

SOUTH SUDAN HUMANITARIAN FUND

2020

ANNUAL REPORT

SSH F

South Sudan
Humanitarian
Fund



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This document was produced by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in South Sudan. OCHA South Sudan wishes to acknowledge the contributions of its committed staff at headquarters and in the field in preparing this document.

The latest version of this document is available on the South Sudan Humanitarian Fund website at www.unocha.org/south-sudan.

Full project details, financial updates, real-time allocation data and indicator achievements against targets are available at gms.unocha.org/bi.

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Front Cover

Lokoli is 13 years old and from Pibor town in South Sudan. She is determined to go to school despite the persistent violence and recurrent flooding. With funding from the South Sudan Humanitarian Fund, Lokoli has received psychosocial and other support. Credit: OCHA/Emmi Atinoja.

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Financial data is provisional and may vary upon financial certification.

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FOREWORD

I am pleased to share with you the South Sudan Humanitarian Fund (SSHF) Annual Report for 2020. The report outlines how the SSHF remains vital in its contribution to timely life-saving response. Throughout 2020, the SSHF enabled humanitarian partners to support people affected by compounding shocks, including conflict, displacement, loss of livelihoods, lack of health care and limited access to schools, as well as people with urgent protection needs, especially women and children. The report provides an update on the management and accountability of the Fund, and a brief overview of results by sector.

With the rest of the world, the people of South Sudan and the humanitarian community were greatly affected by the COVID-19 pandemic and its disruptive impacts on markets, services and movements. At the same time, the country experienced its second consecutive year of devastating flooding, which affected almost 1 million people. The year was also marked by sub-national violence, intensification of local conflicts and flare-ups in areas that were previously relatively peaceful. Humanitarian access deteriorated in many areas, and the number of aid workers killed tripled from three in 2019 to nine in 2020. The combination of these shocks has led to a substantial increase in people's vulnerability.

The SSHF allocated US\$62 million to support 106 projects, including multi-sector response across the country. This represents 6 per cent of the humanitarian funding received against the Humanitarian Response Plan (HRP).

This strategic contribution of the SSHF would not have been possible without donors' generous support. I want to express my sincere appreciation to the governments of Germany, the United Kingdom, the Netherlands, Norway, Sweden, Denmark, the European Union, Australia, Belgium, Ireland, Canada, Switzerland, the Republic of Korea and Luxembourg for their financial support and advocacy to ensure the continuing relevance of the Fund.

I am proud of the role the SSHF continued to play as an efficient financing mechanism. The Fund's strategic focus, supported by a robust accountability mechanism, has been instrumental not only in enabling partners to address the most critical needs, but also in strengthening humanitarian coordination.

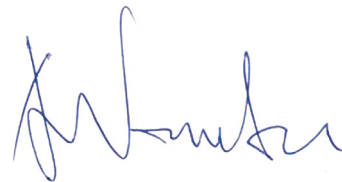
In 2020, the Fund demonstrated its flexibility in rapidly supporting the responses to COVID-19 and to major floods,

while also allocating funds to alleviate high levels of food insecurity, particularly among people displaced by conflict.

We continue to aim for maximum efficiency by prioritizing direct implementation, integration of the response in the worst-affected areas and support for local partners. Direct funding to local partners accounted for almost 26 per cent of the Fund's allocations in 2020, which furthered the contribution to local solutions and capacity.

Looking ahead, the condition of displaced people and voluntary returns is anticipated to remain dire. Urgent and sustained multi-sector humanitarian assistance is vital to address their critical needs.

The SSHF stands committed and will remain one of the strategic funding mechanisms for life-saving humanitarian assistance in South Sudan.



ALAIN NOUDÉHOU
Humanitarian Coordinator in South Sudan

The Humanitarian Coordinator in South Sudan, Alain Noudéhou, visits Duk County in Jonglei and Panyijar County in Unity and meets people affected by flooding and sub-national violence.
Credit: OCHA



“

The SSHF remains an invaluable tool, reinforcing a collective prioritization and strategic vision to address the urgent humanitarian needs of the most vulnerable across the country.

ALAIN NOUDÉHOU
HUMANITARIAN COORDINATOR
FOR SOUTH SUDAN

”

SSHF 2020 ANNUAL REPORT

2020 IN REVIEW

This Annual Report presents information on the achievements of the South Sudan Humanitarian Fund during the 2020 calendar year. However, because grant allocation, project implementation and reporting processes often take place over multiple years – Country-Based Pooled Funds (CBPFs) are designed to support ongoing and evolving humanitarian responses – the achievement of CBPFs are reported in two distinct ways:

- **Information on allocations granted in 2020 (shown in blue).** This method considers intended impact of the allocations rather than achieved results as project implementation and reporting often continues into the subsequent year and results information is not immediately available at the time of publication of annual reports.
- **Results reported in 2020 attributed to allocations granted in 2020 and prior years (shown in orange).** This method provides a more complete picture of achievements during a given calendar year but includes results from allocations that were granted in previous years. This data is extracted from final narrative reports approved between 1 February 2020 - 31 January 2021. The achievements presented in this report include reported achievements against targets from projects funded in 2018 and 2019 but whose reports were submitted and approved in 2020. The bulk of the projects funded in 2020 are still under implementation and the respective achievements against targets will be reported in the subsequent SSHF reports.

Figures for people targeted and reached may include double counting as individuals often receive aid from multiple cluster/sectors.

Contribution recorded based on the exchange rate when the cash was received which may differ from the Certified Statement of Accounts that records contributions based on the exchange rate at the time of the pledge.

2020 IN REVIEW

SOUTH SUDAN HUMANITARIAN FUND AT A GLANCE

HUMANITARIAN CONTEXT

Humanitarian situation in 2020

The humanitarian situation for people in South Sudan remains dire. By the end of the year, the number of people in need reached an all-time high of 8.3 million, compared to 7.2 million and 7.5 million at the same time in 2018 and 2019, respectively. The new caseload includes 8 million South Sudanese and 0.3 million refugees and asylum seekers.

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

Recurrent floods exacerbated the humanitarian situation in 2020. Floods affected an estimated 856,000 people in the second half of the year, displacing close to 400,000 people. Some 400 schools in nine states were damaged, half of them were still occupied by internally displaced persons (IDPs) by year end. This is likely to delay the reopening of schools in many areas once the lock-down is lifted.

Flood-induced displacements limit people's access to water, sanitation and hygiene (WASH) infrastructure and services, place an extra burden on existing WASH facilities in displacement sites and increase the risk of waterborne and hygiene-preventable diseases. In addition, flooding cuts off the main supply routes, with up to 60 per cent of the country inaccessible by land between April and December. This further constrained physical access, limiting humanitarian access and forcing humanitarian organizations to rely on costly air transportation.

Effects of COVID-19

By 24 April 2021, there were 10,515 confirmed cases of COVID-19, with 114 total deaths—representing 1.09 per cent case fatality rate¹. While the number of cases has been low

compared to neighbouring countries, the impact of COVID-19 mitigation restrictions placed pressure on markets and the movement of goods, leading to high commodity prices and the unavailability of essential supplies. COVID-19 also led to additional demand for health services, supplies and professionals, disrupting some routine programmes, such as the Expanded Programme on Immunization, and affected access to education. The temporary closures of schools, due to COVID-19 restrictions, not only disrupted education but also limited children's access to essential services, like school feeding programmes.

Other compounding factors, such as depreciation of the local currency, contributed to a significant spike in prices for cereals and other commodities. The depreciation of the South Sudanese pound in 2020 led to a rise in the cost of a food basket, and consequently, a rise in the share of food expenditure, leaving households little to no resources to cover non-food needs.

Food insecurity

South Sudan remains one of the most food-insecure countries in the world due to number of factors, including, conflict and intercommunal violence, flooding and attendant population displacement, which have disrupted trade, markets and food production activities. Chronic food shortages, climate shocks, a deepening economic crisis, insecurity and insufficient agricultural production at household level have kept levels of acute malnutrition alarmingly high for people. The indirect effects of COVID-19 mitigation measures disrupted supply chains of both commercial and humanitarian assistance which worsened the severity of people's food insecurity for most of 2020 by delaying delivery of assistance and increasing commodity prices.

People's overall food security situation deteriorated towards the end of the year. The number of people facing crisis-level acute food insecurity (IPC Phase 3) or worse, increased to 6.5 million people in the period May-July, from 5.3 million people projected to be impacted as reported in January 2020. The number slightly reduced to 6.35 million people, or 52.6 per cent of the population in October-November 2020. By the end of the year, 2.1 million people were in Emergency (IPC Phase

¹ <https://covid19.who.int/region/afro/country/ss>

4) acute food insecurity, while 24,000 people were classified as being in Catastrophe (IPC Phase 5) acute food insecurity.

The food security situation was projected to improve by March 2021, with 5.82 million people facing crisis acute food insecurity (IPC Phase 3) or worse. However, the future remains worrying, with a projection of 7.2 million people facing crisis in the period April-July 2021.

High malnutrition levels

A high prevalence of diseases and poor quality and diversity of food elevated levels of food insecurity (IPC Phase 3 and above), and poor access to health and nutrition services continued to drive up malnutrition rates. By the end of the year, some 1.4 million children under age 5 were estimated to suffer from acute malnutrition according to nutrition monitoring systems, SMART nutrition surveys and admission trends for 2020. This number represents the highest caseload of children with acute malnutrition reported since December 2013 and marks an increase from 1.3 million children reported at the beginning of the 2020².

In total, people in 48 of 78 counties are assessed to have a global acute malnutrition (GAM) rate above the emergency threshold of 15 per cent. Of those, 20 counties were classified as critical with a 15-29.9 per cent GAM rate, compared with 12 counties in the same period in 2019. People in 28 counties were classified as serious, with a 10-14.9 per cent rate. High malnutrition levels have persisted for people in Jonglei and Upper Nile states.

Health Risks

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

Due to the limited access to health care, the country continues to register some of the worst health indicators in the world for its population, with a child mortality rate of 96 deaths per 1,000 live births. It is estimated that 75 per cent of all child deaths in South Sudan are as a result of preventable diseases, such as diarrhoea, malaria and pneumonia³.

Education

An estimated 2.4 million school-age children were out of school in 2020. The situation is dire for children in rural areas, for displaced, refugee and returnee children where only half

of them have access to primary education. According to the 2021 Humanitarian Needs Overview, six states - Lakes, Western Equatoria, Jonglei, Unity, Lakes, and Northern Bahr el Ghazal – are the worst affected due to conflict and inadequate education infrastructure.

Access to education has further worsened countrywide with the temporary closure of schools due to COVID-19. The closures disrupted access to education and limited children's access to essential services such as school feeding programmes, information on disease prevention and access to water and sanitation available at the school sites.

Displacement

An estimated 1.6 million people are internally displaced, a slight decrease from November 2019⁶. The spike in sub-national violence and floods triggered new displacements in 2020. Preliminary analysis shows that more than 230,000 people displaced to a new location during the first nine months of 2020, including new displacement and movement of existing displaced people to secondary areas of displacement. As of March 2020, four of five displaced people were living with host communities, of whom more than 90 per cent are in rural areas and 10 per cent in camp-like settings. Protracted displacement and scarcity of resources lead to strained relationship between displaced families and host community.

By November 2020, Protection of Civilian (PoC) sites in Bor, Juba, Wau and Bentiu were transitioned to internally displaced people (IDP) sites, with Malakal PoC site planned to transition in 2021. The re-designation of the PoC sites posed several protection concerns related to security, access to justice and rule of law. This is due to limited trust between the government and local populations, based on historical, ethnic and political reasons.

Humanitarian Response Plan

The South Sudan 2020 HRP enabled joint response planning for 281 humanitarian partners for effective humanitarian action. Funding received amounted to US\$1.2 billion, reaching 7.3 million people



7.5M people in need



7.6M people targeted*



US\$1.9B funding requirement

² [2020 South Sudan Humanitarian Needs overview](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/ss_20201125_humanitarian_response_dashboard_january_to_september.pdf)

³ <https://www.unicef.org/southsudan/what-we-do/health>

* https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/ss_20201125_humanitarian_response_dashboard_january_to_september.pdf

2020 IN REVIEW

REFERENCE MAP

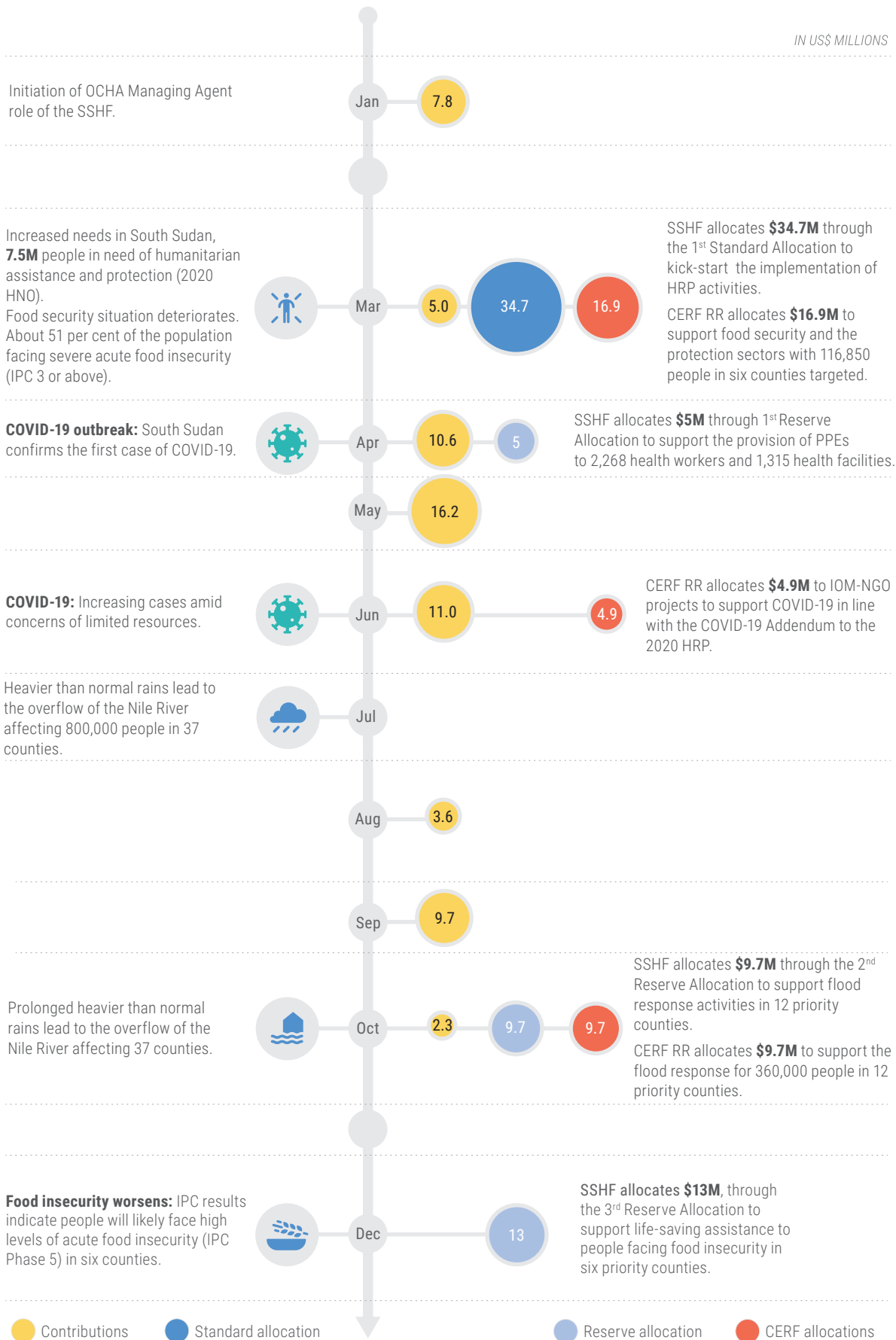
SOUTH SUDAN



The administrative boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not been determined. Final Status of Abyei area is not yet determined.

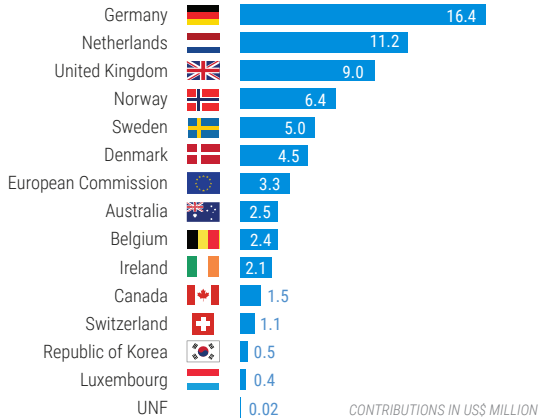
2020 TIMELINE

IN US\$ MILLIONS



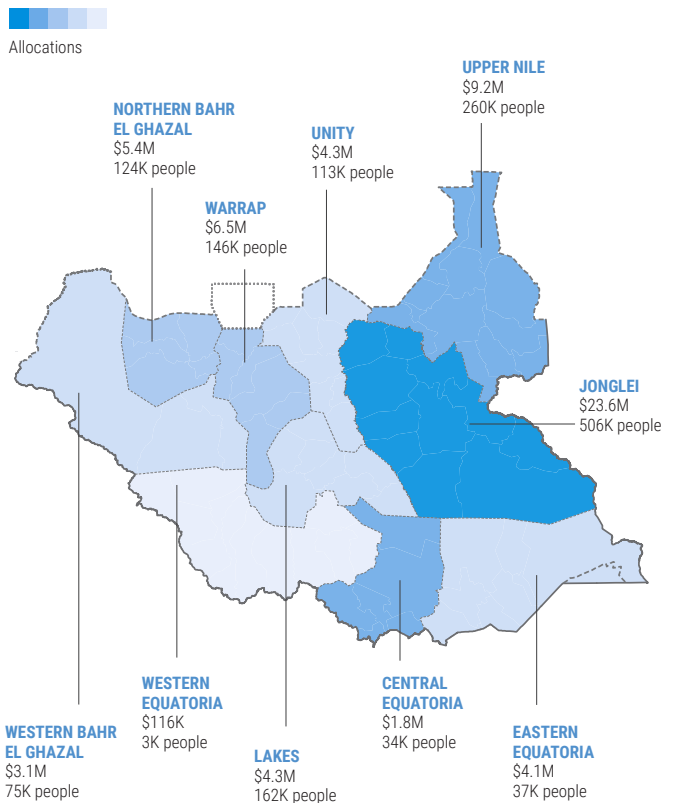
2020 ALLOCATION

\$66.3M
CONTRIBUTIONS



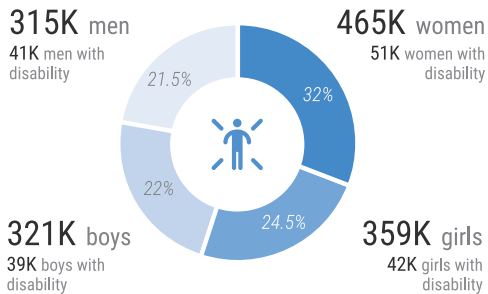
\$62.4M
ALLOCATIONS

1.5M
PEOPLE TARGETED

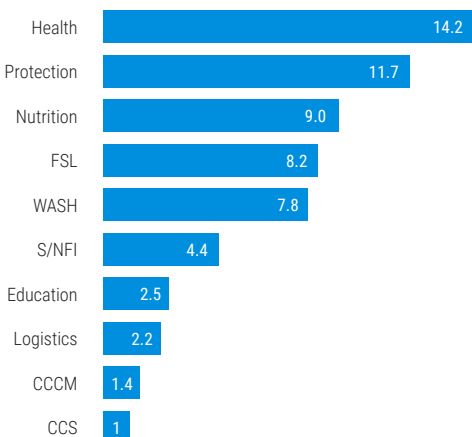


1.5M
PEOPLE TARGETED

173K
PEOPLE TARGETED WITH DISABILITY



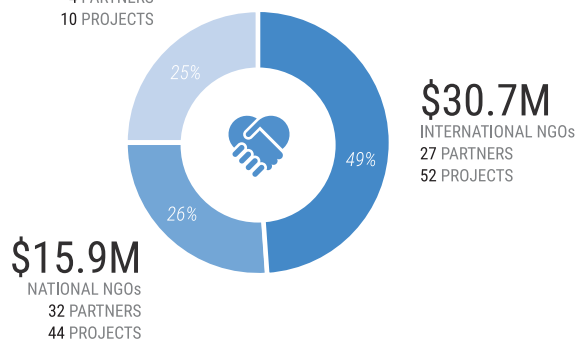
ALLOCATIONS BY CLUSTER



63
PARTNERS

106
PROJECTS

\$15.8M
UN AGENCIES
4 PARTNERS
10 PROJECTS



SOUTH SUDAN HUMANITARIAN FUND COVID-19 RESPONSE



10K
CASES



114
DEATHS



\$383M
REQUIREMENTS



OF WHICH
HEALTH: **\$91.4M**
NON-HEALTH: **\$291.6M**

The first COVID-19 case was reported on 4 April 2020. A year later, the virus has spread widely. Some 10,478 people tested positive for the virus and 114 deaths have been confirmed as of 20 April 2021, representing a case fatality rate (CFR) of 1.09 per cent. The effects of the virus have caused negative impact on people's humanitarian situation.

The South Sudan Humanitarian Fund boosted the collective response to the COVID-19 crisis in South Sudan, allocating a total of \$7.6 million for COVID-19 related activities. Of this \$5 million was allocated through the first reserve allocation and \$2.6 million through a COVID-19 integrated programme to scale up response to floods and food insecurity.

The SSHF supported the COVID-19 response through mainstreaming of COVID-19 prevention activities. These included awareness campaigns on COVID-19 prevention, procuring COVID-19 prevention supplies and training staff on COVID-19 prevention. In addition, the Fund supported activities that responded to new needs of the people impacted during the first standard allocation, with approximately \$0.5 million re-programmed for COVID-19 related activities.

