South Sudan CHF has a GenCAP advisor who works with partners on project design. Finally, M&R activities include aspects of gender in their reviews and it is included as part of the M&R template being adapted for use in South Sudan (see the section on "Effectiveness of Monitoring, Reporting and Evaluation Systems" below).

This section addresses:
Evaluation Question 7: How effectively does OCHA utilize the CHF mechanism to promote the humanitarian agenda (e.g. accountability to affected populations, gender equality)?
Evaluation Question 6.1: To what extent does the CHF take into consideration cross cutting issues (gender, age, environment, HIV/AIDS, mental health/psychosocial support, disability), accountability to affected population, and equity?

This section considers how the CHF promotes gender in funded projects. In brief, gender is reflected sufficiently in project proposals. There is scope to improve how other cross-cutting issues are covered.

71.   Based on a review of project proposals, there are also instances where other cross-cutting issues are identified and supported, especially mental health and psycho-social support. The environment, HIV, and persons with disabilities are issues that are less prominently covered. There have been some HIV support projects in displacement camps, mainly Bentiu, Juba, Malakal, Mingkaman and Nimule. An "Environmental Marker" was also developed in 2014 to guide the allocation of resources to projects that include environmental components.[26] Yet, these are at the HRP level and have not been similarly emphasized or incorporated into the CHF allocation processes. This is linked to the general allocation strategy that focuses on direct life-saving activities.

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[23] For a review of the cluster lead role, see: Vanessa Humphries, Improving Humanitarian Coordination: Common Challenges and Lessons Learned from the Cluster Approach." *The Journal of Humanitarian Assistance*, 30 April 2013.
[24] Vanessa Humphries, Improving Humanitarian Coordination: Common Challenges and Lessons Learned from the Cluster Approach." *The Journal of Humanitarian Assistance*, 30 April 2013.
[25] Section 6.1, "Operational Handbook for Country Based Pooled Funds." OCHA; December 2014.
[26] "South Sudan Humanitarian Response Plan, 2015." OCHA South Sudan, 1 December 2014.

PLANNING PROCESSES

72.   While the CHF contributes to the results of the humanitarian response in South Sudan, especially in how it facilitates the alignment of objectives and activities to the CRP/HRP and in how it brings various stakeholders together during the allocation process, it has a tangential effect on planning processes at the cluster and individual partner levels. Planning is encapsulated in project proposals and other allocation mechanisms. Planning is also set forth in the strategy articulated by the CRP/HRP. These serve as a general guide for organizational and project planning.

This section addresses:
Evaluation Question 12: How, and to what extent, has the CHF contributed to strengthening the humanitarian planning processes?

This section explores how and if the CHF contributes to broader planning activities and what role the CHF should play in supporting the planning of humanitarian activities. Overall, the CHF is not a planning mechanism but it does facilitate planning through the allocation process although some partners find this overly burdensome.

73.   Yet, the CHF is a funding mechanism; not a strategy or planning mechanism. It actually requires organizations to use additional resources to propose projects and to follow these proposals through the allocation process. This is distinct from that for the CRP/HRP. It has its own standards, and as noted in the "Standard Allocation Processes" graphic below (See Figure 11), it includes cluster defences to the Advisory Board that are critical to funding decisions. This creates a resource drain that can actually impede other planning processes. In fact, some respondents state that the CHF allocation process can challenge other planning processes because of the schedule of an allocation and how it may coincide with similar processes. For instance, the first CHF allocation for 2015 occurred in December 2014 just after a CERF allocation process. Many respondents complained that they had little time to do much else but to prepare for and engage in these processes. In this way, the CHF becomes a burden to planning rather than an instrument to streamline or simplify planning processes.

74.   The CHF is a funding mechanism designed to ensure funds to jointly agreed priorities and critical needs. The CHF is secondary to how organizations develop their strategies, plans and activities which are based generally on their competencies, resources, and overall complementarity to other stakeholders. Of course, partners may adapt their planning to accommodate the CHF's allocation cycles and other requirements but this is an indirect contribution. So, while the CHF is a strategic consideration in the HRP development, it has a limited impact on humanitarian planning processes overall.

75.   This may not be important to how the CHF contributes to the results of the humanitarian community. The CHF will inevitably include a level of planning and reporting that partners may find burdensome. This is a common complaint. Yet, the CHF, like other CBPFs and bilateral contributions, needs to be assured that the money will be spent as intended and as aligned with broader objectives. In this sense, the CHF does support this alignment even if the actual planning processes become more burdensome as a consequence.

PARTNERSHIPS

76.   The CHF intends to actively promote local NNGOs' access to humanitarian funds, thus increasing response opportunities for local actors in areas where international organizations face access challenges due to security or political issues. This is a key facet of partnership. By broadening partnership to include non-traditional actors, be they donors, or NNGOs, it is expected that the coordination and quality of the response will improve.

This section addresses:
Evaluation Question 13: How successful are CHFs in facilitating and strengthening partnerships?

This section assesses how well the CHF promotes partnership especially in regards to the engagement of NNGOs and other non-traditional actors. In conclusion, partnership is not a prominent priority in CHF funding.

77.   When considering grant amounts, number of grants, and other key indicators, there has been little change in the number and type of organizations that receive CHF funding. As noted in "Funding Levels and Trends" above, the number of NNGOs receiving grants dropped from 47 in 2013 to 42 in 2014. However, the average grant amount per NNGO has increased, from $144,878 in 2013 to $264,200 in 2014. The total amount of CHF allocations for NNGOs has also risen, from 5.2 percent of total CHF allocations in 2012 to 8.2 percent in 2014 while the percent of funding to INGOs and the UN have remained fairly static.

78.   Whatever may be contributing to the increasing proportion of grant allocations to NNGOs, there is little evidence that this is due to an increased focus on expanding partnerships by the HCT, TS or others. Respondents among the TS and HCT state that this increase is not due to a concerted effort to increase partnerships with NNGOs. As noted elsewhere, the merit of the proposal and how it aligns with needs is the primary variable in determining a grant allocation. It has nothing to do, those respondents state, with a desire to increase local partnerships. This implies that the quality of NNGO proposals has improved. There is evidence to support this. The South Sudan CHF provides M&R Specialists to each cluster to support the development of proposals and the primary frameworks for managing results, e.g. targets and log-frames. It could be that NNOGs have gained more

from these services than others. In fact, their learning curve overall may be steeper than those organizations more familiar with CHF allocation processes.

79.   It is inevitable that some of the smaller national NGOs will have capacity constraints, and therefore will only be able to handle smaller projects thereby increasing the administrative burden on the CHF team. Yet this must be balanced with their ability to reach vulnerable communities in difficult areas as well as their more limited ability to access funding from other sources. The TS reports that a fair number of NNGOs are wholly dependent on CHF funding. This raises a concern that some NNGOs may be overly dependent on CHF funding. The South Sudan CHF has seen significant changes in priorities and funding levels from one allocation to the next; this undermines NNGOs' organizational viability.

80.   Little has been done to reach out to non-traditional donors while reliance on the UK for CHF funding in South Sudan grows more pronounced. The UK provided approximately 42 percent of funding for the CHF in 2012, increasing to 60 percent in 2014. The only new donors during this period were Belgium and Germany who each contributed less than 1 percent of total CHF funding in 2014. No evidence was discovered of resource mobilization among Gulf States or other non-traditional donors. Even for the CAP, the amount pledged by non-traditional donors remains minimal. In 2014 there were no non-traditional states and private organizations and individuals constituted 2.2 percent of funding for the Strategic Response Plan. In 2015, Turkey became a donor with a contribution of $500,000 or 0.2 percent of total funding.[27]

TIMELINESS OF THE HUMANITARIAN RESPONSE

81.   Timeliness is a critical feature of the CHF. It is designed to provide funds more quickly than other funding mechanisms while doing so in alignment with the CAP/HRP. This includes the time from the identification of needs to actual disbursements. The timeliness of these processes should also account for seasonality issues, e.g. ensuring that resources are deployed in time to meet needs related to the rainy season that arrives in May - June of each year and extends through October.

This section addresses:
Evaluation Question 4: How does the CHF affect the timeliness of the humanitarian response?

This section assesses the timeliness of the CHF in terms of key processes. Overall, the CHF is timely, adhering to benchmarks for key processes and moving toward an enhanced capacity to manage the grant cycle with the Grant Management System.

82.   The allocation process in South Sudan follows a six-step process that includes timing targets for each. This includes specific targets for the number of days for each step in the process and corresponds with the standard allocation process as outlined in the Operational Handbook for Pooled Funds (Figure 8). The timeline for a standard allocation is eight weeks and it has usually been shorter. While the steps for emergency reserve allocations are the same, the process is compressed, with the full technical review happening before the Advisory Board decision on funding.

83.   A Peer Review Team (PRT) process also supplements this process. This provides for a technical review of projects after the initial decision to provide funding. This includes issues of financial management as well as technical issues directly related to delivery.

