Independent Review of the Value Added of the Central Emergency Response Fund (CERF) in Côte d’Ivoire, Liberia, and Ghana

June – September 2012

Final Report

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## ACRONYMS

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<tr>
<td>ARS</td>
<td>Agriculture Relief Services</td>
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<tr>
<td>ASAPSU</td>
<td>Association de Soutien à l’Auto Promotion Sanitaire Urbaine</td>
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<td>CAP</td>
<td>Consolidated Appeal Process</td>
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<td>CCCM</td>
<td>Camp Coordination and Camp Management</td>
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<td>CDI</td>
<td>Côte d’Ivoire</td>
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<td>CERF</td>
<td>Central Emergency Response Fund</td>
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<tr>
<td>DFID</td>
<td>Department for International Development (of the UK)</td>
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<td>ECOWAS</td>
<td>Economic Community of West African States</td>
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<td>EHAP</td>
<td>Emergency Humanitarian Action Plan</td>
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<td>ERC</td>
<td>Emergency Relief Coordinator (the Under-Secretary General for Humanitarian Affairs and Head of OCHA)</td>
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<td>EU</td>
<td>European Union</td>
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<td>FAO</td>
<td>Food and Agriculture Organization</td>
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<td>FTS</td>
<td>Financial Tracking Service</td>
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<td>Humanitarian Coordinator</td>
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<td>Humanitarian Country Team</td>
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<td>HDI</td>
<td>Human Development Index</td>
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<td>HQ</td>
<td>Headquarters</td>
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<td>IAWG</td>
<td>Inter-Agency Working Group (Ghana)</td>
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<tr>
<td>IDP</td>
<td>Internally Displaced Person</td>
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<tr>
<td>IOM</td>
<td>International Organization for Migration</td>
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<td>LRRRC</td>
<td>Liberia Refugee, Repatriation, and Resettlement Commission</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MESAD</td>
<td>Mouvement pour l’Education, la Santé et le Développement</td>
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<tr>
<td>MoH&amp;SW</td>
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<td>NADMO</td>
<td>National Disaster Management Organisation (Ghana)</td>
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<td>Non Governmental Organisations</td>
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<td>OCHA</td>
<td>United Nations Office for the Coordination of Humanitarian Affairs</td>
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<td>RC</td>
<td>Resident Coordinator</td>
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<td>ROWCA</td>
<td>OCHA Regional Office for West and Central Africa (based in Dakar)</td>
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<tr>
<td>SGBV</td>
<td>Sexual and Gender-Based Violence</td>
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<tr>
<td>SMART</td>
<td>Specific, Measurable, Achievable, Relevant, Timebound</td>
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<tr>
<td>ToR</td>
<td>Terms of Reference</td>
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<td>UFE</td>
<td>Under-funded Emergency (CERF funding window)</td>
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<td>UK</td>
<td>United Kingdom</td>
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<td>United Nations</td>
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<td>United Nations Country Team</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNHAS</td>
<td>United Nations Humanitarian Air Service</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>UNMIL</td>
<td>United Nations Mission in Liberia</td>
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<td>UNOCI</td>
<td>United Nations Operation in Côte d’Ivoire</td>
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<td>UNOPS</td>
<td>United Nations Office for Project Services</td>
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<tr>
<td>ERC/USG</td>
<td>Under-Secretary General for Humanitarian Affairs (ERC and Head of OCHA)</td>
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<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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<tr>
<td>WFP</td>
<td>United Nations World Food Programme</td>
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<td>WG</td>
<td>Working Group</td>
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MAP OF THE REGION

WEST AFRICA - Reference Map

Legend
- National capital
- Population center
- International boundary

Elevation (meters)
- 5,000 and above
- 4,000 - 5,000
- 3,000 - 4,000
- 2,500 - 3,000
- 2,000 - 2,500
- 1,500 - 2,000
- 1,000 - 1,500
- 500 - 1,000
- 0 - 500
- 0 - 250

Sources: The information and data used on the map is from maps and other sources on the public domain. The map is not intended to represent an endorsement or support of any given jurisdiction or organization.
EXECUTIVE SUMMARY

Context

1. The post-electoral conflict in Côte d’Ivoire in 2010-2011 caused large scale population movements inside the country and across its borders, in particular to Liberia. The number of internally displaced people and refugees\(^1\) peaked at the end of March 2011 as a result of intensified fighting, which only abated after the arrest of former president Laurent Gbagbo in mid-April 2011. Displaced and refugee populations started returning to their home areas and humanitarian access in Côte d’Ivoire improved, but fears of retaliation prompted thousands of supporters of former President Gbagbo to seek refuge in neighbouring countries.

2. Humanitarian response capacities were scarce at the onset of the crisis, because as Côte d’Ivoire and Liberia were emerging from civil war, UN agencies and international NGOs had been downsizing or reorienting their activities towards development. In Ghana, most international actors were engaged in development work. UN agencies had anticipated the regional dimension of a possible crisis but not its eventual scope\(^2\).

3. Separate Emergency Humanitarian Action Plans (EHAPs)\(^3\) for Liberia, on the one hand, and Côte d’Ivoire and four neighbouring countries, on the other hand, were issued in mid-January 2011, but despite a few early contributions, donors were rather slow in responding, presumably, according to the prevailing view in the sub-region, because the Libyan crisis and the Arab spring overshadowed the Côte d’Ivoire crisis. Resident/Humanitarian Coordinators (RC/HCs) of Côte d’Ivoire, Liberia, and Ghana requested CERF Rapid Response (RR) funding in 2011, as did UNHCR for a regional project for Benin, Guinea (Conakry) and Togo.

Value Added of the CERF

4. The CERF played an essential and timely role in enabling agencies to strengthen their response capacities and scale up the humanitarian response to address pressing life-saving needs across a broad range of sectors.

5. The CERF is perceived as an invaluable funding mechanism in all countries, because it is reliable, flexible, rapid, and straightforward and it comes at critical times. The CERF secretariat responded positively to all country requests and is appreciated for its responsiveness and speed. Application formats are seen as well suited to emergency contexts and CERF guidance is regarded as helpful.

6. Humanitarian/Resident Coordinators requested CERF funds due to extremely low funding levels of the EHAPs (3 per cent for Ghana; 6 per cent for Liberia; 21 per cent for Côte d’Ivoire and nothing for Guinea, Togo and Benin) and once it was clear that existing contributions and agencies’ own resources were highly insufficient to address existing and expected emergency needs, Ghana and UNHCR turned to the CERF as a funding mechanism of last resort once hopes of mobilising

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\(^1\) The term ‘refugee’ will be used throughout the report to refer to recognised refugees and asylum seekers. 
\(^2\) Contingency plans and Emergency Humanitarian Action Plans had to be revised several times. 
\(^3\) “Emergency humanitarian action plan” is a term used in West Africa for flash appeals for sudden-onset or steeply worsening crises that are counted as supplements to the regional West Africa Consolidated Appeal rather than parallel appeals (adapted from Liberia CAP 2012).
other donor contributions had waned and life-threatening shortages of relief aid were imminent. The same holds true for a number of projects that only received CERF funding in 2011.

7. Rapid Response funding is meant to boost the humanitarian response and enable agencies to leverage further funding. The successive CERF allocations to Côte d’Ivoire respectively represented 19 per cent and 2 per cent of total CDi+4 EHAP requirements at the time, while the allocation to Ghana represented 14 per cent of the requirements of Ghana at the time, compared to the allocation to Liberia which represented 11 per cent of EHAP requirements. The CERF ended up being the major donor for refugee response in Ghana and the only external source of funding for the UNHCR projects in Benin, Guinea and Togo. In these two cases in particular, the CERF clearly represented a lifeline. There is no clear evidence that CERF funding made it easier for agencies to leverage additional funding from donors for their projects, even though a number of emergency projects did receive subsequent donor contributions. A few international NGOs in Côte d’Ivoire indicated a possible leveraging effect for activities carried out with CERF funds.

8. In Côte d’Ivoire and Liberia, CERF grants for common services such as logistics, telecommunications, or air transport enhanced the collective response capacities, while other grants strengthened agencies’ capacities as well as their partners’ by financing staff and operational costs, training, and the procurement of relief items by agencies on behalf of partners. As a result, agencies and their partners were able to rapidly scale up and expand operations to address emergency life-saving needs of newly displaced or returning populations, and populations in newly accessible areas.

Transparency and Inclusiveness of CERF Processes

9. The quality of CERF allocation processes in all countries was directly tied to the strength of the humanitarian coordination mechanisms in place, the commitment of the RC/HC and cluster/sector lead agencies to conduct an inclusive process, and contextual factors such as insecurity in Côte d’Ivoire at the time of the first allocation. The prioritization of humanitarian needs and elements of the response in Côte d’Ivoire, Liberia and Ghana was carried out on the basis of the EHAPs and joint needs assessments. Exceptions were for the second allocation to Côte d’Ivoire, which was based on separate assessments, and the regional grant to UNHCR, which was based on UNHCR multi-sector needs assessments.

10. The submissions from Liberia and Côte d’Ivoire of February-March 2011 were prepared at a time when coordination mechanisms were not yet fully functional, in particularly the clusters (Côte d’Ivoire) and sectors (Liberia). In addition, in Abidjan at the time, movements were restricted by the security situation. The process was largely led by the HCs and heads of agencies with the help of emergency coordinators, with uneven involvement of cluster coordinators and clusters (and sector leads and sectors), although implementing partners were often involved in the “downstream” formulation of project proposals.

11. The second request from Côte d’Ivoire, in June-July 2011, was more inclusive of cluster coordinators and clusters, although this was not systematic. Field-based cluster coordinators and clusters in Man were not systematically involved either although some of them may have been consulted. In Ghana, the process was
managed by an inter-agency body bringing together heads of agencies and programme staff and key non-UN stakeholders, while for the UNHCR regional request, UNHCR country offices developed their component in consultation with the government bodies in charge of refugees, implementing partners, and the Resident Coordinators.

12. In Côte d’Ivoire, the uneven involvement of clusters in “upstream” identification of pressing humanitarian needs as opposed to “downstream” project formulation does not seem to have bothered NGOs. This may be due to the lack of familiarity, in particular in early 2011, with the humanitarian reform culture, which promotes equal footing partnerships and broad participation in decision-making at cluster level, and the availability of direct funding from donors later on. In both Liberia and Côte d’Ivoire, UN and NGO personnel having experienced inclusive CERF or pooled fund processes elsewhere were disappointed with CERF processes in these two countries.

13. OCHA offices, regional and in-country, facilitated the CERF processes in support of the RC/HCs. Draft project proposals were reviewed by OCHA so as to ensure that they were consistent with the CERF life-saving criteria and other guidelines. In Côte d’Ivoire and Liberia, OCHA staff - and UNHCR staff in the case of Liberia - played a convening and advisory role at key steps in the process. Agencies also received useful assistance from their CERF focal points at regional or headquarters level. This sped up processes and contributed to the quality of the requests and the overall coherence of the country submission. All requests submitted were for EHAP projects, as required.

CERF Support to the Humanitarian Reform

14. The CERF has to varying extents strengthened the position of the RC/HCs by putting non-earmarked funding at their disposal at a critical time to use strategically. In Liberia, the CERF is likely to have facilitated the putting into practice of the multi-sector/sector coordination approach agreed upon for the humanitarian response.

15. CERF grants have strengthened the role of cluster coordinators insofar as they were able to take part in and conduct inclusive processes. CERF grants have provided incentives for operational coordination and complementarities.

16. The CERF has also strengthened inter-agency and inter-cluster/sector planning and coordination through the formulation and implementation of joint projects in the same cluster/sector or involving more than one cluster/sector.

17. However, CERF prioritization processes have tended to be too ‘top down’ and insufficiently inclusive of NGOs except for the formulation of project proposals.

