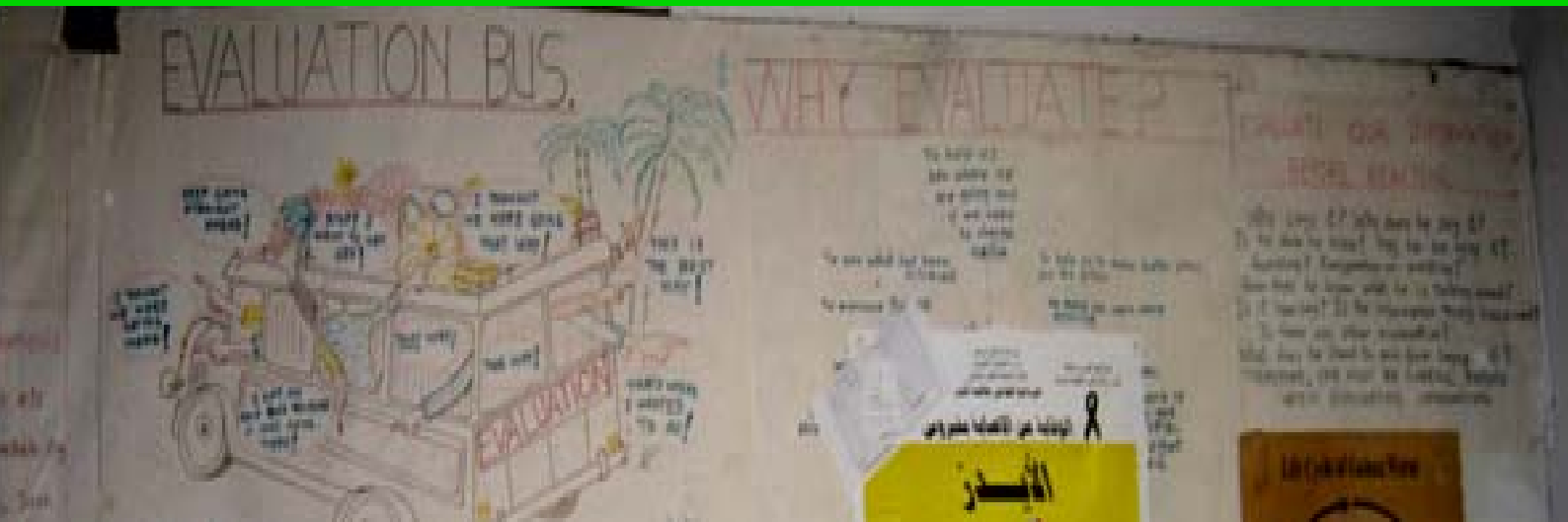


Independent Review of the Value Added of the Central Emergency Response Fund (CERF) in Zimbabwe

Final Report

October 2011

Tasneem Mowjee



Contents

EXECUTIVE SUMMARY	1
RECOMMENDATIONS	1
SECTION 1: INTRODUCTION.....	4
1.1 HUMANITARIAN CONTEXT IN ZIMBABWE	4
1.2 PROGRAMME-BASED APPROACH	6
1.3 CERF FUNDING TO ZIMBABWE.....	7
1.4 ZIMBABWE EMERGENCY RESPONSE FUND (ERF)	8
1.5 IMPLEMENTATION CHANNELS.....	8
RECOMMENDATIONS	9
SECTION 2: VALUE ADDED OF THE CERF	9
2.1 UN AGENCY PERSPECTIVES	10
2.2 NGO PERSPECTIVES	10
2.3 CHALLENGE WITH CERF FUNDING	12
RECOMMENDATIONS	12
SECTION 3: INCLUSIVENESS AND TRANSPARENCY OF ALLOCATION PROCESS.....	13
3.1 ALLOCATION PROCESS	13
3.2 INVOLVEMENT OF STAKEHOLDERS.....	17
RECOMMENDATIONS	19
SECTION 4: TIMELINESS OF CERF FUNDING	20
4.1 TIMELINESS OF THE CERF SECRETARIAT	20
4.2 TIMELINESS OF ONWARD FUNDING.....	20
4.3 NO COST EXTENSIONS (NCEs).....	21
SECTION 5: REPORTING AND ACCOUNTABILITY.....	21
5.1 REPORTING AND MONITORING PROCEDURES.....	22
5.2 FEEDBACK ON CERF-FUNDED PROJECTS	22
RECOMMENDATIONS	23

SECTION 6: SUPPORT TO HUMANITARIAN REFORM	24
6.1 COORDINATION.....	24
6.2 PARTNERSHIP	25
RECOMMENDATION	25
ANNEX 1: SUPPORTING EVIDENCE	26
ANNEX 2: METHODOLOGY	46
ANNEX 3: TERMS OF REFERENCE.....	49

Figures

FIGURE 1: CERF FUNDING TO ZIMBABWE BY WINDOW	7
FIGURE 2: STEPS FOR THE PRIORITISATION OF THE 2011 SECOND UFE ALLOCATION TO ZIMBABWE	14

Tables

TABLE 1: CERF FUNDING CHANNELLED THROUGH NGOS	9
TABLE 2: CERF-RECIPIENT AGENCY POLICIES ON OVERHEAD COSTS TO IMPLEMENTING PARTNERS	11
TABLE 3: ICF ALLOCATIONS OF CERF FIRST UFE ROUND IN 2011.....	15
TABLE 4: TIMELINE OF EVENTS SHAPING HUMANITARIAN CONTEXT IN ZIMBABWE	26
TABLE 5: CERF FUNDING TO ZIMBABWE FROM 2006-2011 BY RECIPIENT AGENCY	26
TABLE 6: ZIMBABWE EMERGENCY RESPONSE FUND: CONTRIBUTIONS AND GRANTS	27
TABLE 7: CERF FUNDING IN CONTEXT: 2011 FUNDING.....	27
TABLE 8: PROPOSED ALLOCATION OF CERF SECOND UNDER-FUNDED GRANT TO ZIMBABWE	28
TABLE 9: NUMBER OF WORKING DAYS TO APPROVE CERF GRANTS TO ZIMBABWE AND DISBURSE FUNDS: 2009-2011.....	30
TABLE 10: NO-COST EXTENSION REQUESTS FOR CERF GRANTS TO ZIMBABWE: 2006-2011.....	43
TABLE 11: LIST OF ORGANISATIONS CONSULTED.....	45
TABLE 12: LIST OF PAF INDICATORS	46

Executive Summary

This review of CERF funding to Zimbabwe aims to assess the indicators of the CERF's Performance and Accountability Framework (PAF) and address additional key questions raised by the CERF Advisory Group and Secretariat. The report is based on interviews with RC/HC, UN agencies, IOM, international and national NGOs and government representatives in Harare in August 2011. It also draws on a document review and funding information from the CERF Secretariat and agencies participating in the review.

Humanitarian Context in Zimbabwe

Zimbabwe experienced a severe crisis in 2008-09 due to election-related violence, a widespread cholera outbreak, hyperinflation and severe food insecurity. Overall humanitarian needs have declined since 2009 though there are areas of acute need, for example, amongst displaced people, migrants and other vulnerable groups. The situation is best described as a chronic crisis with indicators crossing emergency thresholds due to structural causes (a breakdown in infrastructure and services) rather than a specific cause such as a natural disaster or violent conflict. This means that the CERF, with its life-saving focus, does not always fit easily with the required responses although it has been able to address emergency needs and fill gaps.

Due to the nature of the crisis and the lack of adequate development funding, the Zimbabwe CAP has included some recovery programming since 2009. However, some donors and participating agencies do not fully report funding for the recovery elements to the FTS and this makes it almost impossible to get an accurate picture of the extent to which the CAP is funded. This is a challenge for allocations from the CERF's Under-Funded Emergency (UFE) window but the CERF Secretariat, with OCHA Zimbabwe's help, used an estimate of the purely humanitarian requirements and funding as the basis of its decisions.

Value-Added of the CERF

CERF funding has added value for UN agencies and IOM in several ways: by providing timely funding for emergency response, by funding severely under-funded sectors, by providing funding early on in the year (through the first UFE allocation), by enabling agencies to leverage funding from other donors, by complementing other donor funding, by providing flexible funding and by increasing the credibility of the UN system with the government.

NGOs were largely positive about implementing CERF-funded projects but they identified challenges relating to funding restrictions, particularly indirect support costs. They were not always clear whether the CERF or agencies had imposed these restrictions.

Inclusiveness and Transparency of Allocation Process

The CERF allocation process in Zimbabwe is more inclusive and transparent than in some other countries since NGOs and the government are involved in allocation and donors are informed about CERF funding through the Humanitarian Country Team (HCT). The Inter-Cluster Forum (ICF) is the main decision-making body for UFE allocations. Two INGO co-Cluster leads are supposed to be members but only one tends to attend. Government Cluster leads/co-leads are also ICF members but do not attend. So, the Ministry of Regional Integration and International Cooperation (MORIIC), as the government coordination lead, recently gained observer status. Since Rapid Response grants usually focus on a single sector, they tend to be discussed within the relevant Cluster, with the ICF and HCT approving decisions. Some interviewees (including MoRIIC) expressed concern that UN agencies make the real allocation decisions, either at the ICF or within agencies themselves.

Timeliness of CERF Funding

The review found that the CERF Secretariat is generally quick to approve final proposals and disburse funds. Timelines for projects funded in 2011 show that agencies may take one or two months to sign

agreements with partners and disburse funds, though this does not seem to have delayed implementation in most cases. Although UFE grants have a longer implementation period than Rapid Response grants, in Zimbabwe, all except one of the no-cost extension requests was for UFE projects. Agencies made the largest number of requests in 2009, when they received the largest amount of CERF funding. This was due to a combination of internal administrative difficulties and the challenging operating environment.

Reporting and Accountability

The review found that agencies have internal accountability mechanisms in place, comprising regular reporting by partners and monitoring visits to projects. There has been no discussion of the annual CERF report but this is because OCHA Zimbabwe has not shared this with agencies. Unlike in some countries, UN agencies and IOM provide feedback on the implementation of CERF-funded projects to other stakeholders. This is through Cluster meetings as well as contributions to OCHA's monthly humanitarian updates. Nevertheless, the HC expressed interest in an independent source of information on progress with CERF-funded projects.

Support to Humanitarian Reform

Clusters are working well in Zimbabwe, largely due to the programme-based approach that began operating in 2011, so participants did not believe that CERF funding had strengthened them. In fact, CERF allocation processes have benefited from the strength of Clusters. However, UN interviewees felt that the CERF has increased collaboration between agencies and contributed to joint programming. NGOs stated that CERF processes have proved stressful, partly due to unrealistic expectations of them as partners. A couple of them felt that they had been treated more as sub-contractors than as partners.

Recommendations

The recommendations listed at the end of each section of the report are grouped together below on the basis of whether they apply to Zimbabwe specifically or more generally. For ease of reference, the recommendation numbers are the same as those in the main report.

Zimbabwe-specific

1. Under the HC/RC's leadership, the humanitarian community should continue work that is already underway to develop ways to capture the full scale of recovery funding that complements humanitarian aid.
5. To help focus CERF UFE funding on priority needs (and avoid "cake-slicing"), the HCT should systematically set key priorities (geographical areas or key sectors) for which the relevant Clusters could then develop specific proposals. OCHA could support this process by providing an analysis of needs and gaps, based on its monthly humanitarian updates as well as FTS data.
7. The HCT should be the forum for addressing disagreements at Cluster or ICF level, making difficult decisions when necessary.
9. OCHA Zimbabwe should share the annual CERF report with Cluster members so that they are aware of what has been achieved with CERF funding.
10. Rather than individual agencies identifying lessons learned for the HC's annual report, the ICF should identify appropriate lessons as a group. The HCT should then discuss these and add to or refine them, if necessary.
12. To provide the HC with independent information on progress with CERF projects, the gender advisor should provide feedback to the HC and OCHA on the outcome of her project visits. OCHA can then share this information with the CERF Secretariat. OCHA should also visit CERF-funded projects during field missions, in cooperation with implementing agencies.

General

2. The CERF Secretariat should develop a policy to allow UN agencies and IOM to 'pass-through' funding when a project is developed and implemented by NGOs. This should include rules on the project support and staffing costs that the pass-through agency can claim.
3. UN agencies and IOM should ensure that implementing partners are clear about CERF-related restrictions on funding as opposed to restrictions due to their internal procedures.
4. The CERF Secretariat should communicate (through OCHA) to CERF-recipient agencies at field level that, while total indirect costs for CERF-financed projects cannot exceed 7% of the budget, implementing partners can claim direct, project-related costs.
6. The CERF Secretariat's request for an update on current CERF-funded projects to inform UFE allocation discussions is an example of good practice that it should replicate across all countries receiving funding from the UFE window.
8. The CERF Secretariat should pull together good practice examples from CERF allocation processes in different countries (drawing on country-level reviews, CERF evaluations and the experience of OCHA staff). This would be helpful for CERF training as well as stakeholders such as NGOs and government representatives involved in CERF allocation processes.
11. Feedback on CERF-funded projects to Clusters and the humanitarian aid community at large is an example of good practice that the CERF Secretariat should encourage CERF-recipient agencies to replicate in other countries.
13. The CERF Secretariat should make it clear to OCHA offices supporting CERF allocation processes as well as CERF applicant agencies that it welcomes joint programming and proposal documents.

Section 1: Introduction

The CERF Secretariat developed a Performance and Accountability Framework (PAF) in 2010¹. The CERF Advisory Group supported the PAF's proposal of conducting three to five independent country-level reviews per year, as determined by the Emergency Relief Coordinator (ERC). Therefore, in 2011, the CERF Secretariat commissioned four country reviews – in Bolivia, Colombia, Ethiopia and Zimbabwe.

The Terms of Reference (ToR) for this review (see Annex 3) outline the purpose and key issues that it should cover as well as the methodology. As described in Annex 2, this report is based on:

- Interviews in Harare with the Resident/Humanitarian Coordinator, UN agencies, IOM, Cluster coordinators, international and national NGOs, donor agencies and government representatives.
- A review of documents, including UN agency proposals and reports on the CERF.
- An analysis of funding data, based on information from UN agencies, the CERF Secretariat and OCHA Zimbabwe.

This report seeks to answer the key questions raised in the ToR and address the 31 indicators of the PAF (listed in Annex 2) *succinctly*. Therefore, it does not go into the details of how the CERF operates at a global level. Information on the establishment of the CERF, guidelines (e.g., the Life-Saving Criteria), application and reporting formats etc. are all available from the CERF website: ochaonline.un.org/cerf. To keep the main report short, Annex 1 contains supporting evidence.

1.1 Humanitarian context in Zimbabwe

Zimbabwe has been experiencing a decade of challenges leading to humanitarian needs (see table 4 in Annex 1 for a timeline). The worst crisis occurred in 2008-09 due to election-related violence, a widespread cholera outbreak, hyperinflation and severe food insecurity. Since then, there has been a decline in overall humanitarian needs though chronic malnutrition, food insecurity, recurrent cholera outbreaks, and the growing needs of IDPs, refugees and migrants to and from East Africa and South Africa remain challenges. For example, OCHA's Monthly Humanitarian Update for June 2011 reports a higher incidence of cholera in 2011 than during the same period in 2010, with a much higher fatality rate². Interviewees generally agreed that the humanitarian situation in Zimbabwe is best described as a chronic crisis with indicators crossing emergency thresholds due to structural causes (a breakdown in infrastructure and services) rather than a specific cause such as a natural disaster or violent conflict. The 2011 CAP document (page 17) sums up the problem as follows³:

Ten years of socio-economic decline, sporadic droughts, disease outbreaks, displacements and increased emigration have led to an increase in malnutrition, morbidity and mortality ... The country's basic social infrastructure such as health and WASH facilities has virtually collapsed due to lack of rehabilitation and maintenance leading to outbreaks of epidemics and resulting in loss of thousands of lives; deaths which could have been prevented with a properly functioning health system.

¹ Available from: <http://ochaonline.un.org/cerf/WhatistheCERF/EvaluationsandReviews/tabid/5340/language/en-US/Default.aspx>.

² OCHA Zimbabwe's 2011 Humanitarian Updates available from: <http://ochaonline.un.org/ReportandUpdates/2011ReportsandUpdates/tabid/7353/language/en-US/Default.aspx>

³ The document is available from: <http://ochaonline.un.org/AppealsFunding/CAP/CAP2011/tabid/7311/language/en-US/Default.aspx>

In this respect, the situation in Zimbabwe is not unlike parts of the Democratic Republic of Congo. The international community need to address the chronic needs and vulnerabilities with medium-term funding and solutions that address root causes rather than symptoms. However, the international aid architecture, divided between humanitarian or development aid, has found it very difficult to develop flexible medium-term financing mechanisms that allow donors to operate outside government structures⁴. The problems in Zimbabwe could be addressed with development funding but, due to the complex political situation and sanctions/restrictive measures against members of the government, development funding is comparatively limited. An analysis of DAC data on funding to Zimbabwe shows that humanitarian aid has been a substantial proportion of total aid to the country since 2005, reaching 55% in 2008⁵. The 2011 CAP document lists 10 Zimbabwe-specific mechanisms supporting activities that contribute to CAP objectives but there is limited information on funding for them⁶. As a result, aid agencies have been left to use humanitarian aid to address needs and the CAP document has included early recovery programming since 2009 (though this increased in 2010 and 2011). The 2010 CAP document (Executive Summary) justified the inclusion of recovery and “humanitarian plus” programming on the basis that it is *“aligned with the priorities of the Government’s Short-Term Economic Recovery Programme (STERP) ... These activities are recovery in nature, but in the context of Zimbabwe are considered time-critical and life-saving, such as repairs to water and sanitation systems, and incentive payments to civil servants”*⁷. The 2011 CAP document (page 7) explains that *“Most of the needs the humanitarian community in Zimbabwe has been addressing over the past two years are of a recovery nature. However, as long as no significant development funding is being invested in the country, the needs will continue to exhibit the symptoms of a humanitarian emergency.”* This makes it difficult to distinguish between acute and chronic needs, which is a challenge for CERF funding that is intended for clear-cut emergency needs. It has also led donors to question whether the situation is a humanitarian one (with DFID having ended its humanitarian programme in 2010 and ECHO phasing out) so humanitarian actors face growing constraints in addressing needs.