Most of these project activities are ongoing. Some 14 million assorted items of protective personal equipment (PPE) were procured and distributed to front line healthcare workers. Messages on COVID-19 preparedness and prevention were shared with 64,500 people.

SSHF COVID-19 RESPONSE



\$7.6M
ALLOCATIONS

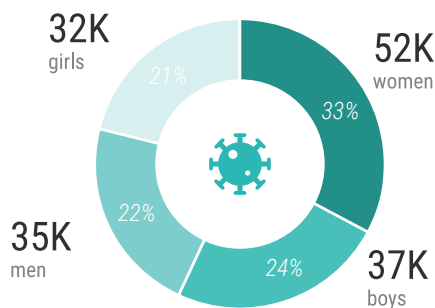


156K
PEOPLE REACHED



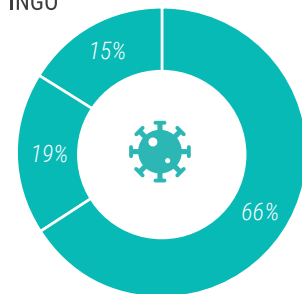
52
PARTNERS

83
PROJECTS



\$1.2M INGO
24 partners
43 projects

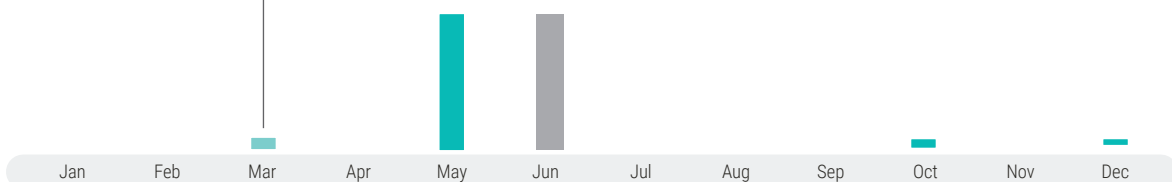
\$1.4M NNGO
26 partners
36 projects



\$5M UN
2 partners
4 projects

WHO declares COVID-19 outbreak a pandemic

Launch of the COVID-19 Global Humanitarian Response Plan



SSHF allocates \$34.7 million through the 1st Standard Allocation to kick-start the 2020 HRP activities. About **\$1.9 million** re-programmed for COVID-19 response.

SSHF allocates **\$5 million** through the 1st Reserve Allocation for procurement of PPEs for 2,268 health workers and 1,315 health facilities.

CERF allocates \$4.9 million directly to NGOs for the COVID-19 response based on the COVID-19 Addendum to 2020 HRP.

About **\$400K** budget from the 2nd Reserve Allocation (\$9.7 million) supports integrated COVID-19 response.

About **\$300K** budget from the 3rd Reserve Allocation (\$13 million) supports integrated COVID-19 response.

KEY ACHIEVEMENTS



50 community members (teachers, Teacher Parent Associations (PTAs), School Management Committees (SMCs), traditional chiefs) trained and hygiene clubs members sensitized on WASH and health issues related to COVID-19.



30 radio sessions held on COVID-19 and **importance of education.**



64,523 people reached with **messages on COVID-19 preparedness and prevention.**



4,690 people with **access to safe water** for COVID-19 response.



13,400 vulnerable individuals equipped with **WASH NFI kits** for COVID-19 prevention.



429 health facilities provided with essentials drugs and supplies for COVID-19



10,551 health care workers provide with PPEs.



14 million assorted personal **Protective Equipment** procured.

CHALLENGES



COVID-19 related restrictions placed additional constraints to the COVID-19 response activities. Delays in staff recruitment, procurement of commodities and transportation due to travel restrictions and scarcity in the region and global market. COVID-19 related activities designed to be implemented in schools were also interrupted as schools remained closed.



Access to project locations for COVID-19 and other response activities were interrupted in various instances due to floods and insecurity, particularly in Jonglei counties and inter-communal violence has been ongoing.



OCHA and partners worked together to reprogramme activities including extension of project end dates to get all activities implemented including for other non-COVID-19 related activities.

Woman arise to support combating COVID-19

Nyajiel is a Women Group team leader. In the middle of a devastating malnutrition situation in Ayod County and on high alert from COVID-19, Nyajiel and other Women Group members have a lot to contend with. The high rates of malnutrition in the area are caused by unsafe drinking water, recurring natural disasters, displacement from fighting, which have led to poor harvests, and a lack of livestock. Nyajiel's community are faced with a lack of food and market access, leading people to resort to unsustainable sources of food, such as foraging and hunting, or negative coping strategies such as spending days without food so the children can eat. While Nyajiel and other Women Group members continue to provide nutrition and health education to the community and counsel caregivers, they lack knowledge of how to spread awareness of preventative measure to combat the COVID-19 pandemic in an already vulnerable community.

Christian Mission for Development (CMD), a national NGO, conducted a nine-month nutrition intervention in Ayod County, integrating health, WASH, food security and livelihood activities. With the outbreak of COVID-19, they added COVID-19 sensitization, such as messaging on social distancing and hand-washing to their list of activities. Nyajiel was recruited as a Lead Mother by CMD staff implementing a SSHF-supported nutrition project in Ayod County.

Nyajiel attended COVID-19 and malnutrition training. She learned the signs and symptoms of COVID-19, and how best to prevent the spread of the virus in the community.

“I really appreciate the support of CMD and the South Sudan Humanitarian Fund for providing nutrition activities in the Mhaar Village.”

Over nine months in 2020, CMD trained 66 front-line health workers on COVID-19 prevention alongside hygiene and Community-Based Management of Acute Malnutrition. CMD screened close to 22,000 infants for malnutrition and screened, referred, and admitted over 6,000 pregnant and lactating women found to be malnourished to various nutrition programme sites.



Ayod, Jonglei. Nyajiel attends COVID-19 and Nutrition training.
Credit: Christian Mission for Development

RESULTS REPORTED IN 2020

 **\$55.2M**
ALLOCATIONS

2018

\$1.3M
ALLOCATIONS

4
PROJECTS

4
PARTNERS

2019

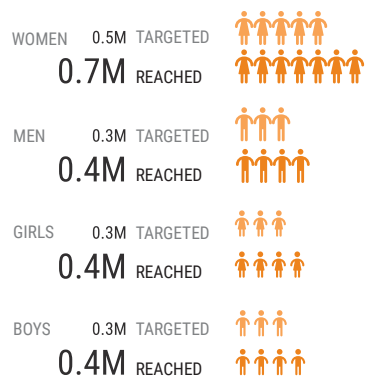
\$53.9M
ALLOCATIONS

176
PROJECTS

160
PARTNERS

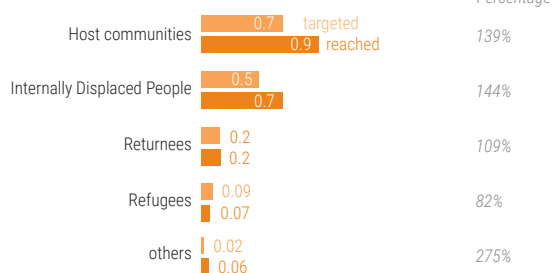
Total amount of funding for projects that have final narrative reports approved during the reporting period -1 Feb 2019 and 31 Jan 2020 (disaggregated by allocation year).

 **1.4M** PEOPLE TARGETED | **1.9M** PEOPLE REACHED



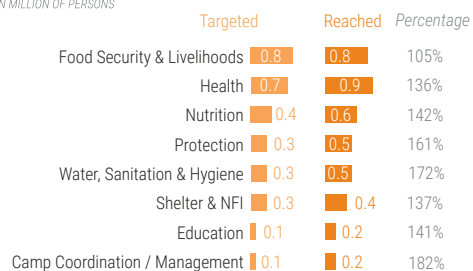
PEOPLE TARGETED AND REACHED BY TYPE

In million of persons



PEOPLE TARGETED AND REACHED BY CLUSTER

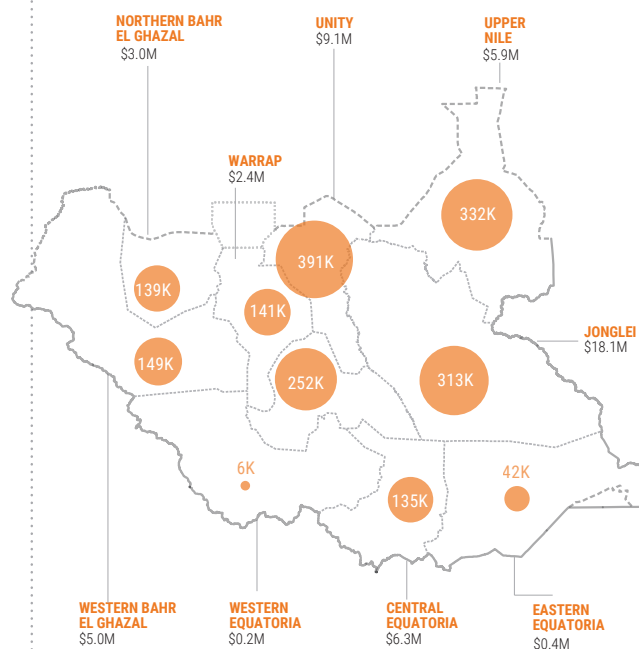
IN MILLION OF PERSONS



Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year.

PEOPLE REACHED AND FUNDING BY REGION

People reached | REGION | Funding amount



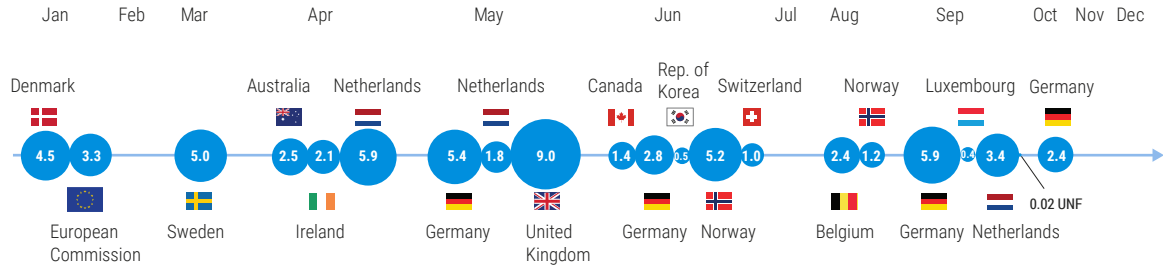
Results presented above are based on 2020 data and may be under reported as implementation of projects and project level reporting often continues into the subsequent year.

Cluster results includes specific "cluster" targets and achievements.

2020 IN REVIEW

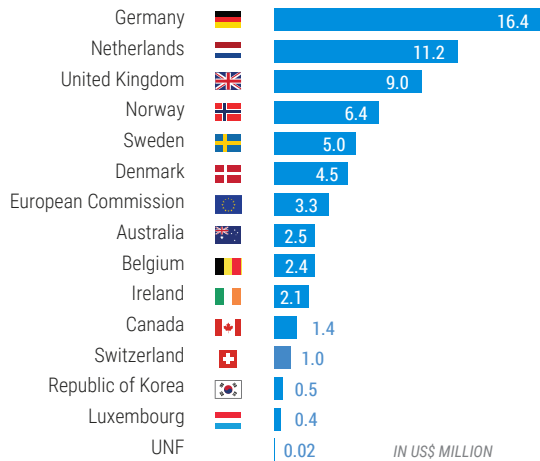
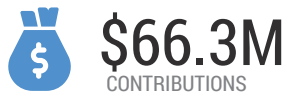
DONOR CONTRIBUTIONS

CONTRIBUTIONS TIMELINE



IN US\$ MILLION

DONOR CONTRIBUTIONS



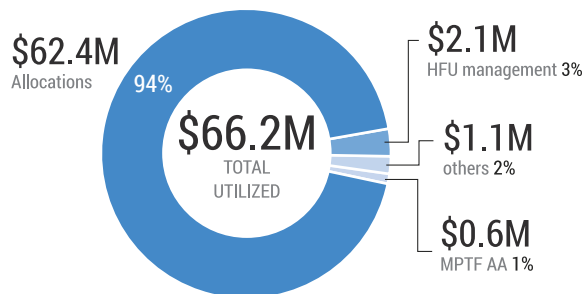
IN US\$ MILLION

Donors contributed \$66.3 million to the SSHF between January and December 2020. This was 4 per cent below the corresponding amount in 2019, which was a year with a major flood response. The contributions reflect donors' continuing confidence in the Fund's careful management of resources, strategic decision-making processes and robust accountability system. The contributions to the SSHF accounted for 5.8 per cent of 2020 HRP funding received.

Four donors contributed to the Fund. Germany was the highest contributor, followed by the Netherlands, the United Kingdom, Norway, Sweden, Denmark, the European Commission, Australia, Belgium, Ireland, Canada, Switzerland, the Republic of Korea and Luxembourg. The United Nations Foundation also contributed.

Donor funding and the SSHF's subsequent allocations complemented other sources of funding, particularly the Central Emergency Response Fund (CERF). Both pooled funds allocated \$93.8 million (\$31.5 million CERF Rapid Response and \$62.4 million SSHF) to address critical humanitarian needs.

UTILIZATION OF FUNDS



Fund utilization

Predictable contributions from donors allowed the Fund to utilize \$66.1 million in 2020. This included \$62.4 million for humanitarian projects, \$2.1 million for OCHA's Humanitarian Financing Unit (HFU), \$0.8 million for programme support costs, \$0.6 million to the Multi Partner Trust Fund (MPTF) Administrative Agent (AA), and \$0.3 million for external audit costs. This represents a significant decline in fund utilization compared to 2019 (\$87.2 million).

Quarterly donor contributions

Seventy-six per cent of the 2020 contributions, or \$50.6 million, were received in the first half of 2020. Early donor contributions allowed for a timely first Standard Allocation of \$35 million that provided critical frontline activities aligned with the HRP’s strategic priorities. Additional resources were allocated in the second quarter of the year through three Reserve Allocations, in response to needs that emerged for people who were impacted by flooding, displacement and critical food insecurity.

While the Fund’s ability to adjust its allocation process to the timing of donor contributions remains one of its comparative advantages, its full potential can only be reached with improved predictability in the timing of contributions and increased resources.

SSHF Funding trends

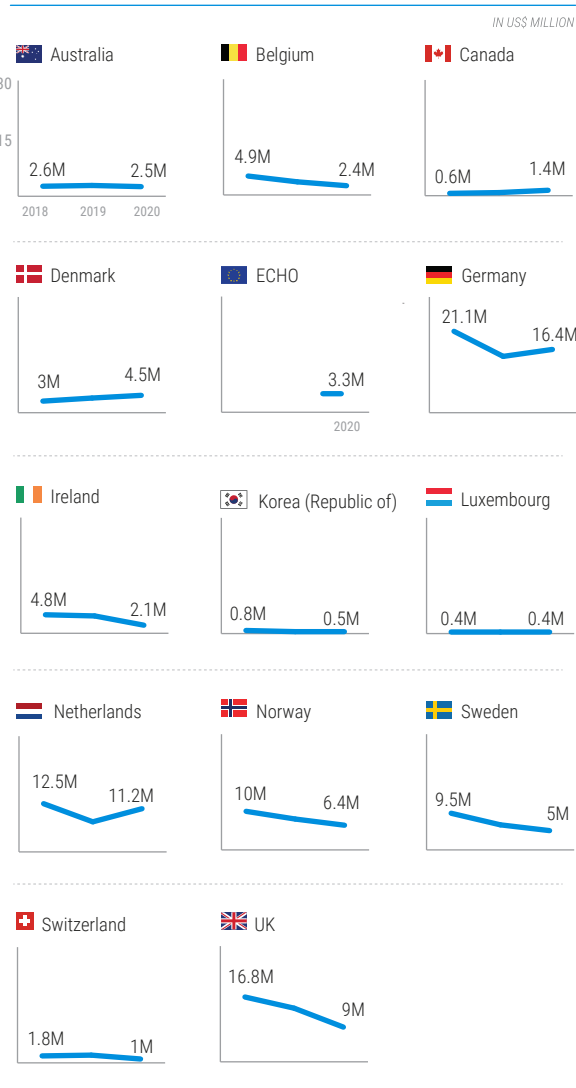
Over the years, donors have generously supported humanitarian response in South Sudan, contributing \$789 million to the Fund between 2012 and 2020. The highest level of support – \$129 million – was in 2014, when more than 7 million people were food insecure. While the same number of people were in need of assistance between 2017 and 2020, annual donor contributions were about half the 2014 level.

Contributions dropped significantly between 2015 and 2016, increased in 2017 and 2018, and decreased again in 2019 and 2020.

The United Kingdom provided the highest cumulative contribution since the Fund’s inception, allocating a total of \$303 million. The United Kingdom was a multi-year contributor in 2018 and 2019, when humanitarian needs were at their peak. Sweden contributed \$116 million, the Netherlands \$84.3 million and Norway \$84 million. The fifth donor is Germany (\$71 million), which was the top annual contributor in 2018, 2019 and 2020, when contributions from the United Kingdom dropped significantly.

The pool of donors reached 14 in 2020, as the Fund welcomed the European Commission, which contributed \$3.3 million. The SSHF was one of two CBPFs which received funding from the European Commission and was the top recipient followed by Ukraine Humanitarian Fund (\$1 million).

DONOR TREND



* UNF contributed \$17,899 in 2020

Multi-Year Donor Contributions

Multi-year flexible humanitarian funding supports better outcomes and delivers efficiencies. This funding approach sustains operations, strengthens partner capacity, acts as bridge funding when the situation worsens, until supplementary resources are received to support with the response. To ensure effective delivery of services, donors are urged to commit to multi-year funding for better results in South Sudan through the SSHF. The last multi-year funding agreement was with the United Kingdom in 2018-2019 (\$29 million).

2020 IN REVIEW

ALLOCATION OVERVIEW

Life-saving, coordinated and effective response

The SSHF played a vital role supporting the humanitarian response to people in need in South Sudan. It serves as a mechanism to combine donor contributions into a single, unearmarked fund, which supports priority needs as determined through joint and inclusive processes in-country.

First Standard Allocation: Strengthening the humanitarian response and PSEA

In conjunction with the launch of the 2020 HRP, the SSHF released \$34.7 million in March 2020 to provide education and safe learning spaces for children, improve common transport services, and improve health and WASH services. **A specific envelop was dedicated to Protection Against Sexual Exploitation and Abuse (PSEA) and Gender-Based Violence (GBV)**, establishing safe houses and providing GBV prevention and case management services.

First Reserve Allocation: Scaling-up the response to COVID-19

The COVID-19 surge in April 2020 overwhelmed the health system, placing the populations in increasing risk. The SSHF released \$5 million for **bulk procurement and pre-positioning of personal protective equipment (PPE)**, a vital and early action **at a time when funding was scarce, and inventories depleted**. The PPE enhanced the safety of essential frontline workers in almost 1 500 health facilities, ensuring continuity of services.

Second Reserve Allocation: Responding rapidly to wide-spread flooding

Following **massive flooding in Jonglei, Lakes and Upper Nile states** in the third quarter of the year, in October the SSHF released \$9.7 million, in complementarity with a CERF allocation, to support the livelihoods of worst-affected communities and provide food, shelter and WASH assistance. The allocation **strengthened coordination and operations in remote and hard-to-access areas through support to humanitarian hubs**.

Third Reserve Allocation: Mitigating famine risk

A marked escalation in violence combined with flooding and COVID-19 significantly increased hunger at the end of the year, with an estimated 7.2 million people (60 per cent of the population) classified as acutely food insecure. The SSHF, in complementarity with a CERF allocation, released \$13 million in December to **reduce the risk of famine**, supporting the livelihoods of the most vulnerable, **protecting to girls and women at risk of GBV**, and strengthening humanitarian air cargo services.

Localisation

The SSHF allocated \$62.4 million in 2020, through one Standard Allocation and three Reserve Allocations. It continued to promote the localization agenda by channeling \$20.6 million, or 33 per cent of all allocated funds, to 32 NNGOs. Of this, 19 NNGOS received about \$5.3 million as sub-grantees of other fund recipient organisations. The rest of the funds went to 27 international NGOs (INGOs) and 4 UN agencies. The funds targeted an estimated 1.5 million most vulnerable people in 48 counties with life-saving support and services. Health workers in an additional 24 counties were supported with COVID-19 supplies to enable them to work in safety. The Fund continued to emphasise quality partnerships and strengthening the capacity of partners through longer-term programming and sub-granting arrangements.

Enhanced humanitarian response coordination

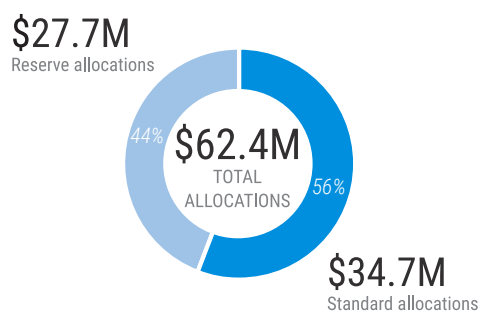
The SSHF continued to strengthen the leadership of the Humanitarian Coordinator (HC) as the convener and chair of the SSHF Advisory Board and in his coordination role, steering the Inter-Cluster Coordination Group (ICCG) through the prioritization process in alignment with the HRP and locally identified needs and priorities.

The SSHF coordinated relevant and accountable humanitarian assistance by collaborating with the ICCG, taking into account the Needs Analysis Working Group findings to identify priorities for funding. The approach brought together information from different sources, including the integrated phase classification, FEWS NET and other cluster needs assessments, to ensure that allocations focused on needs and complemented other ongoing humanitarian programmes.