84.   The onset of hostilities in 2013 did impact the timeliness of some projects. Organizations had to change their implementation plans and extend and/or delay project components. 32 percent of extensions were reportedly due to insecurity and 24 percent due to a lack of access to targeted communities and individuals. The primary reason for extensions in 2012 was procurement and logistics.[28]

Step 1: Development of the CHF allocation policy paper (12 days)

Step 2: Launch of the allocation process (1 day)

Step 3: Cluster consultations and review (16 days)

Step 4: Cluster defences to Advisory Board (4 days)

Step 5: Final project submissions (5 days)

Step 6: Approval by HC and acceptance by recipients (7 days)

Step 7: Disbursement of funds (8-15 days) with MPTF office disbursing the funding to PUNOs within 3-5 days

8 weeks

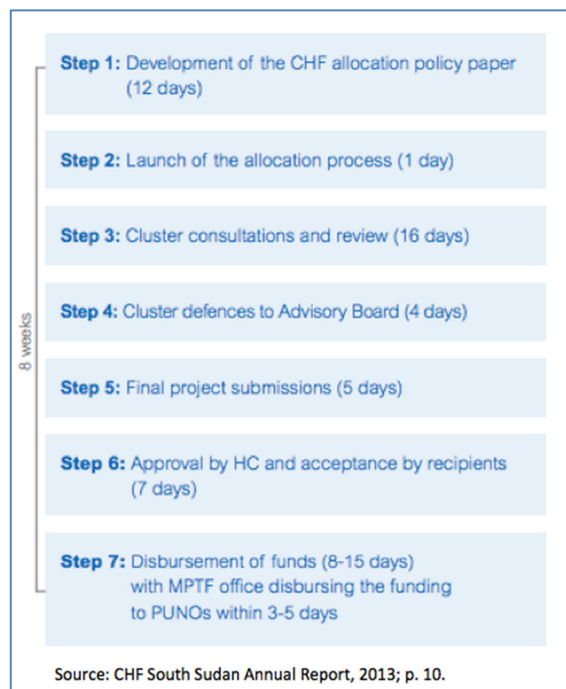Source: CHF South Sudan Annual Report, 2013; p. 10.

Figure 8: CHF Allocation Process

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[27] FTS data.
[28] South Sudan Common Humanitarian Fund, "Common Humanitarian Fund: South Sudan 2013 Annual Report." OCHA, June 2014. Page 37.

Issues of Timeliness: From Proposal to Allocation

85.   The steps noted above generally establish the timeliness of the CHF from proposal to allocation. The CHF has regularly met the targeted number of days for the processes. Most respondents at the partner level state that the process is time consuming if not laborious. For instance, if the CERF and CHF allocations are back-to-back, as they were in the first allocation of 2015, many partners find the work required exceeds available resources.

86.   Given that there is insufficient comparative data, it is not clear if this process is any slower or faster to other allocation processes, like that of the CERF or bilateral contributions.

87.   This last allocation also stands as an important improvement in how the CHF allocation is aligned with the rainy season in South Sudan. The South Sudan CHF, at the direction of the HC, finished the first 2015 allocation by 31 December 2014. This has steadily improved, with the first allocation of 2013 occurring in February and the first of 2012 occurring in March. This not only facilitates agricultural projects but also the delivery and pre-positioning of aid supplies in remote locations.

Issues of Timeliness: From Allocation to Disbursement[29]

88.   While direct statistics of the timing of disbursements was not available for this evaluation, most respondents stated that this was largely satisfactory. For UN agencies this process is relatively simple and most can pre-finance as required. For international and national NGOs, the process is dependent on the MA and its internal rules and procedures. This causes some delays although none of these seem due to inefficiencies or problems—simply due to the way disbursement procedures work. For instance, UNDP has a rule preventing the signing of contracts with recipient organizations until 100 percent of related donor contributions
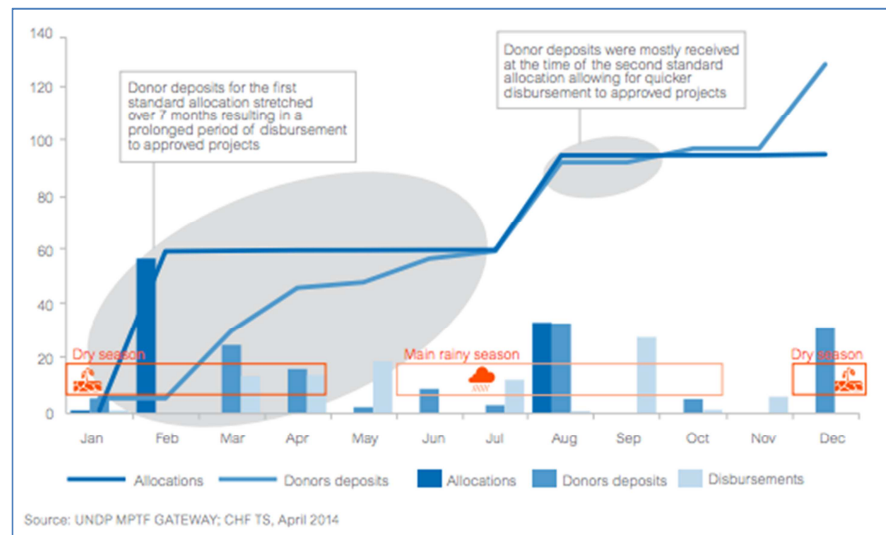

Figure 9: Donor Deposits and Allocation Timelines

are in receipt. The CHF TS, as mentioned elsewhere, has endeavoured to provide funding to NGOs as soon as is possible and sometimes in smaller tranches to facilitate project start-up and as rules and polices allow.

89.   This, as Figure 9 shows, can cause delays in disbursements. The first allocation of the year can be hampered by delays in donor deposits given. Due to delays of deposits by donors, the UNDP as Administrative Agent cannot transfer the funding to UN organizations and the MA. In turn, UNDP MA is unable to enter into contract with NGOs and pre-finance them. This is critical as these grant allocations occur during the dry season when more work can be done.

90.   UNDP as MA is working under the Harmonized Approach to Cash Transfers (HACT). This was revised in February 2014 and will serve the UNDP MA function going forward. This framework seeks to ensure that UNDP's MA function is as streamlined and responsive to partners as possible.[30] Of particular importance for the South Sudan CHF is the approach to financial oversight. The HACT details a range of activities to ensure that monies are spent as intended. This includes various approaches to macro and micro level assessment of partners' financial management capacities, assurances around cash transfers and disbursements, and periodic on-site reviews (spot checks) that will support programmatic monitoring and audits. This framework should provide sufficient information regarding partner financial capacities and thus ensure greater efficiency in disbursements.

91.   The Administrative Agent has met its requirements for timely disbursements. It has been concluding contribution agreements within 1 - 2 business days upon receipt of donor's intention to contribute and it has transferred all approved funding within 1 - 2 business days upon receipt of the supporting documents from HC and HFU (the normal time as per MOU is 3-5 business days).

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[29] This answers EQ 24, "How timely, efficient and effective are allocation processes? Stakeholder views on timeliness, efficiency and effectiveness of allocation process?"
[30] "Harmonised Approach to Cash Transfers (HACT)." UNDP, February 2014.

92.   As noted, the most critical timeliness issue noted in the field mission involved the UNDP constraint that donor contributions must arrive prior to any contract execution and disbursement. Many partners, particularly NGOs, do not have the capacity to pre-finance activities. This is often critical at the beginning of the year, when the CHF serves as the first source of funding.[31]

93.   Other issues relate to no-cost extensions. A significant number of respondents state that there have been delays in getting these extensions approved. The TS reports that while this is true, it represents an issue of prioritization. Given that the TS has two open posts and has been focused on the allocation processes and the tumultuous allocations under the L3, no-cost extensions become a secondary priority.

The Grant Management System

94.   The Grant Management System (GMS) is a web-based platform that supports the management of the entire grant life cycle for all CBPFs. The South Sudan CHF had the first full implementation of the GMS in the first allocation for 2015. The GMS is a robust on-line system capable of streamlining allocations while facilitating the involvement of stakeholders throughout the allocation and implementation process.

95.   While too early to conduct an assessment of the GMS as part of this Evaluation, a few key issues emerged:

1.   The South Sudan CHF waited to implement the GMS in order to learn from implementation in other country contexts and given the development of certain important modules and functionality that were deemed important to the South Sudan CHF.

2.   The TS used the support of the technical lead for the GMS throughout implementation and rollout. This ensured that the appropriate technical expertise was used to solve issues unique to the operating environment.

3.   The initial rollout was done during the first allocation of 2015. As noted elsewhere, this was a particularly daunting allocation process for partners who had just gone through the CERF allocation. Despite this (or because of it), the rollout went relatively smoothly. The TS included 24-hour telephone support and ensured that any partner that could not use the GMS due to connectivity or other issues would not be penalized.

4.   The TS should be prepared for additional complaints and issues from partners in the next allocation process. These concerned connectivity and the way that comments were organized. During the next allocation process, partners will have had more time to review how the GMS works and may see additional constraints that were simply overlooked because of the pressure to get through the allocation process. This shouldn't be seen as negative but normal to the rollout of any enterprise resource planning software.

COHERENCE AND QUALITY OF THE RESPONSE

96.   The CHF improves the coordination of a humanitarian response through active consultation with humanitarian partners to fill critical gaps and avoid duplication. Coherence largely depends on how partners organize themselves to support the HRP, its strategy and its objectives. The CHF supports the coherence of the humanitarian response by coordinating different stakeholders in each allocation process, in collecting, analysing and maintaining information about stakeholders' core competencies and experience, and by providing a flexible and adaptive funding mechanism to the HCT to meet needs as they occur. Ideally, the CHF is also aligned with other humanitarian funding mechanisms, like the CERF. In the case of South Sudan, this was largely the case.

This section addresses:
Evaluation Question 5: How does the CHF affect the coherence of the humanitarian response?
Evaluation Question 6: How does the CHF affect the quality of the humanitarian response?
Evaluation Question 11: To what extent has the availability of CHF funding supported targeting and contributed to improved coverage to ensure that the most vulnerable groups' needs are addressed?