Timeliness of the CERF Process

18. The CERF secretariat was highly responsive to queries from RC/HCs and provided rapid comprehensive feedback on country submissions, including comments on project proposals (within a day or two).
19. The CERF secretariat has generally met its 2011 performance benchmarks for the duration of the process from project submission to disbursement of funds\(^4\), in particular the 11-day benchmark for the time lapse between final project proposal and disbursement of funds. When averages were a little higher than the benchmark, it was usually due to steps over which the CERF secretariat does not have entire control such as the revision of project proposals or the signature of the Letter of Understanding by the recipient agency.

20. Once projects are submitted, the step requiring the most time is their revision, which in the sub-region has included reprioritizing needs and activities and reducing budgets because the amount made available by the CERF secretariat was lower than that requested initially (reduction by 40 per cent both times in Côte d’Ivoire, by 37 per cent in Liberia, and by 69 per cent in Ghana). This was highlighted as being time consuming and somewhat disheartening.

**Reporting and Accountability**

21. Agencies have a variety of accountability mechanisms in place, including reporting and monitoring clauses and performance indicators in sub-agreements with partners, and monitoring activities. However, monitoring information remains largely internal, even though updates on project implementation may be a standard feature of coordination meetings. Both in Liberia and Côte d’Ivoire, HCs reinforced collective monitoring mechanisms in 2012, in particular at sector/cluster level, which suggests that this aspect of operations in 2011 was insufficiently developed to enable the HCs to exercise their CERF monitoring and reporting mandate\(^5\). In Ghana, agencies put into practice a mechanism enabling them to jointly follow CERF project implementation.

22. Many of the project summaries in the annual reports of the RC/HCs on the use of CERF grants in 2011 provide quantitative outputs rather than outcomes, which is adequate in the framework of short term emergency response projects. However, the expected outputs are not always indicated and in these cases it is difficult to get a clear picture of the extent to which projects have achieved their objectives. These summaries often describe activities and fall short of providing quantitative outputs. Furthermore, the link between the objectives, indicators and activities included in the project proposal and the report is often weak.

23. Several agencies requested no-cost extensions in order to complete their activities. Others should have requested one but did not because they either were not aware of the rules applicable to the six-month CERF Rapid Response timeframe or did not realise in time that project activities could not be completed by the end of the project implementation period. In one case, a no-cost extension was requested several weeks after the date of completion of the project and was denied.

\(^4\) The CERF Secretariat keeps track of the working days required for projects, once submitted, to be finalised, approved by the Under-Secretary General for Humanitarian Affairs (ERC/USG), for the Letter of Understanding between the requesting agency and OCHA/the CERF Secretariat to be signed, and the disbursement of funds, and uses benchmarks to improve and assess performance.

\(^5\) Section 5.2 of the Secretary-General’s Bulletin on the “Establishment and Operation of the Central Emergency Response Fund” (ST/SGB/2010/05) of 23 April 2010 states that “Resident Coordinators or Resident/Humanitarian Coordinators shall oversee the monitoring of and narrative reporting on projects funded by the Fund.”
24. Implementing partners do not always know or only learn at a very late stage (e.g. CERF annual reporting time) that they are carrying out activities with CERF funding. With respect to sub-agreements, the main difficulties encountered by implementing partners are the delays in finalising contracts as well as the time and effort lost in attempting to do so. These delays put them at financial risk since they have no certainty that their activities will be included in the agreement once formalised. In addition, delays in receiving the first transfer risks often puts implementing partners in a situation where they have to pre-finance operations.

**Overarching Conclusions**

25. The CERF has met the objectives set for it in UN General Assembly Resolution 60/124 (2006) of “promoting early action and response to reduce loss of life, enhancing response to time-critical requirements and strengthening core elements of humanitarian response in underfunded crises, based on demonstrable needs and on priorities identified in consultation with the affected State as appropriate”.

26. Nevertheless, improvements can still be made, in particular at country level, both at the time of the allocation process and throughout the project cycle.

**Main recommendations for all countries**

**To the RC/HCs**

27. In order to avoid having to conduct a new prioritization exercise, modify original project proposals and decrease budgets following feedback from the CERF on the submission, RC/HCs should prepare an outline of the initial prioritization and estimate of costs as a basis for consulting the CERF secretariat on the amount available before project proposals are developed. This is being encouraged by the CERF secretariat.

28. In order for the CERF allocation process to be transparent and inclusive, HC/RCs should ensure that cluster/sector coordinators have a central role in identifying the most pressing needs and which clusters/sectors and geographical areas should be prioritised by giving clear instructions in this regard. Humanitarian Country Teams (HCT)\(^6\) should prioritise on the basis of inter-cluster recommendations and provide strategic orientations to cluster coordinators before they start working on project proposals.

29. For clusters/sectors involving several agencies requesting funding, HC/RCs should encourage agencies to prepare a single project with a common narrative and clearly identifiable activities and budgets per agency as a ways to ensure that the submission reflects common views and that the planning of the response is well coordinated. Relevant components of multi-sector projects should be described as well.

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\(^6\) “UN Country Team (UNCT) vs. HCT: the UNCT comprises all heads of UN agencies and IOM, whereas the HCT includes only relevant heads of UN agencies as well as non-UN humanitarian actors. The HCT addresses strategic issues of the wider humanitarian community whereas the UNCT focuses on UN concerns. The HCT and the UNCT coexist and do not replace each other. The RC or HC is responsible for ensuring complementarity between them”; Handbook for RCs and HCs on Emergency Preparedness and Response; Inter-Agency Standing Committee; 2010.
30. The conditions for granting no-cost extensions for RR grants\(^7\) are rather strict in keeping with the spirit of rapid response. Agency country offices should better take into consideration their capacity to implement in a relatively short (six-month Rapid Response) timeframe when they select activities to include in their project. Under the leadership of the RC/HC, the HCT should identify risks in this respect, including by taking into account an agency’s past performance, and openly discuss them in order to ensure that essential resources are effectively used and avoid poor performance.

31. In the absence of established collective monitoring mechanisms (cluster/sector or in-country pooled fund-driven) that CERF projects could benefit from, the RC/HCs should agree with the HCT, within one month of a CERF allocation, on minimum monitoring activities and a system to regularly share project implementation updates and monitoring information.

**To agencies and cluster coordinators**

32. Cluster/sector lead agencies and cluster/sector coordinators should fully involve cluster/sector partners (and not only implementing partners) in the “upstream” identification of time-critical, life-saving needs before the inter-cluster/sector prioritization and the subsequent strategic prioritization at HCT level take place. Clusters/sectors in key field coordination hubs should be systematically consulted as it would enable humanitarian actors with the best knowledge of the needs and who do not necessarily have a presence at central level, to provide inputs.

33. Agencies should use SMART indicators in their project proposals and use them to report on achievements in the project summaries included in the annual reports of the RC/HCs on the use of CERF grants.

34. Agencies should inform their implementing partners within one month that they are receiving CERF funding and when the CERF is the only source of agency funding to the implementing partner, sub-agreements should mention the CERF as the source.

35. Agency headquarters should adapt, where necessary, their contractual frameworks with their implementing partners so as to avoid delays in the implementation of CERF projects, putting their partners in a situation where they take financial risks by implementing without a formal agreement, or overstretched their financial capacities.

**To the CERF secretariat**

36. The CERF secretariat should contribute to improving the inclusiveness and transparency of processes by transforming the “Project prioritization and selection” section of its Rapid Response guidelines into more detailed ‘Standard Procedures’

\(^7\) For grants from the Rapid Response window, CERF funds must be committed (i.e. funds must be obligated) within three months from the onset of the emergency. Project extensions may be permissible if the reason for the inability to implement is clearly documented to be outside of the control of the humanitarian country team. Compelling reasons for project extensions include, but are not limited to, unforeseen and increased access restrictions, unforeseen changes in government policy, or a fundamental change in the socio-political climate underpinning the application for CERF funds. A request for a project extension must be submitted by the HC/RC in the respective country on behalf of the requesting agency.
for all CERF-related tasks with an indicative timeframe for each and prepare a short overview of good practice in different types of emergency and coordination settings (e.g. clusters or sectors, sectors and multi-sector refugee approach, countries with or without national capacity).

37. In order to enhance project cycle management and accountability, the CERF secretariat should systematically recommend to the RC/HC that a review of project implementation be organised, involving agencies and their implementing partners, at mid-term or a couple of months before the end of the implementation timeframe. This would enable the HCT to find out if project implementation is on track and take appropriate measures such as requesting a no-cost extension if necessary.

38. At the same time as the recommendation to organise a stock-taking exercise at mid-term or a couple of months before the end of the implementation period, the CERF secretariat should recommend that RC/HCs tie the preparation of the annual report to an inter-agency workshop in order maximise learning.

To regional offices

39. In countries without an OCHA office and facing an emergency situation and prolonged funding shortages, agencies’ regional offices, and in particular the OCHA regional office, should provide advice to the RC and heads of agencies to request CERF Rapid Response funding as soon as the humanitarian situation deteriorates.
CHAPTER 1 - INTRODUCTION

40. This report is the result of an independent review of the value added of CERF funding provided in response to the regional humanitarian crisis triggered by the second round of presidential elections in Côte d’Ivoire in November 2010. The review was undertaken as part of the CERF Performance and Accountability Framework (PAF). The findings are based on a document review, interviews with UNHCR Headquarters staff for a regional grant made to UNHCR for projects in Benin, Guinea Conakry, and Togo, and a visit to Liberia, Ghana, and Côte d’Ivoire between 5 and 27 June 2012.

41. Field work consisted of semi-structured interviews at capital-level with UN staff, government officials, donors, and NGOs involved in CERF processes and project implementation in 2011, either as direct or indirect recipients of CERF funding or as observers (see Annex B for the list of interviewees). The interviews were carried out using the same list of questions in all countries. Since in-country field coordination hubs were not involved in CERF processes, interviews were carried out at capital level. A debriefing on the main findings, conclusions and recommendations was made to the RC/HC and OCHA Head of Office prior to leaving each country. The primary focus of the interviews was 2011 CERF allocations but the 2012 Underfunded Emergency (UFE) allocation in Côte d’Ivoire will be referred to occasionally.

42. The review for Liberia was complicated by the fact that many of those involved in the CERF allocation process of February-March 2011 have since left the country and that the CERF allocation was made shortly after the development of the EHAP. As a result, several of those interviewed at times thought they might be confusing EHAP and CERF processes. As most of the information on allocation processes is verbal and that supporting documents are no longer available (except for a summary of the consultation process in the submission to the CERF secretariat), the reconstruction of what actually happened was arduous. This was the case, particularly, for Liberia as well as, to a lesser extent, the first allocation to Côte d’Ivoire because most of the staff in place now arrived after the first one. For all of the countries studied, in particular Liberia, telephone interviews were organized with key stakeholders who either were not in the country at the time of the visit or had left the country. The review of the regional grant to UNHCR was conducted on the basis of available documents and interviews with the CERF secretariat and UNHCR staff.

43. Terminology: for the sake of clarity, the designations “cluster lead agency” and “sector lead agency” have been used for the agency with responsibility for a cluster or sector, and “cluster coordinator” and “Sector lead” for the person in charge of running the cluster or sector respectively.
MAP OF CÔTE D’IVOIRE
CHAPTER 2: CÔTE D’IVOIRE

2.1. Context and Regional Dimension of the Crisis

44. In September 2002, Côte d’Ivoire\(^8\) (CDI) was split by civil war and a failed coup d’Etat against President Laurent Gbagbo into a government-controlled South and opposition held North. A March 2007 peace deal officially reunited the country and a first round of Presidential elections took place on 31 October 2010. President Gbagbo and opposition candidate Alassane Ouattara finished ahead of the other candidates. The second round of elections took place in a highly polarized political environment on 28 November 2010. The Independent Electoral Commission (IEC) declared Alassane Ouattara the winner with 54 per cent of the vote, but the Constitutional Council invalidated the IEC decision and declared Laurent Gbagbo the winner. The UN Mission in Côte d’Ivoire (UNOCI) backed the IEC. Both candidates claimed victory and swore themselves in as President on 4 December 2010.