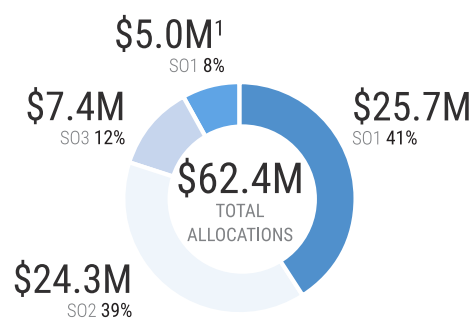
2020 ALLOCATIONS

Amount	Category
\$34.7M	Standard allocation
\$5M	Reserve allocation
\$9.7M	Reserve allocation
\$13M	Reserve allocation

ALLOCATIONS BY TYPE



ALLOCATIONS BY STRATEGIC OBJECTIVE



1. SO1 from the COVID-19 Addendum

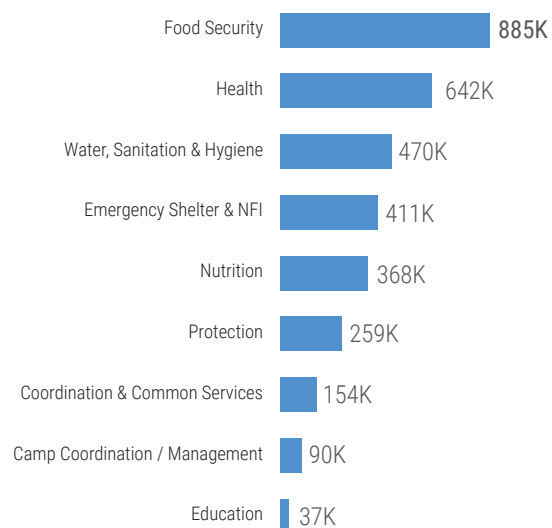
SO1¹ Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality.

SO1 Reduce morbidity and mortality, as well as suffering from protection threats and incidents, of the most vulnerable populations in severity levels 3 and 4.

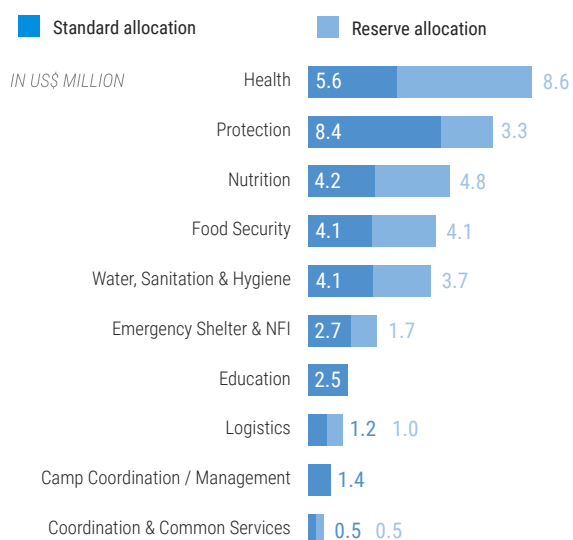
SO2 Facilitate safe, equitable and dignified access to critical cross-sectoral basic services to enable populations meet their basic needs in locations of severity levels 3 and 4.

SO3 Enable vulnerable people to recover from crisis, seek solutions to displacement and build resilience to acute shocks and chronic stresses through targeted programming to support coping capacities and livelihoods in prioritized areas their resilience to acute shocks and chronic stresses.

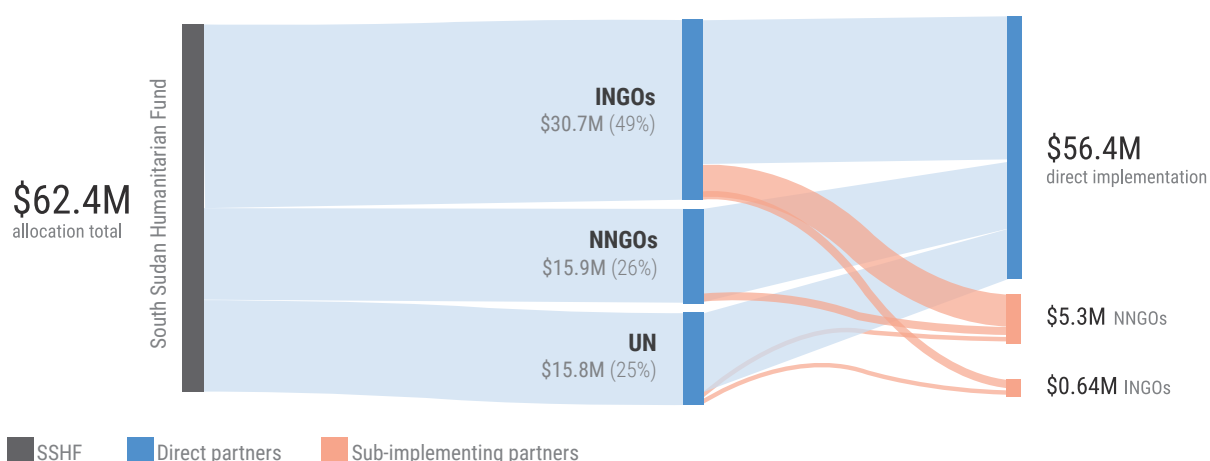
PEOPLE TARGETED BY CLUSTER



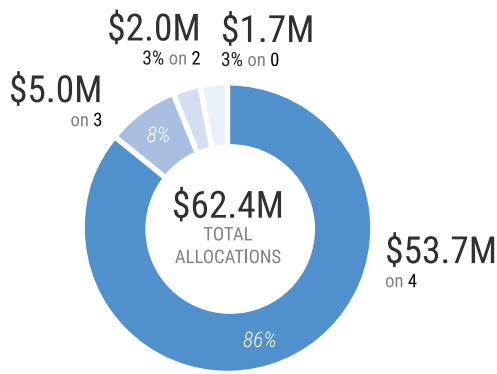
ALLOCATIONS BY CLUSTER



ALLOCATION FLOW BY PARTNER TYPE



GENDER MARKER PROJECTS



- 0 - Does not systematically link programming actions
- 1 - Unlikely to contribute to gender equality (no gender equality measure and no age consideration)
- 2 - Unlikely to contribute to gender equality (no gender equality measure but includes age consideration)
- 3 - Likely to contribute to gender equality, but without attention to age groups
- 4 - Likely to contribute to gender equality, including across age groups

SSHf provided critical boost to the 2020 South Sudan HRP

The SSHf allocations provided strategic support to top priorities under the 2020 South Sudan HRP, including the COVID-19 addendum. SSHf allocations accounted for 6 per cent of the \$1.23 billion received for the 2020 HRP. SSHf allocations were aligned with HRP strategic objectives and the humanitarian context. Some \$50 million, or 80 per cent of the funds, were allocated to the following life-saving objectives:

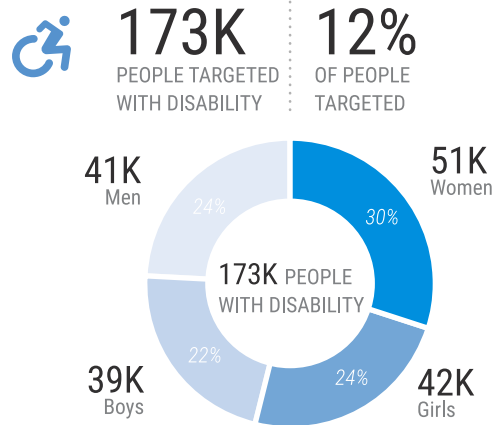
- SO1.** Reduce morbidity and mortality, as well as suffering from protection threats and incidents, of the most vulnerable populations in severity levels 3 and 4.
- SO2.** Facilitate safe, equitable and dignified access to critical cross-sectoral basic services to enable populations meet their basic needs in locations of severity levels 3 and 4.
- SO3.** Enable vulnerable people to recover from crisis, seek solutions to displacement and build resilience to acute shocks and chronic stresses through targeted programming to support coping capacities and livelihoods in prioritized areas.

The Fund allocated 8 per cent, or \$5 million, to strategic objectives to contain the spread of the COVID-19 virus and decrease morbidity and mortality (COVID-19 Addendum SO1).

Complementarity with CERF

SSHf allocations complemented other funding resources to ensure effective response. In particular, the first Standard Allocation complemented a \$16.9 million allocation from the CERF to enhance the food security and protection of 116,850 vulnerable people in six counties - Ayod, Duk, Ulang,

TARGETED PEOPLE WITH DISABILITY



Pibor, Maban and Kapoeta East in the first quarter of the year, when 51 per cent of the population was facing severe food insecurity.

The SSHf allocation to flood response towards the end of the year complemented a \$9.7 million allocation from the CERF rapid response window to support integrated, life-saving response. Collectively, \$19.7 million was provided by the two Funds to mitigate the impact of the floods for 360,000 of the most vulnerable people in 12 priority counties.

Promoting effective programming

The SSHf promoted more effective programming by introducing longer project durations and a multi-sector approach. This enhanced the sustainability of interventions and allowed more time to achieve the desired project outcomes.

Multi-sector programming also promoted coordination, with partners delivering a package of services through complementary activities while ensuring cost effectiveness. The proportion of funds allocated to multi-sector programming increased to 52 per cent, from 13 per cent in 2019, while the number of projects with a duration above 6 months increased to 66 per cent, up from 17 per cent in 2019.

The SSHf enhanced partnership and mentorship approaches through sub-granting. 19 NNGOs were received \$5.3 million in the form of sub-grants from other primary fund recipients.

UNDERFUNDED PRIORITIES

In 2020, the Emergency Relief Coordinator (ERC) Mark Lowcock identified four priority areas that are often underfunded and lack the desirable and appropriate consideration in the allocation of humanitarian funding.

These four priority areas were duly considered when prioritizing life-saving needs in the allocation processes.



Support for **women and girls**, including tackling **gender-based violence, reproductive health and empowerment**



Programmes targeting **disabled people**



Education in protracted crises



Other aspects of **protection**

The SSHF supported mainstreaming of gender-related issues throughout its allocations to address the priority needs of vulnerable people including women and girls in hard-to-reach areas. Key activities included strengthening of protection through the expansion of community-based child protection and GBV services, and establishment of referral pathways to affected communities, including clinical, psychological, security and safe house services.

86% of 2020 allocations are likely to contribute to gender equality, including across all age groups. Funded projects also enabled affected people to influence and participate in all stages of a project.



The SSHF continues to recognize the importance of putting people with disabilities at the heart of humanitarian programming, it is only by continuing to listen to people with disabilities that their lives will be changed for the better. As such in 2020, there was an increased emphasis of integrated programming that also promoted mainstreaming disability inclusion across all projects. A total of 173K (12% of the overall targeted beneficiaries in 2020) beneficiaries living with disabilities were targeted.



12%
of targeted beneficiaries



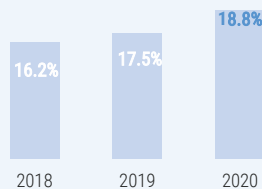
Increased efforts were noted towards integration of protection services across other sectors including mainstreaming of child protection and GBV risk mitigation at nutrition sites. The SSHF also supported provision of critical protection-related assistance and specialized services through an integrated approach.



\$11.7M
Allocations

30 projects in 2020 towards protection

Allocations to protection
% compared to overall allocations



The SSHF targeted vulnerable and marginalized girls and boys from newly displaced IDPs and host communities to increase their access to primary education and training. The Fund supported establishment of learning spaces, basic rehabilitation of schools, school meals, and incentives to increase enrollment and retention of girls in school.



\$2.5M allocated supporting **8** projects, targeting over **13,343** girls and **20,087** boys in 2020

Support for women, girls and other protection

The SSHF continued to support a programming approach that emphasized the four priority areas; (a) support for women and girls, including tackling gender-based violence (GBV), reproductive health and empowerment; (b) programmes targeting disabled people; (c) education in protracted crises; and (d) other aspects of protection.

All the allocations paid attention to the above-listed priority areas as part of mainstreaming the overall response to priority needs in South Sudan. Based on the increased level of protection needs in South Sudan, the ICCG prioritization process gave focus to protection-related priority areas; (a) support for women and girls, including tackling GBV, reproductive health and empowerment, and (d) other aspects of protection. A total of \$11.7 million was allocated to the protection cluster, accounting for 19 per cent of all funds allocated in 2020. GBV was also addressed as part of protection programming. The SSHF provided a \$2 million envelope under the first standard allocation for GBV response and \$9.7 million to fund integrated protection, including GBV response, child protection and mine action.

The SSHF responded to gender-differentiated aspects of the humanitarian crisis and on prevention of, and response to, GBV via:

- Supporting the provision of services for survivors and community members through women- and girl-friendly spaces.
- Supporting safe house operations - where trauma-affected individuals that are deemed to be in danger and are not able to have access to life-saving GBV prevention and response services (case management, psychosocial support; material support; legal assistance; etc.) to help them recover from trauma.
- Awareness-raising on GBV issues and the effects on the different community members particularly women and girls.
- Provision of dignity kits for women and girls.

With the arrival of two experts assisting the Humanitarian Coordinator (GenCap, ProCap), the Fund is increasingly well positioned to promote strategies and best practices for protection including to address GBV.

Programmes targeting disabled people

Recognizing that people with disabilities are disproportionately at risk of physical abuse, sexual harassment, and exploitation and that women, children, and those displaced are at greatest risk, the SSHF working in close collaboration with the ICCG scaling up support for people living with disabilities. The HFU ensured that project proposals considered the specific needs of people living with disabilities, where applicable. Of the 106 project proposals funded in 2020, 95 specifically indicated targeted people with disabilities. Some of the strategies used during the course of project implementation included; separate queues at distribution points, designing of appropriate sanitation facilities and shelter, and promoting respect for the dignity and fundamental human rights of PwD.

Collaboration and coordination with organisations for PwD and relevant government and partners strengthened referral pathways, risk mitigation measures and inclusion of women and girls with disabilities.

Education in protracted crises

The SSHF allocated \$2.5 million for education in protracted crises, benefiting 900,000 crisis-affected people, including IDPs, refugee returnees, and host community members. Girls and boys were targeted through formal and non-formal education programmes. The allocations aimed to address the underlying challenges with access to education, including inadequate gender-appropriate sanitation facilities, hunger, and lack of learning spaces and materials.

Humanitarian partners continued to implement rehabilitation activities in preparedness for school reopening, after almost a year of closure following the outbreak of COVID-19. Schools remained closed since the start of the epidemic, negatively affecting learning, as well as other services provided at schools, such as school feeding and a protective environment.



Alleviating Stress and Restoring Dignity

Pibor, Jonglei State. Community Health and Development Organization (CHADO) distribution.

Credit: OCHA/Emmi Atinoja

Not being able to walk is more than a disability for Mercy. She shared how it has torn her family apart and threatened her life. Mercy, who is now 16 years old and lives in Pibor County of Jonglei State, was born with a physical disability that prevents her from walking. Her older brother shares the same condition. As soon as her father learned of their disability, he worried they were satanic and threatened to kill the entire family if they did not leave. Mercy's mother felt she was forced to move with her children to their uncle's home in another part of Pibor for them to survive.

Mercy said sharing a small house not designed to assist her needs made a life with disability more difficult. She relies on others for essential daily activities, and often chooses not to go out rather than depend on other's support. Mercy feels frustrated about her condition as she cannot do much to help her mother and siblings who are struggling to make ends meet. "This makes me unhappy and angry because I want to work to help my mother put food on the table."

Mercy's struggles do not end there. The family faced more difficulties when deadly sub-national violence erupted in Pibor, and Mercy's uncle was killed. Fearing for their lives, the family fled again to Pibor West. Just as they were about to settle, the floods hit and COVID-19 hit. Mercy's mother looks for any opportunity to earn money. She sometimes

unloads trucks, but the impacts of floods, COVID-19 and recurring fighting have reduced the number of trucks transporting goods to Pibor, as such, she has less access to earn an income. The family is forced to rely on the goodwill of relatives and neighbours.

With the support from the SSHF, Community Health and Development Organization (CHADO) in a consortium with the Peace Corps Organization (PCO) provides GBV and child protection activities in Pibor town. Mercy is receiving psychosocial support (PSS), including stress management skills, and being taught simple relaxation exercises. The family received basic survival kits containing torches, sandals, sanitary items clothes, bedsheets and laowe (traditional body wrap). Mercy attended PSS sessions for a few weeks, and after this she gained the confidence to go out more and she enjoys group PSS activities. Helped by breathing exercises she learned in these sessions, she said she feels less angry.

CHADO, PCO and SSHF worked together to ensure people like Mercy have access to life-saving services such as psychosocial support, safe referrals and case management. To date, the project has reached 7,500 people Pibor town and Gumuruk.

SSHF 2020 ANNUAL REPORT

FUND PERFORMANCE

The SSHF measures its performance against a management tool that provides a set of indicators to assess how well a Fund performs in relation to the policy objectives and operational standards set out in the CBPF Global Guidelines. This common methodology enables management and stakeholders involved in the governance of the Funds to identify, analyze and address challenges in reaching and maintaining a well-performing CBPF.

CBPFs embody the fundamental humanitarian principles of humanity, impartiality, neutrality and independence, and function according to a set of specific principles: Inclusiveness, Flexibility, Timeliness, Efficiency, Accountability and Risk Management.

PRINCIPLE 1

INCLUSIVENESS

A broad range of humanitarian partner organizations (UN agencies and NGOs) participates in CBPF processes and receive funding to implement projects addressing identified priority needs.

1 Inclusive governance

The Advisory Board (AB) is a manageable size and a balanced representation of CBPF stakeholders.

Target

Full composition of AB members: The HC (one) OCHA Head of Office (one); UN Agency representatives (two); NNGOs (two); INGOs (two); donors (two); non-contributing donor with an observer role (one).

Composition of alternates: Total of five: two UN Agencies; two donors; one INGO

Results

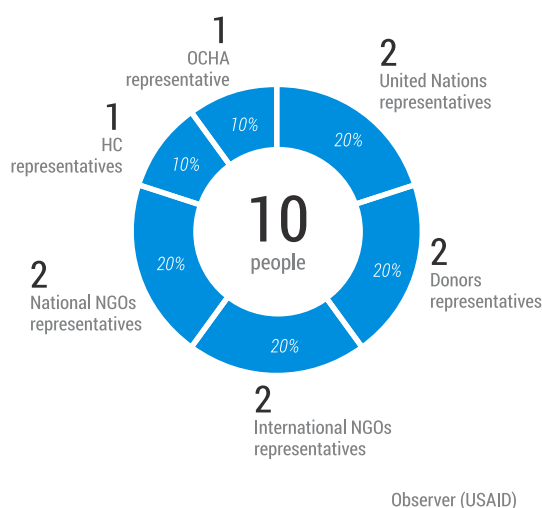
The AB membership fully represented throughout the year. Ten members sat in the AB meeting in 2020, including an observer: the HC, two donor representatives (ECHO and Sweden); two UN representatives (WFP and IOM); two INGOs (World Relief and Danish Refugee Council); two NNGOs (TITI foundation and UNIDOR); one observer (USAID); OCHA HoO.

Alternates: DFID, Norway, UNHCR, WHO, Medair.

Analysis

The AB membership was reviewed and updated as per the revised 2020 SSHF Operational Manual. The Fund considered equal stakeholder representation by increasing NGOs (2 NNGO and 2 INGO) as they serve as Technical experts. Overall, AB membership increased to 10 in 2020, including one observer.

COMPOSITION OF ADVISORY BOARD



The SSHF AB members rotate every year (donors, UN, NGOs and Observer), but may vary based on HCs decision. Nominations carried out early in the year, resulted in new membership; two donor representatives (ECHO and Sweden); two UN representatives (WFP and IOM); two INGOs (World Relief and Danish Refugee Council); two NNGOs (TITI foundation and UNIDOR); one observer (USAID). Alternates represented absent AB rotating members in meetings (donors: DFID and Norway, UN: UNHCR and WHO, INGO: Medair).

Follow up actions

Ensure representation from each constituency during AB meetings.

PRINCIPLE 1

INCLUSIVENESS

2 Inclusive programming

The review committees of the Fund have the appropriate size and a balanced representation of different partner constituencies and cluster representatives

Target

The size of the Strategic and Technical Review Committee (S/TRC) was clarified in the new operational manual and is composed of five members (one cluster lead or co-cluster lead, one NNGO representative, one NGO representative, one UN representative, and one HFU staff. HFU staff actively participate in, facilitate and support the work of the S/TRC and may, at times, facilitate decision-making.

Results

Both the SRC and TRC memberships were set out as per the SSHF Operational Manual. SRC membership included: UN Agency (one), NNGO (one), INGO (one), and cluster coordinator (one) and OCHA HFU (one). HFU participated in supporting and facilitating the work of all SRCs. The TRCs consist of technical experts who review project proposals according to their technical merit and the soundness of budget provisions. The minimum composition involves one cluster coordinator, one co-coordinator and the SSHF-HFU.

Analysis

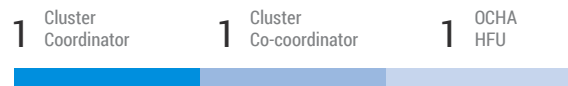
Following the initial eligibility screening by the HFU to ensure that all minimum criteria are met, the combined S/TRC reviews proposals. Simultaneous strategic and technical feedback is provided to improve the timeliness and quality of the review process. During the 2020 Standard Allocation, the representation of the combined S/TRC was in line with the target. Multi-cluster projects were reviewed by cluster-specific review committees, and depending on the clusters included in each application, each multi-cluster review committee was differently configured to ensure a comprehensive review of the proposed interventions. For the SA1 in 2020, the HFU asked all strategic and technical review committee members to sign a 'no conflict of interest' document to help ensure a fair and transparent process.

REPRESENTATIVES IN THE COMMITTEE

of representatives that participated in average in Strategic Review Committee



of representatives that participated in average in Technical Review Committee



Follow up actions

Continue to advocate for SRC member's rotation, especially from cluster partners and ensure balanced representation of participants during reviews. For all 2021 allocations, the HFU will be asking all strategic and technical review committee members to sign a 'no conflict of interest' declaration to help ensure a fair and transparent process.

PRINCIPLE 1

INCLUSIVENESS

3 Inclusive implementation

CBPF funding is allocated to the best-positioned actors, leveraging the diversity and comparative advantage of eligible organizations.