The inclusion of recovery programming increases the funding that Zimbabwe requests through the CAP. In 2011, Zimbabwe’s request for funding through the CAP was US\$415 million, increased to \$488.5 million in the mid-year review. This is not much lower than the \$530 million initially requested for Somalia in 2011 even though the crisis there is much more severe⁸. Although the Zimbabwe CAP includes recovery programming, as the 2011 CAP document highlights, some agencies and donors either report funding that addresses these objectives as humanitarian assistance falling outside the CAP framework (which is recorded in the FTS) or do not report it at all because they consider the funding to be of a recovery or developmental nature and therefore not relevant for the FTS. The CAP’s annual nature also makes it difficult to capture multi-annual recovery funding. The programme-based approach (described below) has not helped to capture funding to all CAP projects and requires joint steps by OCHA and Cluster coordinators. This means that it is almost impossible to get an accurate picture of the extent to which the overall CAP is actually funded and it appears that the CAP is severely under-funded

⁴ See OECD-DAC (2010) Transition Financing: Building a Better Response. Available from:

http://www.oecd.org/document/2/0,3746,en_2649_33693550_45347394_1_1_1_1,00.html

⁵ For a graph showing humanitarian and development aid to Zimbabwe from 1995-2008, see Timeline section of Global Humanitarian Assistance country profile of Zimbabwe at:

<http://www.globalhumanitarianassistance.org/countryprofile/zimbabwe>.

⁶ According to UNICEF, it has received US\$10 million for the Basic Education Assistance Module (BEAM) and US\$50 million over 3 years for the Child Protection Fund in support of the National Action Plan for Orphans and Vulnerable Children (OVC).

⁷ See: <http://ochaonline.un.org/AppealsFunding/CAP/CAP2010/tabid/6309/language/en-US/Default.aspx>

⁸ See OCHA (2010) 2011 Humanitarian Appeal. Available from: <http://www.unocha.org/about-us/publications>. Zimbabwe mid-year review data available from: <http://ochaonline.un.org/AppealsFunding/CAP/CAP2011/tabid/7311/language/en-US/Default.aspx>

even though this may not be the case⁹. For example, according to the 2011 mid-year review, the agriculture Cluster had only received 14 per cent of the \$80.6 million revised requirements, leaving a shortfall of \$69.6 million. However, an FAO interviewee pointed out that donor agencies have pledged approximately US\$89 million for agriculture for the forthcoming season (i.e. a period of one year) but this is not yet reflected in the FTS. This is due to the mismatch in the agriculture season and the timing of the CAP funding cycle. Support for agriculture is only accurately reported in September, towards the end of the CAP cycle. This has been a challenge for the CERF Secretariat when considering Zimbabwe for funding from the Under-Funded Emergencies window in 2011. It has worked with OCHA Zimbabwe to estimate how much of the CAP requirements are for purely humanitarian activities and based its decision on the levels of humanitarian funding alone. The challenge of capturing resource flows for recovery or transition activities is not unique to Zimbabwe – the DAC’s report on transition financing highlights the challenge of capturing information on such funding at a global level.

According to the 2011 CAP document, the Humanitarian Country Team (HCT) has been working with donors to ensure a better understanding that recovery funding for activities listed in the CAP could and should be recorded so that the FTS gives a more comprehensive picture of donor funding for humanitarian/recovery response. These efforts have had limited success though more comprehensive reporting would help eliminate situations whereby, for example, all funding to the Education Transition Fund though largely supporting 2010 CAP Education Cluster response plan and the programmes listed in it, was not captured in the Education Cluster’s portfolio of CAP projects nor reported to FTS as non-CAP funding, and thus not taken into account in identifying funding gaps. The government also has very little information on donor contributions. The Ministry of Regional Integration and International Cooperation (MoRIIC), which coordinates international assistance, used to meet with donors in the Government Development Forum but this is now dormant.

Due to the potentially inaccurate picture of funding to the Zimbabwe CAP, some donors and aid agencies have advocated for the 2012 CAP to focus specifically on humanitarian needs. MoRIIC, however, expressed concerns that this will mean that recovery programming previously included in the CAP will fall between the two stools of the CAP and the Zimbabwe UNDAF (ZUNDAF), which covers four-year development programmes (2012-2015) and has not succeeded in attracting much funding so far.

1.2 Programme-based Approach

In 2010, key stakeholders in the CAP, including donors and NGOs, expressed concern that the agency-specific project approach used in the CAPs did not provide the strategic focus and flexibility needed in the complex situation in Zimbabwe to identify adequate responses to priority needs and complement the gap with other sectoral funding frameworks. Therefore, following the CAP workshop in September 2010, the HCT endorsed the use of a programme-based approach. This means that Clusters are responsible for developing holistic, cluster-specific programmes owned by the entire cluster. These provide a detailed overview of the needs, activities and outcomes for each cluster priority area. For the 2011 CAP document, the Clusters identified the cost of programmes on the basis of average costs, available capacity and access. Cluster members are expected to adhere to the activities outlined in the cluster programmes when developing individual project proposals for donor funding and the Cluster as a whole monitors funded activities on a monthly basis.

⁹ According to the 2011 CAP document, the 2010 Zimbabwe CAP was only 47% funded, compared to the global average of 59%. At the time of the mid-year review, the 2011 Zimbabwe CAP was only 29% funded.

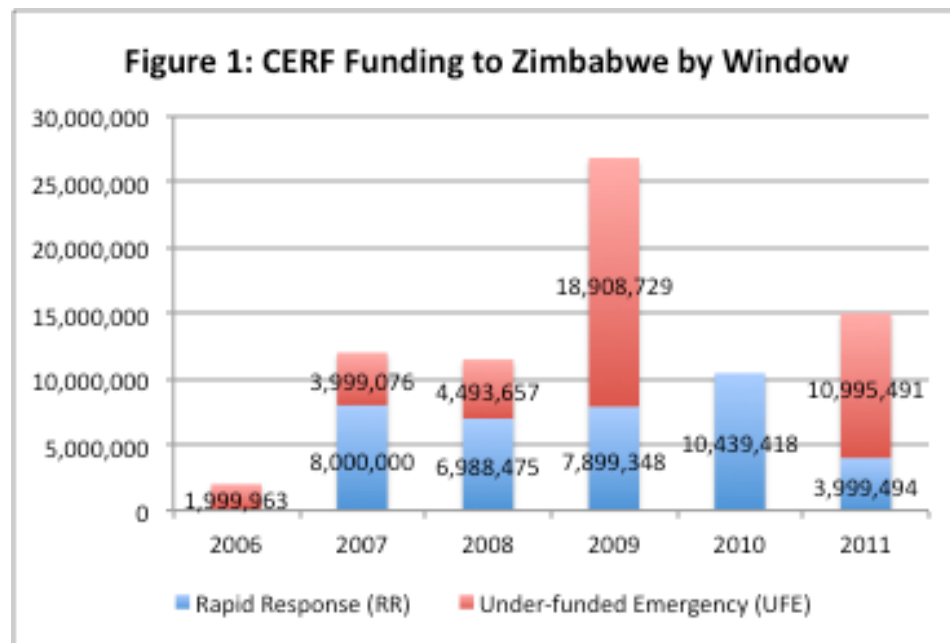
A group of donors representing the Good Humanitarian Donorship (GHD) initiative visited Zimbabwe in February 2011 in order to get a better understanding of the programme-based approach. They identified the following advantages of this approach¹⁰:

- A common language with development actors to facilitate a smoother transition to early recovery and longer-term development,
- The avoidance of a “shopping list” of projects in the CAP that allows donors to “cherry pick”,
- Alignment with humanitarian reform by empowering Clusters and fostering inter-Cluster coordination,
- Greater flexibility to adapt to changes in need and respond to emerging needs,
- Greater transparency, information sharing and accountability within the Cluster, which in turn reinforces NGO participation,
- Greater standardisation of response, which avoids duplication and reduces costs,
- Greater ability of Clusters to address gaps in response,
- Greater collaboration between Cluster members rather than competition for funds.

Overall, the GHD mission found support for the programme-based approach amongst Cluster coordinators, NGOs and the Government of Zimbabwe though the heads of UN agencies seemed less convinced of its benefits. During this review, MoRIIC suggested that it would be helpful to evaluate the impact of the programme-based approach and whether it had increased government participation.

1.3 CERF funding to Zimbabwe

Zimbabwe has received CERF funding every year since the fund was established in 2006. With a total of \$77.7 million since 2006, Zimbabwe is the CERF’s 9th largest recipient¹¹. Table 5 in Annex 1 lists CERF funding to Zimbabwe from 2006-2011 by recipient agency while Figure 1 below shows funding by CERF window (Rapid Response (RR) and Under-Funded Emergency (UFE)). This shows that, with two rounds of



UFE funding in 2011, Zimbabwe has received slightly more funding from the CERF’s UFE window (\$40.4 million) than from the Rapid Response window (\$37.3 million).

¹⁰ Notes from the Joint Donor Mission to Zimbabwe (21st-22nd February 2011). Interviews for this review supported the findings.

¹¹ For a full list of recipient countries, see

<http://ochaonline.un.org/cerf/CERFFigures/CountriesreceivingCERFfunds/tabid/1799/language/en-US/Default.aspx>

1.4 Zimbabwe Emergency Response Fund (ERF)

The ERF is a country-level pooled fund managed by OCHA on behalf of the Humanitarian Coordinator (HC)¹². It began to receive donor funding in 2006 but only became operational in October 2008 (when it gave the first grants). See table 6 in Annex 1 for a list of contributions to the ERF and grants. The ERF provides a maximum of \$250,000 funding for a project. The ERF has adapted the CERF's life-saving criteria to determine eligibility for funding. Therefore, like the CERF, it does not finance preparedness activities such as the pre-positioning of stocks. In theory, the ERF can finance the humanitarian projects of UN agencies as well as international and local NGOs but, in practice, it has tended to fund largely NGOs (see table 6 in Annex 1). The ERF Advisory Board made a policy decision to focus more on funding NGOs because UN agencies have access to a wider range of resources (particularly the CERF). Also, unlike many donors, the ERF is able to fund local NGOs. Their ability to implement humanitarian programmes can be vital, particularly if international NGOs face restrictions, as they did in 2008.

The ERF has an Advisory Board that is chaired by the HC and meets every two months. Its members comprise the heads of three UN agencies (UNHCR, WFP and WHO), one international NGO representative and one national NGO representative¹³. The ERF Board is responsible for considering project proposals after they have undergone a technical review in the relevant Cluster and deciding whether to recommend them to the HC for funding or not. The Board is also a policy-making body, discussing issues such as the maximum funding limit, the six-month time limit on projects, the maximum level of project support costs that organisations can claim. Currently, ERF recipients are expected to use 75-80 per cent of the funding for project inputs and the rest for staff and support costs. Unlike in Ethiopia, the ERF Review Board plays no role in reviewing CERF funding though ERF and CERF guidance recommend using ERF structures to support CERF processes.

OCHA is responsible for monitoring NGO projects; with the ERF team undertaking most of the monitoring visits though OCHA's Humanitarian Affairs Officers should also monitor projects during field missions. OCHA aims to visit each ERF-funded project at least once though it may not be able to visit all the sites where the project is being implemented and it is able to visit around 80 per cent of projects.

1.5 Implementation channels

In Zimbabwe, CERF-recipient agencies implement projects mainly through NGOs though there are exceptions such as a CERF-funded WHO-UNICEF response to a measles outbreak in 2010, which was implemented through the government. The CERF Secretariat requests applicants to list onward funding to NGOs, showing the names of partners and the amounts that they will receive. Therefore, for CERF funding to Zimbabwe in 2011, UN agencies and IOM have worked with NGOs to obtain detailed information that has contributed to their proposals to the CERF Secretariat. Based on proposals submitted to the CERF, table 1 below shows how much funding (in US\$) from each 2011 project was channelled through NGOs. The table covers projects from the first UFE round as well as the two RR grants, shown in blue.

Table 1 makes it clear that NGOs receive a substantial portion of CERF funding in Zimbabwe. However, this does not always give a true picture of the level of implementation by NGOs. For example, even though NGOs are receiving only 11 per cent of the funding for the IOM education project, which is to rehabilitate storm-damaged schools, in reality, the project emerged from NGO assessments and they are

¹² Details of the fund and how it operates are available from: <http://www.ocha-eth.org/hrf/index.html>

¹³ At the time of this review, the primary INGO member was Catholic Relief Services (CRS) and the alternative member was Medecins du Monde (MdM). The primary national NGO member was the National Association of NGOs (NANGO) while the alternative member was Christian Care.

implementing almost every aspect of it. This includes determining what supplies are needed for each school, obtaining tenders and identifying local suppliers (see timeline for GRANT 11-IOM-014 (RR) in Annex 1). UNICEF should have been the agency channelling the funding, as it leads the education network that identified the problem. However, it requested IOM to act as the funding channel due to administrative constraints. From UNICEF's perspective, as long as a project follows established standards, it does not matter which agency channels CERF funds. However, NGOs felt that there had been a lack of support from IOM after an initial project meeting on 6 April 2011. This has meant that the implementing NGOs have not had an opportunity to come together to discuss issues and develop common training procedures. In IOM's view, though, the education cluster, led by UNICEF, is the appropriate forum for discussing the intervention. The three partners are large international NGOs and key stakeholders in the cluster and so should be capable of organising the necessary coordination. IOM's role, as a pass-through for the funds, is focused on the significant oversight responsibilities of managing the grant, which includes undertaking joint field monitoring visits with each of the three partners.

Table 1: 2011 CERF Funding Channelled through NGOs				
Agency/Sector	Project Number	CERF Grant	NGO Total	NGO %
IOM/Nutrition & Food ¹⁴	11-IOM-005	\$529,187	\$260,686	49.3%
IOM/Multi-sector – IDPs & asylum-seekers	11-IOM-006	\$250,000	\$22,735	9%
IOM/Livelihoods	11-IOM-007	\$300,000	\$230,750	76.9%
IOM/Education	11-IOM-014	\$977,054	\$108,200	11%
UNFPA/Health	11-FPA-010	\$897,231	\$431,424	48%
UNHCR/ Multi-sector – Refugees & asylum-seekers ¹⁵	11-HCR-004	\$250,001	\$24,900	9.9%
UNICEF/Nutrition & Food	11-CEF-008-A	\$571,914	\$465,171	81.3%
UNICEF/WASH	11-CEF-008-B	\$1,300,000	\$1,170,000	90%
UNICEF/WASH	11-CEF-028	\$3,022,440	\$0	0%
WFP/Nutrition & Food	11-WFP-009	\$897,221	\$43,766	4.8%

Recommendations

1. Under the HC/RC's leadership, the humanitarian community should continue work that is already underway to develop ways to capture the full scale of recovery funding that complements humanitarian aid.
2. The CERF Secretariat should develop a policy to allow UN agencies and IOM to 'pass-through' funding when a project is developed and implemented by NGOs. This should include rules on the project support and staffing costs that the pass-through agency can claim.

Section 2: Value Added of the CERF

This section focuses on the extent to which the CERF has added value to humanitarian response in Zimbabwe. It addresses indicators 17, 18, 19 and 21 of the PAF. It shows that the CERF has added value for UN agencies in various ways. NGO implementers, though, identified challenges with funding restrictions and claiming indirect support costs, in particular. An overall challenge with CERF funding to Zimbabwe is the structural nature of the crisis, which does not fit easily with the CERF's focus on life-saving activities and immediate response.

2.1 UN agency perspectives

This section is based on responses from five UN agencies (UNFPA, UNHCR, UNICEF, WFP and WHO) and IOM. It highlights the various ways in which CERF funding has supported their humanitarian response.

- **By providing timely funding at times of acute emergency**, particularly during the cholera outbreak in 2008-09 and the measles outbreak in 2010.
- **By funding severely under-funded sectors** and enabling them to fill gaps. For example, the protection and multi-sector Clusters that address the needs of IDPs, refugees and asylum-seekers had received only 10% and 6% respectively of requested funding at the time of the mid-year review. Both UFE rounds in 2011 funded these Clusters. CERF funding to the Nutrition Cluster in 2011 has enabled it to increase coverage of its Community Based Management of Acute Malnutrition (CMAM) activities.
- **By providing funding early on in the year with the first UFE round**, particularly useful because donor funding has tended to arrive later in the year in Zimbabwe. UNICEF noted that the CERF's \$1.3 million grant to the WASH Cluster at the beginning of 2011 had been very timely. The funding information that UNICEF provided for table 7 in Annex 1 shows that a grant of \$4.6 million from Japan in January 2011 was the only humanitarian funding it had received till it received grants from the CERF's first UFE round.
- **By enabling agencies to leverage funding from other donors**. CERF funding to UNICEF to address cholera enabled the agency to secure additional funding from ECHO and DFID. A UNICEF staff member argued that donors prefer co-financing projects to ensure that risks are shared amongst donors. The CERF Secretariat's willingness to support bold approaches and take the risk of being the first donor to a project is very helpful as this often triggers other funding.
- **By complementing other donor funding**. The CERF Rapid Response grant to WHO and UNICEF to address the measles outbreak in 2010 complemented funding that the two agencies received from ECHO.
- **By providing flexible funding** so that recipient agencies can respond to changing needs. Due to an increase in project beneficiaries, UNHCR has had to re-programme funding from the first UFE round to provide food rather than emergency shelter and Non-Food Items (NFIs).

In addition, some UN interviewees, including the HC, felt that CERF funding increases the credibility of the UN system with the government because it is a resource that the agencies can draw on consistently to fill gaps and respond to urgent needs.

Table 7 in Annex 1 puts CERF funding to Zimbabwe in context by comparing it to other humanitarian funding that the agencies had received as of 15 August 2011. This shows that CERF funding is very important for some agencies. It comprised 100 per cent of UNFPA's humanitarian funding and almost 44 per cent of UNICEF's humanitarian funding.

2.2 NGO perspectives

While the NGOs interviewed for this review were largely positive about their role in implementing CERF-funded projects, they identified challenges related to certain funding restrictions¹⁶. They were unclear about whether these were due to CERF rules or to the internal rules of UN agencies and IOM. For

¹⁴ This project proposes to provide US\$8,820 (1.67% of the total budget) through the Ministry of Health.