45. The political deadlock generated violent clashes between supporters of each candidate, in particular in the West (18 Montagnes, Moyen Cavally), Southwest (Haut Sassandra) and Southeast (Abidjan, the economic capital of Côte d’Ivoire, where both Gbagbo and Ouattara lived). Fighting spread to Abidjan, a city of five million people, in early February 2011 and eventually affected seven of its ten communes.

46. Over 38,000 IDPs had been registered in the West by mid-February and were living in schools, religious missions, spontaneous settlements, or with local communities. An upsurge of fighting later in the month caused massive population movements. In Abidjan, the number of IDPs was estimated at around 200,000 in early March and possibly 700,000 by the end of the month, when up to one million people were thought to be displaced throughout the country. By the end of May, over 200,000 people had been registered as refugees in 13 different countries, including 182,000 in Liberia, about 14,600 in Ghana and about 5,000 in Togo.

47. Fighting abated with the arrest of Laurent Gbagbo on 11 April 2011 and the investiture of President Ouattara on 21 May. Hundreds of thousands of IDPs started returning to their homes, but the situation remained volatile in the West due to sporadic fighting, lingering tensions, and fears of retaliation. At the beginning of June 2011, there were still over 322,000 IDPs in 163 locations\(^{10}\).

Regional coordination

48. Given the regional dimension of the crisis, the regional Inter-Agency Standing Committee (IASC) and a ‘Côte d’Ivoire+5’ group facilitated regional coordination of humanitarian preparedness and response from Dakar, while agency regional offices provided support to their country offices.

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\(^8\) Côte d’Ivoire ranked 170\(^\text{th}\) of 187 countries and UN-recognized territories on the Human Development Index in 2011 (Low Human Development)

\(^9\) As a result, on 18 December, Gbagbo ordered UNOCI to leave the country and his supporters become increasingly hostile toward UNOCI personnel and UN staff in general.

\(^{10}\) According to the revised EHAP of June 2011, there were 132,188 IDPs in the West; 62,676 in the North; 55,912 in Abidjan; 45,304 in the Center; 13,120 in the South; and 13,077 in the East as at 2 June 2011.
49. Contingency plans had been prepared and updated in December 2010 in Côte d’Ivoire and the five neighbouring countries (Burkina Faso, Ghana, Guinea, Liberia and Mali) in anticipation of a possible crisis. The worst case scenario estimated that more than two million people could be affected in Côte d’Ivoire, including 450,000 internally displaced persons (IDPs), and that around 150,000 people might seek refuge in neighbouring countries (50,000 in Liberia, 35,000 in Burkina Faso, 25,000 in Ghana, 20,000 in Guinea Conakry, and 20,000 in Mali).

50. In mid-January 2011, two EHAPs were launched: a regional EHAP (Côte d’Ivoire+4)\(^\text{11}\) to address the needs of refugees, IDPs, returnees and third country nationals in Côte d’Ivoire, Burkina Faso, Guinea, Ghana and Mali for a period of six months on 14 January and a EHAP for Liberia\(^\text{12}\), aiming to assist an estimated 50,000 Ivorian refugees, 25,000 Liberian returnees and third country nationals, also for six months, on 15 January 2011.

51. Both EHAPs were revised twice and their implementation period extended to 12 months. Planning figures and financial requirements were revised as follows:

<table>
<thead>
<tr>
<th>Liberia EHAP</th>
<th>Planning Figures</th>
<th>Financial requirements (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2011</td>
<td>50,000 Ivorian refugees; 25,000 Liberian returnees; and third country nationals</td>
<td>55 million</td>
</tr>
<tr>
<td>March 2011</td>
<td>150,000 refugees; 25,000 returnees; and third country nationals</td>
<td>146.5 million</td>
</tr>
<tr>
<td>August 2011</td>
<td>160,000 refugees; 100,000 host populations; 20,000 returnees; and 5,000 TCNs</td>
<td>166.7 million</td>
</tr>
</tbody>
</table>

Table 1: 2011 Liberia EHAP planning figures and financial requirements – EHAP and Financial Tracking Service (FTS)

<table>
<thead>
<tr>
<th>Regional EHAP</th>
<th>Planning Figures</th>
<th>Financial requirements (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2011</td>
<td>Two million people, including 450,000 IDPs; 100,000 refugees in four neighbouring countries; 420,000 returnees and TCNs</td>
<td>32.7 million</td>
</tr>
<tr>
<td>April 2011</td>
<td>2 million people, including 800,000 IDPs; 59,500 refugees in four neighbouring countries; and 100,000 returning migrants and TCNs</td>
<td>160.4 million</td>
</tr>
<tr>
<td>July 2011</td>
<td>2 million people, including 500,000 IDPs; 44,400 refugees in four neighbouring countries; and 170,500 returning migrants and TCNs</td>
<td>291.9 million</td>
</tr>
</tbody>
</table>

Table 2: 2011 CDI+4 EHAP planning figures and financial requirements – EHAP and FTS

**CERF regional response**

52. In 2011, the CERF allocated 52 Rapid Response (RR) grants of a total amount of US$25.5 million in response to the Côte d’Ivoire crisis, as follows:

\(^{11}\) Seven UN agencies, IOM, and five international NGOs presented projects in 10 sectors: Coordination, Education, Emergency Preparedness and Response, Food Security, Health, Logistics & Telecommunications, Multi-sector, Nutrition, Protection, and WASH.

\(^{12}\) Seven UN agencies and IOM presented projects in eight sectors: Education, Food security, Health, Logistics, Multi-sector, Nutrition, Protection, and WASH. Even though the EHAP was largely developed on the basis of NGO knowledge, these did not submit individual project sheets.
<table>
<thead>
<tr>
<th>Month</th>
<th>CERF Window</th>
<th>Country / Emergency</th>
<th>Number of grants</th>
<th>Amount / US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>March</td>
<td>RR</td>
<td>Liberia - Refugees from CDI and host communities</td>
<td>10</td>
<td>5,988,454</td>
</tr>
<tr>
<td>March</td>
<td>RR</td>
<td>Côte d’Ivoire – Affected population including IDPs, refugees and host families</td>
<td>21</td>
<td>10,299,134</td>
</tr>
<tr>
<td>July</td>
<td>RR</td>
<td>Ghana - Refugees from CDI</td>
<td>6</td>
<td>2,121,502</td>
</tr>
<tr>
<td>July</td>
<td>RR</td>
<td>Côte d’Ivoire – Affected population including IDPs, returnees, host families, and vulnerable populations</td>
<td>12</td>
<td>6,025,737</td>
</tr>
<tr>
<td>October</td>
<td>RR</td>
<td>Regional/Benin - Refugees from CDI</td>
<td>1</td>
<td>105,930</td>
</tr>
<tr>
<td></td>
<td>RR</td>
<td>Regional/Guinea - Refugees from CDI</td>
<td>1</td>
<td>390,012</td>
</tr>
<tr>
<td></td>
<td>RR</td>
<td>Regional/Togo - Refugees from CDI</td>
<td>1</td>
<td>614,332</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>52</td>
<td>25,545,101</td>
</tr>
</tbody>
</table>

Table 3: CERF funding in response to the Côte d’Ivoire Crisis in 2011 – Source: CERF database

53. In 2012 so far, the CERF has allocated funding to the region through an Under-Funded Emergency round13.

<table>
<thead>
<tr>
<th>Month</th>
<th>CERF Window</th>
<th>Country / Emergency</th>
<th>Number of grants</th>
<th>Amount (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>UFE</td>
<td>Côte d’Ivoire – Vulnerable populations including IDPs and returnees</td>
<td>16</td>
<td>7,958,195</td>
</tr>
</tbody>
</table>

Table 4: CERF funding in response to the Côte d’Ivoire Crisis in 2012 – Source: CERF data

**Humanitarian response capacity in Côte d’Ivoire**

54. Many of the UN agencies and international NGOs in Côte d’Ivoire had been scaling down or reorienting their activities, which meant they had insufficient capacity to respond to a wide-scale crisis14. When the crisis started, OCHA was about to close its office (opened in 2002) and had considerably downsized. The office reopened in December 2010 but only became fully operational in April 201115.

55. A number of agencies and NGOs started responding using staff reinforcements, emergency reserves, loan mechanisms, borrowing from other programmes, etc. UN agencies developed partnerships with international and national NGOs, as well as the Ivorian Red Cross. The share of CERF funds channelled to NGOs in 2011 represented 24 per cent of total CERF funding to Côte d’Ivoire16.

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13. The CERF grant component (as opposed to the loan component) has two windows: the window for underfunded emergencies has two annual funding rounds that are meant to enable better coverage or the continuation of core humanitarian or life-saving activities, while the rapid response window aims to promote early action and response to a sudden or rapidly deteriorating crisis and to time-critical requirements.

14. Interviews; OCHA Humanitarian Reports; Côte d’Ivoire+4 EHAP, January 2011

15. OCHA Annual Report 2011

16. Calculation based on the amounts reported by agencies in the annual report of the RC/HC on the use of CERF grants in 2011.
In late February/early March 2011, humanitarian agencies had to relocate staff and revise or suspend planned activities due to the intensification of fighting in the West and Abidjan. Humanitarian access started improving in late April, but the presence of armed groups in the West continued hindering access to certain areas.

**Humanitarian coordination in Côte d’Ivoire**

57. The following coordination mechanisms were re-activated or established:

- The Humanitarian Coordinator (HC) started convening meetings of the **Humanitarian Country Team** (HCT), the strategic humanitarian decision-making body at country level in February 2011. The HCT includes the heads of UN agencies involved in the humanitarian response, IOM, five international NGOs (ACF, CARE, IRC, Save the Children, and Solidarités International), two national NGOs (MESAD and ASAPSU), and the ICRC and IFRC as observers.

- Between December 2010 and February 2011, **11 clusters were activated** in Abidjan or in the West\(^{17}\). Most clusters started holding weekly meetings in Man (18 Montagnes) in January. Man rapidly became the most important humanitarian coordination hub outside Abidjan. OCHA reopened its sub-office there in January in order to support inter-cluster coordination and joint needs assessments\(^{18}\) and an **Inter-Agency Humanitarian Crisis Cell** was established for these purposes in June.

- A **Task Force on IDPs** established by UNHCR with support from OCHA in the beginning of March to monitor displacement in Abidjan met on a daily basis.

- In June, a **Humanitarian Information Forum** was put in place in both Abidjan and the West for the sharing of information with interested humanitarian actors.

58. Donors (Germany, later relayed by the EU) started holding weekly **“humanitarian breakfasts”** - involving EU member states, the US and UN agencies (including the HC) around April and kept meeting until about October 2011 at diminishing intervals in order to exchange views about the broad picture.

59. For the UN, **coordination with the authorities** at national level was virtually impossible during the first five months of 2011 due to the political deadlock, the stand of UNOCI, the heavy fighting in Abidjan in March/April, and was hampered in later months by a lack of government capacities. Some coordination, however, took place at “field” level\(^{19}\).

**Humanitarian funding to Côte d’Ivoire**

\(^{17}\) Côte d’Ivoire Humanitarian Report #11; 28/01/2011; OCHA ROWCA.

\(^{18}\) Formal coordination with the central government was only officially resumed in October 2011 with the establishment of the “Comité National de Coordination de l’Aide Humanitaire”. 