Target

- 60 per cent of the funds allocated to NGOs (INGOs and NNGOs) if best-positioned actors;
- 100 per cent in support of life-saving and life-sustaining activities while filling critical funding gaps and 80 per cent in support of first-line response;
- 100 per cent to promote needs-based assistance in accordance with humanitarian principles;
- 100 per cent to strengthen coordination and leadership primarily through the function of the HC and by leveraging the cluster system;
- 100 per cent to improve the relevance and coherence of humanitarian response by strategically funding priorities as identified under the HRP.

Results

The SSHF allocated \$62.4 million to best-placed partners to address humanitarian needs in South Sudan – at least 75 per cent (\$46 million) to NGOs and 25 per cent (\$16 million) to UN actors.

100 per cent of the allocated amounts supported life-saving humanitarian response addressing cluster priority needs in identified geographical locations, while ensuring strengthened coordination among all actors.

The Fund supported front-line responders, particularly national NGOs, to expand delivery of assistance in areas inaccessible for other actors (INGOs and UNs) due to COVID-19 challenges and restrictions.

Analysis

To build on humanitarian partners' comparative advantage and complement each other's contributions, the SSHF continued to diversify inclusion of UN, INGOs and NNGOs best-placed with access, presence and operational capacity to respond. More than 75 per cent funding was channelled to NGOs – 33 per cent (\$20.6 million) to NNGOs and 43 per cent (\$26.5 million) to INGOs. The UN agencies received 25 per cent (\$15.2 million) to procure core pipeline supplies and provide front-line services, including logistical support.

To promote partnerships amongst humanitarian organizations, SSHF provided flexibility for partners to collaborate with NNGOs on multi-cluster interventions. New partnerships via the modality of sub-implementing partners (sub-IPs) guaranteed complementarity, coordination and cooperation between various stakeholders in the same area of intervention, in addition to benefiting from mentorship activities for NNGOs with the lead partner organization. UN, NNGOs and INGOs partnered with NGOs, indirectly allocating \$ 5.3 million to NNGOs and \$0.7 million to INGOs. Funds channelled to NNGOs surpassed the SSHF Common Performance Framework target and the Grand Bargain commitment.

Follow up actions

Keep promoting partnerships between local stakeholders and SSHF partners, raising awareness.

PRINCIPLE 1

INCLUSIVENESS

4 Inclusive engagement

Resources are invested by OCHA's HFU to support the capacity of local and national NGO partners within the scope of CBPF strategic objectives.

Target

- 10 training rounds (with multiple sessions and locations) for partners, focused on building their capacity to manage and implement SSHF projects.
- Over 300 partner staff trained on various SSHF issues.

Results

- Five trainings were conducted for SSHF partners – 60 per cent from NNGOs, 38 per cent from INGOs and 2 per cent from UN – including a training for cluster coordinators on the programme cycle management.
- 275 staff of NNGOs were trained on frequently identified issues in the proposal and budget, compliance, operational modalities, partner eligibility process, report writing and proposal development. This included programme cycle management for cluster coordinators.

Analysis

In 2020, the Fund continued previous years' initiatives to ensure partners who receive funding understand SSHF rules and regulations. In line with the 2016 World Humanitarian Summit Grand Bargain commitment on localization of aid, the HFU scaled up capacity-building for local partners through training and by providing resources. Some 468 partner staff received five training sessions on topics covering programme cycle management, proposal writing, SSHF financial rules. This has contributed towards capacity-building, local solutions and expanding reach to areas INGOs or UN agencies cannot access.

Cluster coordinators were provided project management orientation using GMS, on the role of clusters in the SSHF process, and on the SSHF eligibility process.

TRAININGS

 5 trainings

 275 total people trained from NNGOs

Training type	Organizations type	# of organizations trained	# of people trained
Proposal Development-SA1-2020	UN	2	5
	INGOs	38	68
	NNGOs	55	113
SSHF Eligibility Process	INGOs	8	8
	NNGOs	33	33
SSHF Project Reporting-Narrative	INGOs	13	22
	NNGOs	17	35
SSHF Training-FinanceSection	UN	3	5
	INGOs	21	45
	NNGOs	26	62
Proposal Development-RA2-2020	UN	1	4
	INGOs	12	36
	NNGOs	15	32
Total		244	468

Follow up actions

Conduct partner survey at the end of the year, to assess the level of satisfaction from partners and identify areas of improvement.

Continue providing trainings including organizing clinics for all eligible partners in areas identified as requiring improvement during project monitoring and reporting.

PRINCIPLE 2

FLEXIBILITY

The programmatic focus and funding priorities of CBPFs are set at the country level and may shift rapidly, especially in volatile humanitarian contexts. CBPFs are able to adapt rapidly to changing priorities and allow humanitarian partners to identify appropriate solutions to address humanitarian needs in the most effective way.

5 Flexible assistance

CBPF funding is allocated for cash assistance.

Target

Cash as a response modality will be strategically prioritized and operationally considered, where appropriate, as per CBPF cash guidance note. And 20 per cent of the allocations to include cash-based programming.

Results

In 2020, only 1 per cent of SSHF funding was channelled to cash and in-kind assistance through Protection, Shelter/NFI and WASH funded projects.

Analysis

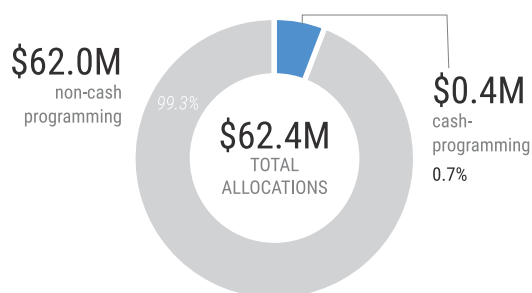
The 2020 humanitarian response plan largely prioritized in-kind assistance as a response modality in South Sudan, complemented by cash as a response aimed at addressing needs and improving livelihoods of those affected. The Fund allocated 1 per cent (\$434,928) to cash programming, aiming to empower people to address their social needs, while helping boost the economy. The challenging humanitarian context in South Sudan – insecurity, flooding, the COVID-19 pandemic and lack of sufficient markets – limited the Fund to further support cash programming,

To ensure mainstreaming and coordination of cash programming among cash programming actors, the Inter-Agency Cash Working Group provided clusters and OCHA HFU technical support.

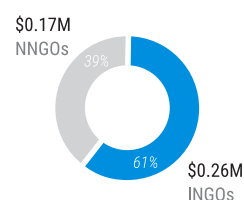
Follow up actions

The SSHF will continue to support both cash programming and in-kind assistance, where feasible, through its partners.

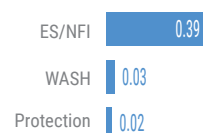
PROPORTION OF CASH TRANSFER



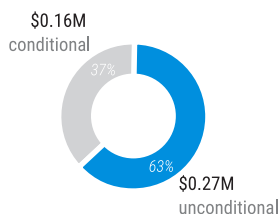
BY ORGANIZATION TYPE



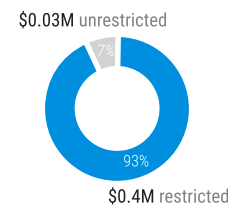
BY SECTOR (IN US\$ MILLION)



BY CONDITIONALITY



BY RESTRICTIONS



PRINCIPLE 2

FLEXIBILITY

6 Flexible operation

CBPF Funding supports projects that improve the common ability of actors to deliver a more effective response.

Target

10 per cent of allocations support coordination, common services and other support services provided by UN agencies, funds and programmes, but also NGOs.

Results

The Fund allocated 6 per cent (\$3.2 million) of its resources to logistics cluster activities and to coordination and common services. The Fund did not reach the 10 per cent target due to prioritization of response to unforeseen emergencies – COVID-19, food insecurity and floods.

Analysis

The humanitarian response faced multiple challenges, including flooding, limited access due to insecurity and the COVID-19 pandemic. SSHF-funded measures helped improve humanitarians' ability to act based on needs in targeted areas, facilitate information flows that informed programme delivery, ensure effective delivery and promote adaptability of programmes based on feedback received from beneficiaries.

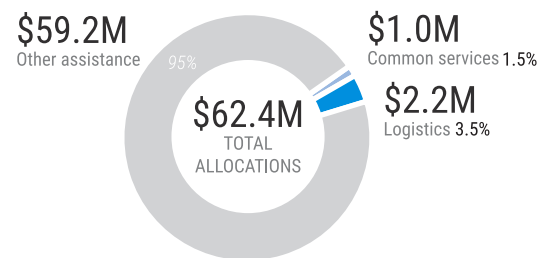
The Fund supported the creation of humanitarian hubs that provided common spaces for agencies to establish a sustained presence and deliver services to flood-affected populations in Pibor, while ensuring the continuation of the humanitarian supply chain via UNHAS flights and land shipment transportation. In addition, the SSHF funded activities to tackle bureaucratic and access impediments, support the development of a PSEA code of conduct and procedures for humanitarians, and improve accountability to affected populations (AAP).

The SSHF, allocated \$3.2 million to the Logistics Cluster and to coordination and common services.

Follow up actions

To ensure effective front-line service delivery in changing humanitarian context of South Sudan, continue to support coordination and common services as well as the Logistics Cluster when needed.

ALLOCATION THROUGH COMMON SERVICES



Wau, Western Bahr el Ghazal. Caterina has been displaced since the conflict in South Sudan broke out in 2013.

Credit: OCHA/Anthony Burke

PRINCIPLE 2

FLEXIBILITY

7 Flexible allocation process

CBPF funding supports strategic planning and response to needs identified in the HRP and sudden onset emergencies through the most appropriate modalities.

Target

At least 60 per cent of funds allocated through Standard and up to 40 per cent via Reserve Allocation modality. The Fund responds to changes in humanitarian context, in a flexible manner.

100 per cent of the total amount allocated is aligned with sectors and geographical areas prioritized in the respective HRP and Allocation Strategy Papers.

Results

In 2020, the SSHF strategically allocated \$62.4 million through the two allocation windows: \$35 million (56 per cent) through a Standard Allocation and \$28 million (44 per cent) through a Reserve Allocation.

Analysis

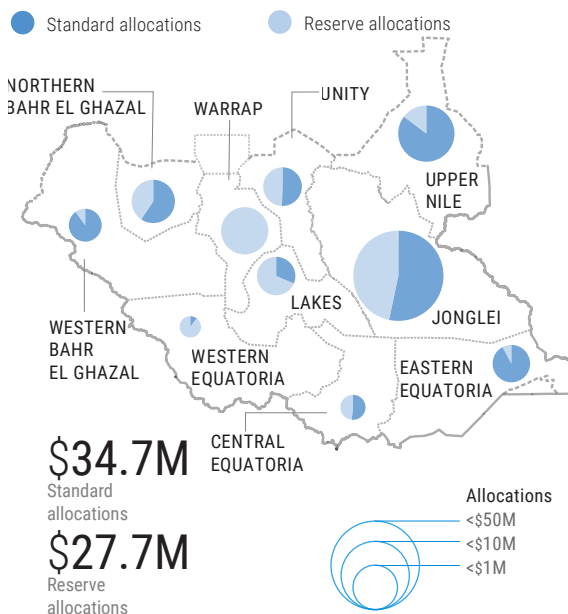
The SSHF was instrumental in kick-starting critical front-line response. A Standard Allocation, supported 25 priority counties, in line with the 2020 HRP needs and strategic priorities, through a multi-sector approach (envelope A, \$20 million), single-sector response (envelope B, \$13 million) and GBV response (envelope C, 2 million). The Fund allocated additional resources through three Reserve Allocations: \$5 million to WHO in response to the COVID-19 pandemic, to procure PPE for those performing critical public health functions in 1,315 health facilities, \$10 million in response to flooding in 11 priority counties and \$13 million to address food insecurity in six priority counties. Both modalities were instrumental in addressing humanitarian life-saving needs and response scale-up in South Sudan. Timely donor contributions allowed for an effective response.

Funds allocated through both allocation windows were above the Fund's 2020 CPF target.

Follow up actions

The Fund will continue to advocate for early contributions from donors, including support for multi-year funding, to support timely and effective response in the changing humanitarian context of South Sudan.

ALLOCATION TYPE BY REGION



PRINCIPLE 2

FLEXIBILITY

8 Flexible implementation

CBPF funding is successfully reprogrammed at the right time to address operational and contextual changes.

Target

Average of 15 working days to process project revision requests – from submission of revision request by SSHF partner to overwriting of the project in GMS.

Results

OCHA HFU processed 41 revisions from 106 projects within an average of eight working days from submission of project revision to overwriting of the project in GMS. A project revision request might include more than one type/reason for revision.

Analysis

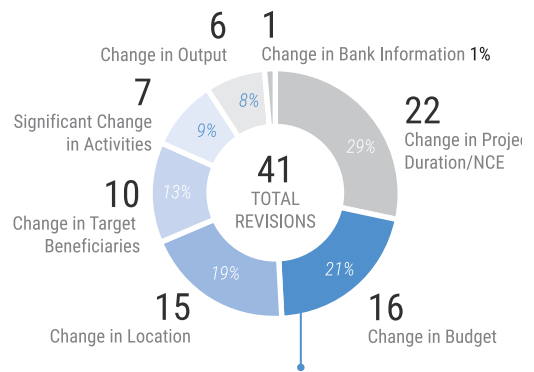
OCHA HFU supported reprogramming and modification of projects to address the operational and contextual changes in South Sudan. Forty-one revisions were processed, mostly location change requests, budget revisions and no cost extensions. The most frequent reasons provided were delays in project implementation, security constraints, inaccessibility and delays securing core pipeline items. Because of the multiple crises South Sudan faced, there were more revisions than in 2019.

All requests were endorsed by the relevant cluster coordinator, processed by OCHA/HFU and approved by the HC.

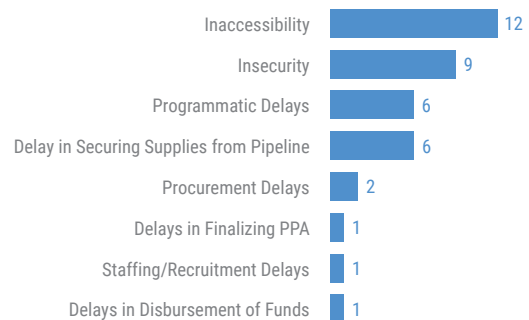
Follow up actions

Ensure that the revision guideline is updated and shared with partners in 2021. SSHF revision processes to be a session for SSHF partner training.

NUMBER AND TYPE OF REVISIONS IN 2020



REASONS FOR NO COST EXTENSION



PRINCIPLE 3

TIMELINESS

CBPFs allocate funds and save lives as humanitarian needs emerge or escalate.

9 Timely allocation

CBPFs allocation processes have an appropriate duration.

Target

The average duration of all launched Standard Allocations is 60 working days. The average duration of all launched Reserve Allocations is 30 working days.

Results

Milestones	Category	2018	2019	2020
From allocation closing date to HC signature of the grant agreement	Standard	22	28	50
	Reserve	11	10	24

Analysis

Transitioning from UNDP/OCHA to OCHA-management resulted in an extended allocation timeline for both allocation windows, as partners were required to adapt to new processes and budgetary requirements needed. Partners were provided additional time, three weeks for proposal development for the Standard Allocation and two weeks for the Reserve Allocation, to enable coordination with various actors on the field, prior to any proposal submission. Despite OCHA-HFU training provided ahead of the proposal submission, a substantive number of partners submitted poor quality proposals. Particularly, guidance on budgets development and the logical framework indicators was not followed. The initial submission of poor quality proposals stretched the technical reviews process as OCHA-HFU, and cluster coordinators were forced to spend more time on each proposal and providing comments on every proposal section to ensure quality programming and accountable project budgeting. The Standard Allocation process took 50 days, while the Reserve Allocation took an average of 24 days

Follow up actions

OCHA HFU to continue with SSHF partner training and raising awareness of SSHF budgetary requirements. Ensure allocations are carried out to address critical humanitarian needs in South Sudan in a timely and strategic manner.

10 Timely disbursements

Payments are processed without delay

Target

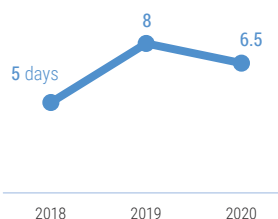
10 calendar days (from Executive Officer (EO) clearance of grant agreement)

Results

The South Sudan Humanitarian Fund disbursed resources to its partners in an average of **6.5** working days.

AVERAGE WORKING DAYS OF PAYMENT PROCESSING

Average working days from EO signature of a proposal to first payment



Analysis

In 2020, the SSHF disbursed funds in a timely manner to address the humanitarian needs of affected people in South Sudan. The fund under OCHA management fast tracked four allocation processes to ensure timely allocation of resources. The fund took an average of 6.5 working days from EO signature to first disbursement and is within the global CPF target of 10 working days. The disbursement process was much faster compared to 2019 when UNDP managed the fund.

Follow up actions

No follow up action

PRINCIPLE 3

TIMELINESS

11 Timely contributions

Pledging and payment of contributions to CBPFs are timely and predictable.

Target

More than 60 per cent of contributions committed in the first half of the year. The time required for each donor to pay pledges falls into the following categories: less than or equal to one month; between one and three months; and more than three months.

Results

Some \$51 million of SSHF funding was contributed in the first half of the year.

In 2020, 12 donors and the United Nations Foundation contributed in less than one month from pledges: Germany, the Netherlands, Norway, Sweden, Denmark, the European Commission, Australia, Ireland, Canada, Switzerland, the Republic of Korea and Luxembourg.

Belgium's contributions were received three months following the initial pledge.

The United Kingdom contributions were received within three months of the initial pledge.

Analysis

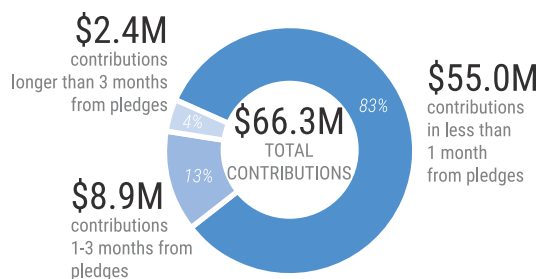
The Fund mobilized 76 per cent of the funds (\$51 million) in the first half of the year, including additional funds from 2019, while 63 per cent of the funds (\$42 million) were received in less than one month from pledges. Donors' contributions in the first half of the year were double what they were in the same period in 2019. Timely donor contributions kick-started the 2020 HRP in the first Standard Allocation, and the flood and COVID-19 pandemic responses in the Reserve Allocations.

The Fund's agility and ability to adjust its allocation process to donor contribution timeline is one of its comparative advantages, but its full potential can only be reached with improved predictability and increased resources channelled through the pooled fund mechanism. Some \$55 million, 83 per cent of donor contributions, were paid in less than a month from pledges.

Follow up actions

The SSHF will continue to advocate for increased and/or continued multi-year funding arrangement aiming to attract new donors.

CONTRIBUTIONS' TIMELINESS



PRINCIPLE 4

EFFICIENCY

Management of all processes related to CBPFs enables timely and strategic responses to identified humanitarian needs. CBPFs seek to employ effective disbursement mechanisms, minimizing transaction costs while operating in a transparent and accountable manner.

12 Efficient scale

CBPFs have a significant funding level to support the delivery of the HRPs.

Target

SSHFA allocations amount to 15 per cent of received HRP funding.

Results

In 2020, donor contributions amounted to 5.8 per cent of total HRP funding received.

Analysis

The SSHF contributed 5.8 per cent of funding received for the HRP, as compared with 7 per cent in 2019. Although donors showed their confidence and trust by channelling funds to SSHF, they also directly supported humanitarian partners to provide assistance to those in need in South Sudan.

Total funding received from donors since 2018, has been lower than the 15 per cent global target against the HRP requirement and total funding received.

Follow up actions

Advocate for 15 per cent of donor funding to the HRP be channelled through the SSHF.



Pibor, Jonglei. An older woman leaves a health center in Pibor town.

Credit: OCHA/Emmi Antinoja

PRINCIPLE 4

EFFICIENCY

13 Efficient prioritization

CBPF funding is prioritized in alignment with the HRP.

Target

100 per cent of SSHF funded projects are linked to HRP projects.

100 per cent of allocations to clusters and geographical areas are aligned with the allocation strategy documents.

Results

100 per cent of the funds were allocated to projects in the HRP.

100 per cent of the allocations were aligned with the allocation strategy document.

SO 1: Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality.

SO1: Reduce morbidity and mortality, as well as suffering from protection threats and incidents, of the most vulnerable populations in severity levels 3 and 4.

SO2: Facilitate safe, equitable and dignified access to critical cross-sectoral basic services to enable people to meet their basic needs in locations of severity levels 3 and 4.

SO3: Enable vulnerable people to recover from crisis, seek solutions to displacement and build resilience to acute shocks and chronic stresses through targeted programming to support coping capacities and livelihoods in prioritized areas.

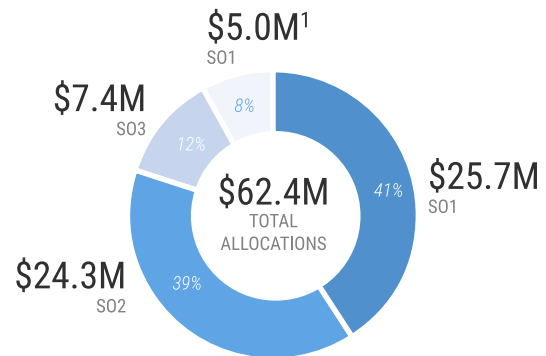
Analysis

All the allocations were fully aligned with HRP strategic objectives and the allocation strategy document.

41 per cent of the resources allocated to support the first strategic objective, addressing critical problems related to physical and mental well-being, with humanitarian response focusing on life-saving interventions, including internally displaced people, host communities, refugees and returnees.