¹⁵ This project provided US\$29,000 (11.6% of the total budget) to the Department for Social Welfare.

¹⁶ These are separate from the concerns identified by the NGOs and Humanitarian Reform project in 2009, which the NGOs shared with the head of the CERF Secretariat during his visit to Zimbabwe.

example, one NGO implementing a nutrition project wanted to undertake an assessment to establish a baseline so that it could then conduct an impact assessment at the end of the intervention. It was told that the CERF does not finance assessments. The CERF Secretariat’s guidance on the Life-Saving Criteria make it clear that CERF applications should be based on recent assessments, which means that applicant agencies are responsible for financing these¹⁷. However, the CERF’s budget format has a line for monitoring and reporting so, for example, in Ethiopia, UNICEF has used this funding to commission a private company to conduct post-coverage surveys for its nutrition projects.

Another NGO interviewed for this review pointed out that it had withdrawn from a CERF-funded project because of the proportion of funding that it was required to commit to materials and inputs, compared to staffing and other costs required to implement the project. UNICEF, for example, expects its partners to use about 75% of funding for direct inputs. However, this is not a CERF requirement - the only recommendation that the CERF Secretariat makes is that UN agency and IOM staffing costs should not exceed 10% of the budget. Also, while the CERF is not supposed to fund 100% of UN agency and IOM projects, there is no CERF requirement for implementing partners to co-finance projects.

2.2.1 Indirect support costs

One major challenge that NGOs identified was with indirect support costs. The CERF Secretariat allows recipient agencies to charge up to 7 per cent for indirect or programme support costs (PSC)¹⁸. The total indirect costs for a CERF-financed project cannot exceed this though recipient organisations and their implementing partners can charge for staff and other direct costs. Table 2 below shows that, in general, UN agencies and IOM allow their implementing partners to charge indirect costs¹⁹. However, this becomes a challenge with CERF-financed projects because agency headquarters claim the 7 per cent PSC for the agency itself and there is no funding available for the indirect costs of partners.

Table 2: CERF-recipient agency policies on overhead costs to implementing partners	
Agency	Policy on administrative costs
IOM	No fixed percentage for overheads but allows partners to claim up to 5 per cent ²⁰ . According to IOM Zimbabwe, this does not exceed 7 per cent for CERF projects. However there is no set rule in how partners tend to identify those costs. Private contractors (such as suppliers of materials, etc.) often build indirect costs into other budget lines. Local NGOs sometimes tend to request more project-specific administration costs.
UNFPA	Allows partners to claim up to 7 per cent for indirect costs.
UNHCR	Allows international NGO partners that have headquarters outside the country to charge 7 per cent for indirect costs. Local NGO partners are only allowed to claim direct costs. In the case of CERF projects, though, INGO partners are expected to contribute at least 7 per cent of the project budget from their own resources.
UNICEF	Allows partners to claim up to 25 per cent of the budget for direct costs and 7 per cent for

¹⁷ The guidance is available from: <http://ochaonline.un.org/cerf/HowtoApply/CERFGuidance/tabid/5818/language/en-US/Default.aspx>

¹⁸ It is important to distinguish between direct programme-related costs and indirect support costs though in many cases how a cost is classified depends on an organisation’s accounting policies. Indirect costs are defined as “a percentage charge applied to an organisation’s expenditure for programme-related costs that are not directly attributable to a specific programme”. Programme-related here means costs that would not be incurred unless the organisation was undertaking programme activities (such as financial and narrative programme reporting or monitoring and evaluation). From: Mowjee, T. (2008) *Good Humanitarian Donorship Indirect Costs Study*, Development Initiatives. Available from: http://p2pt.org.uk/wp/?page_id=9

¹⁹ The table does not include WHO because it had not received a CERF grant in 2011 at the time of the review. Although WHO received CERF funding in 2010, this was not implemented through NGOs.

²⁰ This is IOM’s general policy as outlined in the ‘IOM Briefing Paper on CERF forward disbursements to NGOs’ of August 2007.

	indirect costs.
WFP	Allows partners to claim 5 per cent of the budget, excluding food costs, for indirect costs.

During the first UFE round in 2011, UNICEF and UNFPA did allow their partners to claim indirect costs in addition to the 7 per cent that the UN agencies had claimed but, during the second UFE round, the CERF Secretariat has disallowed these as a contravention of CERF rules. A UNICEF interviewee felt that this makes it difficult to attract the best implementing partners because some INGOs may refuse to implement CERF-funded projects if they are not allowed to claim a certain level of indirect costs. Although WFP also allows its partners to claim indirect costs, these are part of annual partnership agreements and CERF funding is a very small percentage of this²¹. Therefore, WFP can argue that the indirect costs are covered from other funding sources.

Although the NGO budgets presented in IOM’s proposals to the CERF do not explicitly show a percentage for indirect costs, one of the implementers of the school rehabilitation project (mentioned in section 1.5) has used 7 per cent of its budget to cover the cost of undertaking procurement as well as indirect costs. Another implementer included the cost of a logistics officer for three months to undertake procurement.

The issue of indirect costs becomes more complex when a UN agency’s international NGO partner implements a project through a local partner. This review only found one example of this but, in this case, the international NGO did allow its local partner to claim a percentage (up to 7 per cent) of project costs for indirect costs (such as rent, bank charges and telephone calls).

2.3 Challenge with CERF funding

As noted in section 1.1, humanitarian needs in Zimbabwe are largely due to structural causes and therefore require medium-term funding to provide sustainable solutions. The CERF’s focus on life-saving activities does not fit easily with such a situation and some agencies have experienced difficulties with justifying their proposed activities, particularly during the second UFE round in 2011. The CERF Secretariat responded to one agency’s proposal with the comment that “as per the CERF’s life-saving criteria, we can only support programmes in an emergency context and this appears to be a chronic socio-economic crisis more suited to development funding”. This means that CERF funding can address certain acute emergency needs in Zimbabwe but the medium-term solutions required for a chronic crisis do not sit easily with its focus on life-saving activities.

Recommendations

3. UN agencies and IOM should ensure that implementing partners are clear about CERF-related restrictions on funding as opposed to restrictions due to their internal procedures.
4. The CERF Secretariat should communicate (through OCHA) to CERF-recipient agencies at field level that, while total indirect costs for CERF-financed projects cannot exceed 7 per cent of the budget, implementing partners can claim direct, project-related costs.

²¹ For the project funded from the first UFE round in 2011, CERF funding was 4.5% of the total annual agreements that WFP has with the 5 NGOs named in the proposal.

Section 3: Inclusiveness and Transparency of Allocation Process

This section examines the extent to which CERF allocation processes in Zimbabwe include key stakeholders and are transparent. It addresses indicators 1, 2, 3, 6 and 25 of the PAF. NGOs, donors and government representatives are informed of CERF funding and NGOs and the government are involved in its allocation. This makes the process more inclusive and transparent than in some other countries though it could be strengthened if the Humanitarian Country Team played a more active role. In 2011, the allocation process for the first UFE round seems to have worked better at the Inter-Cluster Forum stage although the second round introduced good initiatives. Rapid Response grants tend to be discussed within the relevant Cluster, rather than the ICF and HCT.

This section starts by describing the process for allocating CERF funding for both UFE rounds in 2011 as well as for Rapid Response grants. It goes on to discuss the involvement of various stakeholders in the process, thereby addressing the additional questions for the review raised by the CERF Secretariat and Advisory Group (see Annex 2).

3.1 Allocation Process

Figure 2 below shows the steps in the allocation of the second UFE round in 2011. It includes the dates for the mid-year review and the inter-agency contingency planning workshop because Cluster coordinators noted that these processes contributed to the prioritisation of CERF funding.

The process for allocating funding from the UFE window has been similar for both rounds in 2011. Once OCHA announces the availability of CERF funding on behalf of the HC, Cluster coordinators have an initial consultation with the Cluster (if possible) and/or the Cluster Strategic Advisory or Working Groups. Consulting the Cluster as a whole is difficult because the large number of members makes it more complex to call a meeting at short notice and make strategic decisions by consensus. Cluster coordinators present priorities and funding requirements at the Inter-Cluster Forum (ICF), chaired by OCHA, which then decides how to allocate funding across Clusters. Once the ICF has decided on the cross-Cluster allocations, OCHA and the Cluster coordinators (who are members of the Humanitarian Country Team (HCT)) present the information to the HCT. There was a perception amongst interviewees that the HCT does not tend to have a substantive discussion on issues, including CERF allocation decisions, with one agency head describing the discussions as “shallow”.

Interviewees noted their appreciation of OCHA’s role in supporting the allocation process, which includes providing analysis of funding levels from the FTS. They found the fact that OCHA staff members are engaged in, and supportive of, Clusters very helpful. Some ICF members also valued OCHA’s knowledge of CERF funding to other countries and understanding of CERF processes at New York level.

Although the processes for both UFE rounds in 2011 have been broadly similar, there have been a couple of important differences. One key difference has been with discussions at the ICF. During the first UFE round, the ICF had a meeting on 18 January 2011 at which members received basic information on CERF funding to Zimbabwe. They then had until 25 January to consult Cluster members and prepare presentations of the priority needs of each Cluster. The meeting on 25 January was dedicated to discussing CERF funding and, following presentations by each Cluster, the ICF decided which Clusters were the greatest priorities and then negotiated how much should be allocated to them. Table 3

outlines what each Cluster requested and the negotiated amounts finally allocated. Interviewees for this review noted that there is a sense of cooperation amongst Cluster coordinators. This means that, particularly during the first UFE round, they were able to put aside the needs of their Clusters in order to prioritise the greatest needs. For example, according to an FAO interviewee, prospects for the agriculture sector were good at the beginning of 2011 and it had support from government as well as donors. Therefore, it seemed wrong to 'grab' CERF funding when other sectors had greater need.

Figure 2: Steps for the Prioritisation of the 2011 Second UFE Allocation to Zimbabwe

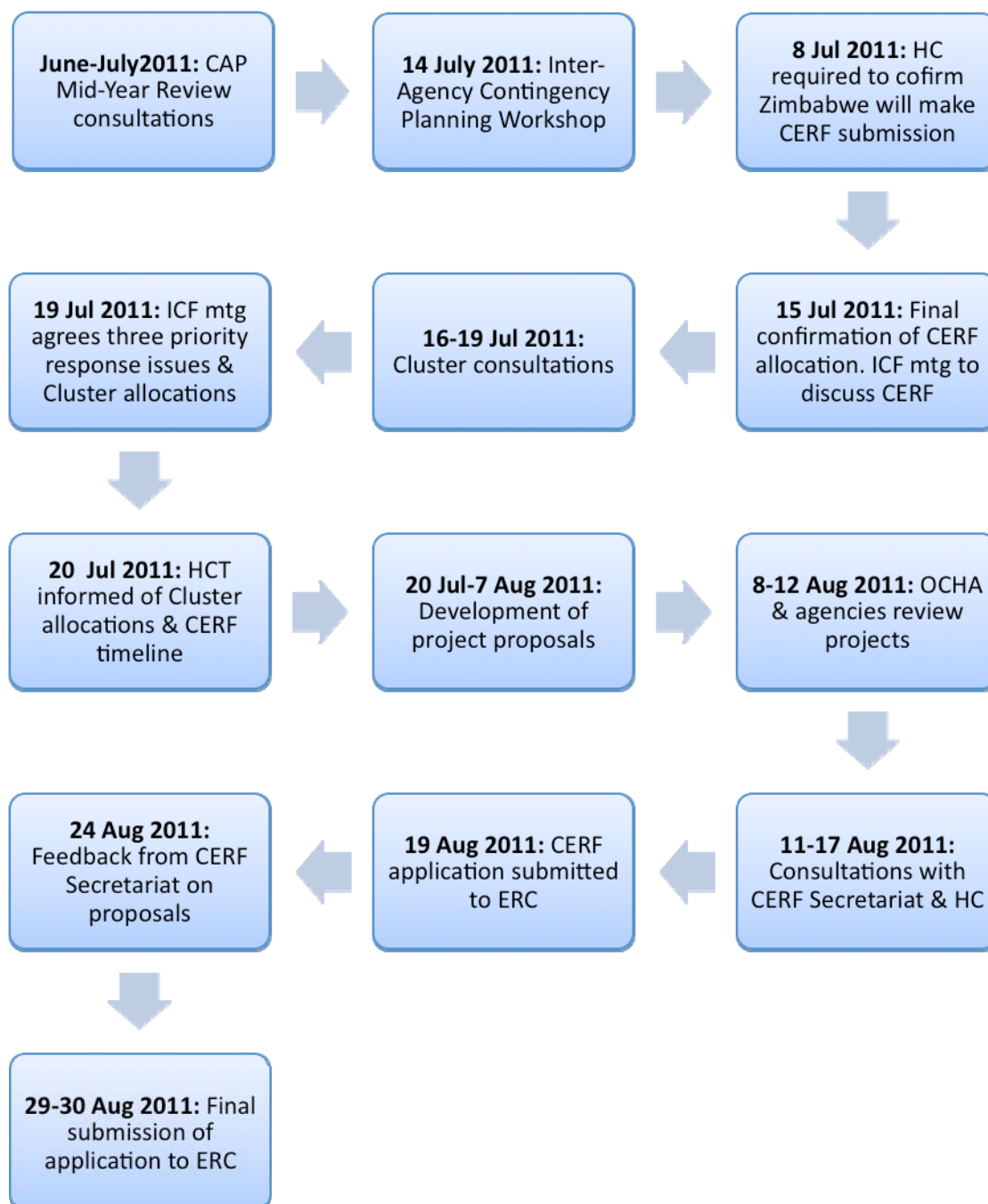


Table 3: ICF Allocations of CERF First UFE Round in 2011			
Sector/Applying agency	Proposed activities/ beneficiaries	Request in US\$	Negotiated amount
Agriculture/FAO	vegetable seed packs vulnerable 20,000 hh	700,000	-
WASH/UNICEF	WASH in institutions hh	2,000,000	1,300,000
Health/WHO/UNFPA	EWARS 700,000	1,000,000	-
WHO/UNFPA	ERH 106,956 pple	1,000,000	900,000
LICI/ IOM	Emergency livelihoods restorations 15,000-25,000	1,000,000	300,000
Multi-Sector/ UNHCR/IOM	Mixed migration	500,000	500,000
Food /WFP	SFP- 35,000pple	1,500,000	2,000,000
Nutrition / IOM/UNICEF	Therapeutic Care- 10,000 pple	1,500,000	
Protection/ IOM	IDP emergency shelter (600)	460,000	-
Child protection/IOM		609,000	-
Grand total		9,630,000	5,000,000

Source: Minutes of the Humanitarian Country Team: Special Meeting on CERF Allocation, 25 January 2011

As figure 2 highlights, during the second UFE round, ICF members only had a couple of days between allocation meetings to consult Cluster members. This stemmed from a new approach devised by OCHA office to focus on cross-sectoral, geographical priorities rather than negotiating the allocation between various clusters. At the meeting on 19 July, the ICF not only decided on priority areas for CERF funding (based on OCHA's suggestions) but also how much should be allocated to each Cluster. Some ICF members were not fully prepared and, as table 8 in Annex 1 shows, they tended to "slice the cake" across priorities with each priority area receiving \$2 million. The priorities chosen were multi-sectoral and, at the time, most of the sectors involved were less than 30 per cent funded, with some less than 15 per cent funded. OCHA has argued that, therefore, they all fulfilled the criterion of being underfunded. OCHA and the ICF felt that it was necessary to include food and WASH to build comprehensive, area-focused assistance programmes that would ensure efficient utilisation of CERF funds. The ICF discussion did not focus on the details of the programmes to be funded and, when agencies submitted proposals, the CERF Secretariat felt that a couple of the proposed projects did not fit the CERF's life-saving criteria adequately. It then requested that funding be re-allocated to activities that fit the criteria better.

Another difference between the allocation processes for the two UFE rounds was that, during the second round, the ICF decided to submit project proposals to the CERF Secretariat 5 days ahead of the deadline of 22 August 2011 in order to avoid coinciding with the second General Assembly (HCT meeting minutes, 20 July 2011). This meant that agencies and their implementing partners had even less time

than usual to prepare proposals²². As a result, NGOs argued that they were under unreasonable pressure to develop proposals and left without time to consult field-based personnel who are better placed to reflect field needs and priorities. It has also meant that agencies submitted proposals to the CERF Secretariat that were less fully developed than at the beginning of 2011 and this led to more back and forth between New York and Harare in order to finalise the proposals. The HC submitted the final proposals, incorporating CERF Secretariat comments, on 29-30 August.

As a result of these differences in the two processes, the allocation of the first UFE round appears to have worked better although the initiative to focus CERF funding geographically as well as by 'theme' is a good way to support the prioritisation of CERF funding. Also, as part of the discussion of the second UFE round in 2011, OCHA requested agencies that had received funding from the first UFE round to provide an update on the status of CERF-funded projects (at the request of the CERF Secretariat). This was because the second UFE round is allocated while agencies are still implementing projects financed from the first UFE round and it is helpful for the CERF Secretariat to understand the status of project implementation. This consisted of five pieces of information:

- CERF project code,
- Total grant amount,
- Funds expended to date,
- Date partner agreements signed,
- Progress to date on activities.

OCHA then prepared a table showing how projects funded from the first UFE round fitted with funding requests from the second UFE round, including this in the background to the request sent to the CERF Secretariat. This table did not reflect the level of detail provided by the agencies (for example, the amount of funds spent or the progress with activities) but OCHA forwarded the agency submissions to the CERF Secretariat. This is a good initiative by the CERF Secretariat, providing it with useful information.

One issue that has proved to be a challenge for funding allocation in both UFE rounds is the potentially distorted picture of CAP funding levels described in section 1.1. This is because most Clusters appear to have serious shortfalls in funding. Table 1 of the 2011 CAP mid-year review highlights this clearly, showing that, with the exception of food (56 per cent funded), coordination and support services (35 per cent funded) and WASH (28 per cent funded), all the sectors had received less than 20 per cent of the requested funding (though, as section 1.1 noted, this was not accurate in the case of agriculture at least). One agency argued that, during the second UFE round in particular, the term "under-funded" led the Inter-Cluster Forum to focus more on levels of funding per sector (both FTS data provided by OCHA and information from the mid-year review) than on the CERF's life-saving criteria and the identification of immediate needs. This, in turn, led to a "slicing of the cake" amongst Clusters instead of concentrating resources on priority needs.