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\(^{19}\) Côte d’Ivoire Humanitarian Report #11; 28/01/2011; OCHA ROWCA.
60. The OCHA offices (Côte d’Ivoire and ROWCA) tracked financial pledges and commitments through the Financial Tracking Service (FTS) and direct contacts with donors, and the resulting information was published in humanitarian updates. The HC, agencies and OCHA actively engaged in fundraising, separately and as a group (e.g. HC-led donor visit to the West in April 2011, OCHA information packages for donors) but most donors were slow in responding, presumably, in the opinion of actors on the ground, because events and humanitarian requirements in Libya and the Arab spring overshadowed the Côte d’Ivoire crisis.

61. A few of the major donors provided substantial funding outside the EHAP\(^{20}\). Given the amounts concerned, the issue of funding outside the appeal was brought up as a problem, since these contributions are not taken into account in the calculation of appeal/EHAP funding levels, which skews the overall funding picture.

**CERF funding to Côte d’Ivoire**

62. Côte d’Ivoire received two Rapid Response (RR) allocations in 2011: US$ 10,299,134 in March 2011 and $6,025,737 in July 2011. The triggers for the requests for funding from the CERF are as follows:

**March Allocation of the CERF**
- **CDI+4 EHAP launched on 18 January 2011,**
- **Multi-sector rapid needs assessments in February 2011,**
- **Levels of internal displacement and needs:** around 45,000 people in the West and 200,000 in Abidjan,
- **Need to build up response capacities and scale up the response,**
- **Minimal humanitarian funding level:** of the amount requested by all sectors ($53,520,589), only $11,188,166, i.e. **21 per cent** had been pledged or contributed.

**July Allocation of the CERF**
- **CDI+4 EHAP revised in June and published in July 2011,**
- **Surveys and needs assessments,** in particular in affected areas in the West and Abidjan revealed critical needs in all sectors: around two million people were directly affected, including over 322,000 IDPs in 163 locations\(^{21}\) and there had been widespread destruction in the West\(^{22}\),
- **Large scale population returns:** IDPs and refugees had started returning to their areas of origin thanks to an improving security situation and many more wanted to do so but hesitated because of fears of insecurity and the destruction of houses and livelihoods, in particular in Moyen Cavally where the most violent fighting had taken place\(^{23}\).

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\(^{20}\) ECHO was the main donor to the CDI+4 EHAP with a contribution US$ 43.6 million, i.e. 39% of total contributions, but about US$ 25 million of its funding went to projects ‘outside the CAP’, of which 9-10 million for ICRC and the rest for NGOs.

\(^{21}\) According to the revised EHAP of June 2011, there were 132,188 IDPs in the West; 62,676 in the North; 55,912 in Abidjan; 45,304 in the Center; 13,120 in the South; and 13,077 in the East as at 2 June 2011.

\(^{22}\) Revised Côte d’Ivoire+4 EHAP; July 2011.

\(^{23}\) According to the IFRC “Nearly 75% of villages located on the axis-Duékoué Toulepleu via Biolékîn were severely affected by the conflict. Most of the houses were burned and looted and health facilities were severely damaged”; Côte d’Ivoire: as Ivorians return to devastated villages, the IFRC calls for increased support; 17 June 2011.
- **Humanitarian funding level**: $291 million had been requested and the level of funding (contributions without pledges) stood at $60.5 million (i.e. 21 per cent) as of 30 June 2011 (CDI+4 EHAP July revision).

63. As can be seen from the graph below, the CERF was the third largest donor to the Côte d’Ivoire+4 EHAP (based on revised requirements); its two 2011 RR allocations represent 10.4 per cent of all humanitarian contributions to the EHAP

![Share of funding per donor in 2011](image)

Figure 1: Share of funding per donor to the 2011 CDI+4 EHAP - FTS

64. The March 2011 allocation went to seven agencies (FAO, IOM, UNFPA, UNHCR, UNICEF, WFP, WHO) for 21 projects in all but one cluster (early recovery) to help meet the pressing needs of IDPs and host communities affected by post-electoral violence. The priorities were identified on the basis of interagency (UN and NGOs) multi-sector rapid needs assessments undertaken in Moyen Cavally and 18 Montagnes (West) from 6-8 February and in Lacs, Haut Sassandra, and Sud-Bandama (Centre-West) from 14-19 February 2011, which revealed pressing humanitarian needs in particular in the West, as well as cluster-specific assessments.

65. Food got the highest share of the allocation (29 per cent) and nutrition, health and WASH, which are closely inter-related, came next (with 14 per cent, 12 per cent and 11 per cent respectively), closely followed by protection (8 per cent) and food security (6 per cent). This roughly reflects indications of humanitarian priorities as expressed in a situation report of late February: “UN agencies and NGOs have completed a 9-day, 26 towns assessment of the post-election crisis. Health, education, food and economy are the most affected by the crisis.” Moreover, both the health and food security clusters recommended that therapeutic and complementary feeding assistance be provided in response to nutrition needs in the February needs assessments. The proportion that went to each cluster is to a large extent a function of its relevance for the response. Other factors may also intervene,

24 Côte d’Ivoire Humanitarian Report #15; 25/02/2011; OCHA ROWCA.
such as the capacity of an agency to make a successful case for a proposed element of the response.

66. **Food** was identified as a requirement for IDPs on sites and in host families, for host families, returnees and vulnerable households, as well as for supplementary feeding. WFP included in its proposal supplementary feeding for people living with HIV, moderately malnourished children, and pregnant and lactating women.

67. **Health** was a priority from an early stage\textsuperscript{25} because of the rapid deterioration of the health care system in northern and western Côte d’Ivoire. By mid-January, nearly 50 per cent of medical staff had left their posts and health facilities were also affected by shortages of essential drugs and health supplies. There were fears that morbidity and mortality (in particular maternal and infant) would increase and that epidemic diseases would reappear. A cholera epidemic was declared in Abidjan in January 2011. The February assessments identified HIV/AIDS as a gap in the response.

68. **Nutrition**: In most affected areas the prevalence of global acute malnutrition stood at around 10 per cent. In 18 Montagnes, the prevalence of acute malnutrition was of 8.4 per cent and that of severe acute malnutrition 4.5 per cent.

69. **WASH**: The assessment in the West highlighted important gaps, including the insufficient availability of potable water, limited awareness of appropriate hygiene practices and poor garbage management.

70. **Protection**: There were allegations of physical and sexual violence and arbitrary arrests and detention in the West. By mid-March, according to UNICEF, 69 cases of sexual and gender-based violence had been reported since the beginning of the year, including 32 child victims, and many more cases were believed to be unreported\textsuperscript{26}.

71. **Food Security**: The needs assessment in the West revealed that in some areas the food and seed stocks of the displaced population had been looted or destroyed and households were consuming or selling agricultural seeds, thus jeopardizing the harvest of the next planting season. The lean season was expected to occur earlier than usual and last longer (six instead of three months).

72. **Shelter/NFI** assistance was identified as a pressing need by the February assessments.

73. **Camp Coordination and Management** (CCCM) assistance was only being provided in two of the five IDP sites known in February. The February assessments recommended the establishment of mechanisms to identify needs and for the management and sharing of data (for the planning of the humanitarian response), enhanced protection, and decongesting the largest IDP site.

\textsuperscript{25} At the beginning of February, the HCT recommended that the health cluster closely monitor drug supply shortages and work on a response and vaccination plan in view of the deteriorating health care services and signs of shortages. Source: Côte d’Ivoire Humanitarian Report #13; 11/02/2011; OCHA ROWCA

\textsuperscript{26} Côte d’Ivoire Humanitarian Report #18; 21/03/2011; OCHA ROWCA
74. **Education** was a priority because more than 800,000 of children had been out of school for several months. In February in the West, most teachers were no longer reporting to work. Beyond the relevance of education per se, it also facilitates child protection and nutrition (school feeding) responses and gives children a sense of normalcy.

75. **Logistics**: WFP launched a special logistics operation\(^\text{27}\) in order to ensure that the logistics infrastructure was adequate to support its food projects and the projects of the wider humanitarian community and enable a scaling up of the response if needed. The CERF project included increasing storage capacity at logistics hubs in Côte d’Ivoire and augmenting transportation and fuel storage capacity.

76. A WFP assessment had identified **Emergency telecommunications** gaps for UN security level and data exchange requirements in eight operational areas. The CERF project aimed at strengthening the Common Security Telecommunications and Data Communications services for UN agencies and NGOs in these areas so as to meet security level requirements and facilitate timely reporting and information exchange.

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Agencies</th>
<th>Amount (US$)</th>
<th>Percentage of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>WFP</td>
<td>2,991,103</td>
<td>29%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>UNICEF, WFP, WHO</td>
<td>1,490,336</td>
<td>14%</td>
</tr>
<tr>
<td>Health</td>
<td>UNFPA, UNICEF, WHO</td>
<td>1,245,894</td>
<td>12%</td>
</tr>
<tr>
<td>WASH</td>
<td>UNICEF</td>
<td>1,163,333</td>
<td>11%</td>
</tr>
<tr>
<td>Protection</td>
<td>UNFPA, UNHCR, UNICEF</td>
<td>842,498</td>
<td>8%</td>
</tr>
<tr>
<td>Food Security</td>
<td>FAO</td>
<td>580,661</td>
<td>6%</td>
</tr>
<tr>
<td>Logistics</td>
<td>WFP</td>
<td>514,670</td>
<td>5%</td>
</tr>
<tr>
<td>Shelter/NFIs</td>
<td>UNHCR</td>
<td>500,000</td>
<td>5%</td>
</tr>
<tr>
<td>CCCM</td>
<td>IOM</td>
<td>365,766</td>
<td>4%</td>
</tr>
<tr>
<td>Education</td>
<td>UNICEF</td>
<td>304,950</td>
<td>3%</td>
</tr>
<tr>
<td>Telecoms</td>
<td>WFP</td>
<td>299,923</td>
<td>3%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>10,299,134</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 5: Share of Funding per Cluster for the US$ 10.3 million March allocation, based on CERF data

77. WFP received the largest share of funding (46 per cent) for four projects in four clusters: food, which alone was by far the largest grant given), nutrition, logistics, and telecoms. This is consistent with global patterns\(^\text{28}\). UNICEF comes next (22 per cent) for six projects in five clusters: WASH, nutrition, education, protection, and health, which is also consistent with global patterns\(^\text{29}\): UNICEF usually comes second given the number of clusters for which it has the lead and its involvement in other clusters (e.g. protection), and as a result, a relatively high number of projects.

78. The UNHCR share (9 per cent) reflects its lead role in shelter/NFI and protection, for both of which it got funding. WHO received 9 per cent for four projects in health (three projects) and nutrition, while UNFPA, received 6 per cent for three projects in health (two projects) and protection/Gender-based Violence (GBV). FAO received 6 per cent for the food security project and IOM 4 per cent for the only project in the Camp Coordination and Management (CCCM) cluster.

\(^{27}\)“Regional Logistics and Telecommunications Augmentation in support of WFP EMOPs and PRROs in Côte d’Ivoire and Liberia”

\(^{28}\)CERF 5-Year Evaluation Synthesis Report, Channel Research, 2011; p. 36.