39 per cent allocated to the second strategic priority, addressing critical problems related to living standards, with

ALLOCATION BY HRP STRATEGIC OBJECTIVES



1. SO1 from the COVID-19 Addendum

SO1¹ Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality

SO1 Reduce morbidity and mortality, as well as suffering from protection threats and incidents, of the most vulnerable populations in severity levels 3 and 4

SO2 Facilitate safe, equitable and dignified access to critical cross-sectoral basic services to enable populations meet their basic needs in locations of severity levels 3 and 4

SO3 Enable vulnerable people to recover from crisis, seek solutions to displacement and build resilience to acute shocks and chronic stresses through targeted programming to support coping capacities and livelihoods in prioritized areas

humanitarian response prioritizing provision of an inclusive basic services package, particularly WASH, protection, nutrition and education-related needs for vulnerable people.

12 per cent allocated to the third strategic priority, addressing critical problems related to recovery and resilience of affected people, particularly areas of return from displacement, where services and support could be strengthened.

8 per cent allocated to strategic priority one, contain the spread of COVID-19 pandemic.

Follow up actions

The SSHF will maintain its strategic support of the HRP in 2021. The AB will be properly consulted on potential funding for identified needs outside the HRP.

PRINCIPLE 4

EFFICIENCY

14 Efficient coverage

CBPF funding reaches people in need.

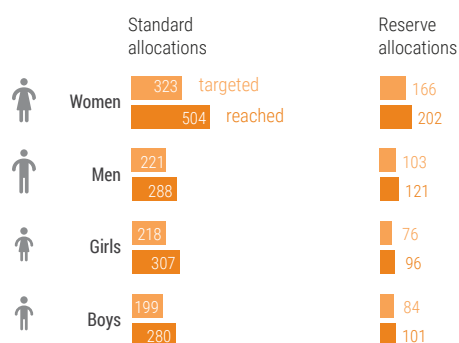
Target

100 per cent of targeted people in need reached and disaggregated by gender, age, disability and geographic areas.

Results

More than 100 per cent of affected persons were reached with humanitarian assistance - 1.9 million, compared to a target of 1.4 million people.

PEOPLE TARGETED AND REACHED BY GENDER AND AGE



In thousands

Analysis

At least 1.9 million people were reached – compared to the target of 1.4 million people – within 10 prioritized states in South Sudan. Women and children, especially girls, were prioritized to receive services as they were hit hardest by the humanitarian crises – flooding and effects of COVID-19 pandemic. They received services and humanitarian assistance from health; nutrition; WASH; protection; FSL; and Shelter/NFI.

Follow up actions

Continue to ensure disaggregation of data during proposal development and reporting.

15 Efficient management

CBPF management is cost-efficient and context-appropriate.

Target

HFU operations costs (execution of cost-plan) account for less than 4 per cent of overall utilization of funds (allocations + operations costs).

Results

Approximately 83 per cent of the SSHF cost plan of \$2.4 million was utilized. The SSHF operational costs of \$2.1 million represented 3 per cent of the HFU total funds utilized of \$64.5 million, which includes allocations, HFU direct cost, program support costs and audit.

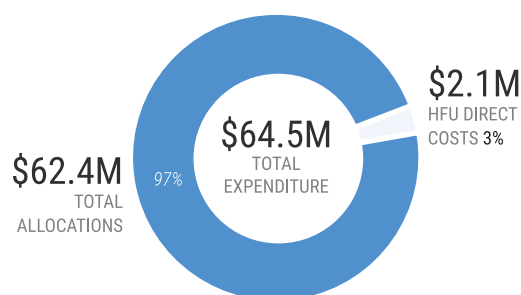
Analysis

The SSHF used limited resources effectively and efficiently. The AB approved a \$2.4 million a cost plan for the Fund's day-to-day activities, a 20 per cent increase from 2019. The costs include staffing, supplies, travel cost and OIOS support cost. The costs were below the 4 per cent target.

Follow up actions

Continuously review the cost plan and management structure and revise based on any changes, like staffing the management function previously run by OCHA.

HFU DIRECT COSTS AGAINST TOTAL EXPENDITURE



PRINCIPLE 4

EFFICIENCY

16 Efficient management

CBPF management is compliant with management and operational standards required by the CBPF Global Guidelines.

Target

SSHF Operational Manual updated and disseminated on annual basis.

Annual report and allocation documents compliant with the global guidance documents.

Results

The SSHF operational manual was revised in the first quarter of 2020 and allocation documents were guided by the global guidance documents.

Analysis

The revision of the SSHF OM was triggered in 2020, alongside the preparation for the MA transition. The transitional phase has been an opportunity to identify areas of improvements as well as overdue reports and incomplete assurance activities. Since the last quarter of the year, progress has been made, and it will continue throughout 2021. The HFU has been ensuring that the use of GMS is maximized for traceability of all milestones in the HF process and transparency towards the different stakeholders.

Revised sections included:

- Role of the Cluster and AB in the allocation processes;
- Use of GMS;
- Discrepancies between figures on GMS and atlas;
- Anti-fraud control system;
- Timely reporting of the partners ;
- Project approval in line with operational modalities;
- Timely execution of assurance activities (audits, monitoring and financial spot checks).

Follow up actions

In 2021, OCHA HFU will strengthen its capacity to ensure a quality control of the process and the completion of its duties in terms of assurance activities. The new organigram of OCHA HFU, as approved by the AB in October 2020, includes additional programmatic and risk management staff. This additional capacity will ensure effective implementation of the new responsibilities transferred to OCHA.



Mundri West, Western Equatoria.
Flood-affected people in Mundri West County.
Credit: OCHA/Htet Htet Oo

PRINCIPLE 5

ACCOUNTABILITY AND RISK MANAGEMENT

CBPFs manage risk and effectively monitor partner capacity and performance. CBPFs utilize a full range of accountability tools and measures.

17 Accountability to affected people

CBPF funded projects have a clear strategy to promote the participation of affected people.

Target

All proposals are required to indicate how AAP will be implemented.

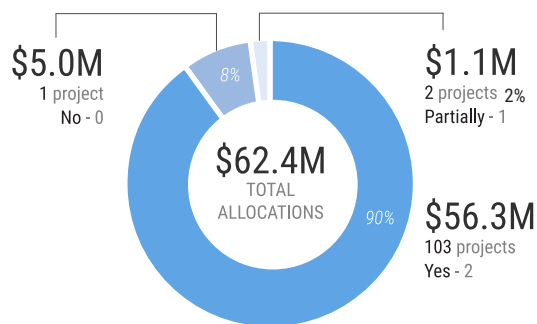
Results

The majority of approved proposals include a detailed AAP plan. In addition, all monitoring visits involve discussion with beneficiaries. One of the critical evaluation areas in conducting capacity assessment of candidate partners is the existence and practice of strong AAP mechanisms. OCHA HFU actively promotes AAP as an important aspect of quality programming. At least 103 projects funded by the SSHF embedded AAP fully in their programming, two projects were partial and one project did not include any AAP as it focused on PPE procurement in response to COVID-19.

Analysis

The SSHF expects its partners to confirm that affected populations have been involved in the different stages of the project management cycle. Most of the projects visited lacked consultation with affected communities at the time of design, but all of those visited at the implementation stage showed there had been sufficient consultation with affected communities. The Fund, through its partners, involved affected people in key decisions and processes, notably with complaint boxes being put in place, hotlines established and engaging community elders or chiefs. By the end of 2020, 98 per cent of SSHF-funded projects considered AAP in the whole program cycle.

ALLOCATION BY HRP STRATEGIC OBJECTIVES



2 The project includes the provision of accessible and functioning feedback and/or complaint mechanisms for beneficiaries

1 The project partially includes the provision of accessible and functioning feedback and/or complaint mechanisms for beneficiaries

0 The project does not include the provision of accessible and functioning feedback and/or complaint mechanisms for beneficiary

Follow up actions

With the progress made in 2020, more remains to be done in 2021 to improve community engagement and effort on accountability to affected population. There is a need to ensure mechanisms are in place for affected people to provide feedback and complaints which are appropriate for their situation. For example, in many locations there is no phone network coverage, limited access to phones, and limited literacy rates especially among women. As such, adapted measures to ensure people have access to appropriate feedback mechanisms is critical and their feedback must inform management decisions. The SSHF must continue to encourage partners to engage in early consultations during project design with local authorities, community elders or chiefs. In addition, SSHF will incorporate existing AAP modalities, including on the prevention of sexual exploitation and abuse (PSEA) into project design, implementation, management and monitoring.

PRINCIPLE 5

ACCOUNTABILITY AND RISK MANAGEMENT

18 Accountability and risk management for projects

CBPF funding is appropriately monitored, reported and audited.

Target

100 per cent compliance with operational modalities, as per OCHA assurance dashboard.

Results

Above 90 per cent compliance with operational modality (OM) in financial and narrative report and 82 per cent in monitoring, while audit and financial spot-check was at 58 and 23 per cent respectively.

Analysis

In total, 50 projects were monitored either by a field visit where possible or remotely due to COVID-19 challenges for 40 medium-risk, 9 low-risk and 1 high-risk project. Operational modality requirements guided 38 project monitoring missions; while 12 additional projects were monitored beyond these requirements. In addition, 31 financial spot-checks were also conducted: 3 spot-checks adhered to operational modality requirements, whereas 28 spot-checks were conducted in excess of the operational modality requirements. Overall, more than 90 per cent of projects submitted timely and good quality financial and narrative reports. The SSHF ensured accountability and good risk management by completing audits of 121 medium-risk and 34 low-risk projects..

Field monitoring visits were disrupted because of COVID-19 domestic and international travel restrictions imposed for seven months in South Sudan. This resulted in a lower number of monitoring visits conducted in 2020.

Follow up actions

The SSHF strives to ensure compliance with accountability requirements for audit, monitoring, reporting and financial spot check.

PROGRESS ON RISK MANAGEMENT ACTIVITIES

	High risk	Medium risk	Low risk	
Monitoring				
38	1	35	2	completed
Monitoring visits conducted	3	40	3	required
Financial spot checks				
31		24	7	
Financial spot-checks conducted	3	9	1	
Final narrative report				
160	3	109	48	
Final narrative report submitted	3	109	50	
Final financial report				
161	3	108	50	
Final financial report submitted	3	110	61	
Audits				
155		121	34	completed
Projects audited	3	201	60	required
				ongoing

PRINCIPLE 5

ACCOUNTABILITY AND RISK MANAGEMENT

19 Accountability and risk management of implementing partners

CBPF Funding is allocated to partners as per the identified capacity and risk level.

Target

New eligibility process implemented by HFU increasing assessing some 10 NGOs per year.

Results

During the reporting period, ninety-three per cent of SSHF funding was allocated to medium- and low-risk partners. This accounted for 10 low risk, 45 medium risk and 8 high risk partners implemented projects. In addition, various risk levels were assessed and adjusted based on performance.

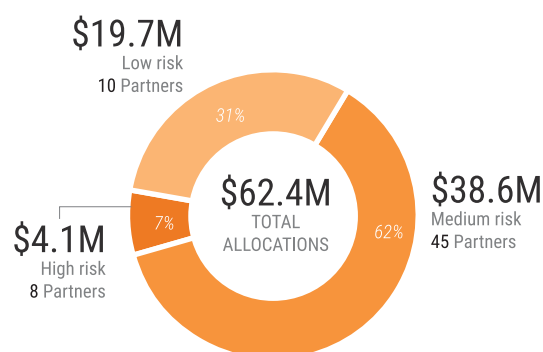
Analysis

As part of the Managing Agent (MA) transition, the AB endorsed OCHA HFU's partner risk level realignment. The risk level realignment initiated fruitful discussions amongst various stakeholders raising awareness of SSHF accountability and risk management. Following the transition, OCHA HFU updated the Capacity assessment findings and scores in GMS for partners previously assessed by UNDP, including Capacity Assessments (CA) conducted by OCHA under its management. By the end of the year, collective outcome: fifty one Capacity Assessments (CAs) were updated in 2020 of which, twenty-four were classified as high-risk, eleven as medium-risk, and one as low-risk, while the remaining sixteen were considered ineligible. In addition, fifteen CA were conducted, created and updated in 2020, of this total, four were high-risk, one medium-risk ten were ineligible. Out of the fifty five organizations who participated in the 2020 call for interest to participate, only eight were eligible: five categorised as high, two medium and one low risk partners. The rest of the organization did not meet SSHF minimum requirement.

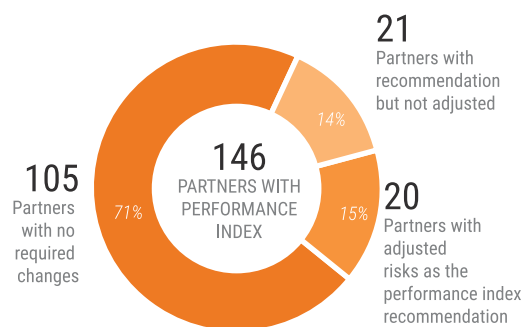
The SSHF continued to periodically conduct risk analysis based on partner performance index(PI) to ensure continued partner accountability. As a result, a total of one hundred and forty-six partners with projects had their risk levels assessed based on partner performance index. Out of the hundred and forty six partners, one hundred and five partners required no change in their risk levels, twenty-one partners had a recommendation for either an upward or downward adjustment of its risk level but no adjustment was done, while another twenty had their risk level adjusted based on the PI recommendation. In addition to the partner performance index in the GMS, OCHA HFU analysed previous UNDP audit reports and triangulated data and information from different sources; reports, monitoring findings and financial

IMPLEMENTATION BY PARTNER RISK LEVEL TYPE

Implementation by partner risk level type

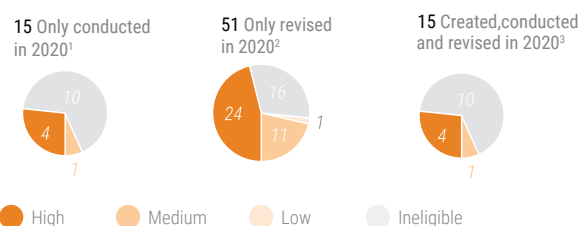


Updated risk level based on performance index



Number of capacity assessments conducted

15 New capacity assessments conducted during the year



1 Only created in 2020: When a CA is created and conducted in 2020
 2 Only revised in 2020: When a CA is only revised in 2020, regardless of what year it was created
 3 Both created and revised in 2020: When a CA is created, conducted and revised in 2020

spot-check. The results of the information support with partner risk realignment instances to be carried out in 2021.

Follow up actions

- (1) To ensure a coordinated and timely process, utilize the CA exercise as a capacity-building opportunity for NGOs, move to an annual call for expressions of interest instead of receiving applications on a rolling basis.
- (2) Conduct partner risk realignment in 2021.

PRINCIPLE 5

ACCOUNTABILITY AND RISK MANAGEMENT

20 Accountability and risk management of funding

Appropriate oversight and assurances of funding is administered through CBPFs.

Target

100 per cent cases of potential diversion or fraud are treated in compliance with CBPFs SOPs.

Results

The SSHF remained committed to ensuring partners remained committed to ensuring that implementing partners were upholding compliance requirements of the fund. This was done through the consistent application of assurance and mitigation measures across all projects. One suspected fraud case was reported by HFU to OCU in 2020. The case remains open at the time of the 2020 annual reporting period. In addition, two cases of alert requiring further inquiries were ongoing as of 31 December 2020.

Analysis

The SSHF maintained robust assurance and mitigation measures across all projects in order to detect any potential fraud or other incidents involving loss or diversion of funds by implementing partners.

Follow up actions

- Continue to ensure that all potential or suspected diversion of aid or fraud are handled in compliance with the SSHF risk management and accountability standard operating procedures(SOP) on fraud management.
- Further scale up efforts aimed at raising awareness around identification, prevention and reporting of incidents. As such refresher training for eligible partners on incident reporting will be conducted.
- Closely follow up with partners any potential incidents, to ensure timely reporting to HFU.



1
Reported
incidents

2 open cases

0 closed cases



2
On going
cases

Reported cases: # of incidents (allegation, suspected fraud, confirmed fraud, theft, diversion, looting, destruction, etc.) in 2020, either open or closed.

On going cases: # of incidents for which measures (inquiry, assurance, measures, settlement etc.) were still on going as of 31 December 2020



SSHF 2020 ANNUAL REPORT

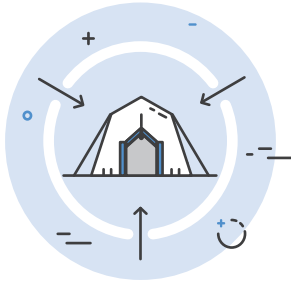
ACHIEVEMENTS BY CLUSTER

This section of the Annual Report provides a brief overview of the SSHF allocations per cluster, targets and reported results, as well as lessons learned from 2020.

The cluster-level reports highlight indicator achievements against planned targets based on narrative reports submitted by partners within the reporting period, 1 February 2020 to 31 January 2021. The achievements indicated include reported achievements against targets from projects funded in 2018, and 2019, but whose reports were submitted between 1 February 2020 and 31 January 2021. The bulk of the projects funded in 2020 remain under implementation and the respective achievements against targets will be reported in subsequent SSHF reports.

ACHIEVEMENTS BY CLUSTER

CAMP COORDINATION AND CAMP MANAGEMENT



Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
\$1.4M	6	6
TARGETED PEOPLE ¹	WOMEN	MEN
90,366	24,118	21,087
	GIRLS	BOYS
	23,644	21,517

CLUSTER OBJECTIVES

Objective 1: Ensure equal access and needs-based assistance to improve the quality of integrated services for populations affected by displacement

Objective 2: Enhance outreach response to newly displaced and unreached displaced people

Objective 3: Strengthen inclusive community participation to ensure local ownership, self-governance and self-reliance

Objective 4: Improve engagement with vulnerable people, with priority on addressing complaints

LEAD ORGANIZATIONS

IOM, UNHCR, ACTED

The Camp Coordination and Camp Management (CCCM) Cluster's 2020 goals included expanding its services to reach newly and unreached displaced persons. In this, the participation and engagement of communities and affected people is seen as critical, as they help establish a sense of ownership while building resilience.

Activities included coordination and monitoring of multi-sector services through communication with communities and AAP; support of inclusive community-based governance structures to ensure community participation, local ownership, self-governance and self-reliance; and site care, maintenance and improvement projects to minimize protection risks.

The CCCM Cluster continued to support a timely and effective response in an increasingly complex context, ensuring equitable access to camp management services and protection for the most vulnerable displaced persons, including those in hard-to-reach areas. The Cluster remained committed to expanding its local partnerships while working towards durable solutions and localization to enhance local resilience to crises.

Wau, South Sudan. Ajak Majok, 33, inside her shelter home in Wau POC. "I am very happy to IOM for the shelter they provided. They repaired my roof so I am protected from the rain and sun. Thank you IOM so much for this." Credit: IOM/Peter Caton

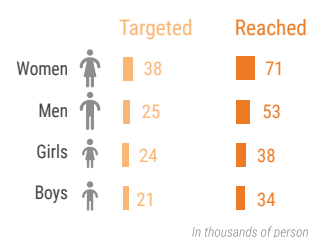


ACHIEVEMENTS BY CLUSTER

CAMP COORDINATION AND CAMP MANAGEMENT


Results reported in 2020

	ALLOCATIONS ¹	PROJECTS	PARTNERS
2019	\$1.5M	3	3

PEOPLE TARGETED
108,416
PEOPLE REACHED
196,881


OUTPUT INDICATORS		TARGETED	ACHIEVED	%
Number of community members trained on CCCM and humanitarian response	Women	522	584	112
	Girls	30	14	47
	Men	425	778	183
	Boys	32	15	47
Number of IDPs reached by site management activities in PoCs, collective centres and spontaneous settlements	Women	81,986	117,876	144
	Girls	58,705	67,948	116
	Men	58,795	89,714	153
	Boys	54,543	63,270	116

OUTPUT INDICATORS	TARGETED	ACHIEVED	%
Number of CCCM staff trained in CCCM and humanitarian response	346	361	104
Number of community members trained on CCCM and humanitarian response	1,009	1,391	138
Number of IDPs reached by site management activities in PoCs, collective centres and spontaneous settlements	254,029	338,808	133
Number of people reporting they feel their representatives advocate on their behalf	111,500	83,291	75

¹ Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

ACHIEVEMENTS BY CLUSTER

COORDINATION AND COMMON SERVICES



Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
\$1M	2	2
TARGETED PEOPLE ¹	WOMEN	MEN
153,783	55,282	39,223
	GIRLS	BOYS
	33,973	25,305

Results reported in 2020

ALLOCATIONS ¹	PROJECTS	PARTNERS	INGOS	NNGOS
2019 0.6M	3	3	132	198

OUTPUT INDICATORS	TARGETED	ACHIEVED	%
Number of coordination meetings with key government authorities held	122	134	110
Number of partner staff trained	930	816	88
Number of people reached through beneficiary communications and feedback mechanisms	110,000	94,494	86

CLUSTER OBJECTIVES

Objective 1: Strengthen joint needs analysis and strategic response planning for effective and well-coordinated humanitarian action.

Objective 2: Enable operations through provision of safe access, security and humanitarian space

Objective 3: Enhance Programme quality through strengthened AAP

LEAD ORGANIZATIONS

NGO Forum, OCHA

In 2020, the Coordination and Common Services (CCS) sector focused on strengthening joint needs analysis and strategic response planning for effective and improving coordinated humanitarian action. With support from the SSHF, the CCS sector focused on key interventions including: (1) Engaged with authorities nationally and sub-nationally to address bureaucratic and access impediments that interfere with operations of NGOs and/or created awareness and conduct training on Labour Law and NGO Recruitment Guidelines in priority areas. (2) Strengthened PSEA community engagement and response; (3) Facilitated sustained front-line responses through established humanitarian hubs in order to access populations in need in hard-to-reach areas/deep field locations (4) Carry out countrywide, county-level, household data collection, in order to feed into the HNO and HRP process, including the calculation of cluster and inter-sectoral people in need.