²² Deadlines for CERF funding tend to be tight. During the first UFE round in 2011, applicants had around 2 weeks after HCT approval to prepare proposals, as highlighted by the following timeline presented at the HCT meeting on 28th January 2011:

19 Jan	HC (through OCHA) shares ERC message on allocation of US\$5m million UFE to Zimbabwe
21 Jan	OCHA meets with cluster leads to discuss possible allocation to sectors and comes up with priority areas.
28 Jan	HCT meets to discuss ICF recommendations and agree on selected priority sectors
10 Feb	OCHA consults HC/RC on proposed projects.
14 Feb	HC/RC sends combined CERF application to the CERF Secretariat.

3.1.1 Allocation of Rapid Response (RR) Grants

The key difference between the allocation of UFE and RR grants is that the latter are not discussed in detail at the ICF but within the relevant Cluster. This is because they usually pertain to a specific Cluster and are discussed within the Cluster's Strategic Advisory or Working Group (the WHO and UNICEF joint proposal to address measles in 2010 was an exception). The ICF and HCT are then consulted before an application is submitted to the CERF Secretariat. This was the case with the two RR grants to Zimbabwe in 2011, discussed in the education and WASH Clusters respectively. However, this can be a challenge if there is a disagreement within the Strategic group, as was the case with UNICEF's Rapid Response grant request in June 2011.

The CERF Secretariat requires CERF applications to be agreed to, and endorsed, at country level, ultimately by the HC. Therefore, UNICEF required the WASH Strategic Advisory Group's endorsement for its application for a RR grant to provide water treatment chemicals. The SAG did not endorse the proposal during two meetings due to concerns about:

- The lack of an exit strategy,
- The lack of clear evidence that the entities to be supported could not provide at least partial funding (since they should prioritise the purchase of water treatment chemicals though they showed no signs of doing this),
- The inappropriateness of CERF for funding a project that was not a "rapid response emergency"²³.

On 23rd May, the SAG suggested alternative ways forward. UNICEF's Country Representative chaired the final SAG meeting to discuss the proposal, on 27 May, and the head of OCHA attended. UNICEF put forward its arguments to address the concerns raised. At this point, NGO members of the SAG, who are also UNICEF implementing partners, felt that they were under considerable pressure to agree to the proposal, which they did, with some caveats.

Some interviewees felt that WASH cluster members or OCHA should have escalated the concerns about the water treatment proposal to the HCT. They regarded the fact that this did not happen as an indication of a systemic challenge, which is the lack of a mechanism to refer disagreements at Cluster or ICF level. UNICEF, however, has argued that the process of discussing issues exhaustively to try and reach consensus before giving up and passing decisions to higher bodies (like the HCT) to resolve is a demonstration of the strength of the Cluster Approach and the SAG mechanism. It also argued that the fact that OCHA and the HCT allowed the SAG discussions to reach their own conclusion is an indication of trust in the existing systems.

3.2 Involvement of Stakeholders

PAF indicator 2 aims to measure whether the "Intra- and inter-cluster prioritization process is inclusive of all relevant stakeholders (including INGOs and NGOs), (for RR and UFE) and adheres to Principles of Partnership".

OCHA attends Cluster and strategic groups meetings and provides members with information on CERF funding. As described in the previous section it is the Cluster Strategic Advisory or Working Groups that discuss priorities for CERF funding. Since NGOs are members of these groups, they are involved in CERF prioritisation and allocation at Cluster level. They may also be involved in identifying implementing partners. For example, UNFPA led a reproductive health task force to prepare its health proposal for the

²³ Minutes of SAG meetings on 18th and 23rd May 2011

CERF's first UFE allocation in 2011. NGOs participated actively in this forum; selecting partners on the basis of where partners were active and what activities they were undertaking. In the nutrition Cluster, the CMAM Working Group, which discusses operational issues, used information on what partners were doing and in which areas to work with IOM to identify which partners should receive funding from the second round of UFE funding. The WASH Cluster has gone further and used the Strategic Advisory Group (SAG) to review proposals and select implementing organisations. In theory, this makes the process very transparent but a couple of SAG members identified the following challenges with the process:

- The selection criteria require subjective opinions. For example, the criteria include UNICEF's experience with the partner, which NGO members of the SAG are not in a position to rate. They also include an assessment of partner capacity, which is difficult for other NGOs to assess, particularly if they do not work in the same geographical area as the applicant agency.
- The selection criteria included elements that were not requested in the call for proposals, such as gender mainstreaming.
- A potential conflict of interest in the process: Although SAG members were divided into groups to ensure that no organisation reviewed its own proposal. NGOs were rating the proposals of potential competitors which led to tensions.

NGO representatives are also part of the HCT, which endorses CERF funding allocations. As Cluster co-leads, two NGOs are eligible to attend the Inter-Cluster Forum (Oxfam for WASH and Save the Children for education). In practice, only Oxfam tends to attend though it was not present at the 19 July ICF meeting to discuss the second UFE allocation. In 2010, when Zimbabwe was part of the "NGOs and Humanitarian Reform" project, the Humanitarian Reform Advisor attended ICF meetings. The heads of international NGOs operating in Zimbabwe meet once a month and may discuss CERF funding received by their members. So NGOs are informed of CERF funding and involved in its allocation in various fora.

Government line ministries that lead Clusters (i.e., the Ministries of Education and Health) are members of the ICF but do not attend meetings. Therefore, to ensure some government participation in the ICF, MoRIIC, as the government coordination lead, was recently granted observer status. Although NGOs play a greater role in the allocation of CERF funding in Zimbabwe than in some countries, some interviewees (including MoRIIC) expressed concern that the real decisions are still made by UN agencies, either at the ICF (where only one NGO and no government ministries have attended) or within agencies themselves. For example, during the second round of UFE funding, UNICEF decided to undertake WASH activities in schools and clinics (exactly as it had done with funding from the first UFE round) even though SAG members felt that the needs in clinics in the proposed districts had been covered and that there was a greater need for WASH activities in communities. Also, though the WASH SAG and the ICF agreed to focus the second UFE WASH project in the two most cholera-affected districts (to complement cholera case-management activities by WHO/the health Cluster), UNICEF unilaterally expanded the project to four districts on the basis that there was a risk of cholera spreading to the other two districts. At the insistence of SAG members and OCHA, though, UNICEF agreed to focus the majority of CERF funding on the two most affected districts.

Government line ministries are members of the Cluster Strategic Groups but, generally, participate much less actively in them than in the broader Clusters (though participation varies across Clusters). This may be due to time constraints. The Food Assistance Working Group is an example of a forum where the government only participates if it is to make a presentation. As a result, WFP (as chair of the Working Group) has made an effort to engage bilaterally, through high-level monthly meetings and weekly meetings at a technical level. This lack of engagement means that the central government has less say in CERF allocations than it would if it was more active in coordination fora. However, line ministries are informed of CERF-funded activities at provincial and district levels because implementing organisations obtain their support for interventions. In addition, some CERF projects involve training government staff at provincial and/or district levels (examples include UNICEF's 2009-10 project to provide life-saving

interventions for mothers and new born babies and UNICEF and IOM's 2011 project to provide community-based management of acute malnutrition).

The Ministry of Regional Integration and International Cooperation (MoRIIC) does not participate in Clusters because its role is to coordinate the activities of other government departments. However, OCHA has monthly meetings with MoRIIC, at which it shares information on humanitarian activities, including funding to the CAP and from the CERF. MoRIIC also receives the Monthly Humanitarian Updates that OCHA produces, which mention CERF grants to specific Clusters and on-going activities by Clusters, which include CERF-funded projects²⁴. They also receive the weekly Humanitarian Bulletin that contains information on OCHA activities, humanitarian interventions and CERF/ERF projects. Finally, MoRIIC is involved in CAP workshops and mid-year reviews.

Donor representatives attend HCT meetings every second month. This means that they were present at the 17 August 2011 meeting at which the HCT received information on the allocation of the second CERF UFE round. According to the minutes, though, they did not comment on the CERF allocations.

Recommendations

5. To help focus CERF UFE funding on priority needs (and avoid “cake-slicing”), the HCT (which includes ICF members) should systematically set key priorities (geographical areas or key sectors) to guide ICF discussions. OCHA could support this process by providing an analysis of needs and gaps, based on its monthly humanitarian updates as well as FTS data.
6. The CERF Secretariat's request for an update on current CERF-funded projects to inform UFE allocation discussions is an example of good practice that it should replicate across all countries receiving funding from the UFE window.
7. The HCT should be the forum for addressing disagreements at Cluster or ICF level, making difficult decisions when necessary.
8. The CERF Secretariat should pull together good practice examples from CERF allocation processes in different countries (drawing on country-level reviews, CERF evaluations and the experience of OCHA staff). This would be helpful for CERF training as well as stakeholders such as NGOs and government representatives involved in CERF allocation processes.

This section examines the timeliness of the CERF Secretariat in disbursing funds as well as the timing of onward funding from CERF recipient agencies to implementing partners. It addresses indicators 8, 9, 10, 11, 12 and 20 of the PAF. It shows that the CERF Secretariat is usually quick to approve final proposals and disburse funds. The timelines for projects funded in 2011 show that agencies can take 1-2 months to sign agreements with partners and disburse funds, though this has not delayed implementation in most cases. Unusually, all except one of the No-Cost Extension (NCE) requests have been for UFE projects, with seven requests made in 2009. These were due to internal administrative issues as well as the difficult operating environment.

²⁴ For example, the July 2011 Update lists grants from the second UFE round to the Health and WASH and Education Clusters. As described in section 5.2 below, it also provides updates on on-going CERF-funded activities. The updates are available from: <http://ochaonline.un.org/ReportandUpdates/2011ReportsandUpdates/tabid/7353/language/en-US/Default.aspx>

Section 4: Timeliness of CERF Funding

4.1 Timeliness of the CERF Secretariat

The CERF's focus on life-saving and time-critical emergency response has led the Secretariat to emphasise the timeliness of CERF funding. Therefore, PAF indicators 8-10 seek to measure the following:

- Average number of working days between final submission of a CERF grant request package from RC/HC and ERC decision. (Benchmark: three working days for RR and five working days for UFE)
- Average number of working days between receipt of LoU from a grant recipient and request (memo for disbursement to OPPBA) (Benchmark: two working days)
- Average number of days between request (memo) for fund disbursement by OPPBA to grant recipient.

Table 9 in Annex 1 shows the number of working days for each of these indicators for CERF grants to Zimbabwe from 2009-2011. This shows that:

- The average number of working days for an ERC decision on a final Rapid Response proposal was two days in 2009 and 2011 and 2.6 days in 2010. This is within the Secretariat's benchmark and contributed to a perception amongst interviewees that CERF RR funding is very quick.
- The average number of working days for an ERC decision on a final UFE proposal was 6.6 days in 2009, which exceeds the benchmark, but four days in 2011, which is well within the benchmark.
- The average number of days from the date that the recipient agency signs the Letter of Understanding (LOU) to the date that the CERF Secretariat requests payment was within the two-day benchmark for both RR and UFE grants.
- The average number of working days from the CERF Secretariat's request for a payment to actual disbursement by the Controller's Office ranged from 1.6 days in 2009 to 3.6 days in 2010 and three days in 2011 for RR grants. For UFE grants in 2009 and 2011, the average was three.

Overall, table 9 shows that the CERF Secretariat is quick to process applications, once they have been finalised and that the Controller's Office disburses money very quickly as well.

4.2 Timeliness of Onward Funding

In order to assess the timeliness of onward funding by CERF-recipient agencies, Annex 1 presents timelines for all the CERF projects funded in 2011 at the time of the review. These show variations in timeliness across the projects, even within the same agency. For example, UNICEF signed partnership agreements with its WASH project implementers a month after receiving CERF funding and disbursed funding to them a month after that. However, for the nutrition project, it took 6-7 weeks after disbursement to sign partnership agreements. Although UNICEF paid the first tranche to one implementing partner two weeks after signing the agreement, the other implementer had to wait a month to receive payment. UNICEF noted various possible reasons for these delays - partner delays in revising proposals, proposal reviews by Cluster coordinators, non-compliance of partners with the Harmonised Approach to Cash Transfers (HACT), and late liquidation of earlier (non-CERF) grants. Other UN agencies also noted delays in receiving the required forms and documents from NGOs. However, overall, the timeframes seem to be an improvement on projects funded in 2009, which resulted in several no-cost extensions (see next section) and which caused some NGO interviewees to highlight delays in implementation.

UNICEF, in particular, experienced administrative difficulties in negotiating contracts with implementing partners for CERF-funded projects in 2009, resulting in the need for no-cost extensions. It has made a

concerted effort to address these problems, thereby improving the timeliness of onward funding. One approach has been to use partners that already have a Project Cooperation Agreement (PCA) with UNICEF and preparing an addendum to this for CERF-funded projects (as with Oxfam for the WASH project financed from the first UFE round in 2011) and to start processing agreements as soon as CERF grants are approved in New York. Another approach has been to get IOM to act as the channel for CERF funding. This has been the case for the Rapid Response grant to rehabilitate schools as well as nutrition projects supported from both UFE rounds in 2011. For the Rapid Response grant, IOM signed agreements with the implementing NGOs in June, around two months after the CERF Secretariat disbursed funds (on 13 April). IOM disbursed the bulk of funds to partners in July/August. This was due to the fact that the project development process did not follow IOM's usual process – see timeline for GRANT 11-IOM-014 (RR) for a detailed explanation. It also took IOM two months (till end May) to disburse funds to partners for the livelihoods project though the partners began implementing as soon as IOM received funds in country (1 April) (see timeline for GRANT 11-IOM-007 (UFE)). IOM is capable of disbursing funds quickly, though – in the case of the CERF-funded nutrition project, it disbursed funds to a partner within three weeks (see timeline for GRANT 11-IOM-005 (UFE)).

Although there have been some cases of delays in signing agreements and transferring funds to implementers, in general, the implementation of projects appears to be taking place in a timely way. The IOM Rapid Response school rehabilitation project is the only one that has experienced significant delays. The two main reasons put forward by IOM were delays in consultations with local authorities and delays in signing agreements with implementers (see project timeline for GRANT 11-IOM-014 (RR) in Annex 1). One NGO interviewee also highlighted delays with implementing the UNICEF project to provide WASH facilities in clinics and schools due to negotiations with local authorities (see project timeline for GRANT 11-CEF-008B (UFE) in Annex 1).

4.3 No Cost Extensions (NCEs)

Table 10 in Annex 1 lists the No-Cost Extension (NCE) requests from CERF-recipient agencies in Zimbabwe from 2006-2011. This shows that agencies requested extensions for 17 projects although 3 UNICEF projects in 2008 were completed by the time the agency requested a NCE (six months after the project was due to be completed). There were seven NCEs in 2009, which is not surprising since Zimbabwe received the highest amount of funding in 2009 and agencies were operating in a challenging environment. However, what is perhaps surprising is that, with the exception of IOM's school rehabilitation project in 2011, all the NCEs are for UFE grants, which have a longer implementation period (around eight months) than Rapid Response grants (a total of six months, with three months to commit funds and a further three months to complete implementation).

Of the seven NCE requests in 2009, four were from UNICEF, two from UNFPA and one from IOM. The large number of requests from UNICEF is partly due to the challenge that it had with signing agreements with implementing partners (which was due to its internal procedures).

Section 5: Reporting and Accountability

This section focuses on reporting on, and accountability for, CERF grants. It addresses indicators 13, 14, 15, 16, 27 and 28 of the PAF. The review found that agencies do have internal accountability mechanisms in place, comprising regular reporting by partners and monitoring visits to projects. There has been no discussion of the annual CERF report but this is because OCHA Zimbabwe has not shared this with agencies. Unlike in some countries, UN agencies and IOM provide feedback on the implementation of CERF-funded projects to other stakeholders. This is through Cluster meetings as well as contributions to OCHA's monthly humanitarian updates. Nevertheless, the HC expressed interest in an independent source of information on progress with CERF-funded projects.

This section begins by covering the issues raised by PAF indicators 13-16 and 27-28. It goes on to describe an example of good practice identified by the review though not covered by the PAF.

5.1 Reporting and Monitoring Procedures

Table 12 in Annex 2 shows that indicator 13 covers the internal accountability mechanisms of CERF while indicators 14-16 focus on adequate reporting by CERF-recipient agencies to the HC's annual report.

This review found that CERF-recipient agencies do have internal accountability mechanisms in place. These comprise regular reporting from implementing partners as well as monitoring their activities. In UNICEF's case, it is programme staff rather than the Cluster coordinators who manage agreements with implementing partners and are responsible for monitoring their work. This is because UNICEF has appointed full-time coordinators for the Clusters where it is the lead agency. Programme staff members provide feedback to the Cluster coordinators at regular staff meetings. UNFPA budgeted for quarterly monitoring visits in its proposal for the project funded from the first UFE round of 2011 and, at the time of the review, it was planning a visit to check progress with implementation in September.

Once CERF-recipient agencies have submitted their individual annual reports to the HC, OCHA compiles these into a document that the HC forwards to the CERF Secretariat. Annual reports from all CERF recipient countries are published on the CERF website. In Zimbabwe, OCHA does not share this overall report with the CERF-recipient agencies so, as in other countries, there is no discussion of the full report or even of the lessons learned section.

The template for the annual CERF report, finalised in January 2011, makes it clear that the lessons learned section should be completed by the Office of the HC/RC, together with the Humanitarian Country Team, and that it "should include constructive references to difficulties or constraints encountered during the request for CERF funding and funding allocation, specifically on matters that are within the responsibility of the CERF Secretariat". In Zimbabwe, the ICF is the technical/operational body that plays a significant role in CERF allocations so it would be in a better position to identify the lessons initially than the HCT. However, as with CERF allocation decisions, the HCT could then discuss the ICF's proposals.