This section reviews how the CHF has acted in concert with other humanitarian funding mechanisms and broader CRP/HRP goals that are designed to support the coherence of the humanitarian response. It also assesses the various actions the CHF has taken to improve its operational quality overall. In brief, this operational quality can ensure that the CHF is effectively linked to other funding mechanisms and thus support greater coherence.

97.   As noted, the CHF has gone from following the needs articulated at the cluster level prior to the L3 emergency. It shifted from broad support of clusters in 2013 to prioritizing life-saving activities during the L3 while increasing the amount of reserve allocations that could be used to meet immediate needs as they emerged. At the same time, the regular and reserve allocation processes followed

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[31] The fact that some organizations are wholly dependent on CHF funding and that there is sometimes an expectation that CHF funding will be received is an additional concern. This will be addressed in the Global Report.

standard processes, shortening the timelines of certain steps as possible (see "Timeliness of Humanitarian Response" above).

98.   Coherence during the L3 was facilitated by the shift to the Crisis Response Plans. These plans and their updates, starting with January – March 2014, provide an overview of the situation, the scope of the crisis including figures for those affected, and the issues and gaps affecting the response overall.[32] These included strategic objectives and the immediate funding requirements per cluster. Concurrent with the introduction of the Crisis Response Plans, the HCT and the ICWG decided to "freeze" the Consolidated Appeal. Each cluster reviewed projects originally approved under the CAP and identified those that were aligned with the CRP priorities. In addition, the HCT and ICWG introduced camp management and camp coordination as a new cluster.

99.   The overall goals of the CRPs were also designed to increase coherence. They included five distinct elements: **coordination** that included a systematic assessment and analysis of needs coupled with rapid response and strong advocacy; a clear **prioritization of sectors and locations** that had the most life-threatening needs; a capacity to **capitalize on the seasons** so that there could be a pre-positioning of goods and supplies to support year-long action; **access** that included acting with different parties to ensure that access could be negotiated and achieved; and that proven approaches could be **scaled-up** by responsible actors.[33] The focus on coordination and prioritization, in particular, enabled the response to become more focused and to ensure that resources were leveraged toward the priorities.

100. The use of M&E Specialists that had been introduced prior to the L3 supported how project log-frames reflected not only the immediate needs assessments and targets for the project under consideration but also how these linked to the cluster objectives and targets as articulated in the CRPs. A review of the project proposals for 2014 show that they include the same level of detail to those prior to the emergency and that their log-frames, in particular, are coherent and complete.

Quality

101. The CHF has implemented several processes that address overall quality. The South Sudan CHF removed cluster ceilings for allocations in 2012. It uses cost-efficiency as a selection criterion. The TS has produced a Partner Performance Index that combines data from CHF-funded projects and M&R activities. The partner performance index generates a score for each partner that is then used to gauge competence and capacity.[34] This is used during the allocation process as a way of gauging partner's capacities for delivering specific projects.

102. The overall reporting of results has been broadly standardized. This includes detailed spreadsheets that show allocations by organization, organization type, amount, etc. There are regular updates provided by the CHF using "dashboards" that show allocations, geographic spread, donor contributions, and other key data. The Annual Report for 2013 stands as a useful document that describes the general context, strategies and accomplishments, management, accountability and risk management issues, and lessons learned and the way forward, among other information.[35]

103. The CHF supports needs assessments and targeting as part of standard allocation processes. The CHF requires proposals to have detailed descriptions of the needs assessments and targeting. A review of proposals for standard allocations from 2012 - 2014 shows that every proposal included sections on needs assessments and targeting. While the overall quality of these was not assessed, it is significant that this is a CHF requirement. Since 2013, M&R Specialists have also been assigned to clusters and they have worked to improve proposal quality and the log-fames that underpin how different targets will be met and how these targets link with higher level priorities. This includes ensuring that targets in project proposals match up with the HRP's strategic priorities.

104. Another notable improvement is the strengthening of the Peer Review Team (PRT) mechanism. A follow-up technical review of projects after the decision in principle to fund them was introduced to ensure that they could be implemented swiftly while adhering to common quality standards. This change was made in line with the new global guidance for country-based pooled funds.

105. The South Sudan CHF has also included a focus on ensuring value for money. The TS provides budget guidance that includes classification for direct and indirect costs for projects. This is a key metric for cost effectiveness. Minutes from Advisory Board meetings also demonstrate that the TS provided additional support for organizations to differentiate between indirect and direct costs in their budget proposals. The allocation process

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[32] The next Crisis Response Plan covered from January to June followed by a third that covered the entirety of 2014.
[33] "South Sudan Crisis Response Plan 2014." OCHA, June 2014.
[34] Some respondents have disputed the way this score is calculated in that it simplifies key aspects of partner performance and is arbitrary in what is actually calculated. The use of any scoring system includes compromises. The importance is to use such a system consistently and not as the final criteria for a partner's performance but as one tool among others in determining performance and the appropriateness of certain projects to specific needs. This issue will be addressed in the Global Report.
[35] South Sudan Common Humanitarian Fund, "Common Humanitarian Fund: South Sudan 2013 Annual Report." OCHA, June 2014.

also uses value for money approaches to determine if there are overlaps in funding between partners who work in different clusters. The PRTs for each cluster also included specific value for money criteria in its review.

CAPACITY ISSUES

106. As noted in the section on "Leadership" above, the HC has demonstrated effective leadership and overall capacity in his roles and responsibilities for the CHF. He has ensured that the CHF adapted to immediate needs during the L3 response and has allowed participatory processes to lead decision-making during standard allocations. He is recognized as deliberate, informed and decisive; few issues arose among respondents concerning his leadership in the HCT or Advisory Board. According to the HC himself, his office is staffed appropriately and he feels that he is able to achieve what is required in regards to the CHF.

This section addresses:
Evaluation Question 19: How adequate are capacities of the HCs (and their offices) for their CHF related roles?
Evaluation Question 20: How effective and efficient are substantive and administrative support and oversight from OCHA HQ? How adequately does OCHA utilize its other core functions (information management, advocacy, policy) in support of the CHF?

This section assesses the overall capacity of the HC, the Advisory Board, the TS, and how HQ supports these and other facets of the CHF's operations and management. The HC and TS have proven effective even with significant resource gaps for the latter.

Advisory Board

107. The CHF Advisory Board provides guidance to the HC on management of the CHF and serves as a forum for discussing strategic issues. The Board consists of two heads of UN agency representatives that have cluster lead roles, one representative of the NGO Forum and one representative of the NGO Steering Committee, two contributing donor representatives and one non CHF contributing donor representative as an observer. As from December 2014, the board was expanded to include one NNGO representative. OCHA and UNDP provide secretarial support to the Advisory Board.

108. The Evaluation included interviews with various respondents on and/or involved in the Advisory Board. The most common statements were that this body was active and deliberate. Some questioned whether having donors as members of the Advisory Board could unduly influence deliberations. There was no evidence of this. In fact, most involved in the Advisory Board said that the presence of donors was a benefit as donors brought additional perspectives to the fore and often prompted longer-term thinking about certain issues.

Technical Secretariat (TS)

109. Respondents throughout the field mission to South Sudan praised the TS. They state that the TS is responsive and supportive, providing knowledgeable and detailed responses to queries as relevant. Cluster respondents state that while they often undertook daunting tasks during condensed allocation schedules, they knew the TS was working the same long hours as them. While a few stated that this was not always the case, especially with regards to information about disbursement procedures and timings, the majority of respondents were positive.

110. The TS has also endeavoured to secure funding for recipient organizations that cannot self-finance. The TS is aware of the constraints placed on certain recipients and it found ways to provide funding in tranches as possible and within the policy bounds of the CHF. While this was not always possible, the effort was largely recognized and appreciated.

111. Finally, the TS seemed to take time to trouble-shoot and work together to solve problems and there was a general sense of camaraderie among those we met alone and in groups. This was confirmed in individual interviews and this contributes to the overall effectiveness of the TS.

112. It is difficult to assess what can contribute to this. It is due to the experience of various staff and the general demeanour they bring to their work. It may also be supported by the fact that the UNDP MA sits within the TS as an active team member. This may support problem solving and overall timeliness but also has the additional feature of joining the two primary elements of CHF management into one team. One even remarked that their effectiveness could be due to the pressure they feel, which in turn encourages them to deliver.

113. Yet, the TS's success is not simply due to the behaviours, skills, experience and attitudes of the team. As various documentation demonstrates, they have been proactive in creating standard business processes, templates, and other models to facilitate the work overall. They draw on HQ guidance and templates and have sought best practices from CHFs in other country contexts. This creates a managerial foundation for all future work and for continuous improvement. It ensures that when various people leave there will be a foundation of work that should support and drive progress forward.

114. The CHF management capacities are adequate and in fact show the ability to be both flexible and capable of improvement, implementing new processes and templates as appropriate. The joint OCHA-UNDP/MA CHF TS role seems to increase knowledge sharing and the TS's responsiveness overall.

115. These successes have also been done despite long-term staffing gaps. There were two vacant posts in the TS at the time of the field mission that had been recently advertised and were in the process of being filled. According to the TS, attempts to secure roster deployments failed and the internal process for establishing new posts and recruiting for them was unnecessarily protracted. This hampers the TS's effectiveness and greater attention should be made to changing staff needs.

Support from HQ

116. An actively engaged HQ function is instrumental to ensuring that guidance is understood and followed and that templates and models can provide opportunities for standardizing business process and improving effectiveness overall. The South Sudan CHF does use templates and guidance from HQ and utilized direct support, like that provided for the implementation of the GMS. The forthcoming Operational Handbook for Country Based Pooled Funds will prove instrumental in this regard.