¹ Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

ACHIEVEMENTS BY CLUSTER

EDUCATION



Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
\$2.5M	8	8
TARGETED PEOPLE ¹	WOMEN	MEN
36,958	1,729	1,799
	GIRLS	BOYS
	13,343	20,087

Juba, South Sudan. Schoolgirls in front of the school in the outskirts of Juba. Credit: Polish Humanitarian Action



CLUSTER OBJECTIVES

Objective 1: Improve access to safe and protective education services for 900,000 emergency-/ crisis- affected IDPs, spontaneous refugee returnees and host community children and youth (girls and boys), through formal and non-formal education programmes by 2020

Objective 2: Improve the quality of education services at all levels to all children, including children with disabilities and teachers' capacity to deliver quality services by 2020

Objective 3: Strengthen the education system response capacity of the community and education actors to mitigate the impact of emergency on children and youth by 2020

LEAD ORGANIZATIONS

UNICEF, Save the Children

During the period under review, education partners played a key role by improving access to education for over 200,000 children, including 68,000 girls using the SSHF resources. Children in flood-affected and areas classified as severe according to the IPC projections were at high risk of drop-out. Partners worked closely with the communities and state ministries of education to make schools safer, more supportive and health-promoting, to bring more children back to school and retain the existing enrolment through integrated services.

Support from the SSHF was extended to areas under opposition control, thus, increased access to quality primary education for out-of-school, marginalised children. Teachers in these areas were given basic teacher training, instructional guides and essential supplies.

The involvement of the Education Cluster partners and local community structures, such as Parent Teacher Associations (PTAs), in the distribution of education supplies and end-user monitoring was crucial for effective implementation of the project.

ACHIEVEMENTS BY CLUSTER

EDUCATION



Results reported in 2020

ALLOCATIONS¹ PROJECTS PARTNERS

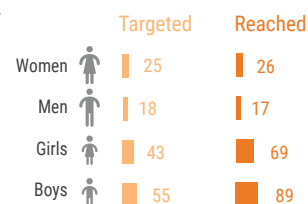
2019 \$ 5.4M 9 8

PEOPLE TARGETED

141,849

PEOPLE REACHED

200,439



In thousands of persons

OUTPUT INDICATORS		TARGETED	ACHIEVED	%
Number of boys and girls accessing gender-appropriate WASH facilities in schools	<i>Girls</i>	31,867	38,515	121
	<i>Boys</i>	23,615	30,807	130
Number of children benefiting from school feeding programme	<i>Girls</i>	36,085	61,476	170
	<i>Boys</i>	26,139	40,412	155

OUTPUT INDICATORS	TARGETED	ACHIEVED	%
Number of boys and girls accessing gender appropriate WASH facilities in schools	55,482	69,322	125
Number of schools/learning spaces providing school feeding programme	131	144	110
Number of children benefiting from school feeding programme	62,224	101,888	164
Number of community members (teachers, PTAs, SMCS) trained in psychosocial support, protection, nutrition, WASH, life skills, health and food handling	7,643	7,217	94

¹ Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

ACHIEVEMENTS BY CLUSTER

FOOD SECURITY & LIVELIHOODS



Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
\$8.1M	29	25
TARGETED PEOPLE ¹	WOMEN	MEN
884,932	304,046	219,128
	GIRLS	BOYS
	187,424	174,334

CLUSTER OBJECTIVES

Objective 1: Provide food assistance to prevent famine and improve food consumption, dietary diversity and coping strategies for vulnerable populations in IPC 5, 4 and some 3 areas

Objective 2: Enhance emergency food production through complementary vegetable and crop seeds and fishing and livestock support in IPC 3, 4 and 5 areas

Objective 3: Reduce dependency on food and agricultural inputs to support and strengthen households' ability to absorb shocks also implemented across all 79 counties as well as the 'prioritized areas'

LEAD ORGANIZATIONS

WFP, FAO SPEDP, World Vision International

In 2020, the FSL Cluster focused on providing food assistance to prevent famine and improve food consumption, dietary diversity and coping strategies for vulnerable populations; enhancing emergency food production through complementary vegetable and crop seeds and fishing and livestock support; and reducing dependency on food and agricultural inputs to support and strengthen households' ability to absorb shocks.

With support from the SSHF, the FSL Cluster was able to provide resources for time-critical, life-saving activities, in line with the HRP 2020 needs and strategic priorities, through multi-cluster and stand-alone FSL response. The multi-cluster programming was introduced to promote coordination, enabling partners to deliver a package of services through complementary activities, while ensuring cost effectiveness.

The first allocation focused on main season and dry season response, and partners used the core pipeline of the Food and Agriculture Organization (FAO) to provide beneficiaries with crop kits, fishing kits and vegetable kits. As the year progressed, South Sudan faced unprecedented flooding, prompting a further allocation. The third Reserve Allocation was specifically designed as a life-saving emergency response to people in the six priority counties with a high number of IPC phase 4 and 5 populations from the November IPC analysis.

ACHIEVEMENTS BY CLUSTER

FOOD SECURITY & LIVELIHOODS



Results reported in 2020

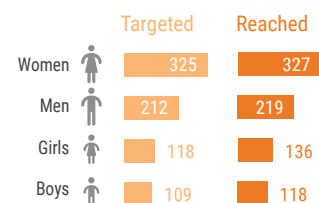
	ALLOCATIONS ¹	PROJECTS	PARTNERS
2019	\$4.6M	25	24

PEOPLE TARGETED

764,568

PEOPLE REACHED

800,070



In thousands of persons

OUTPUT INDICATORS		TARGETED	ACHIEVED	%
Number of people provided with crops seeds	Women	214,514	219,225	102
	Girls	102,478	126,667	124
	Men	186,569	163,420	88
	Boys	96,469	115,696	120
Number of people provided with fishing kits	Women	335,448	308,539	92
	Girls	177,894	189,239	106
	Men	347,708	314,198	90
	Boys	201,608	195,658	97

OUTPUT INDICATORS	TARGETED	ACHIEVED	%
Number of people provided with crop seeds	600,030	625,008	104
Number of people provided with fishing kits	1,062,658	1,007,634	95
Number of people provided with vegetable seed-kits trained	217,797	208,494	96
Number of people provided with vegetable seed-kits	1,526,600	1,533,539	100

¹ Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

Seeds, fishing kits and training: 'a reason to be joyful'

Nyakang is a farmer working against the odds, a breadwinner and a single mother of five. For Nyakang and her family, 2019 was a tough year. However, she bounced back from whatever life threw at her.

Nyakang and her family were uprooted by armed conflict in July 2019. People in Nyakang's community fled to Ethiopia as the fighting intensified. For a year, they faced daily struggles in a refugee camp in Ethiopia, with not enough water for their basic needs and unsafe living conditions.

When Nyakang and her family returned to South Sudan, she had to start her farm from scratch. She was dependent on relatives and neighbours for food and had to borrow seeds to begin farming. She worked hard every day to grow her maize crops and the unreliable weather conditions made growing sufficient crops to feed her family very difficult. In July 2019 when devastating flooding hit, Nyakang lost her farm, the only food source for the family. Nyakang's story is not hers alone but the story of many people who were affected by the floods in Maiwut County. The flooding exacerbated the already low production levels caused by the long-term impacts of sustained violence and insecurity in the area.

Nyakang was thrilled to be able to start her farm again when the African Humanitarian Corps (AHC) provided quality seeds, fishing kits, agricultural training, and tools, with support from the SSHF. Nyakang described the help she received as "a reason to be joyful again". AHC's support now enables Nyakang to be trained in crop production, seed bed management and crop disease prevention, which helps to improve her crop production.

"Before, I only grew maize. AHC provides a greater variety of seeds, so I now have different kinds of vegetables in my farm".

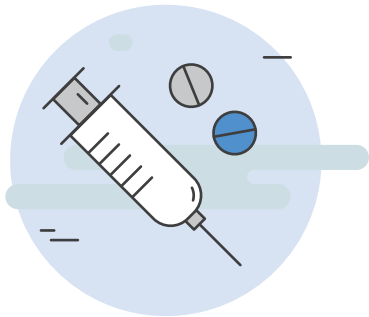
AHC is a national NGO conducting livelihood rehabilitation and resilience-building activities for the most vulnerable communities across Maiwut County, Upper Nile State. During 2020, AHC paid special attention to households that missed out on the previous season and those who had not previously benefitted from humanitarian assistance. Over six months, AHC reached 7,100 households with livelihood interventions in terms of provision of crop seeds, training, tools and fishing kits, to evade hunger, malnutrition and destitution over the coming year.



Maiwut, Upper Nile State.
Nyakang with her produce.
Credit: African Humanitarian
Corps

ACHIEVEMENTS BY CLUSTER

HEALTH



Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
\$14.2M	26	21
TARGETED PEOPLE ¹	WOMEN	MEN
642,262	209,406	158,060
	GIRLS	BOYS
	145,545	129,251

Results reported in 2020

	ALLOCATIONS ¹	PROJECTS	PARTNERS
2019	\$9.9M	45	35
2018	\$1.2M	3	3

CLUSTER OBJECTIVES

Objective 1: Reduce excess morbidity and mortality of epidemic-prone diseases and health insecurities

Objective 2: Improve access to integrated quality essential health care services for vulnerable populations

Objective 3: Increase access to services for survivors of SGBV, and people with physical or mental disabilities

LEAD ORGANIZATIONS

WHO, Save the Children

In 2020, the Health Cluster continued to support the implementation of activities aimed at improving access to health-care services for a prioritized vulnerable population, to reduce excess morbidity and mortality of epidemic-prone diseases. The provision of integrated and quality essential health-care services, together with nutrition, FSL, WASH, and health protection, were scaled-up, targeting people with physical and mental disabilities and survivors of SGBV.

SSHF funds helped to deliver emergency health services to people in need through health facilities and mobile outreach. For example, the support provided to conduct Oral Cholera Vaccine campaigns in areas identified as high risk for cholera outbreak helped prevent further spread of cholera for people there.

Following the outbreak of COVID-19, the Health Cluster remained flexible to provide essential services and assistance to the most vulnerable, including older people, people with disabilities, women and girls, as well as the urban poor. As the COVID-19 response was under way, other humanitarian interventions continued to support people facing other risks, including conflict, hunger and disease.

PEOPLE TARGETED

675,047

PEOPLE REACHED

918,976

	Targeted	Reached
Women	217	336
Men	176	246
Girls	143	174
Boys	140	162

In thousands of persons

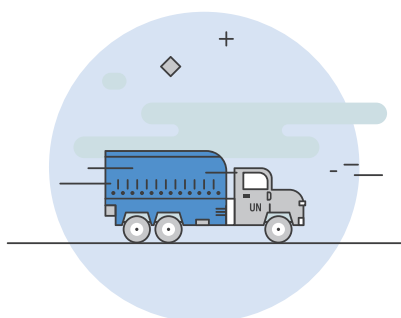
OUTPUT INDICATORS		TARGETED	ACHIEVED	%
Number of people reached through OPD consultations	Women	292,027	319,348	109
	Girls	193,716	180,708	93
	Men	269,018	279,944	104
	Boys	182,056	165,595	91

OUTPUT INDICATORS	TARGETED	ACHIEVED	%
Number of people reached through OPD consultations	936,817	945,595	101
Number of OPD consultation	655,837	631,886	96
Number of uncomplicated malaria cases treated	274,055	256,569	94

¹ Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

ACHIEVEMENTS BY CLUSTER

LOGISTICS



CLUSTER OBJECTIVES

Objective 1: Provide logistics coordination, support and technical advisory services to the humanitarian community

Objective 2: Enhanced access to beneficiaries and project implementation sites through safe, effective, and efficient passenger air services

Objective 3: Achieve logistics and cost efficiencies through the expansion of road and river transport and a decreased reliance on air operations

LEAD ORGANIZATIONS

World Food Program

Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
\$2.2M	2	2

In 2020, the Logistics Cluster continued to provide logistics coordination, support and technical advisory services to the humanitarian community. Through common logistics services, all strategic objectives were served directly or indirectly.

With funding from the SSHF, the Logistics Cluster supported resource mobilization for two of the three Logistics Cluster HRP projects (International Organization for Migration (IOM), Commodity Tracking System (CTS) and UN Humanitarian Air Service (UNHAS) projects). Both projects were crucial to ensure the delivery of humanitarian cargo and staff, enabling an effective humanitarian response in South Sudan.

Results reported in 2020

ALLOCATIONS ¹	PROJECTS	PARTNERS
2019 \$1.4M	1	1

In line with the Logistics Efficiencies Strategy, the IOM Common Transport Services project – which provides trucks to the humanitarian community in the main humanitarian hubs – was crucial to ensure a reduced reliance on air operations, as it enabled the expansion of road and river cargo transportation.

UNHAS was able to support the ICCG mission requests. The movement of humanitarians across the country was key in ensuring an inter-sectoral coordinated approach to the humanitarian response. It was crucial in bridging existing gaps between national and sub-national coordination levels to better identify required support to ensure a timely and efficient humanitarian response.

OUTPUT INDICATORS	TARGETED	ACHIEVED	%
Number of humanitarian organizations supported	80	79	99
Number of ICCG missions supported	150	167	111
Number of people evacuated	30	32	107
Teachers benefitting from emergency monthly incentives	491	451	92

¹ Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

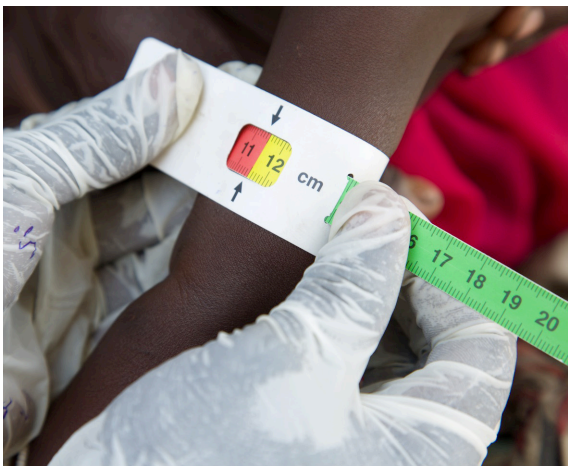
ACHIEVEMENTS BY CLUSTER

NUTRITION



Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
\$9M	26	20
TARGETED PEOPLE ¹	WOMEN	MEN
368,172	113,977	30,128
	GIRLS	BOYS
	116,600	107,467



Screening using the MUAC tape.
Credit: Joint Aid Management International

CLUSTER OBJECTIVES

Objective 1: To increase equitable access and utilization of quality preventative nutrition-specific service delivery for children, adolescents and women in prioritized locations by the end of 2020

Objective 2: To increase equitable access and utilization of quality life-saving nutrition services for early detection and treatment of acute malnutrition for girls and boys under age 5, and pregnant and lactating women affected by acute malnutrition in prioritized locations by the end of 2020

Objective 3: To increase equitable access to nutrition-sensitive interventions from health, WASH, FSL, education and protection sectors through enhanced coordination and joint programming targeting vulnerable groups in prioritized locations by the end of 2020

Objective 4: To strengthen nutrition information system for evidence-based nutrition response by the end of 2020

LEAD ORGANIZATIONS

UNICEF, CONCERN, ACF, WFP

In 2020, the Nutrition Cluster supported efforts to reduce suffering, morbidity and mortality related to malnutrition among vulnerable populations in South Sudan. This was achieved while increasing equitable access and utilization of quality preventative nutrition-specific service delivery for children, adolescents and women in prioritized locations. Response activities focused on increasing equitable access and utilization of quality life-saving nutrition services for early detection and treatment of acute malnutrition, while enhancing coordination, integration and joint programming with other clusters, Health, WASH, FSL, Education and Protection, for nutrition-sensitive interventions. To ensure the quality of response, the Cluster strengthened the nutrition information system for evidence-based nutrition response.

With support from the SSHF, the nutrition cluster supported some of the following activities; treatment of children with severe acute malnutrition-nutrition counselling on maternal, infant and young child nutrition targeting mothers/ caregivers of children receiving treatment for severe acute malnutrition (SAM) and moderate acute malnutrition (MAM); treatment of children with moderate acute malnutrition- nutrition counselling on maternal, infant and young child nutrition targeting mothers/caregivers of children receiving treatment for SAM and MAM. Like the other clusters the nutrition cluster was flexible in ensuring an inclusion of COVID-19 activities in existing interventions.

ACHIEVEMENTS BY CLUSTER

NUTRITION



Results reported in 2020

ALLOCATIONS¹ PROJECTS PARTNERS

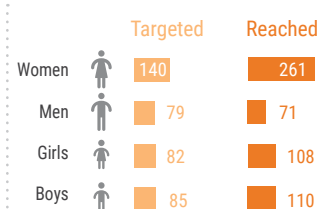
2019 **\$7.7M** **31** **23**

PEOPLE TARGETED

386,126

PEOPLE REACHED

550,227



In thousands of persons

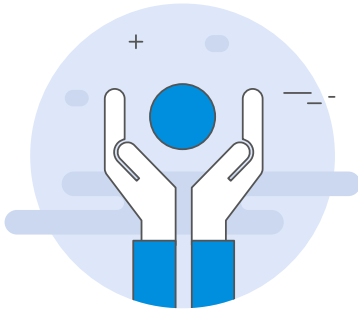
OUTPUT INDICATORS		TARGETED	ACHIEVED	%
Number of girls and boys (6-59 months with MAM admitted for treatment)	<i>Girls</i>	50,502	51,351	102
	<i>Boys</i>	47,808	46,302	97
Number of girls and boys (6-59 months) with SAM admitted for treatment	<i>Girls</i>	32,143	24,428	76
	<i>Boys</i>	30,163	21,968	73

OUTPUT INDICATORS	TARGETED	ACHIEVED	%
Number of girls and boys (6-59 months with MAM admitted for treatment)	98,310	97,653	99
Number of SAM cases with medical complication referred to stabilization centre	1,531	1,149	75
Number of girls and boys (6-59 months) with SAM admitted for treatment	62,306	46,396	74
Number of SAM children tested for malaria	30,698	23,906	78

¹ Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

ACHIEVEMENTS BY CLUSTER

PROTECTION



Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
\$11.7M	42	28
TARGETED PEOPLE ¹	WOMEN	MEN
258,723	82,616	46,464
	GIRLS	BOYS
	70,942	58,701

CLUSTER OBJECTIVES

Objective 1: Ensure the provision of critical protection-related assistance and specialized services through an integrated approach to address the priority needs of targeted people among vulnerable women, men, girls and boys in hard-to-reach and priority geographical areas

Objective 2: Prevent and mitigate protection risks through enhanced preparedness and resilience

Objective 3: Enable durable solutions for IDPs and other population

Objective 4: Enhance protection assessment and monitoring to inform protection and overall humanitarian response

LEAD ORGANIZATIONS

UNHCR, NRC

The Protection Cluster's response in 2020 focused on the provision of critical protection-related assistance and specialized services through an integrated approach to address the priority needs of targeted vulnerable women, men, girls and boys in hard-to-reach and priority geographical areas. Response activities also touched on prevention and mitigation of protection risks through enhanced preparedness and resilience while seeking durable solutions for displaced people and other vulnerable people. With support from the SSHF, the Protection Cluster focused on the following interventions: Protection monitoring, assessments and analysis of protection and human rights violations to inform response and advocacy; case management, referral and individual protection assistance, including for persons with specific needs; Provision of psychosocial support (PSS) and life-skills interventions to vulnerable children and their caregivers.

ACHIEVEMENTS BY CLUSTER

PROTECTION



Results reported in 2020

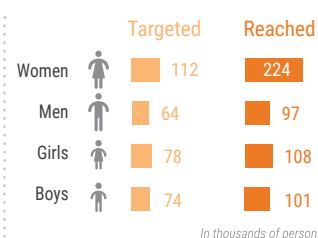
	ALLOCATIONS ¹	PROJECTS	PARTNERS
2019	\$1M	47	36
2018	\$0.2M	1	1

PEOPLE TARGETED

328,909

PEOPLE REACHED

529,407



OUTPUT INDICATORS		TARGETED	ACHIEVED	%
Number of people benefiting from comprehensive case management services	Women	5,956	9,716	163
	Girls	9,740	10,789	111
	Men	4,154	5,292	127
	Boys	7,079	10,416	147
Number of people benefiting from psychosocial support services (PSS) interventions	Women	42,967	69,258	161
	Girls	65,873	76,142	116
	Men	14,623	25,677	176
	Boys	50,177	69,558	139

OUTPUT INDICATORS	TARGETED	ACHIEVED	%
Number of people benefiting from comprehensive case management services	26,929	36,213	134
Number of people benefiting from psychosocial support services (PSS) interventions	173,640	240,635	139
Number of women and adolescent girls who received dignity kits	900	1,000	111
Number of people accessing essential services through safe referrals	17,489	17,755	102

¹ Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

Restoring self-esteem and generating income through soap-making



Kilda is no stranger to war and its effects. Armed conflict in Kejo-keji, Central Equatoria in October 2017 uprooted her family, forcing them to cross the border into Uganda, to seek refuge. However, not everyone in the family made it. Kilda's husband was killed by the fighting.

Kilda is now a 35-year-old widow and facing a hard life. She looked after her six children in a refugee camp in Uganda. She struggled as a single mother and as a refugee family. She hoped that she would find solace when she met a man, and had hopes of extending her family. When she became pregnant he abandoned her and her life became harder than ever. Later, she discovered that the same man had four wives in different refugee camps in Uganda. This news traumatized Kilda and she began to despair for her future and that of her children.

She spent two years in a refugee camp and her life did not improve. Kilda decided to return home and resettled in Korijo IDP camp in Kajo-keji. This is where she first met American Refugee Committee (ARC) community mobilizers who were conducting community sensitization on gender-based violence (GBV) in the area. This was a turning point for Kilda. After sharing her painful experience of violence and distress, she was enrolled in psychosocial counselling sessions at the women and girl friendly space and was selected to join a life skills group. The group members were trained to make liquid soap.

Kejo-keji, Central Equatoria. Soap making trainees.