\(^{29}\)Ibid.
Table 6: Share of Funding per Agency for the US$ 10.3 million March allocation, based on CERF data.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Number of projects</th>
<th>Amount (US$)</th>
<th>Percentage of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>WFP</td>
<td>4</td>
<td>4,746,017</td>
<td>46%</td>
</tr>
<tr>
<td>UNICEF</td>
<td>6</td>
<td>2,228,184</td>
<td>22%</td>
</tr>
<tr>
<td>UNHCR</td>
<td>2</td>
<td>900,000</td>
<td>9%</td>
</tr>
<tr>
<td>WHO</td>
<td>4</td>
<td>891,571</td>
<td>9%</td>
</tr>
<tr>
<td>UNFPA</td>
<td>3</td>
<td>586,935</td>
<td>6%</td>
</tr>
<tr>
<td>FAO</td>
<td>1</td>
<td>580,661</td>
<td>6%</td>
</tr>
<tr>
<td>IOM</td>
<td>1</td>
<td>365,766</td>
<td>4%</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>10,299,134</td>
<td>100%</td>
</tr>
</tbody>
</table>

79. The July 2011 allocation went to eight agencies (the same as in March as well as UNAIDS) for 12 projects in seven clusters to help meet the urgent needs of people still affected by the crisis and large numbers of people returning to their homes.

80. The prioritization of clusters for the response in Moyen Cavally was based on cluster assessments and inter-cluster consultations. Food remained the first priority (34 per cent), followed by shelter, WASH, and food security (see table below), which is due to the fact that populations were returning and needed to repair their homes and rebuild their livelihoods (most IDPs were farmers, and more than two-thirds of returnees needed seeds and inputs to save the key agricultural season\(^{30}\)).

81. Protection remained a priority, with a greater focus on GBV. An inter-agency (UN and NGO) rapid assessment of gender-based violence carried out in May 2011 in Abidjan revealed that 82 per cent of the GBV cases recorded were sexual assaults, 37 per cent of the survivors were minors, and 45 per cent of the sexual assaults were conducted by people carrying weapons\(^{31}\). The assessment highlighted the inadequacy of existing psycho-social support for survivors. UNFPA and UNICEF presented a GBV prevention and response project to the CERF.

82. In the medical sector, destroyed health facilities needed to be re-equipped and re-supplied, in particular in the West. A joint assessment of the prevalence of HIV/AIDS among IDPs and host communities in the West in June revealed that people living with HIV/AIDS had difficulties accessing medical treatment (thus the UNAIDS project).

83. Maintaining the UNHAS humanitarian flights to destinations throughout the country was considered a priority in order to avoid delays in the delivery of humanitarian assistance and in field missions due to insecurity and poor road infrastructure.

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\(^{30}\) Côte d’Ivoire Humanitarian Situation Report #13; 01 August 2011; OCHA Côte d’Ivoire

\(^{31}\) Côte d’Ivoire Humanitarian Situation Report #8; 26 May 2011; OCHA Côte d’Ivoire
84. For the July allocation, WFP got the highest share of funding (42 per cent) for food aid and the provision of humanitarian air services through UNHAS. UNICEF came next, again, with a share of 18 per cent for three projects for WASH, protection/GBV, and health. IOM and FAO each got a higher share of funding (12 per cent) than in March, which reflects the type of needs resulting from wide-scale population returns (shelter/WASH, and livelihoods).

<table>
<thead>
<tr>
<th>Agency</th>
<th>Number of projects</th>
<th>Amount (US$)</th>
<th>Percentage of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>WFP</td>
<td>2</td>
<td>2,522,778</td>
<td>42%</td>
</tr>
<tr>
<td>UNICEF</td>
<td>3</td>
<td>1,077,918</td>
<td>18%</td>
</tr>
<tr>
<td>IOM</td>
<td>1</td>
<td>750,100</td>
<td>12%</td>
</tr>
<tr>
<td>FAO</td>
<td>1</td>
<td>749,910</td>
<td>12%</td>
</tr>
<tr>
<td>UNFPA</td>
<td>2</td>
<td>353,177</td>
<td>6%</td>
</tr>
<tr>
<td>UNHCR</td>
<td>1</td>
<td>262,150</td>
<td>4%</td>
</tr>
<tr>
<td>WHO</td>
<td>1</td>
<td>250,000</td>
<td>4%</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>1</td>
<td>59,704</td>
<td>1%</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>6,025,737</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 8: Share of Funding per Agency for the US$ 6 million July allocation, based on CERF data

2.2. Value Added of the CERF

Straightforward funding mechanism

85. The CERF is viewed as a flexible and reliable source of funding and the CERF secretariat as responsive and helpful. The process to follow is clear and the project and budget formats are well suited to emergency contexts. CERF life-saving criteria and guidance are regarded as useful and the reporting format as user-friendly. The timing of annual reporting is appropriate except in exceptional cases such as grants for emergency agriculture provided in the second half of the year for which the data on agricultural yields may not be available at the time of reporting.

Support to the humanitarian response at an early stage

86. The CERF allocation in March 2011 came at a critical time for UN agencies as it enabled them to finally scale up and expand their emergency, life-saving response. It is likely that agencies such as UNFPA or clusters such as education could not have done so in a timely way (i.e. during the emergency and in time for the resumption of classes) without CERF funds due to the lack of donor interest. CERF grants also enabled cluster lead agencies to support NGO partners already active on the ground that were expecting support (in kind or financial) from them.

87. The July allocation came at a good time to cover life-saving needs of populations in newly accessible areas and the new time critical needs resulting from large scale

32 Inter-agency air services managed by WFP.
population returns to areas affected by high levels of destruction, i.e. a type of situation that clearly falls within the scope of the CERF RR window.\(^{31}\)

**Response capacities enhanced**

88. The CERF improved the collective capacity (of UN and NGOs alike) to respond by providing grants for common services such as UNHAS, telecoms, and logistics (e.g. storage capacities for the wider humanitarian community, road transportation capacity through rental or trucks and fuel, etc.), training, and equipment.

89. It also strengthened the agencies’ own response capacities (e.g. maintaining sub-offices, staff, and better internal organisation of emergency units). Most grants included project-related staffing costs and operating costs and to some extent IP staffing and operating costs.

**Leveraging of further funding**

90. CERF grants are given to cover a portion of project requirements, the expectation being that recipient agencies will engage in fundraising to secure the resources necessary to pursue their activities. However, except for emergency activities generally prioritized by donors, such as the provision of food, the funding situation did not improve, which is why agencies turned to the CERF a second time in 2011. With respect to the July allocation, FAO benefitted from funding from ECHO to complement and expand CERF-funded activities to areas outside Moyen Cavally. There might also have been a leveraging effect in the case of subsequent funding to maintain the UNHAS flight service.

91. Activities carried out with CERF (and other) funding from agencies\(^ {34}\) might also have enabled international NGOs to secure direct contributions from donors to fill gaps or expand activities to areas less affected by the crisis (e.g. NGOs in the education cluster received contributions from Japan, Australia, Saudi Arabia and in the WASH cluster, from ECHO, OFDA, CIDA).

### 2.3. Inclusiveness and Transparency of the Allocation Process

**March 2011 Rapid Response Allocation**

92. The March 2011 CERF allocation process was launched at a meeting of the HCT involving emergency officers or cluster coordinators. The findings of two recent multi-sector rapid needs assessments\(^ {35}\) undertaken to inform resource mobilization efforts, including a possible request from the CERF\(^ {36}\), were discussed. The HCT asked agencies to prepare projects based on the recently developed EHAP and the

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31 \textit{“CERF rapid response funds may also be used to respond to time-critical requirements or a significant deterioration in an existing emergency”}; Guidance note on Applying for CERF Rapid Response Grants; 12 January 2011.

34 In many cases, the activities of implementing partners are financed by a combination of CERF and other donor funding provided by the partner agency.


36 Côte d’Ivoire Humanitarian Report #11; 28 January 2011; OCHA ROWCA
assessments. OCHA and emergency officers/cluster coordinators agreed on the clusters and activities to be included in the request and heads of agencies determined the financial envelope to be made available to each cluster, after which agency staff developed the project proposals.

93. The HC endorsed an $18 million request, i.e. more than half of the CDI+4 EHAP requirements ($32.7 million) and more than 65 per cent of the outstanding requirements at the time. After review, the CERF secretariat informed the HC that $10.3 million would be made available (i.e. a 40 per cent reduction approximately). Heads of agencies decided to reduce project requirements by 40 per cent each and project proposals were revised accordingly.

94. The involvement of cluster coordinators and clusters in the prioritization of activities and development of projects was uneven. While, to the extent possible, some clusters (e.g. education, nutrition, food security, and logistics) conducted participatory and inclusive processes, other clusters were not yet sufficiently operational or did not yet have a coordinator and the security situation in Abidjan prevented people from attending meetings in another area. In addition, members/partners of the food security cluster, for instance, did not have a presence in Abidjan.

95. Agencies presented projects for all clusters except Early Recovery. In the clusters involving more than one agency, such as health and nutrition, agencies requested funding for complementary aspects of the projects submitted, based on their mandate, comparative advantage, and EHAP response plans. However, agencies sometimes fell short of agreeing on a rigorous division of labour. For example in the health sector, three agencies (WHO, UNICEF, and UNFPA) requested funding for the provision of safe blood, for which UNFPA would provide laboratory material and equipment and manage blood collection, while UNICEF and WHO would engage in sensitization and communication, monitoring and reporting (activities also included in the UNFPA component). UNICEF eventually withdrew its project in order to avoid duplication.

96. Despite a request by the CERF secretariat to limit the number of projects, this allocation ended up consisting of 21 separate grants, because consolidated projects of the initial submission were separated following a request of the CERF secretariat that activities and budgets for each agency be clearly identifiable. As a result, the financial requirements of a couple of projects were below the $100,000 minimum recommended by the CERF secretariat (i.e. $38,520 for WHO for blood bags and $78,000 for WHO for cholera response).

**July 2011 Rapid Response Allocation**

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37 However, as stated in the introduction, many of those involved at the time were no longer in Côte d’Ivoire at the time of the field work for this review.

38 Of the 21 grants made, six were for the health cluster: WHO, UNICEF, and UNFPA for health care services (3); WHO and UNFPA for blood bags (2); WHO for cholera response and prevention (1). The latter had a WASH component presented in a separate project by UNICEF. In addition, one of the protection projects had a medical component for GBV (UNFPA). In the nutrition cluster, UNICEF, WFP, and WHO submitted three distinct projects.
97. For the July allocation, OCHA kicked off the process by convening an inter-cluster coordination meeting (ICCM) in order to identify the most pressing needs, which areas should be prioritized, and what amount was required by each cluster. The assumption, as communicated by the HC, was that up to $10 million could be made available. Based on the ICCM inputs, the HCT prioritized seven clusters, i.e. food, food security, health, protection, shelter/NFIs, WASH, and UNHAS for air transport, for a response focusing on Moyen Cavally. Agency staff developed projects on the basis of the EHAP, needs assessments, and an indicative budget.

98. The draft request was vetted by the HCT and sent to the CERF secretariat on 24 June. The request had to be revised down from the $10 million initially requested to $6 million (i.e. by 40 per cent). As the ICCM had difficulties agreeing, heads of agencies met on 18 July to decide on how to proceed with the revision and the revised request was sent to the CERF secretariat on 22 July.

99. In clusters involving more than one agency (e.g. health cluster) or for a project requiring a multi-sector response, agencies held UN-only meetings in order to agree on their respective activities and funding share. In the case of the health cluster, the participating agencies established a “validation committee” to review the projects and ensure they complemented each other and did not overlap.

100. Clusters were in full action by then and the involvement of cluster coordinators and cluster members in the preparation of the June/July request was better. A few of the cluster lead agencies conducted inclusive cluster-level consultations as a basis for prioritization (e.g. UNICEF-led clusters, health, food security, logistics) as recommended by CERF RR guidance. For others, emergency officers worked on the basis of the EHAP or their agency programme. At least one of the cluster coordinators was not involved by the lead agency concerned and commented that it was difficult for ‘technical’ staff to bring up this issue. Reasons given for not involving clusters include that agencies see the CERF as a source of funding for the UN/IOM and that involving non-implementing partners might create expectations with regards to funding. Another explanation may be that some agencies opted to continue working with the same implementing partners as for the first allocation.