EFFECTIVENESS OF MONITORING, REPORTING, AND EVALUATION SYSTEMS[36]

117. Monitoring and reporting is essential to the effective functioning of the CHF and provides a vital source of information for the HC and HCT in their deliberations and decisions. The purpose of monitoring is primarily to assess progress made toward set targets and to verify the accuracy of reporting submitted by recipient organizations.

118. This is made clear in the OCHA CHF Global Monitoring & Reporting Framework. This includes key M&R objectives:

- Ensure adequate verification of reported results at project level thereby contributing to increased accountability;
- Provide evidence on how the CHF has contributed to broader outcomes set forth in the HRP, and reinforce evidence-based decision-making by HC, Advisory Board and cluster coordinators;
- Ensure that resources are used efficiently and according to what was agreed upon in project documents and Allocation Papers;
- Support partners during implementation of funded activities.

This section addresses:
Evaluation Question 16: How is the success of projects measured?
Evaluation Question 21: Are existing information management tools effective and appropriate for different needs of funds and its stakeholders? [Generally assessed throughout this Evaluation.]
Evaluation Question 22: How successful are monitoring and reporting in delivering the objectives following the principles of the Global CHF Monitoring and Reporting Framework?

This section assesses the CHF's M&R function and activities, what has been done to strengthen these, and what may be considered going forward. This is both an area of strength and opportunity. The CHF has introduced a number of features that enhance monitoring and can further improve this through standardized approaches and stronger links to the allocation process and risk management.

On each of these points, the South Sudan CHF has made significant progress.

119. The South Sudan CHF has made strides to increase the effectiveness of M&R. This includes the use of UN Volunteers (UNV) placed at each cluster that began in 2013. These M&R Specialists aim to reinforce cluster capacity, especially at the proposal development and log-frame development phases. Placing M&R Specialists allows for more regular contact with cluster coordinators and others. Evidence from respondents and related documentation shows that cluster representatives value the input of these M&R specialists.

120. In South Sudan, project proposals include log-frames and M&R plans. A review of those log-frames indicates that they all include outcome, impact and output statements and associated indicators. The review did not consider the overall efficacy of these elements. Additionally, the relevant sections include the links between these indicators and those articulated in the CRP/HRP. The links between objectives at the strategic and project levels also feature in Cluster Defences and are reported in CHF technical documents. By ensuring alignment between indicators, there is adequate structure in place to monitor and report on project activities. Even if it is not clear how much of this is a result of the work of the TS and its M&R Specialists or to the actual acumen of the organizations, it stands as a significant result.

121. The TS's efforts to collect, organize, and distribute key data on partners provides a source of information that partners draw from regularly. The GMS implemented in late 2014 is intended to support this and the TS believes it will do so. This will provide a single repository of information about partner proposals, activities, and other information that can serve the assessment of partner capacity overall (see "Appropriateness of Risk Management Practices" below).

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[36] Evaluation systems are inherent in the descriptions of the M&R and risk management activities. Evaluation will also be treated more broadly in the Global Report.

122. As noted elsewhere, the South Sudan CHF has also developed a Partner Performance Index that provides information on six categories regarding partner competence and capacity. While this, as described below, could be better integrated into a single M&R framework, it stands as a useful tool that should be continuously improved.

123. The Evaluation had the opportunity to shadow an M&R field visit to review International Medical Corps (IMC) health and nutrition projects in and around Malakal in Upper Nile State. While brief, this mission was organized well and the CHF team, including the M&R Specialist, used the new OCHA HQ M&R template to guide their work.[37] This supplemented the previous template that included more opportunities for narrative and included a section on "Financial Management."[38] In addition, the newer template included more quantitative ranking and other metrics designed to assess the project and project M&R systems. The CHF team found merits with both templates and was prepared to adapt the new template as may be relevant to their needs.

124. In a review of the two templates, the newer is noticeable for its lack of a section or details on financial management and for its focus on project results as outlined in proposal log-frames. This Evaluation recognizes that the templates were under review at the time of the field mission. Project results require a significant amount of M&R, including changes against baselines, how and why targets were achieved or missed, or other qualitative analysis that is essential for using M&R as a foundation for overall partner assessments as the CHF intends. If the M&R activities only look at quantitative results (i.e. if targets have been met) this seems to be a direct duplication of partner M&R activities. This makes any M&R activity by the CHF challenging. Should the CHF really be responsible for measuring the quantitative and qualitative aspects of results or is there some middle ground? If there is a middle ground, how then do these M&R activities complement or add to those conducted by partners?

125. The South Sudan CHF should ensure that M&R activities have a much clearer and more precise purpose and focus. This should focus on partner competencies and activities rather than the qualitative aspects of results that are related to the context. This is an important distinction. By focusing on how the partner achieves results rather than whether or not results are achieved, the CHF positions M&R activities to support the broader allocation and risk management process. It will provide detailed data and information about partner performance, their competencies, gaps, and internal challenges, and how these relate to their projects. This can then be used when assessing this partner in future allocations. It also provides a basis for risk analysis by having more robust information about partners' strengths and weaknesses. This can supplement the existing partner performance index. It can also include actions that may enable partners to address these deficiencies and thus improve their risk profiles.

APPROPRIATENESS OF RISK MANAGEMENT PRACTICES

This section assesses the CHF's approach to risk management including its draft risk management matrix and what may be considered in relation to this risk matrix going forward. The CHF has an opportunity to further strengthen its approaches to risk management going forward.

126. Risk management stands as a critical feature for any humanitarian response. It has become increasingly prevalent across the UN system, including OCHA. It includes the risks associated with different organizations and their capacities, the operational risks in different contexts, and the financial risks associated with funding both. Effective risk management approaches provide important information for informed decision-making concerning funding and for distribution of oversight, monitoring, or evaluation resources.

127. To achieve this, risk management cannot be a "stand-alone" exercise but needs to be integrated into project proposals, cluster strategies, and monitoring, reporting and evaluation activities at key times of project delivery. This is recognized by OCHA and described in the "Operational Handbook for Country Based Pooled Funds."[39] Figure 10 shows that risk management is part of the cycle.

128. Yet, the operationalization of risk management practices and approaches needs to go beyond steps in a process cycle. It should be integral to various decisions across the cycle. For instance, M&R activities can be prompted by certain known risks or can be used as a framework for M&R inquiries. It can be the basis for fund allocations, e.g. funding a certain partner despite their known organizational risks. It should also provide various levels of intelligence for evaluating partner performance and be prominent in any project proposal.

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[37] "Project Field Monitoring Template, Annex 26 of the "Operational Handbook for Country Based Pooled Funds", OCHA. December 2014.
[38] South Sudan CHF, "Project Monitoring Template."
[39] Section 4.2, "Operational Handbook for Country Based Pooled Funds." OCHA; December 2014.

129. For any fund, a primary risk is that the recipient organizations will not be able to spend funds as intended. This includes an assessment of organizational core technical capacities, their track records on delivering of similar projects, and other factors like human resource management, financial management, and administrative systems and controls. These are primary internal assessments that can help determine a particular partner's risk. For instance, if they have strong capacities in all areas their delivery capacity may be a fairly low risk. Most organizations, however, will have a mix of competencies, for instance, perhaps strong technically but with a high-turn over in staff. An analysis of these different variables can result in a risk assessment of partner capacity.

130. The final area of risk prevalent for any funding mechanisms concerns financial management: ensuring that funds are used efficiently, managed effectively, and safeguarded from corruption.[40] The UNDP HACT process includes sufficient financial spot checks and audits to support effective financial management. While the new framework is still being rolled out, the UNDP MA role is largely recognized as effective for assessing partner financial risks and in supporting how their financial controls are adapted for best effect.[41] Yet, the South Sudan CHF may strengthen this by including direct financial controls and spot checks into its regular M&R activities.

SOURCE: Section 3.3; Operational Handbook for Country Based Pooled Funds.

Figure 10: Operational Cycle for Country Based Pooled Funds

131. The South Sudan CHF demonstrates a fair degree of success in this level of risk management. This is demonstrated in related documentation and in how the monitoring and reporting mechanism has evolved. For instance, Cluster Defence Presentations for 2012 and 2013 included a section on "lessons learnt" where presenters described what was learned about delivering assistance in South Sudan and how the cluster portfolio reflected those lessons.[42] In 2014, this changed understandably given the emergency context and the prioritization of particular clusters.[43]

132. Standard Allocation Proposals also ask organizations to include a "value added" description under the Section B "Grant Request Justification" where varying descriptions are provided about core competencies and overall track records. While these are somewhat inconsistent in content, they do demonstrate that core competencies and track records are considered.