Credit: American Refugee Committee

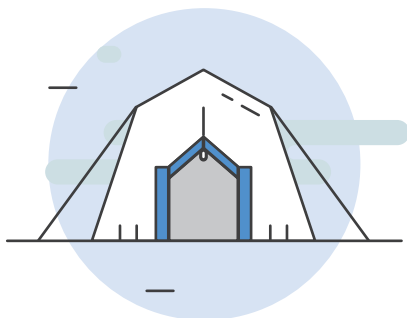
Following a 10-day soap-making training with nine other women, Kilda was given soap-making materials as part of a start-up kit. Together, the women's group produced liquid soap which they sell in the local market and camp. "Because the soap we are producing is of good quality, several organizations have now placed their orders for soap and the group works tirelessly to meet the high demand," Kilda says.

The money collected from the sales is pooled together to buy more soap-making ingredients and some profits are shared among the women to help support their families. Not only has this activity provided an income and raised Kilda's self-esteem, she knows her soap has also enabled regular hand washing measures in the fight against COVID-19 for many people. Kilda shared, "We now have reason to smile because we are empowered economically and our work is visible in the community, especially in fighting COVID-19. We can now take care of our families."

With the Fund's support, ARC implemented livelihood activities, such as the soap-making that Kilda attended, in addition to case management and psychosocial support activities, GBV trainings, referrals and services at the women and girl friendly spaces from September 2019 to March 2020. During this time, 7,692 people benefitted directly from a variety of these services and women taking part of in the soap making activities.

ACHIEVEMENTS BY CLUSTER

SHELTER & NON-FOOD ITEMS



Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
\$4.4M	14	13

TARGETED PEOPLE ¹	WOMEN	MEN
410,952	131,677	98,068
	GIRLS	BOYS
	93,572	87,635

CLUSTER OBJECTIVES

Objective 1: Improve access to safe, appropriate emergency shelter and life-saving NFIs to newly displaced or populations with new vulnerabilities

Objective 2: Enhance the community's dignity and increase their ability to respond to new shocks and build on existing skills

Objective 3: Improve the living conditions of highly vulnerable protracted IDPs, IDP returnees and spontaneous refugee returnees, and host communities/affected but not displaced unable to meet their ES/NFI needs

Objective 4: Vulnerable returnees, host communities, non-displaced IDPs rebuild lives through shelter and NFIs as part of durable solutions

Objective 5: Support the most vulnerable returnees, host communities/affected but not displaced, IDPs with durable solutions, rebuild lives through shelter and NFI solutions

LEAD ORGANIZATIONS

IOM, World Vision International

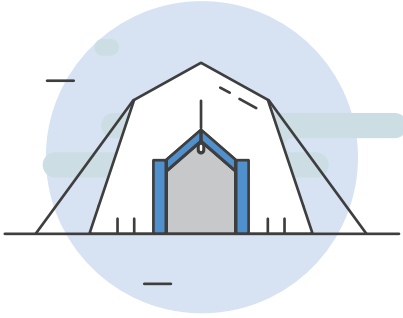
During the period under review, the Shelter and Non-Food Items (S/NFI) Cluster continued to focus on providing emergency shelter and NFIs, with a primary focus on people who are unable to support themselves, such as affected non-displaced, host communities, internally displaced people (IDP), IDP returnees and spontaneous refugee returnees. Through an integrated sectoral approach and an ongoing effort to find more sustainable S/NFI solutions, the Cluster also aimed to improve the living conditions of displaced families, IDP returnees, spontaneous refugee returnees and host communities.

SSHF funding gave S/NFI partners the ability to fulfil the Cluster's strategy to engage more with the communities, spend more time with them, and empower them through use of the cluster's AAP tool. Funding received was used for response to the 2020 devastating floods, enabling front-line operations partners to reach displaced individuals in Jonglei, Unity, Lakes and Upper Nile States. SSHF significantly contributed to the S/NFI responses, mainly for front-line activities to respond to people newly displaced. Most of the partners, particularly NNGOs, relied on the SSHF funds to enable their response.

Post distribution assessments showed the provision S/NFI ensured protection of affected communities from malaria and pneumonia. The NFIs ensured affected communities could cook their food, and provided essential protection items for women and girls, such as kanga cloths worn around the waist, and lights for night-time to access latrines and washrooms.

ACHIEVEMENTS BY CLUSTER

SHELTER & NON-FOOD ITEMS



Results reported in 2020

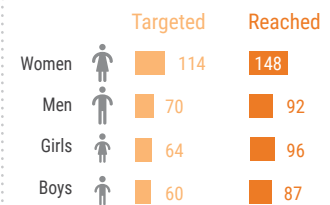
	ALLOCATIONS ¹	PROJECTS	PARTNERS
2019	\$5M	17	12

PEOPLE TARGETED

307,222

PEOPLE REACHED

423,199



In thousands of persons

OUTPUT INDICATORS		TARGETED	ACHIEVED	%	OUTPUT INDICATORS	TARGETED	ACHIEVED	%
Number of people served with essential emergency shelter upgrades and NFI replacements	Women	5,063	1,000	50	Number of people receiving in kind life-saving NFIs assistance	614,058	727,605	118
	Girls	5,320	500	75				
	Men	3,852	1,000	50				
	Boys	4,572	500	75				
Number of people receiving cash assistance for emergency shelter	Women	1,200	1,000	50	Number of people receiving in kind emergency shelter assistance	464,519	516,670	111
	Girls	700	500	75				
	Men	1,200	1,000	50				
	Boys	700	500	75				
					Number of people served with essential emergency shelter upgrades and NFI replacements	18,807	31,066	165

¹ Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

Life-saving shelter and non-food items for returnees

Nyahok is a 36-year-old single mother and has mixed feelings about returning home. She sought asylum in neighbouring Sudan after fleeing armed conflict in Rubkona County, Unity State in 2015. Five years later, growing political instability and hardship in Sudan left Nyahok with no choice but to go home. Full of uncertainties in her heart for the future she returned to her home country with her five children in May 2020.

The family did not have a place to stay upon their arrival. Nyahok made an rakuba (hut) with barely any basic household items. When the rains began, the small hut could not provide protection from the elements for her family. At the peak of the rainy season, the roof of her rakuba started to leak. The family were exposed to terrible cold and wet conditions at night. Having no mosquito nets to protect themselves against malaria or blankets to keep warm, Nyahok feared for her family.

Based on assessed needs in Roriak and neighbouring villages, with the support of the SSHF, Concern distributed shelter and essential household items to some 300 households in Roriak in August 2020. Nyahok was so happy when she saw the items in the bag she received: two blankets, two mosquito nets, sleeping mats, a cooking set, a plastic sheet and a solar lamp. Other humanitarian organizations provided health and protection services through static and mobile sites in Roriak, from which she and her family benefitted.

“I will repair my leaking roof, my kids will sleep under mosquito nets and I can now prepare our meals on time because I do not have to borrow cooking pots from neighbours,” Nyahok shared with a smile.

A Concern staff member who distributes items in Roriak echoed Nyahok words, “The items distributed will greatly improve the living conditions of Nyahok and other people so they can live in a more dignified and safe home”.

Concern Worldwide, with the support of SSHF, provided life-saving NFI and emergency shelter assistance to 20,000 vulnerable households in different parts of the county. This was done through a mobile team targeting internally displaced people and returnees for resettlement assistance from June 2020 to February 2021, with a project budget of US\$300,000.

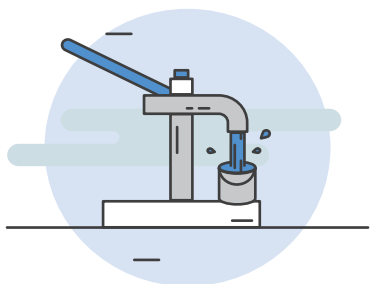


Rubkona, Unity State. Nyahok during Shelter & NFIs distribution.

Credit: Concern Worldwide/Peter Mawer

ACHIEVEMENTS BY CLUSTER

WATER, SANITATION & HYGIENE



Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
\$7.8M	22	20
TARGETED PEOPLE ¹	WOMEN	MEN
470,133	132,957	101,699
	GIRLS	BOYS
	130,084	105,393

Results reported in 2020

ALLOCATIONS ¹	PROJECTS	PARTNERS
2019 \$8M	31	26

CLUSTER OBJECTIVES

Objective 1: Integrate WASH in nutrition response through famine-prevention minimum package

Objective 2: Integrate WASH in health response to control outbreaks at wider community level

Objective 3: Provide timely/sustainable, equitable access to safe WASH for IDPs, host communities and returnees.

Objective 4: Mitigate WASH-related GBV

LEAD ORGANIZATIONS

UNICEF, NRC

Through an integrated approach, the WASH Cluster focused on interventions targeting acute vulnerabilities with the use of appropriate WASH minimum packages. The Cluster prioritized households' access to safe WASH, including household water treatment and handwashing in areas identified through severity mapping as having high global acute malnutrition rates, areas with a high risk of famine, vulnerability to waterborne or vector-borne outbreaks, and areas that face abnormally increased impacts from natural hazards. With support from the SSHF, the WASH cluster was able to focus on: provision of timely, equitable access to safe and sufficient water to vulnerable and affected populations; increase knowledge of appropriate hygiene practices to prevent and mitigate WASH-related diseases; enable beneficiaries to practice and access safe, sanitary and hygienic living standards through secure, dignified and gender appropriate sanitation services. In addition to mitigating WASH-related GBV cases in collaboration with GBV partners through: borehole and latrine construction or rehabilitation done following GBV risk analysis, and the distribution of menstrual hygiene management kits.

PEOPLE TARGETED

283,722

PEOPLE REACHED

489,516

	Targeted	Reached
Women	83	135
Men	54	89
Girls	82	143
Boys	65	123

In thousands of persons

OUTPUT INDICATORS		TARGETED	ACHIEVED	%
Number of people with access to safe water.	Women	119,491	129,178	108%
	Girls	123,933	144,071	116%
	Men	83,267	97,512	117%
	Boys	102,588	132,092	129%
Number of women and girls with access to safe water	Women	83,737	83,654	100%
	Girls	105,007	108,476	103%

OUTPUT INDICATORS	TARGETED	ACHIEVED	%
Number of people with access to safe water.	429,279	429,279	117%
Number of women and girls with access to safe water	188,744	188,744	102%
Number of women and girls with access to safe sanitation and hygiene facilities	168,399	168,399	90%
Number of children admitted for SAM/MAM treatment with access to safe water at OTP/ SC	47,209	47,209	98%

¹ Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.



A student washing hands in front of the
Green Belt Academy.
Credit: Polish Humanitarian Action

SSHF 2020 ANNUAL REPORT

ANNEXES

- Annex A About the SSHF
- Annex B Allocation by Recipient Organization
- Annex C SSHF Funded Projects
- Annex D SSHF Advisory Board
- Annex E Acronyms and Abbreviations

ANNEX A

ABOUT THE SOUTH SUDAN HUMANITARIAN FUND

SSHF basics

The South Sudan Humanitarian Fund (SSHF) is a multi-donor CBPF established in 2012 to support the timely allocation and disbursement of donor resources to enable humanitarian partners to respond to the most critical humanitarian needs in a strategic and coordinated manner. It is an important funding mechanism to enable timely, coordinated and effective humanitarian response in South Sudan. It is distinguished by its focus, flexibility, ability to boost response through targeted allocations and by its contribution to strengthening humanitarian coordination and leadership.

The Humanitarian Coordinator (HC) for South Sudan acts as the custodian of the SSHF on behalf of the Emergency Relief Coordinator (ERC). The HC oversees the administration and management of the Fund and ensures that the fund is delivering on its key objectives.

Since the inception of the Fund in 2012 up to the end of 2019, the OCHA Humanitarian Financing Unit (HFU) and the United Nations Development Programme (UNDP) Technical Secretariat (as the Managing Agent for NGOs) jointly supported the HC in the administration and management of the Fund. As of January 2020, the Managing Agent for the NGOs role transitioned from UNDP to OCHA. OCHA-HFU will continue to support the HC on a day-to-day basis.

The HC is supported by the SSHF Advisory Board (AB) in guiding the overall strategy and overseeing the performance of the SSHF. The AB which comprises representatives from donors, UN agencies and NGOs, provides strategic advice to the HC, including on allocation strategies, the Common Performance Framework and resource mobilization. National NGOs are represented on the SSHF Advisory Board and allocation review committees, giving them an active voice in the Fund's governance and decision-making processes.

The Fund works in coordination with the South Sudan cluster coordination structure – cluster coordinators and the ICCG – to ensure effective prioritization of humanitarian needs for SSHF funding.

Donor contributions are unearmarked and are allocated to eligible partners through an inclusive and transparent process in support of priorities set out in the South Sudan Humanitarian Response Plan (SS-HRP). There are two types of SSHF allocations: standard allocations and reserve allocations. The Fund holds a standard allocation once or twice a year through

a call for proposals for collectively identified strategic needs in the SS-HRP. Reserve allocations are launched in response to sudden onset humanitarian needs and specific crises. To ensure fairness, project proposals are assessed by an inclusive strategic and technical review committee based on a pre-defined scorecard. Funding levels and assurance mechanisms applicable to each successful project are guided by the partner's risk level, which is determined by a capacity assessment and past performance.

What does the SSHF fund?

The SSHF channels funds to activities that have been prioritized as the most urgent and strategic to address critical humanitarian needs in South Sudan in close alignment with the country's humanitarian response plan (HRP). It also provides immediate response to sudden onset, unforeseen crises.

In 2020, for the first time, standard and reserve allocations adopted multi-cluster programming to promote coordination, efficiencies and convergence of sectoral response in the same geographical locations. During 2020 close to \$30 million was allocated for multi-cluster programming enabling partners to deliver a package of services through complementary activities, enabling effective utilization of services, while ensuring cost effectiveness.

The SSHF promoted partnerships amongst humanitarian organizations. Signatory SSHF partners could collaborate with national NGOs on multi-cluster projects, with the agreement of an ongoing "mentorship program during project implementation for all sub-implementing partners (sub-IPs). 21 national NGOs were contracted as sub-IPs, with \$5.3 million channeled indirectly to them.

The SSHF continued to promote the localization agenda by channeling 34 per cent (20,3 million) of the allocated funds to national non-governmental organizations (NNGOs). Thus meeting the Grand Bargain requirements of aid localization.

In order to ensure sustainability of interventions, SSHF granted partners more time to implement programmatic activities extending all project implementation timeframes from 9 to 12 months (instead of 6 months), increasing consequently the size of received funding. Therefore, partners were able to receive larger amounts of funds, ensuring longer term presence in the field.

Who can receive SSHF funding?

Donor contributions are unearmarked and are allocated to eligible partners through an inclusive and transparent process in support of priorities set out in the South Sudan Humanitarian Response Plan (SS-HRP). The SSHF provides funding to eligible national and inter-national non-governmental organizations (NGOs) and United Nations agencies operating in South Sudan. SSHF funds are channeled to partners that are best placed to effectively implement priority activities in accordance with specific allocation strategies, the SSHF operational manual and humanitarian principles. To establish the 'in principle' eligibility of an organization to receive funding a due diligence review is conducted.

All potential partners must demonstrate through a rigorous capacity assessment that they possess the necessary structures, systems and abilities to meet the Fund's robust accountability standards and ensure they could effectively use the resources. This approach is standardised for all requesting partners, regardless of status, for example, international or national NGO, red Cross/ Red Crescent movement, of UN system member.

Who sets the Fund's priorities?

The HC, in consultation with the SSHF Advisory Board and upon the recommendation of the Inter-Cluster Coordination Group (ICCG), prioritizes the most critical needs to be addressed, and the corresponding top priority cluster activities, funding envelopes and geographical locations. Normally, Cluster coordinators coordinate with cluster partners to define cluster-specific priorities in alignment with the overarching allocation strategy.

Cluster coordinators drive the prioritization exercise, while the Humanitarian Coordinator, in consultation with an Advisory Board, determines the amount available for each allocation. This approach ensures that funding is prioritized at the local level by those closest to people in need, which empowers the leadership of the humanitarian operation and fosters collaboration and collective ownership of the emergency response.

How are projects selected for funding?

Funds are usually allocated through two Standard Allocations, to support top priorities as identified in South Sudan's HRP. OCHA-HFU develops an allocation strategy in consultation with the ICCG and the SSHF Advisory Board, before final review and approval by the HC. The allocation strategy sets the overall allocation objective and provides the framework for the submission of project proposals by eligible humanitarian partners.

Once the proposals are submitted, OCHA-HFU conducts a pre-screening exercise and submits the proposals that meet the basic criteria to the SSHF Strategic Review Committee (SRC) and the Technical Review committee for more detailed programmatic and financial review.

In the case of a Standard Allocation window, the strategic review committee will prioritize the best proposal based on the strategic, technical and financial parameters as set in the SRC score card. In a case of a reserve allocation where proposals are submitted by pre-select partners the strategic and technical review processes are merged.

Project proposals that are recommended for funding are submitted to HC for final approval.

In addition to Standard Allocations, a Reserve Allocation mechanism enables rapid and flexible disbursement of funds in the event of unforeseen emergencies. Submission of proposals may in some cases be by invitation and based on the specific humanitarian situation that the allocation intends to address.

Who provides the funding?

The SSHF is funded with contributions from UN Member States and can receive contributions from individuals, private or public sources. Since its inception in 2012 to the end of 2019, the Fund has received US\$830 million from donors. In 2020, 15 donors contributed \$66.3 million to the SSHF, making it the fourth largest CBPF in the world. The Fund allocated \$62.4 million to 106 humanitarian projects implemented by 63 partners through one standard allocation and three reserve allocations.

How is the efficient and accountable use of the SHF funds ensured?

The SSHF maintains its comparative advantage as an effective funding mechanism that enables donors to channel funds to a common pool regardless of the amount and structures. The SSHF builds on a comprehensive accountability framework enshrined in the SSHF Operational Manual which has been adapted to South Sudan complex emergency. These accountability management measures include:

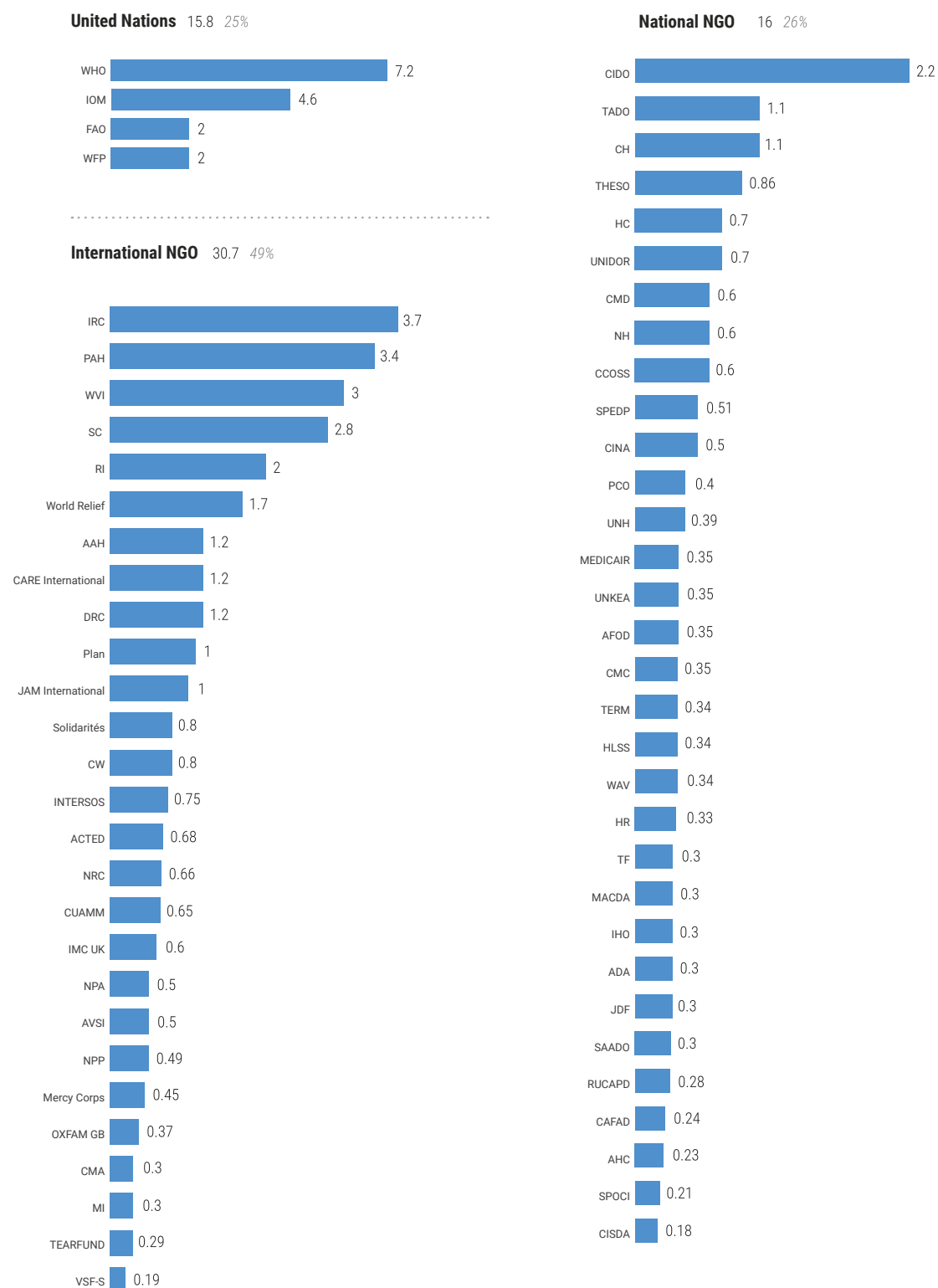
- A risk management strategy, identifying risks to the SSHF, including fraud and aid diversion, with an analysis of potential impact and mitigation strategies.
- A systematic governance mechanism, ensuring the transparency and quality of allocation decisions.
- Verification of partner eligibility and capacity through clear due diligence and capacity assessment processes, and performance tracking grant recipients throughout project implementation and completion.
- A comprehensive monitoring system, combining field monitoring missions by OCHA and clusters. Audits are performed by an external company.