Indicators 27-28 cover evaluations of CERF-funded projects. At the beginning of 2011, UNICEF led an evaluation of the 2009 CERF-funded response to gender-based violence, together with IOM and UNFPA, as this was a joint project. The report had not been shared with the CERF Secretariat at the time of the review since it had not been finalised. This review did not come across any other evaluations that had covered CERF-financed projects.

5.2 Feedback on CERF-Funded Projects

In countries such as Kenya and Ethiopia, once CERF funding has been allocated, there is no mechanism to provide feedback on implementation. In Zimbabwe, though, there are two ways of providing information on progress with implementing projects, including those funded by the CERF. The first of these is Clusters. Due to the programme-based approach in Zimbabwe, interviewees reported that Cluster members often provide updates on CAP programmes, including CERF-funded projects. These may raise technical and other challenges. As a UNICEF staff member, the WASH Cluster Coordinator receives updates on progress with implementation of CERF projects from programme staff and has decided to introduce a regular slot in the monthly Cluster meetings to report on the progress of CERF-funded partnership agreements.

Cluster coordinators contribute to OCHA's Monthly Humanitarian Updates. These can include brief updates on on-going CERF-funded activities though not all updates explicitly name project donors. For

example, the update on IOM's emergency livelihoods project (first UFE round of 2011) states that this is a CERF-funded project but the update on the project to rehabilitate storm-damaged schools (IOM Rapid Response grant) does not name the CERF. While these updates are helpful, they tend to present 'good news', which may not be a reflection of the true state of project implementation. For example, the update on school rehabilitation in the July 2011 update states, "Partners and communities are carrying out the rehabilitation works in collaboration with Ministry of Education authorities". While it is true that implementing NGOs had consulted local authorities and communities to identify priority schools, in August, they were still waiting for supplies to start rehabilitation activities.

Although CERF-recipient agencies in Zimbabwe provide feedback on project implementation, the HC pointed out that he has no involvement with CERF funding once it has been allocated, until the agencies provide their inputs for the annual report. This is because he has no independent source of information on the use of CERF funding. If the government had greater capacity, it could play a role in monitoring the implementation of projects, including those funded by the CERF. However, the Ministries at Harare level have few resources for field missions and rely on OCHA and other agencies for transport. For example, UNFPA has involved government representatives in monitoring visits for all its CERF-funded projects in 2009/10 and 2011 but it covered transport costs as well as per diems for ministry officials. In the absence of this capacity, the gender advisor could be a useful source of information on the status of CERF-funded projects since she plans to visit each project funded by the CERF in 2011²⁵. In addition, Inter-Cluster Forum members indicated that they would have no objection to OCHA visiting CERF-funded projects during its field missions, as long as this is done in cooperation with agencies. The HC could also undertake personal visits – one interviewee gave the example of Côte d'Ivoire, where the HC undertook a field mission with a few heads of agencies, donors and a government representative and visited all humanitarian projects in the area, included those funded by the CERF.

Recommendations

9. OCHA Zimbabwe should share the annual CERF report with Cluster members so that they are aware of what has been achieved with CERF funding.
10. Rather than individual agencies identifying lessons learned for the HC's annual report, the ICF should identify appropriate lessons as a group. The HCT should then discuss these and add to or refine them, if necessary.
11. Feedback on CERF-funded projects to Clusters and the humanitarian aid community at large is an example of good practice that the CERF Secretariat should encourage CERF-recipient agencies to replicate in other countries.
12. To provide the HC with independent information on progress with CERF projects, the gender advisor should provide feedback to the HC and OCHA on the outcome of her project visits. OCHA can then share this information with the CERF Secretariat. OCHA should also visit CERF-funded projects during field missions, in cooperation with implementing agencies.

²⁵ The IASC Gender Marker was implemented in the 2011 CAP process for the first time and Zimbabwe s one of the pilot countries. For further details, see pg. 15 of the 2011 Humanitarian Appeal document, available from: <http://www.unocha.org/about-us/publications>

Section 6: Support to Humanitarian Reform

This section examines the extent to which CERF funding has supported elements of humanitarian reform. It addresses indicators 23, 24, 29, 30 and 31 of the PAF. CERF allocation processes in Zimbabwe have benefited from the strength of Clusters that are working well, largely due to the programme-based approach. The CERF has increased collaboration between agencies and contributed to joint programming. However, NGOs felt that CERF processes have proved stressful, partly due to unrealistic expectations of them as partners. A couple of NGOs felt that they had been treated more as sub-contractors than as partners.

This section reviews the extent to which the CERF has supported the humanitarian reform process in Zimbabwe, focusing on coordination and partnership since interviewees did not feel that CERF funding had made any significant contribution to strengthening the role of the Humanitarian Coordinator.

6.1 Coordination

Participants in this review felt that the Cluster approach is working well in Zimbabwe, particularly due to the programme-based approach and the fact that some Clusters have full-time coordinators though the health Cluster has suffered recently from lack of funding for a Cluster coordinator. Cluster members commended the level of information sharing and coordination in Clusters such as nutrition. This has meant that the CERF allocation processes in 2011 have benefited from the strength of the Clusters. Interviewees did not feel that CERF funding had strengthened the operation of the Clusters or increased participation. However, one local NGO explained that it had participated in a Cluster when it was selected as a CERF project implementer in 2009 and found this very useful. However, once the project ended, due to staffing constraints, the NGO stopped attending Cluster meetings.

Whilst interviewees were positive about the programme-based approach, one NGO argued that standardisation in the Nutrition Cluster was too prescriptive and reduced the flexibility of NGOs implementing CERF-funded projects to be innovative. The NGO felt that implementers had different levels of expertise and that standardisation tended to be at the lowest common denominator level. An NGO working on health also gave the example of training material that was prescribed and not necessarily adapted to the requirements of the Ministry of Health. As a result, the NGO has trained village health workers as part of a CERF-funded project but the Ministry of Health has refused to mainstream them into its structures

Though CERF funding may not have strengthened Clusters, some Cluster coordinators felt that it had increased discussion and collaboration at the Inter-Cluster Forum. It has certainly contributed to joint programming. Examples include:

- The WHO-UNICEF project to respond to the measles outbreak in 2010,
- A UNICEF, WFP and IOM project to address food insecurity and malnutrition (funded from the first UFE round in 2011),
- A UNHCR-IOM project to respond to the needs of IDPs, refugees and asylum-seekers (funded from the first UFE round in 2011 and requested from the second UFE round),
- A joint WASH and Education Cluster project to undertake WASH activities in schools. Even though UNICEF chairs both Clusters, the two Cluster coordinators believed that CERF funding provided the incentive for collaboration.

Agencies undertaking joint programming have appreciated the ability to submit a joint proposal document (as long as it clearly outlines the different activities and roles and responsibilities of each organisation) with separate budgets. During applications for the second UFE round, though, OCHA

Zimbabwe requested UNHCR and IOM to submit separate project documents, which increased their workload. The CERF Secretariat has clarified that agencies can continue to submit a joint proposal document since this is likely to link and explain activities better than separate proposals.

6.2 Partnership

As noted in section 3.1, NGOs have found the limited time for submitting CERF proposals very stressful. This is partly because they are required to attend meetings and provide information for proposals at short notice. Some interviewees felt that UN agencies have unrealistic expectations of their implementing partners and fail to take account of the time that it takes to involve field-based staff in CERF processes. Therefore, they felt that UN agencies needed to manage the partnership better, including organising the proposal preparation process better so that they provide a list of the information required up-front. UN agencies, too, are under pressure to comply with the tight timeframe for CERF applications but perhaps OCHA and UN agencies could explore ways to communicate deadlines and requirements that would make the process easier for NGOs (particularly local ones) or at least help them understand the challenges better. A couple of NGOs (including a local NGO) felt that their relationships with UN agencies were an unequal partnership with the NGOs treated more as sub-contractors than as partners with community links and an ability to make a valuable contribution to the relationship.

UNFPA suggested that one way to address the challenges with partnerships is to organise a kick-off meeting with implementing partners, the government at national, provincial and district levels, and other actors working on the same issue. This can be used to clarify expectations, divide roles and responsibilities and develop a shared plan of action.

Recommendation

13. The CERF Secretariat should make it clear to OCHA offices supporting CERF allocation processes as well as CERF applicant agencies that it welcomes joint programming and proposal documents.

Annex 1: Supporting Evidence

Section 1.1 Humanitarian Context in Zimbabwe

Table 4: Timeline of Events Shaping Humanitarian Context in Zimbabwe²⁶

2000	2001-2002	2003	2004 - 2007	2008	2009	2010	2011
Land reform programme – seizures of white-owned farms	2001: Finance Minister acknowledges economic crisis	El Nino induced drought further affects agriculture sector	Continued degradation of basic social infrastructure Urban “clean up” in 2005 causes internal displacement – estimated 700,000 homeless In 2006, year-on-year inflation exceeds 1,000% Increased emigration	Cholera outbreak kills over 4,000 people Hyperinflation Severe food insecurity Disputed Presidential & Parliamentary elections Inter-party violence EU & US widen sanctions against leaders	Inclusive Government formed Use of foreign currencies slows down inflation Reduction in number of people needing humanitarian assistance but significant number of people still in need	Food insecurity still significant in rural and urban areas. Commercial farmers still under attack. Chronic malnutrition, access to health and WASH facilities remain major challenges	EU eases sanctions PM expresses concern about political violence and disregard of power-sharing deal
President Mugabe defeated in referendum on adoption of new constitution	2002: Mugabe re-elected President in flawed elections						
Donor disengagement	Decline in agricultural production & economic growth – food shortages						

Section 1.3 CERF funding to Zimbabwe

Table 5: CERF Funding to Zimbabwe from 2006-2011 by Recipient Agency

Agency	2006	2007	2008	2009	2010	2011
FAO		200,000				
IOM	500,000	1,300,000	2,260,642	2,285,034		2,056,178
UNFPA		199,992	300,199	2,375,336		897,231
UNHCR			321,352	903,101		250,001
UNICEF	750,000	1,799,084	1,831,936	15,444,461	3,462,185	4,894,354
WFP	250,000	8,000,000	6,367,823	1,257,226	5,000,000	897,221
WHO	499,963	500,000	400,180	4,542,919	1,977,233	
TOTAL	1,999,963	11,999,076	11,482,132	26,808,077	10,439,418	8,994,985

Table 5 above shows CERF funding to Zimbabwe from 2006-2011 by recipient agency (excluding funding allocated in the second UFE round in 2011 as these had not been finalised at the time of the review). WFP and UNICEF have consistently been the largest recipients of CERF funding, which is a reflection of

²⁶ Adapted from the 2011 Zimbabwe CAP document. Available from: <http://ochaonline.un.org/AppealsFunding/CAP/CAP2011/tabid/7311/language/en-US/Default.aspx>. Additional information from BBC - see http://news.bbc.co.uk/2/hi/middle_east/country_profiles/1831470.stm

the global position. IOM is the third largest CERF recipient in Zimbabwe, whereas it is the sixth largest recipient of CERF funding globally²⁷.

Section 1.4 Zimbabwe Emergency Response Fund

Table 6 below shows donor contributions to the ERF as well as grants to UN agencies (listed individually) and NGOs (shown as a total).

Donor Contributions	2009	2010
Denmark	849,607	3,914,473.45
Ireland	647,668	
Italy	858,369	
Norway	2,115,901	717,537.75
Switzerland	251,256	
Total Contribution	4,772,801	4,632,011.20
Grants		
	2009	2010
International NGOs	2,555,175	2,268,632
National NGOs	795,811	1,467,944
Total to NGOs	3,350,986	3,736,576
IOM	200,000	200,000
UNFPA	200,000	
UNHCR	69,984	
Total to UN agencies/IOM	469,984	200,000

Section 2.1 Value added of the CERF: UN agency perspectives

Table 7 below compares CERF funding to UN agencies and IOM in 2011 from the first UFE round and Rapid Response grants with other humanitarian funding received between 1st January and 15th August 2011. It does not include funding from the second UFE round because the grants to individual agencies had not been finalised. UNICEF responded to the request for funding information with details of individual grants, shown in the adjoining table.

Date	Donor	Amount
05-01-11	Japan	4,673,000.00
25-03-11	UNOCHA	534,510.82
25-03-11	UNOCHA	1,214,980.00
14-06-11	UNOCHA	2,824,772.42
28-06-11	Spain	1,316,337.37
26-07-11	Korea	280,380.00
Total		10,843,980.61

Agency	CERF funding	Other humanitarian funding	CERF as % of total hum funding
IOM	2,056,178	8,013,713	20.4%
UNFPA	897,231	0	100.0%
UNHCR	250,001	1,597,582	13.5%
UNICEF	4,894,354	6,269,717	43.8%
WFP	897,221	54,900,000	1.6%

²⁷ For a list of CERF funding by agency globally, see <http://ochaonline.un.org/cerf/CERFFigures/AgenciesreceivingCERFfunds/tabid/1802/language/en-US/Default.aspx>

Section 3.1 Allocation process

Table 8: Proposed Allocation of CERF Second Under-Funded Grant to Zimbabwe					
Priority	Cluster	Agency	Project details; location	Project amount	Priority total
Protection, multi-sector, IDPs	Multi-Sector	IOM	<ul style="list-style-type: none"> • Provision of temporary shelter to arriving vulnerable asylum seekers/refugees • Registration, information and counseling on safe migration and asylum/refugee procedures, rights and obligations • Provision of cooked food to asylum seekers/refugees as required • Provision of initial health screening, minor treatments and/or referrals • Provision of protection counseling to asylum seekers/refugees as required • Provision of voluntary transport of asylum seekers from Beitbridge detention facility to Tongogara Refugee Camp Location: Nyamapanda Border Post	\$500,000	\$2,000,000
		UNHCR	<ul style="list-style-type: none"> • Reception of new arrivals and eventual integration into community • Improvement/repair of reception facilities including temporary housing and WASH facilities at Waterfalls Refugee Camp. • Provision of transport assistance to asylum seekers/refugees from detention centers in Zimbabwe (apart from Nyamapanda and Beitbridge) to Tongogara Refugee Camp. • Provision of life saving food – including both initial supplies at reception and inclusion in regular monthly food distribution as required • Provision of life saving health services including initial health screening and/or follow-up treatment/services based upon border assessments • Provision of Non-food Items (e.g., blankets, kitchen sets, sleeping mats, sanitary materials, etc.) as required • For school aged children, provision of uniforms, school supplies and school fees as required Location: Tongogara Refugee Camp.	\$500,000	
	Protection	IOM	Emergency Relocation/Resettlement of internally displaced communities, Emergency Response to internal displacement Location: Peri-urban communities around Bulawayo (Trenance and Killarney squatter settlements). Countrywide- retain the capacity to respond to up to 1,000 cases of new displacement within 72 hours.	\$500,000	

		UNFPA	<ul style="list-style-type: none"> - GBV-related legal services (Community based and mobile Legal aid and Legal education) - Psychosocial support(Community based and mobile counseling services) - Provision of essential materials and supplies for victim friendly medical and police services at ward level. Location: Mberengwa (to also cover Zvishavane), Makoni (to also cover Headlands) and Mudzi (to also cover Mutoko).	\$500,000	
Drought-affected areas	Agriculture	FAO	Based on crop and livestock assessment, inputs, seeds, fertilizers, tools Location: Matabeleland North and South	\$550,000	\$2,000,000
	Livelihoods, Institutional Capacity-building and Infrastructure	IOM	Spot repair of agricultural Infrastructure in identified communities; Small Livestock Restocking schemes; Community gardens; Conservation Farming; Community Based veterinary health Location: Matabeleland North: Tsholotsho, Hwange, Lupane; Matabeleland South: Matobo, Gwanda, Bullima	\$600,000	
	Food	WFP	General food distribution for safety nets (HIV patients and their families, TB patients, HCHN and ART, pre-ART) - Matabeleland North and South	\$400,000	
	Nutrition	IOM	Community management of acute malnutrition - Matabeleland North and South	\$450,000	
Cholera-affected areas	Education & WASH	UNICEF	WASH in schools, clinics and communities - Chiredzi, Chipinge districts	\$1,400,000	\$2,000,000
	Health	WHO	Cholera response, case management, social mobilization, community-based response activities, supplies - Chiredzi, Chipinge districts	\$600,000	
CERF submission total				\$6,000,000	

Source: OCHA Zimbabwe submission to CERF Secretariat

Section 4.1 Timeliness of the CERF Secretariat

Table 9 below shows the number of days that the CERF Secretariat took to process CERF grants to Zimbabwe from 2009-2011. The 2011 data is based on the first UFE window allocation and Rapid Response grants. To make a clear distinction between UFE and RR grants, the former are shown in black and the latter in blue.