133. While the South Sudan CHF has provided risk analysis as part of its regular planning and development, it is only now developing a risk management matrix.[44] This evaluation included a review of South Sudan TS's working paper on risk. This paper is based on OCHA's template for risk management included in the new Handbook.[45] This review indicates several points that may support the further operationalization of risk management for the CHF in South Sudan:

- Risk categories are articulated well and cover most areas of risk. These categories may be used as a standard framework for M&R activities.
- Risk evaluation and risk treatment categories and scoring, as well as their presentation on the provided "heat map" from the template that shows intensity of risk, could be improved. These need to be linked to specific and

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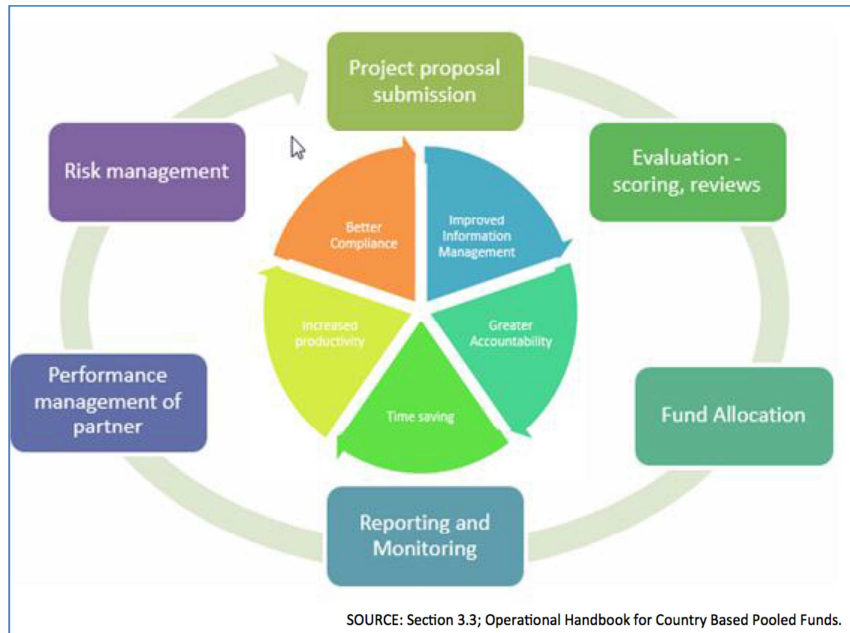
[40] This answers EQ 23.1, "Do the funds have adequate control and oversight mechanisms to address inefficient use of funds and mismanagement of funds (including corruption)?"
[41] "Harmonised Approach to Cash Transfers (HACT)." UNDP, February 2014.
[42] Review of all Cluster Defence Presentations, 2012 – 2014. (South Sudan CHF) These questions are provided in the template available to clusters.
[43] This answers EQ 15, "How effective are the mechanisms used to assess the organizational capacity of recipients, including their internal monitoring, evaluation, and quality assurance mechanisms?"
[44] The South Sudan CHF is following the prescribed template available as Annex 25 to the "Operational Handbook for Country Based Pooled Funds." OCHA; December 2014.
[45] Section 4.2; Article 132. "Operational Handbook for Country Based Pooled Funds." OCHA; December 2014.

practical actions. [It is recognized that this is an element prominent in the Risk Management framework and may not reflect the intentions of the South Sudan CHF.]

- The template lacks standardized corrective measures/standard operating procedures for risks including ways for partners to re-establish themselves after a manifest risk
- The working paper does not include specific forecasting, risk assessment, options-planning mechanisms or other strategy tools designed for addressing assumptions and unknowns.[46]
- As noted in the Operational Handbook for Country Based Pooled Funds, best practices dictate that risk management works best when integral to other operational activities, e.g. project cycle, M&E, inception/lessons learned, etc.

134. While this will be developed further in the Global Evaluation, it should be noted that risk management approaches should not simply devolve risk from one party to the next: from donors to the CHF and from the CHF to recipient organizations. Instead, risk management approaches should ensure better-informed decision-making and that when risks manifest, various stakeholders are not 'caught off guard' and actually can enact strategies to correct the risks swiftly.[47]

FOLLOW-UP TO PREVIOUS EVALUATION

135. This current evaluation exercise was asked to consider what had been implemented in each country based upon the recommendations provided in the similar exercise in 2011. The South Sudan CHF only came into operation in 2012 so these recommendations do not have direct relevance. However, it is still useful to consider how they apply to the South Sudan CHF at this time and how they can inform future decisions.

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[46] These and other related strategy tools have their roots in game theory and, more recently, complex adaptive systems. For an overview of how game theory has been adapted for organizational strategy, see "The Right Game: Use Game Theory to Shape Strategy," Adam M. Brandenburger and Barry J. Nalebuff. *Harvard Business Review*, July – August 1995.
[47] As stated in the Operational Handbook, "The rationale for putting in place a risk management framework is to assist OCHA and the Humanitarian Coordinators (HCs) in making strategic decisions that maximize the ability of CBPFs to achieve their objectives." Section 4.2; Article 132. "Operational Handbook for Country Based Pooled Funds." OCHA; December 2014.

2011 Recommendation	Status in South Sudan in 2014
1. Recommendations to Donors:	
Donors should wherever possible make multi-year commitments to the CHF in each country so that the allocation process is not held up by uncertainty about the resources available, and the CHF can exceptionally make some grants for longer than just one year.	This recommendation would increase the ability of the CHF to identify and support humanitarian programming that have resilience components and/or approaches.
To assist planning donors should allocate funds for annual grants before the start of the calendar year.	This has been largely done in the case of South Sudan with the first allocation for 2015 being nearly complete in 2014, despite shortfalls in funding.
Donors to the CHF should reserve a portion of their budget to support the cluster coordinator and co-facilitator functions, given the heavy reliance of the CHF allocation process on the clusters.	This is key also in South Sudan at this point. The role of the Cluster Coordinator is key for the participatory nature of the CHF allocation process.
2. Recommendation to OCHA, UNCT and HC:	
OCHA needs to make the successful management of funds like the CHF a far higher corporate priority	This is not relevant to the South Sudan CHF.
There is a need for far closer co-ordination between the different funds, and more 'referrals' so that projects that do not meet the criteria for the CHF can be recommended to funds concerned with recovery and stabilization issues.	This is important in the case of the South Sudan CHF. There can be increased knowledge sharing in general and a more systematized approach to the processes associated with the different funds.
OCHA's own fund management costs in each country should be covered by a percentage levy on the fund.	It is now standard practice to recover cost of OCHA staff in the CHF TS from the CHF.
We accept that monitoring requirements should be kept 'light' but we recommend that monitoring requirements should be agreed across each cluster, and should be the same for all categories of partners. The performance of CHF recipients, both strong and weak, should affect future eligibility for CHF funding.	This is largely done in South Sudan through the increased use of the Humanitarian Programme Cycle and the placement of M&R Specialists at each cluster to support proposal development and monitoring tools, e.g. log-frames.
OCHA should therefore establish an adequately-staffed monitoring unit to coordinate self-monitoring and reporting by all grantees, and external monitoring by the sector leads.	
The CHF Administrative Boards should allocate a percentage of CHF funding to support monitoring by the clusters/sectors, and OCHA should have sufficient senior staff in each country to co-ordinate this monitoring with the clusters and ensure that the results feed into future funding allocations.	
3. Recommendations regarding the Management Agent Role	
In Sudan UNDP is currently charging 7 percent for indirect support costs for NGO grants, (5 percent in DRC) but is not providing a full service. UNDP in Sudan should therefore immediately reduce the Management Agent fee to a level that approximates its real costs, and the money thus saved should be used to improve monitoring throughout the CHF.	While UNDP's management fee is an issue, this is more relevant to the Global level report.
CHF allocations should therefore be for a maximum of 12 months from the payment of the first instalment	UNDP does now audit each NGO grant at least once, usually at toward the end of the grant period.
UNDP rules have been amended to offer the option only requiring one audit certificate for the life of the project rather than one per calendar year. UNDP should apply this requirement to CHF projects so that only one audit certificate is needed for a 12 month project even if it spans two calendar years	These other recommendations are not directly relevant to the South Sudan CHF.

Conclusions

Contributions to the Humanitarian Community

136. The CHF in South Sudan, the largest CHF in terms of contributions, has served a critical role in how the Humanitarian Community meets the needs of the South Sudan populations and communities in a devastating period of transition and crisis. The Humanitarian Coordinator has used his position and office while acting in concert with the HCT to make decisive decisions and to prioritize CHF funding for life saving activities during the L3 emergency. While some may argue with the approach, it was a conscious and strategic decision that has enabled the humanitarian community to meet emerging needs and to fill gaps. The Humanitarian Coordinator has both supported and promoted regular coordination structures, including the Inter-Cluster Working Group, in standard allocation processes and then made direct bilateral decisions as the situation warranted. This too may be argued and yet it falls within the purview of the Humanitarian Coordinator and aligns with the principle of using the CHF as a flexible, responsive and timely funding mechanism.

Strengthening Leadership

137. The CHF supports the leadership of the Humanitarian Community while ensuring that funds are available for rapidly changing contexts and new needs. The CHF acts as a lever that both brings parties to the table but also gives them the tools and information to make informed decisions.

138. The HC, through the HCT and on behalf of the ERC, develops the strategy for the CHF and other CBPFs. The HC has exercised his authority in setting the strategy and priorities for the CHF. During the L3 emergency, the HC/Advisory Board established new priorities and introduced funding levels for re-prioritized clusters. In fact, the CHF has acted as a tool through which the HC exercises his authority.

Clusters and Coordination

139. The CHF is instrumental to how clusters and other coordination structures organize and respond within the CRP/HRP for South Sudan. This is largely due to the size and importance of the CHF as a funding instrument for the humanitarian community, the way that the Advisory Board, HC/HCT and ICWG work together during and beyond allocations, and the direct support provided by the Technical Secretariat. While the decisions regarding the Reserve allocation in 2014 in response to the L3 emergency could undermine some aspects of the coordination structure, even this may be limited by the general strength of the coordination mechanisms overall.

140. Cluster coordinators' responsibilities and the demanding operational contexts in South Sudan, especially during the L3 emergency, make the cluster lead role challenging. The CHF has done a fair amount to support this role. It has embedded M&R Specialists at the cluster level and has generally worked with clusters to understand CHF processes, timelines and other key information. Nearly all cluster respondents commented favourably on the support they received from the TS.