Read more about SSHF: www.unocha.org/south-sudan.
For more information about CBPFs: http://bit.ly/OCHA_CBPFs

ANNEX B

ALLOCATIONS BY RECIPIENT ORGANIZATION

In US\$ million



See Annex D for acronyms

ANNEX C

SSHF-FUNDED PROJECTS

#	Organization	Fund Code	Cluster	Budget
1	AAH	SSD-20/HSS10/SA1/H-N-FSL-WASH-P/ INGO/15445	HEALTH/ NUTRITION/ FSL/WASH/ PROTECTION	\$1,200,000
2	ACTED	SSD-20/HSS10/SA1/CCCM-NFI-P/ INGO/15245	CCCM/ Shelter NFIs/ PROTECTION	\$676,357
3	ADA	SSD-20/HSS10/SA1/NFI/NGO/15520	Shelter NFIs	\$299,995
4	AFOD	SSD-20/HSS10/SA1/CCCM/NGO/15587	CCCM	\$350,000
5	AHC	SSD-20/HSS10/SA1/FSL/NGO/15696	FSL	\$228,374
6	AVSI	SSD-20/HSS10/SA1/E-P/INGO/15663	EDUCATION/ PROTECTION	\$500,000
7	CAFAD	SSD-20/HSS10/SA1/FSL/NGO/15636	FSL	\$243,943
8	CARE International	SSD-20/HSS10/SA1/P/INGO/15338	PROTECTION	\$380,000
9	CARE International	SSD-20/HSS10/RA2/P-H/INGO/17636	PROTECTION/ HEALTH	\$785,976
10	CCOSS	SSD-20/HSS10/SA1/NFI/NGO/15462	Shelter NFIs	\$300,000
11	CCOSS	SSD-20/HSS10/RA2/WASH/NGO/17631	WASH	\$300,000
12	CH	SSD-20/HSS10/SA1/P/NGO/15249	PROTECTION	\$349,981
13	CH	SSD-20/HSS10/RA2/WASH-NFI-FSL/ NGO/17615	WASH/ Shelter NFIs/ FSL	\$728,307
14	CIDO	SSD-20/HSS10/SA1/NFI/NGO/15576	Shelter NFIs	\$300,000
15	CIDO	SSD-20/HSS10/SA1/H-N-FSL-WASH-P/ NGO/15609	HEALTH/ NUTRITION/ FSL/WASH/ PROTECTION	\$1,200,000
16	CIDO	SSD-20/HSS10/RA2/P/NGO/17628	PROTECTION	\$400,000
17	CIDO	SSD-20/HSS10/RA3/H/NGO/18027	HEALTH	\$300,000
18	CINA	SSD-20/HSS10/RA2/P/NGO/17621	PROTECTION	\$500,000
19	CISDA	SSD-20/HSS10/SA1/FSL/NGO/15658	FSL	\$178,988
20	CMA	SSD-20/HSS10/SA1/N/INGO/15407	NUTRITION	\$299,999
21	CMC	SSD-20/HSS10/RA2/WASH/NGO/17629	WASH	\$345,359

#	Organization	Fund Code	Cluster	Budget
22	CMD	SSD-20/HSS10/SA1/WASH/NGO/15371	WASH	\$300,001
23	CMD	SSD-20/HSS10/SA1/N/NGO/15373	NUTRITION	\$300,001
24	CUAMM	SSD-20/HSS10/RA2/H-N/INGO/17641	HEALTH/ NUTRITION	\$650,000
25	CW	SSD-20/HSS10/SA1/NFI/INGO/15167	Shelter NFIs	\$300,000
26	CW	SSD-20/HSS10/SA1/CCS/INGO/15712	COORDINATION AND COMMON SERVICES	\$500,000
27	DRC	SSD-20/HSS10/SA1/CCCM-NFI-P/INGO/15235	CCCM/ Shelter NFIs/ PROTECTION	\$611,754
28	DRC	SSD-20/HSS10/SA1/P/INGO/15376	PROTECTION	\$550,000
29	FAO	SSD-20/HSS10/RA3/FSL/UN/18049	FSL	\$2,000,000
30	HCO	SSD-20/HSS10/SA1/N/NGO/15219	NUTRITION	\$300,000
31	HCO	SSD-20/HSS10/SA1/P/NGO/15298	PROTECTION	\$400,000
32	HLSS	SSD-20/HSS10/SA1/P/NGO/15528	PROTECTION	\$340,001
33	HRSS	SSD-20/HSS10/SA1/CCCM/NGO/15293	CCCM	\$330,954
34	IHO	SSD-20/HSS10/RA3/H/NGO/18025	HEALTH	\$300,000
35	IMC UK	SSD-20/HSS10/SA1/N/INGO/15526	NUTRITION	\$300,000
36	IMC UK	SSD-20/HSS10/RA2/N/INGO/17619	NUTRITION	\$300,000
37	INTERSOS	SSD-20/HSS10/SA1/E-P/INGO/15652	EDUCATION/ PROTECTION	\$450,000
38	INTERSOS	SSD-20/HSS10/RA2/P/INGO/17614	PROTECTION	\$300,000
39	IOM	SSD-20/HSS10/SA1/H/UN/15556	HEALTH	\$300,000
40	IOM	SSD-20/HSS10/SA1/CCCM-NFI-P/UN/15597	CCCM/ Shelter NFIs/ PROTECTION	\$917,480
41	IOM	SSD-20/HSS10/SA1/L/UN/15619	LOGISTICS	\$1,200,000
42	IOM	SSD-20/HSS10/RA2/CCS/UN/17639	CCS	\$500,000
43	IOM	SSD-20/HSS10/RA3/WASH/UN/18018	WASH	\$1,700,000
44	IRC	SSD-20/HSS10/SA1/H-N-P-FSL-WASH/INGO/15383	HEALTH/ NUTRITION/ FSL/WASH/ PROTECTION	\$2,224,420

#	Organization	Fund Code	Cluster	Budget
45	IRC	SSD-20/HSS10/SA1/P/INGO/15390	PROTECTION	\$340,000
46	IRC	SSD-20/HSS10/RA2/H-FSL/INGO/17616	HEALTH/ FSL	\$400,100
47	IRC	SSD-20/HSS10/RA3/P-N/INGO/18023	PROTECTION/ NUTRITION	\$742,345
48	JAM International	SSD-20/HSS10/RA2/N-FSL/INGO/17626	NUTRITION/ FSL	\$415,714
49	JAM International	SSD-20/HSS10/RA3/N-FSL/INGO/18020	NUTRITION/ FSL	\$603,124
50	JDF	SSD-20/HSS10/RA2/N/NGO/17632	NUTRITION	\$299,835
51	MaCDA	SSD-20/HSS10/SA1/P/NGO/15202	PROTECTION	\$300,005
52	MEDICAIR	SSD-20/HSS10/SA1/H/NGO/15419	HEALTH	\$350,000
53	Mercy Corps	SSD-20/HSS10/SA1/E-P/INGO/15616	EDUCATION/ PROTECTION	\$450,001
54	MI	SSD-20/HSS10/SA1/H/INGO/15267	HEALTH	\$299,998
55	Nile Hope	SSD-20/HSS10/SA1/E-P/NGO/15516	EDUCATION/ PROTECTION	\$300,001
56	Nile Hope	SSD-20/HSS10/SA1/P/NGO/15605	PROTECTION	\$300,000
57	NPA	SSD-20/HSS10/SA1/FSL/INGO/15513	FSL	\$261,319
58	NPA	SSD-20/HSS10/RA2/FSL/INGO/17630	FSL	\$282,256
59	NPP	SSD-20/HSS10/SA1/P/INGO/15497	PROTECTION	\$288,519
60	NPP	SSD-20/HSS10/RA3/P/INGO/18019	PROTECTION	\$200,000
61	NRC	SSD-20/HSS10/SA1/FSL/INGO/15321	FSL	\$216,929
62	NRC	SSD-20/HSS10/RA2/NFI/INGO/17624	Shelter NFIs	\$444,106
63	OXFAM GB	SSD-20/HSS10/RA2/WASH-FSL/ INGO/17644	WASH/ FSL	\$375,383
64	PAH	SSD-20/HSS10/SA1/WASH/INGO/15302	WASH	\$299,997
65	PAH	SSD-20/HSS10/SA1/H-N-FSL-WASH-P/ INGO/15674	HEALTH/ NUTRITION/ FSL/WASH/ PROTECTION	\$1,199,976
66	PAH	SSD-20/HSS10/SA1/E-P/INGO/15684	EDUCATION/ PROTECTION	\$499,999
67	PAH	SSD-20/HSS10/SA1/CCCM-P-NFI/ INGO/15685	CCCM/ Shelter NFIs/ PROTECTION	\$671,054

#	Organization	Fund Code	Cluster	Budget
68	PAH	SSD-20/HSS10/RA2/NFI/INGO/17627	Shelter NFIs	\$339,270
69	PAH	SSD-20/HSS10/RA3/FSL/INGO/18010	FSL	\$374,563
70	PCO	SSD-20/HSS10/SA1/E-P/NGO/15677	EDUCATION/ PROTECTION	\$400,001
71	Plan	SSD-20/HSS10/SA1/N-P-FSL-WASH-H/ INGO/15357	HEALTH/ NUTRITION/ FSL/WASH/ PROTECTION	\$491,456
72	Plan	SSD-20/HSS10/SA1/E-P/INGO/15643	EDUCATION/ PROTECTION	\$449,969
73	Plan	SSD-20/HSS10/RA3/N/INGO/18028	NUTRITION	\$134,768
74	RI	SSD-20/HSS10/SA1/H-FSL-N-P-WASH/ INGO/15671	HEALTH/ NUTRITION/ FSL/WASH/ PROTECTION	\$2,052,000
75	RuCAPD	SSD-20/HSS10/SA1/FSL/INGO/15594	FSL	\$283,455
76	SAADO	SSD-20/HSS10/RA2/P-FSL/NGO/17646	PROTECTION/ FSL	\$296,146
77	SC	SSD-20/HSS10/SA1/H-N-FSL-WASH-P/ INGO/15174	HEALTH/ NUTRITION/ FSL/WASH/ PROTECTION	\$1,500,000
78	SC	SSD-20/HSS10/SA1/P/INGO/15356	PROTECTION	\$400,001
79	SC	SSD-20/HSS10/RA2/P-N/INGO/17637	PROTECTION/ NUTRITION	\$491,063
80	SC	SSD-20/HSS10/RA3/N/INGO/18024	NUTRITION	\$372,103
81	Solidarités	SSD-20/HSS10/SA1/WASH/INGO/15683	WASH	\$500,000
82	Solidarités	SSD-20/HSS10/RA2/WASH/INGO/17647	WASH	\$300,000
83	SPEDP	SSD-20/HSS10/SA1/WASH/NGO/15319	WASH	\$299,997
84	SPEDP	SSD-20/HSS10/SA1/FSL/NGO/15474	FSL	\$211,824
85	SPOCI	SSD-20/HSS10/SA1/FSL/NGO/15682	FSL	\$205,531
86	TADO	SSD-20/HSS10/SA1/H/NGO/15538	HEALTH	\$384,913
87	TADO	SSD-20/HSS10/RA2/NFI/NGO/17622	Shelter NFIs	\$310,202
88	TADO	SSD-20/HSS10/RA3/H/NGO/18011	HEALTH	\$400,000
89	TEARFUND	SSD-20/HSS10/RA2/N/INGO/17643	NUTRITION	\$293,597
90	TERM	SSD-20/HSS10/RA2/WASH/NGO/17617	WASH	\$343,073

#	Organization	Fund Code	Cluster	Budget
91	TF	SSD-20/HSS10/RA2/NFI/NGO/17638	Shelter NFIs	\$306,757
92	THESO	SSD-20/HSS10/SA1/H-FSL-N-P-WASH/ NGO/15517	HEALTH/ NUTRITION/ FSL/WASH/ PROTECTION	\$860,000
93	UNH	SSD-20/HSS10/RA3/H/NGO/18006	HEALTH	\$389,127
94	UNIDOR	SSD-20/HSS10/SA1/H/NGO/15471	HEALTH	\$400,000
95	UNIDOR	SSD-20/HSS10/SA1/WASH/NGO/15586	WASH	\$300,000
96	UNKEA	SSD-20/HSS10/SA1/H/NGO/15320	HEALTH	\$350,000
97	VSF (Switzerland) (Vétérinaires sans Frontières)	SSD-20/HSS10/RA3/FSL/INGO/18030	FSL	\$194,133
98	WAV	SSD-20/HSS10/SA1/P/NGO/15181	PROTECTION	\$340,000
99	WFP	SSD-20/HSS10/RA3/N-L/UN/18043	NUTRITION/ LOGISTICS	\$2,000,000
100	WHO	SSD-20/HSS10/SA1/H-N-WASH-FSL-P/ UN/15626	HEALTH/ NUTRITION/ FSL/WASH/ PROTECTION	\$1,183,710
101	WHO	SSD-20/HSS10/RA1/H/UN/16404	HEALTH	\$4,999,500
102	WHO	SSD-20/HSS10/RA3/H/UN/18021	HEALTH	\$999,999
103	World Relief	SSD-20/HSS10/SA1/N-H-WASH-FSL-P/ INGO/15484	HEALTH/ NUTRITION/ FSL/WASH/ PROTECTION	\$1,744,359
104	WVI	SSD-20/HSS10/SA1/NFI/INGO/15226	Shelter NFIs	\$293,478
105	WVI	SSD-20/HSS10/SA1/E-P/INGO/15505	EDUCATION/ PROTECTION	\$447,223
106	WVI	SSD-20/HSS10/RA3/P-FSL-H-N/ INGO/18008	PROTECTION/ FSL/ HEALTH/ NUTRITION	\$2,257,904

ANNEX D

SSHF ADVISORY BOARD

STAKEHOLDER	ORGANIZATION
Chairperson	Humanitarian Coordinator
Secretariat	UN Office for the Coordination of Humanitarian Affairs (OCHA)
NNGO	Titi Foundation (TF)
NNGO	Universal Intervention and Development Organization (UNIDOR)
INGO	World Relief
INGO	Danish Refugee Council (DRC)
UN	International Organization for Migration (IOM)
UN	World Food Programme (WFP)
Donor	ECHO
Donor	Sweden
Observer	USAID

ANNEX E

ACRONYMS & ABBREVIATIONS

AAHI	Action Africa Help-International	CORDAID	Catholic Organization for Relief and Development Aid.
AAP	Accountability to Affected Population.	COVID-19	Corona Virus Disease 2019
AB	Advisory Board	CCOSS	Care for Children and Old Age in South Sudan
AAH	Action Against Hunger	CCOC	Confident Children out of Conflict
ACROSS	Association of Christian Resource Organizations Serving Sudan	CHADO	Community Health and Development Organization
ACT/DCA	ACT Alliance / DanChurchAid	CUAMM	Collegio Universitario Aspirante e Medici Missionari
ACT/LWF	ACT Alliance / Lutheran World Federation	CP	Child Protection
ACTED	Agency for Technical Cooperation and Development	CPF	Common Performance Framework
ADA	African Development Aid	CTS	Common Transport Service
AFOD	Action for Development	CRADA	Christian Recovery and Development Agency
AFSS	Andre Foods South Sudan	CW	Concern Worldwide
AHC	African Humanitarian Corps	DRC	Danish Refugee Council
ARC	American Refugee Committee	DDG	Danish De-Mining Group
ASCO	Aid Support Community Organization	DRC	Democratic Republic of Congo
AVSI	Associazione Volontari per il Servizio Internazionale	ECHO	Humanitarian Aid and Civil Protection department
AYA	Active Youth Agency	EVD	Ebola Virus Disease
BBTT	Boda Boda Talk Talk	FADM	Food Agriculture and Disaster Management
CAFAD	Community Aid for Fisheries and Agriculture Development	FAO	Food and Agricultural Organization of the United Nations
CARD	Community Aid for Relief and Development	FCA	Finn Church Aid
CARE	CARE International	FSL	Food Security and Livelihoods
CASS	Children Aid South Sudan	GBI	Green Belt Initiative
CAO	Community Action Organisation	GBV	Gender Based Violence
CBPFS	Country Based Pooled Funds	GBP	The British Pound
CCCM	Camp Coordination and Camp Management	GREDA	Grassroots Relief and Development Agency
CEDS	Centre for Emergency and Development Support	GOAL	GOAL
CH	Coalition for Humanity	GP	General Protection
CIDO	Community Initiative for Development Organisation	GMS	Grant Management System
CINA	Community in Need Aid	HAA	Health Action Aid
CISDA	Community Initiative for Sustainable Development Agency	HACO	Humane Aid for Community Organization
CMA	Christian Mission Aid	HACT	Humanitarian Aid for Change and Transformation
CMC	Charity Mission Corps	HAD	Humanitarian Aid for Development
CMD	Christian Mission for Development	HC	Humanitarian Coordinator
COER	Community Organization for Emergency and Rehabilitation	HCO	Hold the child Organisation
CMMB	Catholic Medical Missions Board	HDC	Humanitarian and Development Consortium
CMD	Christian Mission for Development	HFU	Humanitarian Fund Unit

HELPO	Humanity Empowerment & Leadership Organization	MIYCN	Mother, Infant and Young Children Nutrition.
HFO	HealthCare Foundation Organization	MPTF	Multi-Partner Trust Fund
HI	Handicap International	MT	Metric Tonnes
HLSS	Health Link South Sudan	MTT	Mobile Theatre Team
HNO	Humanitarian Needs Overview	NFI	Non- Food Items
HRP	Humanitarian Response Plan	NGO	Non-Governmental Organization
HRSS	Hope Restoration South Sudan	NSDO	Nile Sustainable Development Organization
HQ	Head Quarter	NNGO	National Non-Governmental Organization
IAS	International Aid Services	NPP	Non Violent Peaceforce
ICWG	Inter-Cluster Working Group	NH	Nile Hope
IDP	Internally Displaced Person	NPA	Norwegian People's Aid
IHO	Impact Health Organisation	NRC	Norwegian Refugee Council
IMC-UK	International Medical Corps- United Kingdom	OCHA	Office for the Coordination of Humanitarian Affairs
INGO	International Non-Governmental Organization	OPEN	Organization for Peoples' Empowerment & Needs
IOM	International Organization for Migration	OPD	Out Patient Department
IPMT	Integrated Protection Mobile Teams	OTP	Outpatient Therapeutic Programme
IRC	International Rescue Committee	OVCI	Volunteer Organization for the International Co-operation
IN	Internews	OXFAM GB	OXFAM GB
INTERSOS	INTERSOS	PAH	Polish Humanitarian Action
IRW	Islamic Relief Worldwide	PCO	Peace Corps Organization
ISRAAID	IsraAID	PLW	Pregnant and Lactating Women
IYCF-E	Infant and Young Child Feeding in Emergencies	PLAN	Plan International
JAM	Joint Aid Management International	POC	Protection of Civilians
JDF	John Dau Foundation	PSC	Project Support Costs
JUH	Johanniter Unfallhilfe	PSS	Psychosocial Support
LCED	Lacha Community and Economic Development	PUI	Premiere Urgence Internationale
LIVEWELL	LiveWell South Sudan	RHS	Rural Health Services
MA	Mine Action	RI	Relief International
MAG	Mines Advisory Group	RMF	Real Medicine Foundation
MAM	Moderate Acute Malnutrition	RUCAPD	Rural Community Action for Peace and Development
MAYA	Mundri Active Youth Association	RUSF	Ready to Use Supplementary Food
MEDICAIR	Medicair - South Sudan	RUTF	Ready to Use Therapeutic Foods
MDM	Médicos del Mundo (Doctors of the world)	RUWASSA	Rural Water and Sanitation support Agency
MERCY	Mercy Corps	S/NFI	Shelter and Non Food Items
MEDAIR	MEDAIR	SAADO	Smile Again Africa Development Organisation
MGNA	Magna Children at Risk	SAM	Severe Acute Malnutrition
MHA	Mobile Humanitarian Agency	SC	Save the Children
MI	Mentor Initiative	SLI-SS	Save Lives Initiative South Sudan

SMC	Sudan Medical Care	UN	United Nations
SOLIDARITÉS	Solidarités International	UNDP	United Nations Development Programme
SPEDP	Support for Peace and Education Development Programme	UNFPA	United Nations Population Fund
SPOCI	Stop Poverty Communal Initiative	UNH	United Networks for Health
SSGID	South Sudan Grassroot Initiative for Development	UNHAS	United Nations Humanitarian Air Services
SSHF	South Sudan Humanitarian Fund	UNHCR	United Nations Office of the High Commissioner for Refugees
SSLI-SS	Save Lives Initiative South Sudan	UNICEF	United Nation Children's Fund
SSLS	South Sudan Law Society	UNIDO	Universal Intervention and Development Organization
SSUDA	South Sudan Development Agency	UNKEA	Universal Network for Knowledge and Empowerment Agency
SRC	Strategic Review Committee	UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
STEWARDWOMEN	Support the Empowerment of Women and their Rights for Development	USAID	United States Agency for International Development
TADO	Touch Africa Development Organization	USD/\$	United States dollar
TDH-L	Terre des Hommes - Lausanne	VSF	Vétérinaires sans Frontières (Switzerland)
TEARFUND	TEARFUND	VSF-G	Veterinaires Sans Frontieres-Germany
TERM	The Rescue Mission	WASH	Water, Sanitation and Hygiene
TF	Titi Foundation	WAV	Women Aid Vision
THESO	The Health Support Organization	WFP	World Food Programme
TRC	Technical Review Committee	WHO	World Health Organization
TRI-SS	The Rescue Initiative South Sudan	WR	World Relief
TS	Technical Secretariat	WVI	World Vision International
U5	Under Five Years		
UASC	Unaccompanied and Separated Children		

SSHF South Sudan
Humanitarian
Fund

unocha.org/country/South-Sudan
chfsouthsudan.unocha.org
gms.unocha.org
fts.unocha.org

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