101. This occurred again at the time of the 2012 Underfunded Emergencies allocation (which in principle allows for more time for consultations) and elicited a formal complaint from seven international NGOs. At the time of the 2011 July allocation, however, NGOs apparently did not object to not being more involved, possibly...

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39 NB: A few cluster coordinators say they were not involved in the prioritization of clusters and the discussion on the level of funding, so there is a lack of clarity as to who exactly attended this meeting.

40 “The grant development process should be inclusive and transparent, involving UN agencies, IOM, national and international NGOs, government partners, and any other relevant in-country humanitarian actors”; Guidance Note on Applying for CERF Rapid Response Grants; OCHA/CERF Secretariat; 12 January 2011.

41 Their letter of 12 June 2012 to the OCHA head of office states that (in 2012) “in many clusters, the allocation process was not fully respected. In several clusters, there was no discussion of the projects proposed. Some of the projects presented by agencies to the CERF did not correspond to those initially drafted by NGOs. The importance of considering NGOs (international and national) as equal partners rather than service providers needs to be underlined…”. According to CERF guidelines, each cluster is expected to jointly and systematically examine the different project proposals in order to ensure transparency in the allocation of funds, prioritize projects on the basis of the most pressing humanitarian needs, and facilitate coordination among actors in the same sector” (own translation).
because they were receiving more funding directly from donors at the time. Implementing partners, however, were in general involved in the drafting of ‘their’ component of the projects.

102. Field-level humanitarian hubs were not systematically involved in either of the CERF allocation processes, which was a missed opportunity to tap into the best available knowledge.

103. Again, of 12 projects submitted, four were in the health cluster (WHO, UNICEF, UNFPA, UNAIDS) for complementary components of the same project (Provision of basic health care services to crisis affected people in the West of Côte d’Ivoire). The budget of one of the projects was below the recommended $100,000 minimum ($59,704 for UNAIDS for basic health services), but is justified in this particular case, given the narrow focus of the project.

Example of good practice in the health sector

<table>
<thead>
<tr>
<th>Example of good practice in the health sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>For the CERF 2012 UFE allocation, the health cluster presented a single project for the improvement of access to primary health care and services, with separate budgets for each agency. The CERF project proposal format is followed and includes common objectives, indicators and activities in the description of the CERF project (section 11), a description of the complementary and the specific activities of the agencies (WHO, UNICEF, UNFPA, UNAIDS) (section 12). The project was made possible by joint planning (involving the Ministry of Health) and targets locations chosen with the health district authorities. This is a case of good practice to recommend to all clusters involving several agencies, as a ways of enhancing an integrated cluster response and enabling the cluster to maximise the impact of its operations. This approach is already being promoted by the CERF secretariat.</td>
</tr>
</tbody>
</table>

104. The CERF secretariat provides funding for projects that have been included in humanitarian appeals but also for a new project if an appeal is under preparation or revision, the understanding being that the agency will include it later on. Project proposal templates include a space for the corresponding appeal project code. For both of the allocations, a few projects were new non-EHAP projects, but they were later matched with EHAP project codes in the FTS.

105. Inexplicably, WHO included in the CERF request a project that had been fully funded as of 30 June (as per the FTS table included in the revised CDI+4 EHAP). As of 24 August 2012, the project was 117 per cent funded, with a surplus corresponding to the CERF grant.

106. The need to reduce the original funding request by about 40 per cent for both allocations represented a lot of effort for agencies and implementing partners. However, while it would be practical for amounts to be set from the start, the CERF secretariat requires country-level information on the needs, gaps and response plans, as presented in the submission, in order to assess what an appropriate CERF contribution would be.

107. OCHA played a key facilitation role for the two allocations by providing overall guidance (ensuring that the CERF life-saving criteria were understood and used for the selection of project components; advising agencies to take into account the implementation timeframe, etc.), convening meetings, reviewing draft projects in order to ensure they were in line with CERF guidelines, and consolidating agency
inputs for the CERF request. An aspect in need of improvement is the circulation at the onset of the process of a clear timetable outlining steps and deadlines, including sufficient time for cluster consultations.

108. Agencies used the life-saving criteria and took into account the RR timeframe and the capacities of their implementing partners. For the June/July request, the health cluster reduced the complexity of the interventions by focusing on fewer activities and the provision of inputs as a result of lessons learned from the first allocation.

109. CERF training and previous experience with the CERF in a context where the humanitarian reform has promoted inclusive consultation mechanisms are an advantage in terms of conducting a quality process and have also created expectations among UN and NGO staff.

110. Donors with a humanitarian presence in Côte d’Ivoire were not associated to the CERF processes and as a result, did not contribute to the analysis of needs, requirements and funding gaps, except through the clusters. They felt insufficiently informed about how CERF funds would be used.

2.4. Support to the Humanitarian Reform

111. The CERF in 2011 strengthened the position of the HC, heads of agencies and cluster coordinators in their respective circles by putting non-earmarked funding at their disposal to respond to time-critical needs. However, the HC and heads of agencies could have shown stronger leadership in terms of rigorous prioritization between clusters and the provision of strategic direction for the allocation process.\(^{42}\)

112. The CERF grants have strengthened the role of those cluster coordinators who were able to conduct a quality, inclusive process by enabling them to lead, improve their capacity to deliver against expectations (services, funding) and become a reference for both the authorities and incoming humanitarian actors, and through them, the leadership of cluster lead agencies. CERF grants provided incentives for partnership and operational coordination and complementarities in a few clusters.

113. The CERF also strengthened inter-agency planning and coordination through the development and implementation of joint projects in the same cluster as well as inter-cluster operational coordination.

2.5. Timeliness of the CERF Process

114. For the March allocation, the process was launched at an HCT meeting on 18 February and the submission was sent on 8 March to the CERF secretariat (2.5 weeks). As the initial submission had to be reduced substantially ($18 million to $10.3 million), all projects had to be revised, which took between 3-10 days. All grants were approved by the ERC between 16-23 March and the funds were disbursed to the agencies between 25 March and 6 April, except for three of the four

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\(^{42}\) One of the lessons learned in the annual report of the RC/HC on the use of CERF grants in 2011 is that “priorities of the crisis should be identified and life-saving activities should be prioritised. A better, more objective way of identifying and supporting priorities during a crisis should be found.”
WFP projects (12 April). The entire process, including country level processes, took five to six weeks.

115. All in all, at the level of the CERF secretariat and agency headquarters, it took 12 days from the final project proposal to the transfer of funds by the UN Controller’s Office, which as an average is close to the 2011 CERF secretariat benchmark of 11 working days for RR grants and better than the 14-day average for 2010 and 2011\textsuperscript{43}.

116. It took an average of 19 working days from the receipt of the original project proposals to the disbursement of funds, which is faster than the RR averages for 2009 and 2010 of 21 and 20 days respectively\textsuperscript{44} (see table below). The longest timeframes, of 25 days, were for three WFP and one UNHCR project and are due to the time lapse between the ERC/ERC/USG’s approval of the grants and the signature of the LoU, which took between eight and 11 days. For all other projects, the entire process took between 13 and 21 days.

<table>
<thead>
<tr>
<th></th>
<th>Official submission – final/revised proposal</th>
<th>Final proposal – ERC/USG approval</th>
<th>ERC/USG approval – LoU signed</th>
<th>LoU signed – disbursement of funds</th>
<th>Total (official submission to disbursement)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average number of days</td>
<td>7</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>19</td>
</tr>
</tbody>
</table>

Table 9: Average number of days between submission and disbursement, based on CERF data

117. For the July allocation, the process was launched by the HCT on 15 June 2011. The HC worked on the assumption that a maximum of $10 million could be made available, based on an informal conversation with the ERC at a meeting in Switzerland. A first submission of $10 million was sent on 24 June, but the CERF secretariat informed the HC that $6 million were available. The revised submission was sent on 22 July, the grants were approved by the ERC between 27-29 July and the funds disbursed to agencies from 5-9 August except for two WFP projects (23 August).

118. At the level of the CERF secretariat and agency headquarters, the process took an average of 11 days from the finalization of the project proposal to the transfer of funds, which meets the 2011 11-day benchmark.

119. An average of 12 working days was necessary from the receipt of the initial request to the disbursement of funds, which is much quicker than the 2010 and 2011 RR averages of 21 and 20 days respectively. The longest timeframes, of 22 days, were for the two WFP projects, and are largely due to the delay between the approval of the grants by the ERC/ERC/USG and the signature of the LoUs (11 and 15 days), which was longer than for the other agencies (average of 1 day, but the same day for several). The timeframes for all other projects went from 7 to 16 working days for the entire process.

\textsuperscript{43} Overview of CERF Timeliness Data 2009-2010; CERF Secretariat; 18 April 2011

\textsuperscript{44} Ibid.
## Table 10: Average number of working days between submission and disbursement, based on CERF data

<table>
<thead>
<tr>
<th>Average number of days</th>
<th>Official submission – final/revised proposal</th>
<th>Final proposal – ERC/USG approval</th>
<th>ERC/USG approval – LoU signed</th>
<th>LoU signed – disbursement of funds</th>
<th>Total (official submission to disbursement)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>12</td>
</tr>
</tbody>
</table>

120. The in-country process of about five weeks was slow. A lot of time elapsed between the first submission on 24 June and the second submission on 22 July. The CERF secretariat expressed concern over the slowness of the process on 15 July. There is no clear explanation for this delay. The revision of the projects took place at an HCT meeting on 19 July. The field level delays were somewhat compensated by the speed of the CERF secretariat (average of 12 days compared to the average of 19 days in March).

### 2.6. Reporting and Accountability

121. Agencies have a variety of accountability mechanisms in place to monitor performance. These include independent specialized sections with oversight responsibilities over the work of operational services and partners (e.g. the UNICEF Planning, monitoring and evaluation section; UNFPA)\(^{45}\), provisions in sub-agreements with implementing partners (e.g. the requirement that periodic narrative and financial reports be provided, action plans with chronograms, the tying of disbursement of funds to financial reporting), the monitoring of the activities of IPs by UN technical/programme staff, the consultation of beneficiaries, and regular internal meetings of concerned departments (e.g. operational, financial, and procurement). Field offices and sub-clusters have a key monitoring function and heads of agencies or their deputies also made occasional visits from Abidjan. In the case of at least one agency, towards the end of 2011, their headquarters looked into the state of implementation of the CERF project. The regular production of statistics also plays a role in monitoring. Finally, UNICEF takes care of purchases above a certain amount for its partners through the procurement services centre in Copenhagen and reports on deliveries to partners enable programme officers to do the follow up.

122. Updates on project implementation (not specifically CERF-funded) were provided at cluster meetings, but there was insufficient time for this to take place at the HCT meetings. The HCT does not seem to have had a well-developed monitoring strategy in 2011, but this was improved in 2012 with the inclusion in the CAP of cluster-level logical frameworks including strategic objectives, indicators and activities.

123. UNFPA and IOM requested no-cost extensions for projects funded by the March allocation because the relocation of staff around April-May 2011 delayed the completion of activities. UNFPA requested one month no-cost extensions for its

\(^{45}\) NB: not all agencies have such independent units
three projects and the CERF secretariat approved two-month extensions given the exceptional circumstances on the ground. In the case of IOM however, the CERF secretariat denied the no-cost extension because it was requested more than six weeks after the end of the contract. The country office had realised too late that a no-cost extension was needed.

124. UNICEF indicated in the annual report of the RC/HC that a WASH project was ongoing. This was due to the fact that its implementing partners needed two extra-months to complete their activities, which had been slowed down by the scarcity of spare parts for pumps on the local market. No no-cost extension was requested.