141. There were mixed views regarding cluster coordinators' capacities to balance their own organization's goals with those of the cluster. Some said that cluster coordinators did this well while others said they did not. It is seemingly dependent on the person and context rather than formal structures or performance standards.

142. There were also differing views on how Cluster Defences were presented, a critical step in the allocation process. While this also speaks to the variance in quality and performance standards it also has an immediate impact on funding. If a Cluster Defence is presented poorly, negative funding decisions will follow suit, as relevant respondents noted. This may put too much emphasis on presentation and public speaking skills and neglect the substance that lies behind such presentations.

The CHF and Resilience

143. Resilience is an important way to ensure that people's longer-term needs are incorporated into immediate humanitarian actions. Most agree that it is important for humanitarian actors to identify opportunities for recovery and resilience as part of their normal programming.[48] Both the 2014 CRP and the 2015 Humanitarian Response Plan (HRP) include objectives for resilience. Practices from other resilience contexts as well as the noted literature on the subject call for a programmatic approach for how people anticipate, withstand, and recover from shocks as well as a way to make links between direct humanitarian action, recovery, development and sustainable actions overall. Yet, the CHF has not included resilience as a direct allocation strategy nor as a priority for the reserve

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[48] For a fair overview, see Simon Levine & Irina Mosel, "Supporting Resilience in Difficult Places." Overseas Development Institute, April 2014; & Adam Pain & Simon Levine, "A conceptual Analysis of Livelihoods and Resilience: Addressing the 'Insecurity of Agency'." Humanitarian Policy Group Working Paper, November 2012. For a more econometric approach, see: Prabhu Pingali, Luca Alinovi and Jacky Sutton, "Food Security in Complex Emergencies: Enhancing Food System Resilience." *Disasters*, Vol. 29, Issue Supplement 1; June 2005.

allocations in 2014. In fact, it does not have particular prominence in the allocation priorities and decisions from 2012 and 2013 either.[49]

144. Part of this is due to the fact that CHF grants are short term. They are designed to address emergency needs and gaps that emerge during a humanitarian response. CHF grants cannot, in and of themselves, provide a sufficient basis for effective resilience programming. However, the CHF can be used to spot opportunities for resilience programming within existing projects. In addition, it can evaluate proposals that have resilience approaches and components and value these differently from those that do not.

CHF and the Humanitarian Reform Process

145. The South Sudan CHF has largely served the Transformative Agenda (TA) that sought to improve on the Humanitarian Reform Process initiated in 2005. It has made contributions to the areas of the TA that are deemed most important for CBPFs including strengthening strategic engagement and response, strengthening leadership and coordination, expanding humanitarian access, and information sharing. The South Sudan CHF could strengthen how it supports early action and resilience and how it promotes inclusiveness and diversity.

Planning Processes

146. The CHF does not have an instrumental or influential role in broader planning across the humanitarian response in South Sudan. It does support planning as it relates to project proposals and the allocation process. This seems appropriate, as this broader planning role is the responsibility of the HCT and individual organizations.

Partnerships

147. The CHF intends to actively promote local NGOs' access to humanitarian funds, thus increasing response opportunities for local actors in areas where international organizations face access challenges due to security or political issues. This is a key facet of partnership.

148. The total amount of CHF allocations for NNGOs has risen, from 5.2 percent of total CHF allocations in 2012 to 8.2 percent in 2014 while the percent of funding to INGOs and the UN have remained fairly static. Whatever may be contributing to the increasing proportion of grant allocations to NNGOs, there is little evidence that this is due to an increased focus on expanding partnerships by the HCT, TS or others. Respondents among the HCT and TS state that it is the merit of the proposal and how it aligns with needs that is the primary variable in determining a grant allocation. It has nothing to do, those respondents state, with a desire to increase local partnerships. This implies that the quality of NNGO proposals has improved.

149. Little has been done to reach out to non-traditional donors while reliance on the UK for CHF funding in South Sudan grows more pronounced. The UK provided approximately 42 percent of funding for the CHF in 2012, increasing to 60 percent in 2014. The only new donors during this period were Belgium and Germany who each contributed less than 1 percent of total CHF funding in 2014.

Timeliness of the Humanitarian Response

150. The allocation process in South Sudan follows a six-step process that includes timing targets for each. This includes specific targets for the number of days for each step in the process. The timeline for a standard allocation is eight weeks and it has usually been shorter. While the steps for emergency reserve allocations are the same, the process is compressed, with the full technical review happening before the Advisory Board decision on funding. The CHF has regularly met the targeted number of days for the processes. Most respondents at the partner level state that the process is time consuming if not laborious. For instance, if the CERF and CHF allocations are back-to-back, as they were in the first allocation of 2015, many partners find the work required exceeds available resources.

151. This last allocation also stands as an important improvement in how the CHF allocation is aligned with the rainy season in South Sudan. The South Sudan CHF, at the direction of the HC, finished the first 2015 allocation by 31 December 2014. This has steadily improved, with the first allocation of 2013 occurring in February and the first of 2012 occurring in March. This not only facilitates agricultural projects but also the delivery and pre-positioning of aid supplies in remote locations.

Coherence and Quality of the Response

152. The CHF supports the coherence of the humanitarian response by coordinating different stakeholders in each allocation process, in collecting, analysing and maintaining information about stakeholders' core competencies and experience, and by providing a flexible and adaptive funding mechanism to the humanitarian community to meet

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[49] This includes a review of the CHF Annual Report and project proposals for the allocations in this period. While some projects do include resilience aspects, these are relatively uncommon and CHF funding tends to focus on more direct cluster approaches for its funding.

needs as they occur. Ideally, the CHF is also aligned with other humanitarian funding mechanisms, like the CERF. In South Sudan, the CERF and CHF were used in complementary ways.

153. The CHF shifted from broad support of clusters in 2013 to prioritizing life-saving activities during the L3 while increasing the amount of reserve allocations that could be used to meet immediate needs as they emerged. Clusters had become accustomed to a more participatory process where there priorities were largely accepted. The change created some frustrations and concerns that their work at the cluster level was not properly considered.

154. Coherence during the L3 was facilitated by the shift to the Crisis Response Plans. These quarterly plans, starting with January – March 2014, provide an overview of the situation, the scope of the crisis including figures for those affected, and the issues and gaps affecting the response overall.[50] These included strategic objectives and the immediate funding requirements per cluster.

155. The use of M&E Specialists that had been introduced prior to the L3 supported how project log-frames reflected not only the immediate needs assessments and targets for the project under consideration but also how these linked to the cluster objectives and targets as articulated in the CRPs.

156. The CHF has implemented several processes that address overall quality. The South Sudan CHF removed cluster ceilings for allocations in 2012. It uses cost-efficiency as a selection criterion. The TS has produced a Partner Performance Index that combines data from CHF-funded projects and M&R activities. The partner performance index generates a score for each partner that is then used to gauge competence and capacity.[51] The overall reporting of results has been broadly standardized. This includes detailed spreadsheets that show allocations by organization, organization type, amount, etc. There are regular updates provided by the CHF using "dashboards" that show allocations, geographic spread, donor contributions, and other key data.

157. The CHF supports needs assessments and targeting as part of standard allocation processes. The CHF requires proposals to have detailed descriptions of the needs assessments and targeting. A review of proposals for standard allocations from 2012 - 2014 shows that every proposal included sections on needs assessments and targeting.

158. Another notable improvement is the strengthening of the Peer Review Team (PRT) mechanism. A follow-up technical review of projects after the decision in principle to fund them was introduced to ensure that they could be implemented swiftly while adhering to common quality standards. This change was made in line with the new global guidance for country-based pooled funds.

159. The South Sudan CHF has also included a focus on ensuring value for money. The TS provides budget guidance that includes classification for direct and indirect costs for projects. This is a key metric for cost effectiveness.

Capacity Issues

160. The CHF management capacities are adequate and in fact show the ability to be both flexible and capable of improvement, implementing new processes and templates as appropriate. The joint OCHA - UNDP TS role seems to increase knowledge sharing and the TS's responsiveness overall.

161. The HC has demonstrated effective leadership and overall capacity in his roles and responsibilities for the CHF. He has ensured that the CHF adapted to immediate needs during the L3 response and has allowed participatory processes to lead decision-making during standard allocations. He is recognized as deliberate, informed and decisive; few issues arose among respondents concerning his leadership in the HCT or Advisory Board. According to the HC himself, his office is staffed appropriately and he feels that he is able to achieve what is required in regards to the CHF.

162. The South Sudan CHF Advisory Board provides guidance to the HC and serves as a forum for discussing strategic issues. Most respondents see this body as active and deliberate. Some questioned whether having donors as members of the Advisory Board could unduly influence deliberations. There was no evidence of this. In fact, most involved in the Advisory Board said that the presence of donors was a benefit as donors brought additional perspectives to the fore and often prompted longer-term thinking about certain issues.

163. Respondents throughout the field mission to South Sudan praised the TS. They state that the TS is responsive and supportive, providing knowledgeable and detailed responses to queries as relevant. Cluster respondents state that while they often undertook daunting tasks during condensed allocation schedules, they knew the TS was working the same long hours as them.

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[50] The next Crisis Response Plan covered from January to June followed by a third that covered the entirety of 2014.
[51] Some respondents have disputed the way this score is calculated in that it simplifies key aspects of partner performance and is arbitrary in what is actually calculated. The use of any scoring system includes compromises. The importance is to use such a system consistently and not as the final criteria for a partner's performance but as one tool among others in determining performance and the appropriateness of certain projects to specific needs. This issue will be addressed in the Global Report.