Table 9: Number of Working Days to Approve CERF Grants to Zimbabwe and Disburse Funds: 2009-2011									
Project number	2009			2010			2011		
	Final Submission to USG Approval	LOU Signed to Payment Request	Payment Request to Funds Disbursed	Final Submission to USG Approval	LOU Signed to Payment Request	Payment Request to Funds Disbursed	Final Submission to USG Approval	LOU Signed to Payment Request	Payment Request to Funds Disbursed
09-WHO-002	2	1	2						
09-WFP-007	2	3	1						
09-CEF-005	2	1	2						
09-CEF-012-A	5	3	3						
09-CEF-012-B	5	3	3						
09-CEF-012-C	5	3	3						
09-FPA-005	4	3	2						
09-FPA-006	4	3	2						
09-HCR-005	11	2	2						
09-IOM-006	4	2	2						
09-IOM-007	3	4	3						
09-WHO-010	5	1	3						
09-WHO-011	5	1	4						
09-WHO-012	5	1	4						
09-CEF-040-A	7	1	4						
09-CEF-040-B	11	1	4						
09-CEF-040-C	13	1	4						
09-CEF-040-D	11	1	4						
09-FPA-022	10	2	3						
09-FPA-023	10	1	4						
09-HCR-029	6	1	4						
09-IOM-022	2	3	4						
09-IOM-023	10	2	4						
09-IOM-024	4	2	4						
09-WFP-049	10	3	1						
09-WFP-050	7	3	1						
09-WHO-044	2	2	3						
10-WFP-002				2	0	2			
10-CEF-028				2	1	2			
10-WHO-030				4	1	7			
11-CEF-008-A							3	1	3
11-CEF-008-B							9	1	3
11-FPA-010							3	0	3
11-HCR-004							3	1	3
11-IOM-005							2	2	3
11-IOM-006							4	3	3
11-IOM-007							5	3	3

11-WFP-009							3	2	3
11-IOM-014							3	0	3
11-CEF-028							1	2	3
Average No. of Days (RR)	2	1.6	1.6	2.6	0.6	3.6	2	1	3
Average No. of Days (UFE)	6.6	2	3.1				4	1.6	3

Section 3.2 Timeliness of Onward Funding

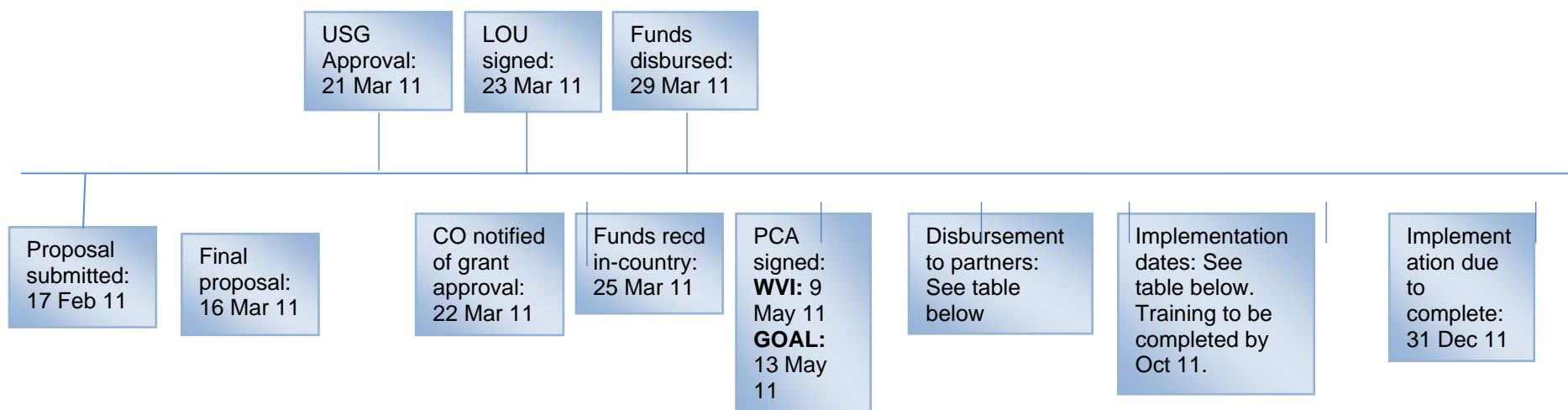
This section shows timelines for CERF grants to Zimbabwe from the first UFE allocation of 2011 as well as two Rapid Response grants in 2011. Where necessary, it provides explanatory notes, based on information from the organisation. To make a clear distinction between the UFE and Rapid Response grants (which have different implementation timeframes), the former are coloured in blue and the latter in green.

GRANT 11-CEF-008A (UFE)

Project title: Delivery of Life Saving Care for Acute Malnutrition. Joint UNICEF, IOM and WFP project.

Geographical areas targeted with CERF funding: UNICEF Inpatient/Outpatient Care: Hurungwe, Makoni, Nyanga, Lupane, Rushinga, Insiza, and Gwanda.

Project budget: US\$ 5,907,463 (+\$2,613,952). Amount received from CERF: US\$571,914



UNICEF Grant 11-CEF-008A: Funding to Partners					
NGO	Implementation Areas	First disbursement		Final Disbursement	
		Date	Amount	Date	Amount
GOAL	<i>Hurungwe, Nyanga, and Makoni</i>	15 June 2011	\$108,954		Balance of \$124,396
World Vision	<i>Lupane, Insiza, Rushinga, and</i>	25 May 2011	\$125,316.93		Balance of \$106,504.07

	<i>Gwanda</i>				
--	---------------	--	--	--	--

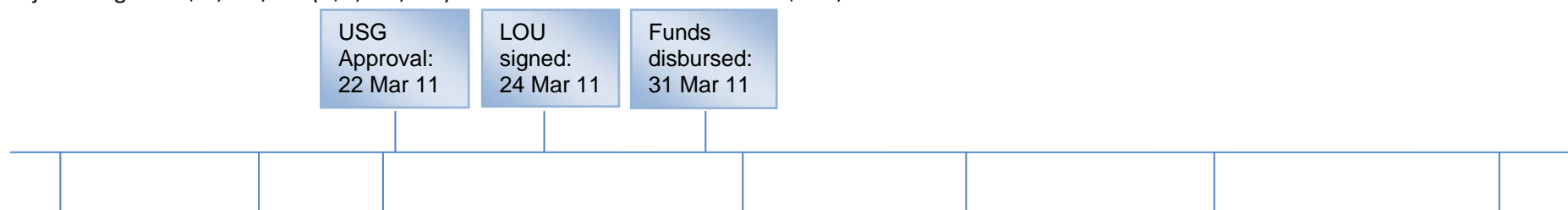
UNICEF Grant 11-CEF-008A: NGO implementation					
NGO	Implementation				
World Vision	Supply delivery: IT equipment: 18 July, other equipment: 12 July	Outpatient Therapeutic Programme Training: 4 - 28 July	Village Health Workers' Training: 11 July - 2 Sept	Stabilization Centre Training: 18 July - 8 Sept	Auxiliary Staff Training: not started yet completion due 14 Oct
Goal	Project implementation started 16 May	Nurses training: Started 27 June and completed	Village Health Workers and auxiliary staff training agendas still being developed. Should be endorsed by end of September, with training starting shortly after.		

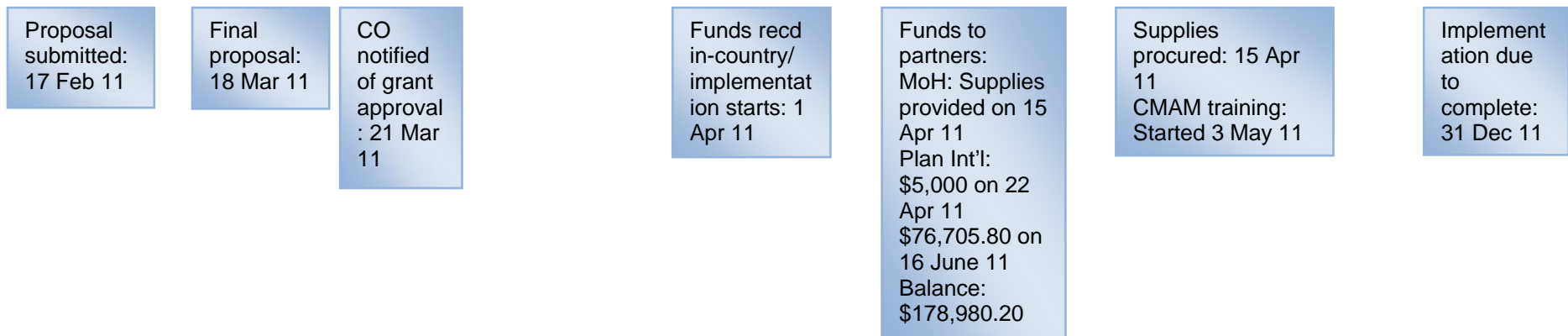
GRANT 11-IOM-005 (UFE)

Project title: Delivery of Life Saving Care for Acute Malnutrition. Joint UNICEF, IOM and WFP project.

Geographical areas targeted with CERF funding: IOM Inpatient/Outpatient Care: Mutare, Chiredzi, Mutoko, Chipinge, KweKwe, Bulilima, and Mangwe.

Project budget: US\$ 5,907,463 (+\$2,613,952). Amount received from CERF: US\$530,833





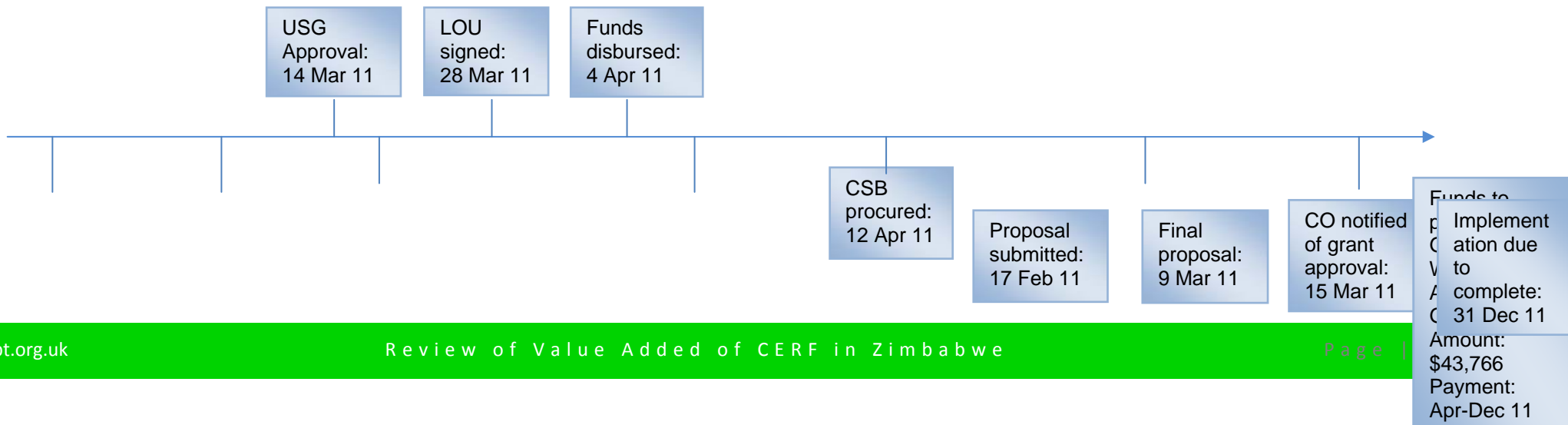
GRANT 11-WFP-009 (UFE)

Project title: Delivery of Life Saving Care for Acute Malnutrition. Joint UNICEF, IOM and WFP project.

Geographical areas targeted with CERF funding: WFP Supplementary Feeding: Hurungwe, Rushinga, Mutoko, Nyanga, Makoni, Mutare, Chipinge, Chiredzi, Kwekwe, Lupane, Insiza, Gwanda, Bulilima, Mangwe.

Project budget: US\$ 5,907,463 (+\$2,613,952). Amount received from CERF: US\$897,251

Since CERF funding is a contribution to an on-going WFP programme, the timeline below shows that WFP began project implementation the date that the LOU was signed with one component, commodity management training, starting in February 2011. WFP has on-going agreements with its implementing partners so CERF funding is a contribution to funding that is due between April and December 2011.

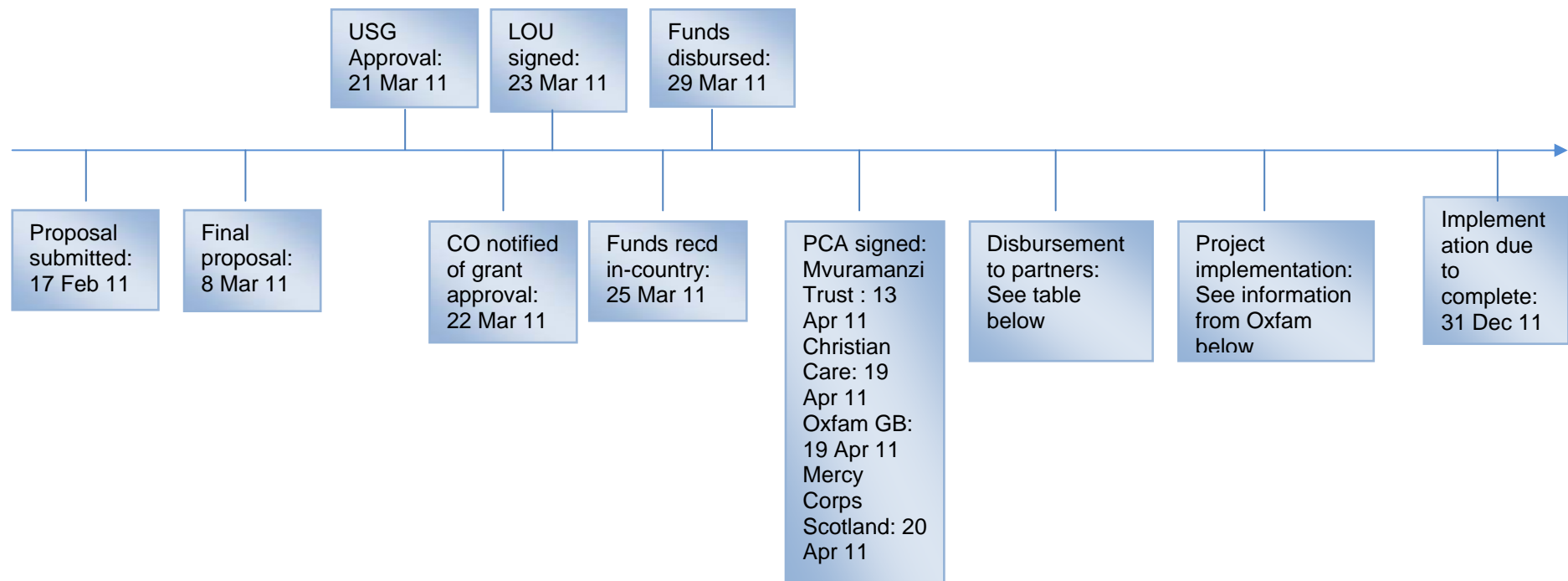


GRANT 11-CEF-008B (UFE)

Project title: Emergency WASH Assistance to Vulnerable Populations in Institutions (schools and clinics) in Cholera Affected Areas.

Geographical areas targeted with CERF funding: Mudzi, Tsholotsho, Chipinge, Buhera, Mutare.

Project budget: US\$1,953,000. Amount received from CERF: US\$1,300,000



UNICEF Grant 11-CEF-008B: Funding to Partners					
NGO	Implementation Area	First disbursement		Final Disbursement	
		Date	Amount	Date	Amount
Christian Care	<i>Buhera and Chipinge</i>	9 May 2011	\$232,163.76		Balance of \$197,836.24
Mercy Crops Scotland	<i>Mutare</i>	9 May 2011	\$128,859.96		Balance of \$171,140.04
Oxfam GB	<i>Mudzi</i>	10 May 2011	\$164,608.00		Balance of \$ 75,392.00
Mvuramanzi Trust	<i>Tsholotsho</i>	17 May 2011	\$129,963.46		Balance of \$ 70,036.54

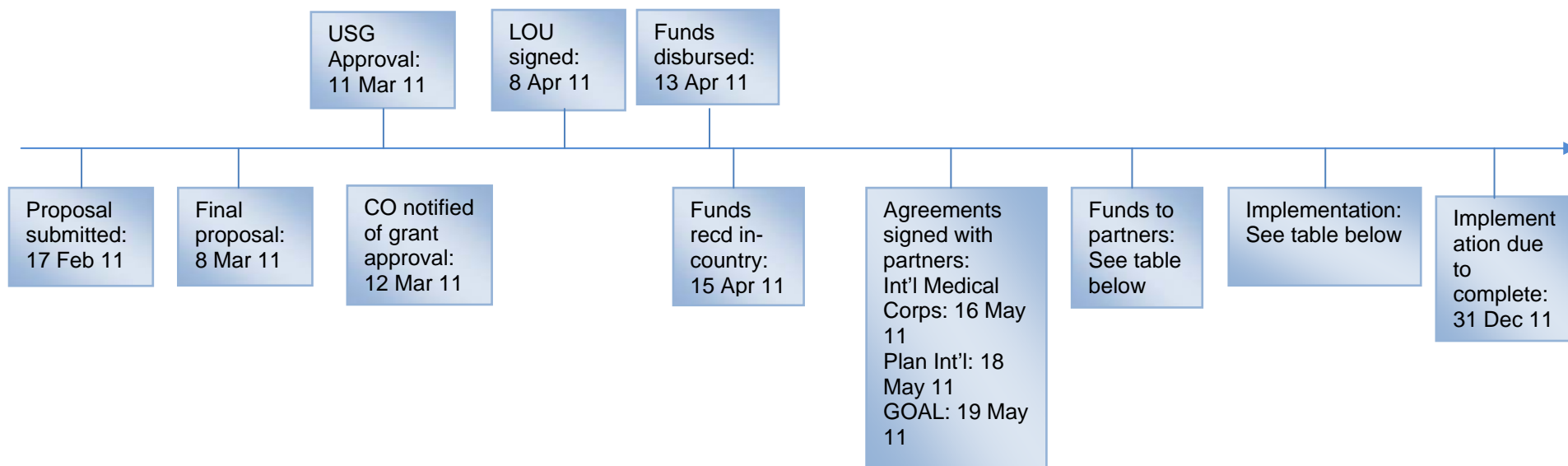
UNICEF Grant 11-CEF-008B: NGO implementation					
NGO	Implementation				
Oxfam GB	Contract with implementing partner signed on 28 May	Long negotiations with district and local authorities. MoU signed on 16 June.	Negotiations with project beneficiary institutions. Need to identify new institutions because others had addressed needs of original institutions led to further protracted negotiations with local authority. Meeting between Oxfam and UNICEF WASH team in July to raise concerns. Last week of July: After lobbying, local authorities agree to new project sites.	First week of August: Community mobilization, selection of community builders & hygiene promotion started. Ministry of Public Works highlights existence of standard plans for waste disposal infrastructure in clinics. Second week of Aug: Implementer found designs and prepared bill of quantities.	First week of Sept: Materials for borehole rehabilitation & latrine construction procured & to be delivered. Latrine construction and school sanitary pads training to start. Oxfam evaluating borehole drilling bids. Training of health club facilitators complete and water point users' committees selected.
Christian Care	Information requested but not sent.				

GRANT 11-FPA-010 (UFE)

Project title: Strengthening emergency obstetric care at primary and secondary levels.