125. The CERF project format includes a section (10) in which agencies provide information on objectives, activities, and expected outcomes and indicators. Indicators are expected to be SMART\textsuperscript{46}, but they are not always, and the project summaries (or the “results-based matrix”) in the annual report of the RC/HC do not necessarily reflect these. They tend to describe activities and when information on outputs is provided, expected outputs are generally not mentioned. It is therefore difficult to get a sense of the extent to which objectives have been achieved\textsuperscript{47}.

126. OCHA based the preparation of the annual report of the RC/HC on inputs collected from agencies. These were slow in arriving and required a lot of editing by OCHA, but the RC/HC was able to submit the report on time (i.e. by 15 March 2012). The difficulties encountered included the departure of agency staff involved in the implementation of the projects funded by the March allocation, the high number of projects to report on (33), and to some extent a change in the reporting format (new tables per project had been introduced, and the annual report includes 40 pages of tables due to the number of projects).

127. The process did not involve inter-agency discussions and the 44 lessons-learned are therefore not the outcome of a collective effort. Many of them are not directly related to the CERF, a few overlap, and a few are related to the context and quite vague.

**UN/IOM sub-grants to NGOs**

128. Implementing partners of a couple of agencies (FAO, UNFPA) or clusters (education, WASH) learned early on that they were receiving CERF funds. In the case of UNFPA and the WASH cluster, this was even mentioned in the sub-agreements. In other clusters, partners only learned at the end, or not at all. NGOs wish to be informed early on, if only for the sake of transparency. At least one international NGO, ACF, mentions the CERF as one of its donors on its website\textsuperscript{48}.

129. In several cases, late contractual arrangements and late disbursements, in particular of the first disbursement, have meant that at best, implementing partners

\textsuperscript{46} Specific, measurable, achievable, relevant, time-bound

\textsuperscript{47} The 2012 CERF guidelines on narrative reporting on CERF-funded projects by RC/HCs state that “The Five-year Evaluation[of 2011], endorsed by Member States and the CERF Advisory Group, specifically recommended that field level narrative reporting be further improved, to provide a clearer picture of the effectiveness of the CERF and CERF-funded recipients in the field”.

\textsuperscript{48} http://www.actioncontrelafaim.org/fr/content/cote-divoire
had to pre-finance the response and take financial risks, or the response was delayed and they were put under pressure to catch up the time lost.

130. The information provided by the agencies for the Annex 2 of the annual report from the HC on the use of CERF grants includes some inaccuracies and omissions (e.g. project codes, dates, amounts, and partners).

2.7. Summary Conclusions

131. The first CERF allocation process in Côte d’Ivoire was carried out with uneven involvement of cluster coordinators and partners in the identification of time-critical needs as a basis for prioritizing, partly as a result of limited humanitarian coordination capacities at the time and security conditions that made it difficult to move around in Abidjan. Cluster-level inclusiveness improved with the second allocation but was still not systematic, thus reflecting an unequal commitment on the part of cluster lead agencies to participatory “bottom up” processes. Likewise, the field coordination hub in Man was not systematically involved.

132. The prioritization of clusters and activities to include in project proposals was based on the EHAP, recent needs assessments, the CERF life-saving criteria as well as additional considerations such as agencies’ implementation capacities in a short timeframe. The OCHA office played a key role in terms of facilitating processes and reviewing project proposals, thereby enhancing the quality and coherence of the submission and reducing the need for project modifications at a later stage. Agency CERF focal points at headquarters and in regional offices provided useful guidance to their country offices as well.

133. The CERF has been a flexible and straightforward funding mechanism. CERF grants helped remedy critical funding gaps. The first allocation, in particular, boosted collective and agency response capacities at an early stage and enabled them to scale up the response to time-critical needs. A couple of clusters and agencies might not have been able to respond in a timely way without CERF funding.

134. The CERF strengthened the leadership of the HC by putting funds at his disposal to use strategically for the response to time-critical needs and entrusting the HC with the steering of the process, but the HC and heads of agencies could have shown greater leadership in terms of prioritization of clusters and activities and greater commitment to the equal footing partnership principle inherent to the humanitarian reform. The CERF strengthened the role of cluster coordinators who conducted inclusive and transparent processes and improved inter-agency coordination and complementarities within clusters, as reflected by the increasingly streamlined projects submitted by the health cluster. Inter-cluster cooperation was also enhanced through projects with complementary components.

135. Both CERF requests were timely, but whereas the first process was conducted fairly rapidly, the second one took unusually long, especially in view of the fact that RR funds were being requested. The CERF secretariat was prompt in responding and rapid in terms of processing both submissions, especially in the case of the second one, partly offsetting the delay at field level. However, the need on both
occasions to diminish the original request by about 40 per cent, which implied reprioritizing and reviewing all project proposals, reduced the effectiveness and efficiency of the process and in the case of the second allocation, caused some discouragement, in particular at the level of the clusters.

136. Agencies have monitoring and reporting systems in place, which may be adequate for internal purposes but perhaps not for enabling the HC to exercise his CERF monitoring mandate, and as the HCT did not have a well-developed monitoring strategy in 2011, the annual report of the HC on the use of CERF grants can be regarded as the main accountability tool of the HC.

137. The preparation of the annual report of the HC was based on agency inputs and did not include any inter-agency discussion, which seems like a missed learning opportunity. Agencies do not systematically use SMART indicators in their projects and do not systematically report against them in the annual report, as a result of which it is frequently difficult to have a clear picture of achievements.

2.8. Recommendations

To the Humanitarian Coordinator

138. In order to avoid having to conduct a new prioritization exercise, modify original project proposals and substantially decrease budgets following feedback from the CERF, the HC should prepare a succinct initial prioritization and estimate of costs based on ICCM recommendations and HCT deliberations and use it as a basis for consulting the CERF secretariat on the envelope available before project proposals are developed. This is being encouraged by the CERF secretariat.

139. The HC should ensure that in-country RR allocation processes are conducted in as short a timeframe as can be realistically expected given the need for inclusive consultations to take place and ideally in no longer than two weeks. This would be facilitated by the circulation a timetable indicating the major steps in the allocation process at its very beginning. The timetable should allow sufficient time for cluster consultations to take place.

140. CERF guidelines stress the importance of an inclusive process: “Humanitarian partners at the field level are at the heart of planning, prioritizing and decision making with respect to the CERF. When developing CERF grant requests, agencies should ensure the involvement of local partners, such as government, national and international non-governmental organisations, and the International Red Cross and Red Crescent Movement”. The HC should ensure that cluster coordinators have a central role in the process of identifying the most pressing needs and which clusters and geographical areas should be prioritised by giving clear instructions in this regard. The outcome of inter-cluster deliberations should be used by the HCT to prioritise and provide strategic orientations to the clusters before they start working on project proposals.

141. For clusters involving several agencies, the HC should encourage agencies to prepare a single project with a common narrative and clearly identifiable activities

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49 CERF Guidelines, CERF Principles, 16 October 2009
and budgets per agency as a ways to ensure that the submission reflects common views and that the planning of the response is well coordinated. Relevant components of multi-sector projects would be described as well.

142. In the absence of established collective monitoring mechanisms (cluster/sector or in-country pooled fund-driven) that CERF projects could benefit from, the HC should agree with the HCT, within one month of a CERF allocation, on minimum monitoring activities and a system to regularly share project implementation updates and monitoring information, so as to be in a stronger position to deliver against accountability expectations.

143. The HC should consider organising a meeting of agencies and in-country (humanitarian) donors at the time of CERF processes in order to give the latter an opportunity to comment on funding updates used for determining the level of funding needed from the CERF and communicate possible funding intentions. Direct donor contributions to NGO cluster partners should be taken into account at the time of cluster-level prioritization of activities. This would be a pragmatic way of partly offsetting the problems arising from ‘CAP/outside the CAP’ funding on FTS.

To agencies and cluster coordinators

144. Cluster lead agencies and cluster coordinators should involve cluster partners (and not only implementing partners) in identifying priorities “upstream” (i.e. prior to the ICCM meeting). Cluster coordinators and if possible clusters in key field coordination hubs should participate in the prioritisation process as it would enable humanitarian actors with the best knowledge of the needs, and who do not necessarily have a presence at central level, to provide inputs.

145. Agencies should include indicators that are SMART in their project proposals and use them to measure and report on achievements as recommended in the CERF annual narrative reporting guidelines.

146. Agencies should inform their implementing partners are aware within one month of the approval of the grant that they are receiving CERF funding\(^\text{50}\) and provide accurate and comprehensive information in the Annex 2 (CERF funds disbursed to IPs) of the annual report of the RC/HC.

To the CERF secretariat

147. The CERF secretariat should improve the inclusiveness and transparency of processes by transforming the “Project prioritization and selection” section of its Rapid Response guidelines into more detailed “Standard Procedures” for all CERF-related tasks and provide examples of good practice in different types of emergency and coordination settings (e.g. clusters or sector, sector and multi-sector refugee approach, countries with or without national capacity).

\(^\text{50}\) In the email to the RC/HC confirming the approval of the CERF allocation, the ERC encourages agencies to inform their cooperating partners “at their earliest convenience”.

37
148. In order to facilitate project cycle management and enhance accountability, the CERF secretariat should consider systematically recommending to the RC/HC that a review of project implementation be organised, involving agencies and their implementing partners, at mid-term or a couple of months before the end of the implementation timeframe. This would enable the HCT to find out if project implementation is on track and take appropriate measures such as requesting a no-cost extension if necessary.

149. The CERF secretariat should state in the (annual) guidelines on narrative reporting on CERF-funded grants that lessons-learned should be directly relevant to the CERF and that their number be limited to a maximum of 10, to be prioritize collectively.

To the OCHA office

150. When reviewing agency inputs for the narrative report, the in-country OCHA office should make sure that the information provided in the project summaries (“Results-based matrix”) is consistent with the final project proposal and that the indicators are being used so as to provide a clearer picture of the effectiveness of the CERF and CERF-funded recipients in the field.

151. Given high staff rotation in field locations and the usefulness of training, the in-country OCHA office should offer sensitization sessions on the CERF to relevant partners and actors on a regular basis.
Map of Ghana
3.1 Context

153. In 2011, Ghana ranked 135th of 187 countries and UN-recognised territories on the Human Development Index, which places it in the Medium Human Development category.

154. The refugee influx from Côte d’Ivoire took place in three waves. About 1,000 people arrived in Accra and the Western Region between November 2010 and the first week of March 2011. Most of them could cater for their needs (only 50 people requested assistance). The influx increased in the second half of March as a result of intensified fighting in Abidjan and about 13,000 refugees had arrived by the end of the month. Around 6,000 refugees arrived after Laurent Gbagbo’s arrest in April. By June 2011, an estimated 17,000 refugees were concentrated in the Brong Ahafo Region and the Western Region, about 9,000 of whom in refugee camps.

155. Refugees arriving through the various border crossings were received by the Ghana Immigration Service and from mid-March, registered and briefly accommodated at the Eagle Star Reception centre at the Elubo border crossing, in the Western Region, where they got medical care, NFIs and meals. The government opted for accommodating refugees in three camps. The first to be opened, in mid-March, was Ampain (Western Region). In the Brong Ahafo Region, refugees initially hosted in temporary camps in Berekum and Oseikojokrom were relocated to a new camp in Fetentaa, near Berekum Town. Another camp was opened at Egyeikrom in the Central Region.

Humanitarian response capacity in Ghana

156. The UN Country Team and the National Disaster Management Organisation (NADMO) had jointly updated a detailed contingency plan in December 2010 in anticipation of a possible influx of 25,000 refugees and up to 20,000 Ghanaians returning from Côte d’Ivoire and taken measures enabling them to respond, including the pre-positioning of resources. It was updated again in March 2011 when the influx of refugees accelerated. The contingency plan identified UNHCR as the lead agency for protection and assistance to refugees, in coordination with the Ghana Refugee Board, the government body in charge of refugees, and humanitarian actors per sector.