164. The TA's success is not simply due to the behaviours, skills, experience and attitudes of the team. As various documentation demonstrates, they have been proactive in creating standard business processes, templates, and other models to facilitate the work overall. They draw on HQ guidance and templates and have sought best practices from CHFs in other country contexts. This creates a managerial foundation for all future work and for continuous improvement.

165. An actively engaged HQ function is instrumental to ensuring that guidance is understood and followed and that templates and models can provide opportunities for standardizing business process and improving effectiveness overall. The South Sudan CHF does use templates and guidance from HQ and utilized direct support, like that provided for the implementation of the GMS. The forthcoming Operational Handbook for Country Based Pooled Funds will prove instrumental in this regard.

Effectiveness of Monitoring, Reporting, and Evaluation Systems

166. The South Sudan CHF has established an effective foundation for both conducting M&R activities and for supporting partners as they develop logical frameworks and other essential M&R elements of their project proposals. This includes the use of UN Volunteers as M&R Specialists who are assigned to each cluster and the use of standard tools and approaches for M&R field missions, among other strengths. This provides a basis for improving M&R going forward. This could include a focus on partners' capacities, financial management, risk assessments, and strategic assessments aligned with the Humanitarian Response Plan that could prompt projects to include, for instance, more prominent resilience or accountability to affected populations components. This implies that the onus on partners to report on resorts would be even more pronounced and that the CHF would need to ensure that their M&R and evaluation activities are robust enough to capture relevant evidence on results.

167. The CHF needs to ensure that it has an appropriate focus on financial management. It could use M&R activities to do additional spot checks and reviews of financial materials. These would supplement activities done by the MA thus providing an additional layer of oversight for ensuring that money is spent as intended. Not only is this necessary and prudent, it will also increase opportunities to use financial information in decision-making about recipient organizations' overall capacities.

Appropriateness of Risk Management Practices

168. As with other areas of the South Sudan CHF management, the TS is taking a pragmatic and practical approach to risk management, ensuring that mechanisms guiding it make operational sense and will provide value to the process overall.

169. In conclusion, the South Sudan CHF has proven instrumental to how the humanitarian community meets the needs of peoples and communities in South Sudan both before and during the L3. The HC has exercised his authority appropriately and ensured that the CHF is flexible and adaptive to humanitarian needs. The TS has been adept and competent in putting best practices to work and building on those practices so that procedures and systems are continuously improved. While there are always areas for improvement, the largest CHF is setting a standard of quality that can be emulated by CHFs in other contexts.

Recommendations

170. While several recommendations are related to monitoring and reporting, this should not be seen as due to any deficit in this area. Rather, the South Sudan CHF has developed an effective foundation for M&R that should support continuous and important improvements. These recommendations focus on supporting those efforts.

Urgent recommendations

There are no urgent recommendations.

Important recommendations

Recommendation	Report Reference Page #	Responsibility	Timeliness
1. Resilience should be included as a priority for the CHF whenever possible and in ways that do not decrease direct humanitarian funding. Resilience, as defined for humanitarian contexts, includes individual and communities' ability to predict, withstand, and recover from conflict and climatic-based shocks. This is distinct from resilience programming that attempts to make the links between recovery and development. Resilience is already a strategic priority for the 2015 Humanitarian Response Plan, the primary strategic document for the humanitarian response in South Sudan, and so the CHF can do more to support this. The CHF should increase advocacy for resilience approaches and, using intelligence from M&R and risk management, include specific areas for action in project proposals. Proposals that include resilience activities should be prioritized over others when all else is equal.	Page 7 - 9	HC/ CHF TS	Next Allocation Process
2. The M&R process should focus on the strategic issues related to the Humanitarian Response Plan, partner capacity overall, partner M&R and evaluation systems, and financial "spot checks". This means less of a focus on actual partner results although these should still be verified. The newest Monitoring Field Template should be adapted to reflect this focus, e.g. decrease the focus on log-frame results and increase aspects related to partner capacities and the efficacy of partner monitoring and evaluation activities toward measuring results.	Page 20; Para 125	OCHA/ CHF TS	< 6 months
3. Once the purpose and focus of M&R activities is refined, M&R should be guided by a single analytical framework that includes metrics, questions, and issues that emerge from project proposals, risk management information, and previous M&R activities. This analytical framework should be refined for each allocation cycle.	Page 20; Para 124	CHF TS	< 6 months
4. Project proposals and/or organizational capacity assessments should include a specific section on organizations' core competencies and experience. This would support broader risk assessments and provide useful information for the allocation process overall. Proposal templates could also include sections on organizational and contextual risks.	Page 20; Para 125	CHF TS	< 6 months
5. Building on the use of the Gender Marker, the CHF should ensure that gender issues are included in programme design systematically and that there are links between the inclusion of gender and how this enhances the overall quality of projects. This should be a prominent feature in project proposals as well as related M&R activities.	Page 12; Para 70 & Page 20; Para 125	CHF TS	< 2 years

Desirable improvements

Recommendation	Report Reference Page #	Responsibility	Timeliness
6. The South Sudan CHF should increase support to cluster coordinators. This includes increased information and knowledge sharing with cluster coordinators that goes beyond the GMS or other existing management information. This may include regular meetings with cluster coordinators by the TS to discuss issues and constraints, new processes and procedures, and opportunities to better facilitate the cluster lead role. Ideally, these would be semi-formal in that they would be incorporated into the allocation cycle,	Pages 11 & 12	CHF TS	< 1 year

Recommendation	Report Reference Page #	Responsibility	Timeliness
e.g. a "lessons learned" session just after each allocation.			
7. The South Sudan CHF can strengthen partnerships further by increasing the collection and distribution of information related to realised and potential programmatic links and synergies. This should be included as a specific element in project proposals, e.g. ask partner organizations to identify possible partnership opportunities.	Pages 13 & 14; Paras 77 - 79	CHF TS	< 2 years
8. The South Sudan CHF should expand value for money initiatives to include data on partner funding overall, e.g. the amount of funding received from different donors. This can be included in the Partner Proposal template.	Page 19; Para 121	CHF TS	< 2 years
9. OCHA should transition from United Nations Volunteers (UNV) M&R Specialists to regular staff contracts. This will support continuity while further supporting the work done by these specialists at the cluster level.	Page 19; Para 119	OCHA	< 2 years

Annexes

ANNEX 1: EVALUATION QUESTIONS

These reflect the evaluation questions as adapted during the Inception Phase period. Please refer to the Inception Phase report for how these compare to those included in the original terms of reference for the Evaluation.

IMPACT
EQ1. How, and to what extent, has the CHF contributed to the collective results of the humanitarian community? How do we know? (Impact)
EQ3. Given that all CHF countries face protracted crisis, what is its value added of the CHF with respect to addressing chronic issues, preparedness, and recovery? (Impact)
EQ3.1 To what extent are CHF-funded projects linked to disaster risk reduction, recovery, and long-term development programmes?
EQ6. How does the CHF affect the quality of the humanitarian response? (Impact)
EQ6.1. To what extent does the CHF take into consideration cross cutting issues (gender, age, environment, HIV/AIDS, mental health/psychosocial support, disability), accountability to affected population, and equity?
EQ4. How does the CHF affect the timeliness of the humanitarian response? (Impact)
EQ12. How, and to what extent, has the CHF contributed to strengthening the humanitarian planning processes? (Impact)
EQ13. How successful are CHFs in facilitating and strengthening partnerships? (Impact)

EFFECTIVENESS
EQ11. To what extent has the availability of CHF funding supported targeting and contributed to improved coverage to ensure that the most vulnerable groups' needs are addressed? (Effectiveness)
EQ11.1. How useful and to what extent do different tools and guidance, e.g. IASC Gender Marker, support targeting and coverage?
EQ15. How effective are the mechanisms used to assess the organizational capacity of recipients, including their internal monitoring, evaluation, and quality assurance mechanisms? (Effectiveness)
EQ16. How is the success of projects measured? (Effectiveness)
EQ17. How adequate are capacities of OCHA and UNDP for their CHF-related roles at the country level? (Effectiveness)
EQ18. How equipped are clusters to implement the CHF processes? (Effectiveness)
EQ19. How adequate are capacities of the HCs (and their offices) for their CHF related roles? (Effectiveness)
EQ20. How effective and efficient are substantive and administrative support and oversight from OCHA HQ? How adequately does OCHA utilize its other core functions (information management, advocacy, policy) in support of the CHF? (Effectiveness)
EQ21. Are existing information management tools effective and appropriate for different needs of funds and its stakeholders? (Effectiveness)
EQ22. How successful are monitoring and reporting in delivering the objectives following the principles of the Global CHF Monitoring and Reporting Framework? (Effectiveness)
EQ23. Are accountability and risk management framework(s) and practices appropriate to the context? (Effectiveness)
EQ23.1 Do the funds have adequate control and oversight mechanisms to address inefficient use of funds and mismanagement of funds (including corruption)?
EQ24. How timely, efficient and effective are allocation processes? (Effectiveness)
EQ25. How appropriate is the prioritization and decision-making on resource allocation? (Effectiveness)