Geographical areas targeted with CERF funding: Tsholotsho (Matabeleland North), Hurungwe (Mashonaland West), Guruve, Mbire (both Mashonaland Central), Chipinge and Mutasa (both Manicaland),

Project budget: US\$12,595,200. Amount received from CERF: US\$897,231



UNFPA Grant 11-FPA-010: Funding to Partners							
NGO	Implementation Area	First disbursement		Second Disbursement		Third Disbursement	
		Date	Amount	Date	Amount	Date	Amount

International Medical Corps		8 June 2011	\$23,796.65	23 Aug 2011	\$74,646.94	Due Oct 2011	\$45,364.41
Plan International		17 June 2011	\$11,878.00	6 Sept 2011	\$162,388.59	Due Oct 2011	\$41,445.41
GOAL		8 June 2011	\$ 4,993.00	27 July 2011	\$54,558.76	Due Oct 2011	\$12,352.24

UNFPA Grant 11-FPA-010: Implementation				
11 May: Kick-off meeting with Ministry of Health, IPs and relevant stakeholders	May-June: Implementers start social mobilisation campaigns. June: Start repair of ambulances.	July: Started procurement of beds once implementers had listed requirements. Implementers started rehabilitation of maternity waiting homes.	End Aug: Procurement of medical supplies. Due to arrive & be distributed mid-Oct.	Oct: Plan to distribute beds once MWHs ready.

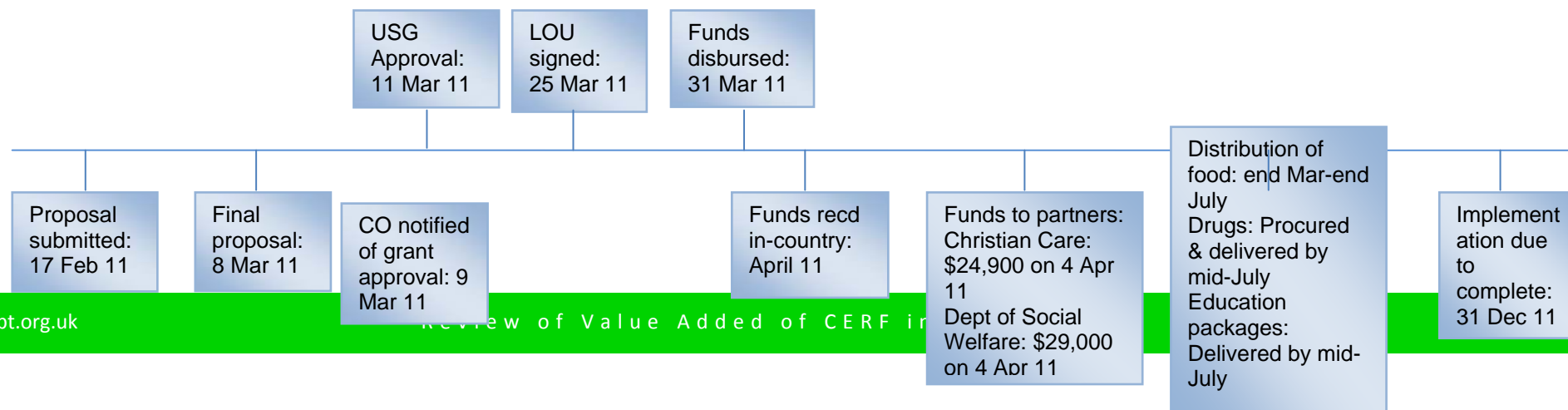
GRANT 11-HCR-004 (UFE)

Project title: Life-Saving Humanitarian Response to Refugees and Asylum Seekers. Joint UNHCR and IOM project.

Geographical areas targeted with CERF funding: Nyamapanda Border Post and Tongogara Refugee Camp

Project budget: US\$5,060,273 (UNHCR) and US\$9,200,000 (IOM). Amount received from CERF: US\$250,000

This project proposed to temporary emergency shelter and Non-Food Items (NFIs) to new arrivals in the refugee camp. CERF funding was also to cover food distributions and medical supplies for camp residents and new arrivals. Due to an increase in demand, UNHCR had to use CERF funding for shelter and NFIs for food. The agency is continuing to use other funds for food distribution and has overspent its own annual budget. As a result, WFP provided food distributions for a month in July. UNHCR procured education packages through the government and the government reported (through the sub-project monitoring report) that it had procured the packages and paid tuition fees by mid-July.



GRANT 11-IOM-006 (UFE)

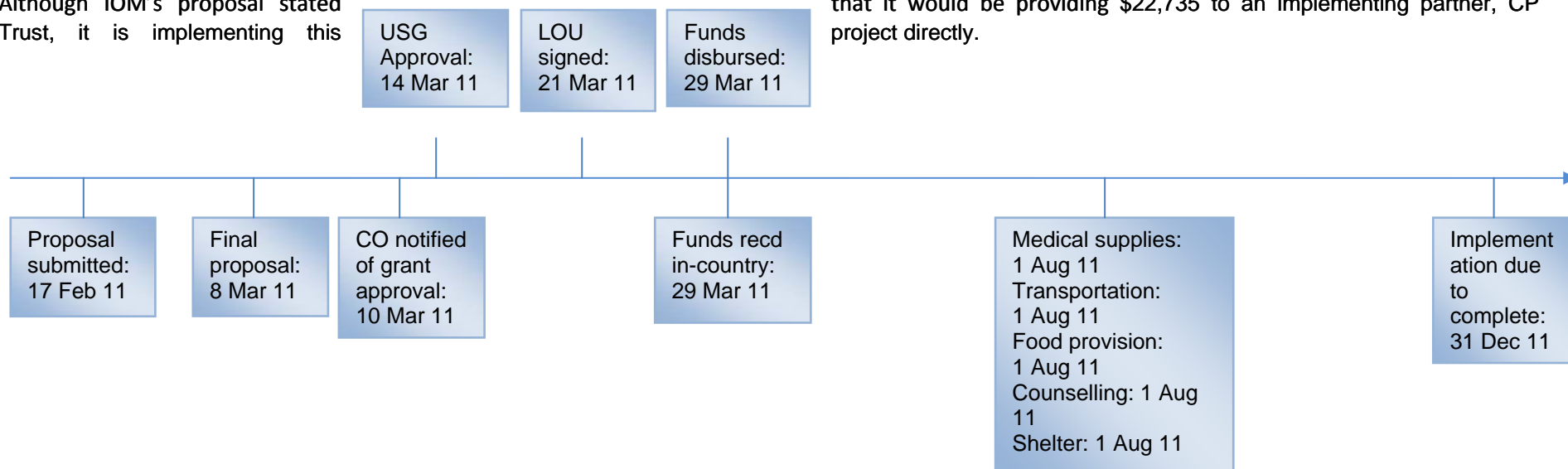
Project title: Life-Saving Humanitarian Response to Refugees and Asylum Seekers. Joint UNHCR and IOM project.

Geographical areas targeted with CERF funding: Nyamapanda Border Post and Tongogara Refugee Camp

Project budget: US\$5,060,273 (UNHCR) and US\$9,200,000 (IOM). Amount received from CERF: US\$250,000

Although IOM’s proposal stated Trust, it is implementing this

that it would be providing \$22,735 to an implementing partner, CP project directly.

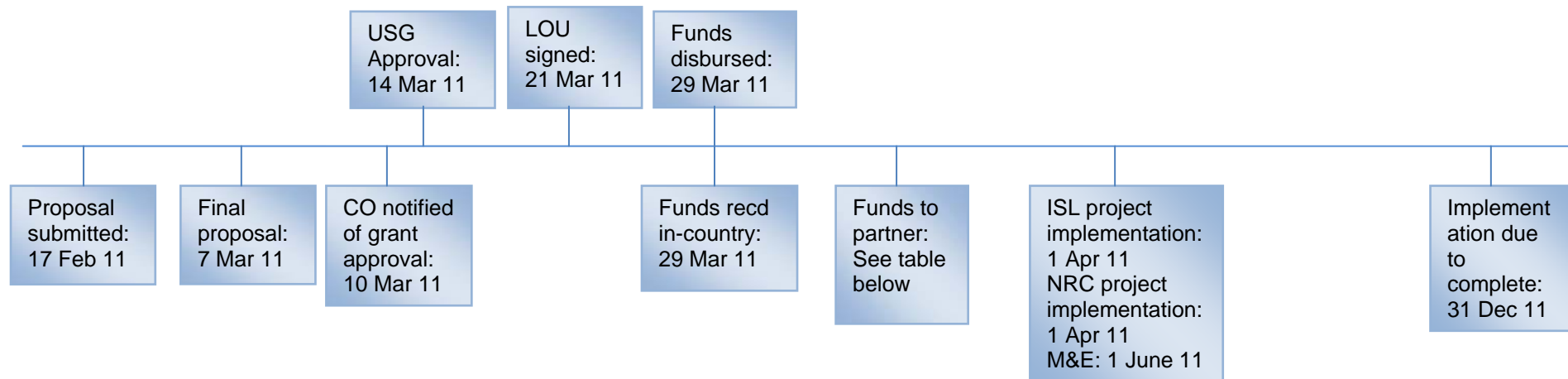


GRANT 11-IOM-007 (UFE)

Project title: Essential Emergency and Basic Livelihoods Restoration for Vulnerable Population in Flood and Drought prone areas.

Geographical areas targeted with CERF funding: Ward 1 in Muzarabani District and Ward 20 and 22 in Chipinge District

Project budget: US\$2,000,000. Amount received from CERF: US\$300,000



IOM Grant 11-IOM-007: Funding to Partners						
NGO	First disbursement		Second Disbursement		Balance due	
	Date	Amount	Date	Amount	Date	Amount
Integrated Sustainable Livelihoods	26 May 2011	\$5,000	27 June 2011	\$60,287.20		\$ 53,180.48
Norwegian Refugee Council	27 May 2011	\$5,000				\$113,704.00

GRANT 11-IOM-014 (RR)

Project title: Emergency Rehabilitation Assistance to Storm Affected Schools.

Geographical areas targeted with CERF funding: Gokwe North, Gokwe South, Mberengwa, Chipinge, Buhera, Bulilima and Nkayi

Project budget: US\$9,100,000. Amount received from CERF: US\$977,054

As noted in the report, education cluster members identified this project as a priority, following a number of storms and floods that resulted in the destruction of school infrastructure. IOM was later on requested to take on the project, on behalf of the education cluster. Several funding options were discussed, after which it was decided to seek CERF support, either through the UFE or RR window (as agencies were discussing the 2011 first UFE round at about the same time). At that point an initial draft of the project proposal was drawn up, which identified an expected implementation period of 8 months. The nature of the intervention was later deemed more in line with RR eligibility criteria, and OCHA requested IOM to reduce the implementation period to 3 months, in line with the LoU applicable at the time (though the umbrella LoU increased the timeframe for RR projects to 6 months shortly afterwards).

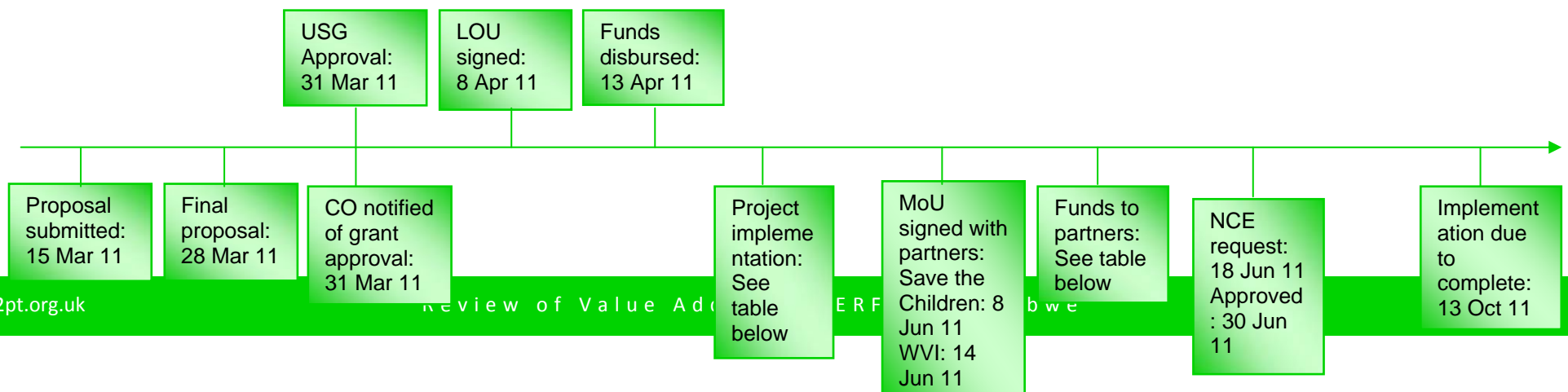
However it was made clear from the beginning that such an intervention, which is almost entirely dedicated towards infrastructure rehabilitation, could not be completed within three months; all concerned were therefore aware a no-cost extension would be requested to bring the project implementation period to a more reasonable 6 months. The CERF Secretariat endorsed the project with very few comments.

Once IOM received notification, on 31 March 2011, that the CERF had approved the project, it organised an initial meeting with the pre-identified project partners. This took place on 6 April and partners agreed to proceed with preparatory work, which had not yet been done. This entailed meeting with respective local authorities, selection of target schools from the much larger list of damaged infrastructure that had already been drawn up, and visits to schools in order to devise bills of quantity and identify locally available materials.

On 6 April, IOM also held a meeting with OCHA Harare in order to enquire about procurement arrangements, which had been separately budgeted for in the CERF project proposal. OCHA confirmed that IOM would need to be sole procurer of building materials, rather than going the simpler route of passing proportionate funds to IPs. This meant that partners would tender in IOM's name, all invoices would be in IOM's name and IOM would pay suppliers directly. This is why the budget shows US\$770,000 separately earmarked for the purchase and procurement of building materials.

Partners submitted proposals to IOM Harare between 26 and 29 April, following additional consultations with them on documentation received, trying to bring them in line with IOM rules and regulations, etc. The legal department at IOM HQ cleared proposals within three weeks. This endorsement is required for any contract entered into by IOM field offices, whether with donors or implementing partners. IOM then signed agreements with partners.

Thus, it took time to sign agreements and disburse funds because project development did not follow the normal process and IOM and partners had to prepare proposals, budgets, and M&E and work plans at the same time that the grant was agreed. There were delays with selecting project sites because, when the project started in April, schools were closed for a month for Easter. This meant that local government officials in the 7 districts where 70 schools were to be selected, whose role was crucial in jointly agreeing school selection criteria and selecting schools, were unavailable until early May. This meant that when IOM requested a no-cost extension on 18 June 2011, it had been able to spend only US\$2,545.23 of the US\$977,054 that it had received. The table below also shows that, at the time of the review, IOM and its partners had not yet obtained materials for rehabilitation the schools. This was unfortunate because, otherwise, it would have been possible to carry out repairs while the schools were closed for the August holidays rather than doing them when the children are back in school.



IOM Grant 11-IOM-014: Funding to Partners					
NGO	First Disbursement		Second Disbursement		Balance
	Date	Amount	Date	Amount	
Save the Children ²⁸	16 June 2011	\$4,993.00	11 July 2011	\$39,790.00	
World Vision	21 June 2011	\$3,553.77	1 August 2011	\$17,768.85	\$14,215.08
Plan International	4 August 2011	\$21,057.00			

IOM Grant 11-IOM-014: NGO implementation			
NGO	Implementation		
Save the Children	21 April: Stakeholder consultations start. 26 April: Community consultations start	8 July: Procurement procedures started.	12 Aug: Request to IOM to pay suppliers
World Vision	2 June: first meeting with the Provincial Education Director for Matabeleland South to select priority schools. 17 June 2011: Follow up meeting.	Early June: Bill of quantities developed	Request to IOM to pay suppliers: Still to be done as of 30 Aug.

GRANT 11-CEF-028 (RR)

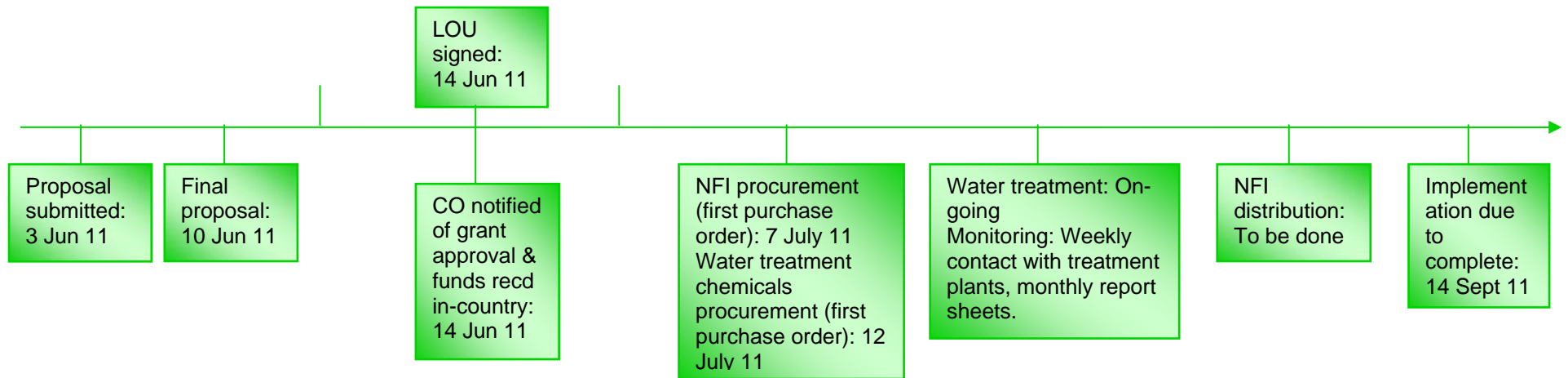
Project title: Provision of emergency water treatment chemicals and Non Food Items (NFIs) to save lives at risk of cholera.

Geographical areas targeted with CERF funding: Nation wide (treatment chemicals focused in high risk urban areas, NFIs in both rural and urban cholera affected districts)

Project budget: US\$4,500,000. Amount received from CERF: US\$3,022,440



²⁸ Disbursement dates and amounts for Save the Children and World Vision from NGOs. Disbursement information for Plan from IOM.



Section 3.3 No-Cost Extensions (NCEs)

Based on data provided by the CERF Secretariat, table 10 below provides a summary of the no-costs extensions requested by CERF recipient agencies in Zimbabwe.