COHERENCE
EQ2. Where do CHFs fit within the humanitarian architecture in each country, and can any inferences be identified relating to the place of the CHF mechanism in the global humanitarian architecture? What are the implications of merging CHFs and ERFs into a single mechanism? (Coherence)
EQ2.1. To what extent are CHFs linked with other donor funding mechanisms, in-country and multi-donor funding mechanisms globally?
EQ5. How does the CHF affect the coherence of the humanitarian response? (Coherence)
EQ8. How can the CHF mechanism support the outcomes of the new OCHA Strategic Framework? (Coherence)
EQ9. How, and to what extent does the CHF mechanism contribute to the humanitarian reform initiatives, including the Transformative Agenda? (Coherence)
EQ9.1 How do CHFs integrate with the Humanitarian Programme Cycle?
EQ9.2 What were the effects of the CHF on humanitarian leadership and coordination structures at the country level?
CONNECTEDNESS
EQ7. How effectively does OCHA utilize the CHF mechanism to promote the humanitarian agenda (e.g. accountability to affected populations, gender equality)? (Connectedness)
RELEVANCE/APPROPRIATENESS
EQ10. How relevant are the objectives of the portfolio of projects financed to humanitarian needs in respective countries? (Relevance)
EQ14. What has contributed to trends in funding of each CHF? Can any inferences be drawn for the future funding of CHFs in general? (Relevance/Appropriateness)
EFFICIENCY
EQ26. How timely and efficient are disbursement mechanisms? (Efficiency)

ANNEX 2: STRATEGIC OBJECTIVES & CHF ALLOCATION PRIORITIES, 2012 – 2014

CAP Strategic Objectives & CHF Allocation Priorities[52]

2012 CAP strategic objectives	CHF standard allocation priorities in 2012	2013 CAP strategic objectives	CHF standard allocation priorities in 2013	2014 (CRP Jan - Dec)	CHF standard allocation priorities in 2014
1. Prepare for and respond to emergencies on time.	Pre-positioning of emergency life-saving core pipelines to ensure essential common services and logistics support.	1. Prepare for and respond to emergencies on time.	Support pre-positioning of emergency core pipelines and ensure adequate logistics and common services support.	1. Provide a coordinated life-saving response to immediate humanitarian needs of conflict-affected people.	Increased prioritization of WASH, Health, NFI & ES, FSL, Nutrition, and Protection for regular and reserve allocations.
2. Reduce food insecurity.	The food aid operation and refugee programme were ineligible for standard allocations as CHF funding would have limited impact on beneficiaries, given the large overall budget.	2. Maintain frontline services in hotspot areas	Support frontline life-saving activities in highly vulnerable locations with large numbers of people at risk, particularly internally displaced people, returnees, and malnourished children.	2. Provide protection to conflict-affected communities and ensure access to services.	
3. Maintain frontline services in hot spot areas.		3. Assist and protect refugees and host communities		3. Support the resumption of livelihoods activities by affected communities as quickly as possible and build resilience by providing integrated livelihoods assistance.	
4. Ramp up support for returnees during transit.		4. Protect people affected by crisis		4. Provide logistical support, including transport of personnel and goods, accommodation for aid workers and storage of assets in deep field locations to enable the humanitarian response.	
5. Strengthen protection for at-risk communities.		5. Support returns in a voluntary, safe and sustainable manner			
6. Reduce costs and improving the operational environment.		6. Increase resilience of households suffering from recurrent shocks			
7. Improve coordination.		7. Improve the operating environment.			

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[52] "South Sudan Crisis Response Plan, January – December 2014." OCHA South Sudan, 1 December 2014. The same strategic objectives are included in the "Crisis Response Plan" from June 2014; South Sudan Common Humanitarian Fund, "Common Humanitarian Fund: South Sudan 2013 Annual Report." OCHA, June 2014.

ANNEX 3: LIST OF PERSONS INTERVIEWED

HC	OCHA	Humanitarian Coordinator	Toby Lanzer
HCT	CARE	Country Director	Aimee Ansari
	FAO	Representative	Sue Lautze
	ICRC	Head of Delegation	Franz Rauchenstein
	Oxfam	Associate Country Director	Zlatko Gegic
	UNFPA	Representative	Barnabas Yisa
	UNICEF	Representative	Jonathan Veitch
ICWG	FAO	Coordinator (Food Security and Livelihoods)	Abdul Majid Khan
	IOM	Coordinator (Camp Coordination)	Ken Baker
	IOM	Coordinator (NFI & Shelter)	Laura Jones
	UNFPA	Coordinator (GBV)	Fabiola Ngeruka
	UNHCR	Coordinator (Multi-Sector; Refugees)	Fumiko Kashiwa
	UNHCR	Coordinator (Protection)	Joan Allison
	UNICEF	Coordinator (Health)	Julius Wekesa
	UNICEF	Coordinator (WASH)	Autumn Petersen
	WFP	Coordinator (Logistics)	Fiona Lithgow
	WFP	Coordinator (Emergency Telecommunications)	Pawan Arora
Donors	Embassy of Denmark	Senior Adviser	Karin Marianne Eriksen
	DFID	Henry Donati, Programme Manager, Humanitarian Response Group	Henry Donati
	DFID	Humanitarian Adviser	Gael Hankenne
	Embassy of the Kingdom of Netherlands	First Secretary	Felix Hoogveld
	The Royal Norwegian Embassy	Embassy Secretary	Rafea Arif
	The Royal Norwegian Embassy	Program Officer - Development Cooperation	Christianne Kivy
	The Royal Norwegian Embassy	Minister Counsellor	Gunnar Andreas Holm
	SDC	Deputy Director of Cooperation Office a.i.	Karl-Friedrich Glombitza
	OFDA	DART Team leader	Kate Farnsworth
	Swedish Embassy	First Secretary	Elizabeth Harleman
TS	OCHA	Head of Humanitarian Financing Unit	David Thorp
	OCHA	Monitoring and Reporting Officer	Anne-Sophie Le Beux
	OCHA	M&R Specialist	Malik Gai
	OCHA	M&R Specialist	Muhammad Israr
	OCHA	M&R Specialist	Mustapha Koroma
	OCHA	M&R Specialist	Bashir Ur Rahman
Other	South Sudan NGO Forum		Lucia Goldsmith
	South Sudan Older People's Organisation	Executive Director	Donato Ochan Hakim
	UNKEA	Food security and livelihood manager	Koiti Betty
	UNKEA	Monitoring and Evaluation Officer	Bisenso Wani Ezeron
	UNKEA	Human Resource/Administration manager	Sangula Benard
	WFP	Country Director	Joyce Luma
	WFP	Deputy Country Director (Operations)	Eddie Rowe
	WFP	Head of Programmes	Mark Gordon

ANNEX 4: BIBLIOGRAPHY

Bayat-Renoux, Fiona & Yannick Glemarec, "Financing Recovery for Resilience." UNDP, June 2014.

Brandenburger, Adam M. and Barry J. Nalebuff; (July – August 1995). "The Right Game: Use Game Theory to Shape Strategy," *Harvard Business Review*.

CHF South Sudan Technical Secretariat (12 August 2014). "CHF Allocation Meeting: Bentiu."

Downs, Charles. (2014). *Independent Assessment of the Managing Agent Function in CHFs – issues and options*.

Egeland, Jan (1 October 2005). "Towards a Stronger Humanitarian Response System." *Forced Migration.*

Ferris, Elizabeth (2014). "Ten Years After Humanitarian Reform: How Have IDPs Fared?" OCHA and the Brookings Institution.

Financial Tracking Service, (15 February 2013). "Global Overview of 2012 Pooled Funding: CERF, CHF, and ERFs."

Humphries, Vanessa (30 April 2013). "Improving Humanitarian Coordination: Common Challenges and Lessons Learned from the Cluster Approach," *The Journal of Humanitarian Assistance*.

IASC (July 2012). "Accountability to Affected Populations: Tools to Assist in Implementing IASC AAP Commitments."

IASC (30 July 2014). "Internal Report: Response to the Crisis in South Sudan. Review Mission 18 – 28 June 2014." IASC Operational Peer Review.

Levine, Simon & Irina Mosel (April 2015). "Supporting Resilience in Difficult Places." Overseas Development Institute.

OCHA (14 February 2012). "South Sudan Common Humanitarian Fund Terms of Reference."

OCHA (15 August 2013). "Humanitarian Programme Cycle: Protracted Crises."

OCHA (2015). "2015 Global Humanitarian Overview," OCHA.

OCHA (December 2014). "Operational Handbook for Country Based Pooled Funds."

OCHA (June 2014). "Common Humanitarian Fund: South Sudan 2013 Annual Report."

OCHA South Sudan (1 December 2014). "South Sudan Crisis Response Plan, January – December 2014."

OCHA South Sudan (2014). "Factsheet: Malakal County, Upper Nile State (as of 01 September 2014)."

Pain, Adam & Simon Levine (November 2012). "A Conceptual Analysis of Livelihoods and Resilience: Addressing the 'Insecurity of Agency'," Humanitarian Policy Group Working Paper.

Pingali, Prabhu, Luca Alinovi and Jacky Sutton (June 2005). "Food Security in Complex Emergencies: Enhancing Food System Resilience." *Disasters*, Vol. 29, Issue Supplement 1.

Smillie, Ian ed. (2001). *Patronage or Partnership: Local Capacity Building in Humanitarian Crises*. Kumarian Press.

UK House of Commons (2012) "South Sudan: Prospects for Peace and Development," International Development Committee. Fifteenth Report of Session 2010 -12. HC 1570.

UNDP (2015) "Multi-Party Donor Trust Fund Office Gateway," http://mptf.undp.org/factsheet/fund/SRF00.

UNDP (February 2014). "Harmonised Approach to Cash Transfers (HACT)."