Table 10: No-Cost Extension Requests for CERF Grants to Zimbabwe: 2006-2011						
Agency	Project No.	Title	Amount	Request Date	CERF Window	Duration of Extension
UNICEF	06-CEF-122	Provide care and protection to vulnerable children affected by internal displacement in Harare, Bulawayo, Mutare, Gweru and Masvingo.	250,000	30.07.07	UFE	3 months until 30.09.07
UNICEF	07-CEF-023	Provision of emergency safe water supply, sanitation and hygiene education to targeted vulnerable populations in urban and peri-urban areas	1,000,000	19.11.07	UFE	6 months until 30.06.08
IOM	07-IOM-003	Transitional Shelter for Mobile and Vulnerable Populations	1,000,000	19.11.07	UFE	6 months until 30.06.08
UNICEF	07-CEF-061	Zimbabwe Food and Nutrition Surveillance System	199,084	13.05.08	UFE	6 months until 31.12.08
UNICEF	08-CEF-011-A	Provision of emergency safe water supply, sanitation facilities and hygiene education to targeted vulnerable populations in urban and rural areas of Zimbabwe	983,950	26.06.09	UFE	N/A. Project due to complete by 31.12.08. Complete by time of request
UNICEF	08-CEF-011-B	Reaching the vulnerable children and women of child bearing age with immunization to prevent EPI target disease outbreaks	300,000	26.06.09	UFE	N/A. Project due to complete by 31.12.08. Complete by time of request
UNICEF	08-CEF-027	WASH Support to Rural Hospitals, Health Clinics and Surrounding Communities	247,987	26.06.09	UFE	N/A. Project due to complete by 31.12.08. Complete by time of request
WHO	08-WHO-010	Strengthen Response to diarrhoea diseases Outbreaks in Affected	400,180	16.06.09	UFE	7 months until 31.07.09 (project due to

		Areas				end 31.12.08)
IOM	08-IOM-007	Increasing access to quality education for children of Mobile and Vulnerable Populations (MVP) communities	630,000	07.02.09	UFE	5 months until 31.05.09 (project due to end 31.12.08)
UNICEF	09-CEF-012-A	Emergency safe water supply, sanitation and hygiene promotion to affected vulnerable (<i>high risk of Cholera</i>) populations in urban and rural areas of Zimbabwe	4,100,300	20.10.09	UFE	4 months until 30.04.10
UNICEF	09-CEF-040-B	Peace Building and Reconciliation: Provision of psychosocial and other essential supports for children affected by violence in 2008	164,010	12.04.10	UFE	3 months until 30.09.10
UNICEF	09-CEF-040-C	Reaching mothers and newborn babies with life saving interventions in communities	439,342	12.04.10	UFE	3 months until 30.09.10
UNICEF	09-CEF-040-D	Community-based Management of Acute Malnutrition-CMAM	1,419,326	12.04.10	UFE	3 months until 30.09.10
UNFPA	09-FPA-022	Protecting and promoting sexual and reproductive health rights in ten MVP communities	289,975	30.06.10	UFE	3 months until 30.09.10
UNFPA	09-FPA-023	Reaching women and newborn babies with life saving reproductive and child health services including emergency obstetric and neonatal care in institutions and communities	935,360	21.06.10	UFE	3 months until 30.09.10
IOM	09-IOM-024	Addressing protection needs of the most vulnerable groups in MVP communities through community based protection systems	138,700	30.03.10	UFE	3 months until 30.09.10
IOM	11-IOM-014	Emergency Rehabilitation Assistance to Storm Affected Schools	977,054	18.06.11	RR	3 months until 13.10.11

Annex 2: Methodology

This annex briefly describes the methodology for this review. The review has used two main sources of information – interviews in Harare conducted during a 10-day visit from 22-30 August 2011 and a review of documents. Table 11 below lists the organisations and number of interviewees. To maintain confidentiality, it does not name the individuals interviewed.

I am very grateful to all interviewees for their time and to those who helped to organise meetings, particularly OCHA staff members who also provided a lot of support with logistics and obtaining documents. OCHA requested Cluster coordinators to set up meetings with their counterparts in government line ministries but, unfortunately, due to time pressures on the line ministries, it was not possible to meet their representatives.

Table 11: List of Organisations Consulted		
Organisation	# of Interviewees	Notes
Donor Agencies	3	
FAO	1	
Gender Advisor	1	
Humanitarian Coordinator	1	Two meetings – to introduce the mission and provide a debriefing at the end.
IOM	9	
Ministry of Regional Integration and International Cooperation	4	Two meetings – to introduce the mission and provide a debriefing at the end.
NGOs	15	Interviews with 7 INGOs and 4 Zimbabwean NGOs. Plus email consultation with 1 INGO.
OCHA	4	
UNFPA	1	
UNHCR	4	
UNICEF	4	
WFP	3	
WHO	2	
TOTAL	52	

The document review covered the following:

- Agency proposals for both UFE rounds as well as Rapid Response grants in 2011
- 2010 RC/HC annual report on CERF funding to Zimbabwe
- Zimbabwe 2011 CAP and Mid-Year Review
- OCHA's 2011 Monthly Humanitarian Updates
- ERF Annual Report 2009 and 2010
- Minutes of Humanitarian Country Team (HCT), Inter-Cluster Forum (ICF) and WASH Strategic Advisory Group meetings
- No-Cost Extension documents
- CERF guidance documents, including the Life-Saving Criteria
- CERF Secretariat data on funding to Zimbabwe from 2006-2011, including the time taken to process CERF applications

- Report on Good Humanitarian Donorship mission to Zimbabwe on 21-22 February 2011

The review involved semi-structured interviews that covered the following PAF indicators as well as issues that the CERF Advisory Group and Secretariat identified as being of interest. Table 12 below numbers and lists the PAF indicators.

Table 12: List of PAF indicators			
#	PAF Indicator	#	PAF Indicator
1	All members of Humanitarian Country Team (HCT) and clusters aware of CERF availability	2	Intra- and inter - cluster prioritization process is inclusive of all relevant stakeholders (including INGOs and NGOs), (for RR and UFE) and adheres to Principles of Partnership (Endorsed by the Global Humanitarian Platform, 12 July 2007)
3	Analysis of funding undertaken to inform prioritization process and facilitate appropriate direction of funds'	4	CERF underfunded country selection/apportionment process undertaken in a timely and transparent manner with available resources frontloaded
5	Cluster submission to the RC/HC is of high quality and reflects views of cluster members	6	Agency performance (capacity to implement within the timeframe of the grant, past performance, speed of distribution and absorptive capacity) is considered when developing proposal
7	CERF request adheres to cluster standards and CERF Life Saving Criteria	8	Average number of working days between final submission of a CERF grant request package from RC/HC and ERC' decision. (Benchmark: three working days for RR and 5 working days for UFE)
9	Average number of working days between receipt of LoU from a grant recipient and request (memo for disbursement to OPPBA (Benchmark: two working days)	10	Average number of days between request (memo) for fund disbursement by OPPBA to grant recipient
11	Average number of working days from disbursement from UN HQ to country office	12	Time from UN agency country offices signing project agreement with implementing partners to them receiving funding
13	Agencies receiving grants have internal evaluation and accountability mechanisms	14	CERF Secretariat has provided adequate global guidance on the standards for reporting
15	OCHA CO, in support of the HC, provides guidance to agencies, and facilitates input for annual report	16	Agencies, both at HQ and in the field provide satisfactory input (as defined by CERF Secretariat Guidelines) to the annual RC/HC Report which adheres to reporting guidelines
17	CERF funds allow agencies to demonstrate capability to leverage donor confidence for future contributions	18	Availability of CERF funding recognized by recipient agencies as being fundamental to ability to respond to life saving needs and gaps
19	Extent to which gaps, both geographic and sectoral, have been identified and addressed through use of CERF funds	20	Number of No-Cost Extensions requested
21	CERF funds fill a critical time gap as measured in relation to time that other contributions are received	22	Percentage of total amount of CERF funding to flash appeals provided within the first two weeks (of appeal publications)

23	Response capacity is strengthened given knowledge that CERF is a reliable source of funding	24	Operations deployed more rapidly due to 'predictability' of quick funding source
25	Transparent information management of recipient agencies on status of CERF projects	26	Accountability to affected populations, as outlined in the Humanitarian Accountability Project (HAP), is incorporated into project submissions
27	Evaluative mechanisms established (NOTE: CERF evaluative processes to be developed)	28	Real-Time and internal agency evaluations, when conducted, demonstrate CERF's contribution to a more coherent response
29	Extent to which Cluster leads and RC/HC leverage CERF as a tool to incentivize coordination	30	Strengthened function of clusters and of inter-cluster forum
31	Leadership and involvement of RC/HC in humanitarian operation improved		

Additional issues identified by the CERF Advisory Group and Secretariat:

- CERF Guidance and support: Are there any specific areas where field colleagues need additional or improved guidance or tools from CERF that would help make their lives easier and improve country level processes? (e.g. it would be interesting to know how the CERF Application Template (and guidance) is perceived. Is it useful and logical, does it cover the right elements of projects? Is the Life-Saving Criteria well understood and useful? Is the CERF reporting guidance and template appropriate? Are people aware of the UFE and RR technical guidance notes and what do they think about them? Is the website known and is it useful? Are people aware of the CERF training etc.)
- Reporting and Monitoring: Agencies are responsible for the monitoring and evaluation of their own programmes (including those funded for CERF). Do such reviews/monitoring/ evaluations take place? And if so is related information (reports, findings etc.) fed back to the sectors and the HC? If not, why not?
- Joint Reporting and Lessons Learning: Is the level of reporting appropriate (annual RC/HC CERF country report)? Is the report used by the RC/HC and sectors? Would a more elaborate project level reporting be useful and acceptable? Is CERF reporting integrated into broader reporting processes? Does the country team (or the sectors) have any organized follow-up to previous CERF allocations to establish lessons learned and gauge performance (with respect to the process as well as implementation of the funded activities)
- NGOs: Level of NGO involvement in the overall process (prioritization etc.) and their perception of the prioritization process and their access to CERF funding. Timeliness of disbursements to NGOs - why does it take as long (or short) as it does, and how does this vary by UN agency? Where possible, verify the NGO-timing information that is in the RC reports.

Annex 3: Terms of Reference

The Terms of Reference below refer to a CERF review in Myanmar rather than in Zimbabwe. However, due to difficulties with obtaining a visa for Myanmar, the CERF Secretariat selected Zimbabwe for a country-level review, on the basis of levels of funding and the countries and issues covered by the CERF 5-Year Evaluation. Since Zimbabwe has received more funding in 2011 than in 2010 and also received both UFE and RR funding in 2010 (compared with only RR funding in 2010), this review has focused mainly on 2011 rather than 2010 although section 2 of the ToR state that the reviews will focus on 2010.

INDEPENDENT REVIEW OF THE VALUE ADDED OF THE CENTRAL EMERGENCY RESPONSE FUND (CERF) IN COLOMBIA, BOLIVIA, ETHIOPIA AND MYANMAR

Terms of Reference

1. Background to the CERF and Performance and Accountability Framework (PAF)

It is widely recognized that the key strengths of the CERF lie in its ability to respond quickly and in the relatively high degree of flexibility it affords users compared with other sources of humanitarian funding. Member States and private donors require appropriate assurances that the considerable funds involved are managed appropriately and meaningful results are being achieved. The ERC function is charged with a formal fiduciary responsibility over the proper use of CERF funds, and relies upon the CERF Secretariat to assist with the proper discharge of these responsibilities. In this context, the development of a PAF for the CERF is regarded as an effective tool.

Paragraph 19 of General Assembly Resolution 60/124 calls for “the establishment of an appropriate reporting and accountability mechanism to ensure that the funds allocated through the Fund are used in the most efficient, effective and transparent manner possible.” Consequently, the CERF Advisory Group at its meeting on 12 October 2006 called for the development of a Performance and Accountability Framework (PAF). In addition, the 2008 CERF Two-year Evaluation gave as Key Recommendation 4: “The multiple lines of accountability for CERF need to be clarified, in consultation with the UN Controller and the operational agencies, to specify the roles of each actor.” In response, the CERF Secretariat worked on developing a PAF, a first draft was circulated in 2009 and a PAF adopted in 2010.

The CERF PAF proposes, among other things, the introduction of independent reviews to be conducted annually within a sample of three to five countries as determined by the ERC. The CERF Advisory Group supported the inclusion of such an independent country-level mechanism. Following a pilot review conducted in Kenya in early 2010, the CERF AG met on 1 July and endorsed the PAF. Further studies took place in late 2010 in Chad, Mauritania and Sri Lanka.

2. Scope and Purpose

The main purpose of the present country-level review will be to assess the value added of CERF operations in Colombia, Bolivia, Ethiopia and Myanmar during 2010.

A major aim of the review will be to provide the ERC with an appropriate level of assurance around the achievement of key performance benchmarks and planned results for the CERF mechanism. The review will also include recommendations aimed at improving operational aspects of the CERF and may also identify relevant policy issues which need to be addressed at a global level.

3. Key issues

The critical overriding question on which assurance is sought by the ERC is: **Have CERF operations in the country successfully added value to the broader humanitarian endeavor?**

Using the PAF indicator sets, assurances will be sought around the following specific broad areas of concern to the ERC:

1. *CERF processes are achieving key management benchmarks in that:*

- CERF submissions are based on an inclusive planning process and adhere to established quality criteria.
- Transparent systems are in place for correct allocation, efficient flow and use of CERF by agencies.
- Adequate monitoring and evaluation systems are in place at the agency level for measuring and reporting on results.

2. *There are reasonable grounds to believe that CERF operations favour the following results:*

- CERF consolidates humanitarian reform by empowering the RC/HC and enhancing the quality of coordination within the cluster approach and across clusters.
- CERF facilitates adequate coverage, eliminates gaps and facilitates an effective division of labour among humanitarian (especially smaller) actors.
- CERF contributes to a more timely response to needs.
- CERF favours the delivery of relevant life-saving actions at critical moments.

4. Review Methodology

During the PAF development process, UN agencies emphasized that the formal assessment of agency performance vis-à-vis CERF-funded activities remains the prerogative of recipient agencies via their own internal oversight procedures (internal performance reporting, audit and evaluation etc.). The review approach will therefore be designed in a manner which avoids duplication with such procedures and meets only the immediate assurance needs of the ERC in relation to the PAF.

Recognizing that CERF funds are often co-mingled with other donor funds by agencies and that the in-depth assessment of beneficiary-level impact is formally the charge of recipient agencies, the review will not attempt to link beneficiary-level changes to CERF activity, except where recipient agencies already have this data. The review mechanism will not seek to provide comprehensive coverage linked to detailed narratives and contextual analysis around how and why results are being achieved. Rather it will focus instead on providing an assurance around issues of the Fund's operational impact.

Key components of the methodology will include a rapid desk review and field visits by the consultants to Bolivia, Colombia, Ethiopia and Myanmar, including interviews with key stakeholders. The analytical approach will be deliberately kept rapid and light.

Prior to leaving each country, the Consultant will leave with the RC/HC a short analytical report consisting of a series of short observations and recommendations in relation to the key assurance issues identified above. The RC/HC, together with the HCT, will subsequently be requested to provide a "management response" to the recommendations contained in the report.

Desk review: A quantitative analysis will be conducted on the data, reports and files available at the HQ and Country level. These include:

- Funding data, including funding from sources other than the CERF (e.g. OCHA's Financial

- Tracking System);
- Timelines on sums requested, allocated from CERF database; • CERF country-level reports on context, needs, status of implementation, activities, results
- and lessons learned;
- CERF meeting minutes at HQ and country-level and notifications of application decisions;
- CERF Project files at HQ and country-level;

Semi-structured interviews at country level will include: RC/HC, Cluster leads, Heads of Agencies, I/NGO partner implementing CERF projects and those without access to CERF funds, host government, donors. Interviews will also take place with selected CERF Secretariat staff to get further background and perspective. UN Agencies and IOM will be asked to provide relevant documents and indicate interview partners to facilitate the review.

Select project site visits: These may be included as appropriate and time permitting to help provide some limited anecdotal information regarding the use of funding at the affected population level and can provide a field-level snapshot and some direct contact with affected populations.

In-Country briefings will be used as learning opportunities to discuss and validate the findings, explore possible recommendations and further refine the analytical approaches.

5. Proposed Consultants

It is anticipated that two consultants will be required, one to prepare the reviews for Bolivia and Colombia and one to draft those for Ethiopia and Myanmar. The consultants will be independent and not have been previously involved with any aspects of the country-level operations being reviewed. He/she should have the following skills:

- Expertise in UN humanitarian reform & financing and knowledge of the CAP and Flash Appeal process; Expertise and extensive experience in humanitarian evaluation; Expertise in analyzing financial data in tandem with other types of information;
- Expertise in project management and implementation;
- Knowledge, including field experience with a broad range of humanitarian actors, such as UN agencies, Red Cross/Red Crescent Movement, local government disaster response structures and systems, and NGOs;
- Fluency in written and spoken English and ability to work in Spanish required (for Bolivia and Colombia only.)
- Familiarity with complex emergency and natural disaster settings.

6. Management and Support

The review will be managed by the CERF Secretariat, who will identify country-level focal points to support the review mission. Their responsibilities will include:

- Provide necessary administrative, coordination and logistical support to the consultants;
- Facilitate the consultants' access to specific information or expertise necessary to perform the assessment;
- Monitor and assess the quality of the review and its process;
- Ensure sufficient engagement by UNCT on initial findings prior to dissemination;
- When appropriate, recommend approval of final report;
- Disseminate final report; and
- Facilitate management response to the final report and subsequent follow up.

7. Deliverables

The main output will be four concise reports in English to the ERC, through the CERF Secretariat, of no more than 20 pages each (excluding appendices) in an electronic version plus an Executive Summary (up to two pages). The reports will be structured in the form of short observations and conclusions around the different assurance concerns linked to the PAF. The report will include, as appropriate, a set of specific, well targeted and action-oriented recommendations whose purpose should be to improve the performance of the CERF within the country or raising any policy issues. The annexes will include a brief description of the methods used and the tests performed and a list of persons interviewed.

8. Timeline

20 May: Draft of the three country reports submitted to CERF Secretariat.

15 June: Final version of reports submitted to CERF Secretariat

9. Contract length:

17 Days per study, 34 per consultant, 68 in total.