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51 This contingency plan included a description of scenarios, the response that would need to be provided, the responsibilities of the different entities, the objectives and activities of the different agencies per sector, as well as the list of partners for the different sectors.
52 The planning figure of the previous version, of October 2010, was of 5,000 refugees.
53 The sectors and their lead agencies/entities included agriculture (FAO); camp coordination and camp management (Ghana Refugee Board/NADMO, while UNHCR was responsible for the overall coordination of activities in the camp environment as per its mandate and the UNCT coordination mechanisms); coordination (NADMO); early recovery (UNDP); education (UNICEF); emergency shelter (UNHCR); food (WFP); health (WHO); logistics (WFP); nutrition (UNICEF); protection (UNHCR); and water and sanitation (UNICEF).
157. UN agencies and, mostly national, NGOs\textsuperscript{54}, as well as the Ghana Red Cross, started responding using emergency reserves or borrowing funds internally or from other projects. UNHCR, UNICEF, UNFPA, and IOM rapidly established a presence in Ampain\textsuperscript{55} and WFP started an immediate response emergency operation for the period May to July 2011, targeting 10,000 refugees living in camps. IOM provided transportation and medical support to migrants fleeing the crisis. UNDP made a contribution to build up national capacity in the Brong Ahafo Region through the provision of vehicles and equipment.

158. Several national NGOs had been working with UN agencies for development programmes. A relationship based on trust had developed as a result of long standing partnerships (e.g. the National Catholic Secretariat, which had worked for 21-year with UNHCR) and enabled NGOs to take financial risks. UN agencies eventually channelled 32 per cent of CERF funds to NGO implementing partners\textsuperscript{56}.

159. By December 2010, OCHA had closed the Humanitarian Support Unit (HSU) established in 2008, but one of its former staff members was incorporated into the RC’s team as a Humanitarian Coordination Officer.

**Humanitarian coordination in Ghana**

160. The Ghana Refugee Board and National Disaster Management Organisation (NADMO) took the lead for the response\textsuperscript{57} while the Ministry of Interior ensured the security of the camps through the Ghana Police Service and Ghana Immigration Service, and the Ghana Health Service conducted health screenings and provided assistance to vulnerable groups.

161. Humanitarian coordination of the response to the Côte d’Ivoire crisis was organised as follows:

- The RC had established an **Inter-Agency Working Group** (IAWG) as a standing technical arm of the UNCT for humanitarian response (natural disasters). The IAWG includes NADMO, the UN agencies working in the different humanitarian sectors, and NGOs. For the refugee crisis, it was enlarged to the Ghana Refugee Board and the Ghana Health Services. The frequency of meetings increased to up to three times per week at one stage. Inter-agency coordination meetings also took place in Ampain.

- The NADMO convened biweekly meetings of an **Emergency Committee** related to Côte d’Ivoire emergency, comprising the GRB, the Ghana Army, Immigration, CEPS, Police, the Ministry of Health, NADMO Regional Coordinators, and UN agencies (including IOM).

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\textsuperscript{54} There were few international NGOs in Ghana. MSF Spain came for a short emergency WASH operation (distribution of hygiene kits and construction of showers and latrines in Ampain, Eagle Star, and Berekum); MSF Spain; Annual Report 2011


\textsuperscript{56} Calculation based on the amounts reported by agencies in the annual report of the RC/HC on the use of CERF grants in 2011.

\textsuperscript{57} “UN System in Ghana poised to assess and support refugees from Ivory Coast”; Update of 24 March 2011; RC Office
Five Sector WGs, i.e. Food, Health, Transportation, Shelter, and Water and Sanitation, were operational.

Humanitarian funding to Ghana

162. Ghana got little financial support for the response to the influx of refugees from Côte d’Ivoire. The RC monitored pledges and commitments from donors together with the agencies, elicited information on contributions and actively engaged in fundraising throughout 2011 (e.g. taking donors to Egyeikrom refugee camp in the Western Region in mid-September 2011, issuing donor briefs). Agencies also tried on their own (IOM, UNFPA, UNICEF, UNHCR, WFP) and so did government departments (e.g. Ghana Refugee Board) and national NGOs.

163. Possible reasons include that donors expected Ghana as a middle income country to handle the humanitarian response, that the government did not officially signal that it needed support to respond to the emergency, that Ghana was included in the regional EHAP Côte d’Ivoire+4 and was overshadowed by Côte d’Ivoire, that the sub-region was overshadowed by the Arab Spring, that donors made contributions to (regional projects) in the regional EHAP and agency headquarters put little or no funding aside for Ghana, and that the emergency peaked after Laurent Gbagbo’s arrest which is when donors considered that the crisis was over. Total humanitarian funding to Ghana in 2011 amounted to $ 4,801,640 (FTS-July 2012), but several of the contributions were not in response to the refugee crisis.

CERF funding to Ghana

164. Ghana received a Rapid Response allocation of $2,121,502 from the CERF in July 2011.

165. The triggers for the CERF request were as follows:
- CDI+4 EHAP revised in June and published in July 2011,
- A Government/Inter-Agency Rapid Assessment by the Ministry of Health, National Catholic Secretariat, UNAIDS, UNFPA, UNHCR, UNICEF, WFP and WHO on 1-2 June 2011 in Ampain Refugee Camp (Western Region), of a population of around 6,500 refugees, identified urgent life-saving needs (shelter/NFI, food/nutrition, water and sanitation, health, incl. HIV/AIDS and GBV) and warned of serious life threatening consequences if they were not addressed (98 per cent of the refugees interviewed were unwilling to return to Côte d’Ivoire due to political reasons),
- Imminent break in the WFP pipeline: WFP had been able to provide an immediate food response for refugees in camps, who entirely depended on food assistance (from November 2010 through April 2011) but did not have the financial resources to continue,
- Humanitarian funding was minimal. The amount required by all sectors for Ghana was of $14.7 million, as per the submission to the CERF, and contributions received at the time amounted to $200,000 (i.e. $90,000 for protection and $110,000 for WASH) or only 1 per cent of the total required.

58 Requests to this effect were made in the situation reports.
59 These were generally told that the funding would go to UNHCR. However, they managed to get in-kind donations from civil society, and traditional Chiefs were generous, for instance by providing the land for the refugee camps.
166. The CERF allocation to Ghana represented 14 per cent of total requirements, but given the scarcity of funding, the CERF has ended up being the second largest humanitarian donor to Ghana for the refugee crisis after the European Commission/ECHO, with its grants representing 44.2 per cent of the total (based on FTS data of 24 July 2012). If contributions that were not clearly for the Côte d’Ivoire EHAP+4 are removed, the CERF contribution to the refugee crisis becomes 51 per cent (of a total of $4,157,745)\(^{60}\).

167. Food had been identified as one of the most pressing needs by the government/inter-agency assessment of early June in Ampain and received the largest portion of funding. Given that most refugees had no income and the closest markets were located between five and nine kilometres away from the camp, the rations provided by WFP were the main source of food and by the time of the CERF request, the pipeline was about to break.

168. Protection and multi-sector assistance to refugees were essential and included the transportation of refugees from the border to the reception centre and onwards to refugee camps. The services provided at the reception centre included medical screening and treatment upon arrival, and meals. They also received NFIs. In camps, the June assessment revealed a need for better shelter and security.

169. In the health sector, even though medical services were being provided by the Ghana Health Services, the June assessment revealed a need for medical supplies and equipment, strengthened disease surveillance, and extra capacity of health facilities, including for antenatal care for pregnant women and deliveries. HIV and GBV were also found to require more attention.

170. WASH was identified as a priority in early June, with “the number of latrines and bathing houses still below the standards for emergency situations”\(^{61}\), some of the drinking water perceived as causing diarrhoea, inadequate garbage disposal, a general lack of hygiene, and the rainy season increasing the risk of disease.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Agencies</th>
<th>Amount (US$)</th>
<th>Percentage of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>WFP</td>
<td>1,005,610</td>
<td>47%</td>
</tr>
<tr>
<td>Protection / Multi-sector</td>
<td>IOM, UNHCR</td>
<td>656,922</td>
<td>31%</td>
</tr>
<tr>
<td>Health</td>
<td>UNFPA, WHO</td>
<td>289,424</td>
<td>14%</td>
</tr>
<tr>
<td>WASH</td>
<td>UNICEF</td>
<td>169,546</td>
<td>8%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>2,121,502</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 11: Share of Funding per Sector in Ghana, based on CERF data

171. The CERF allocation consisted of six grants for six different agencies: WFP for the provision of food, UNHCR for protection, UNICEF for WASH\(^{62}\), WHO for

\(^{60}\) This amount includes two ECHO contributions to UNHCR for Ghana and Togo of a total value of $1,986,243, about one fourth of which ($496,561) was for Togo, and it does not include an ECHO contribution of $262,205 to Oxfam for emergency WASH. The CERF share of total funding to Ghana for the CDI crisis is therefore higher than 51 per cent but cannot be calculated with accuracy.

\(^{61}\) CERF submission.

\(^{62}\) The project title “Responding to children’s needs in education, WASH, child protection and health and nutrition”(see Annex C) is misleading as it reflects the contents of the first UNICEF submission, which was substantially modified.
disease control, UNFPA for reproductive health and SGBV, and IOM for the transportation and medical assistance for refugees. The funding per agency table below shows that WFP got close to 50 per cent of the allocation for food, which was considered the main life-saving priority. UNHCR received the second largest share of the funds, which reflects the multi-sector character of the project.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Number of projects</th>
<th>Amount (US$)</th>
<th>Percentage of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>WFP</td>
<td>1</td>
<td>1,005,610</td>
<td>47%</td>
</tr>
<tr>
<td>UNHCR</td>
<td>1</td>
<td>552,120</td>
<td>26%</td>
</tr>
<tr>
<td>UNICEF</td>
<td>1</td>
<td>169,546</td>
<td>8%</td>
</tr>
<tr>
<td>WHO</td>
<td>1</td>
<td>160,807</td>
<td>8%</td>
</tr>
<tr>
<td>UNFPA</td>
<td>1</td>
<td>128,617</td>
<td>6%</td>
</tr>
<tr>
<td>IOM</td>
<td>1</td>
<td>104,802</td>
<td>5%</td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
<td>2,121,502</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 12: Share of Funding per Agency in Ghana, based on CERF data

3.2. Value Added of the CERF

Reliable and straightforward funding mechanism

172. The CERF proved to be a reliable and rapidly available source of funding and grants came at a critical time for agencies.

173. CERF processes and formats are regarded as relatively simple and the guidelines are considered useful, albeit somewhat too bulky for emergencies.

Support to the humanitarian response and gap filling

174. Several agencies had been responding since December 2010, mostly with their own resources (except UNHCR) and the UNCT/IAWG only took the initiative of preparing a request for CERF funds as a last resort, once they faced an imminent and critical shortage of funds. The CERF contribution therefore did not enable an early response because the emergency worsened in April-May and the CERF request was only made in July 2011.

175. However, the CERF was essential in terms of enabling the agencies and their partners to continue responding, scale up, accelerate, and expand their activities to address immediate life-saving needs of a larger caseload of refugees than foreseen (worsening of the situation), and in the case of a few agencies, start responding at a time when funding from other sources was extremely unlikely. It filled extreme funding gaps across the entire spectrum of activities. As noted in the annual report, “the CERF funding proved especially useful in the case of Ghana, due to its quick availability which allowed for timely and effective assistance”.

176. The CERF, as almost the only donor, clearly saved lives (e.g. food, health). The annual report indicates that the CERF “served as a lifeline for the asylum seekers. Indeed more food was immediately secured for their upkeep, provision of health related services improved, sanitary conditions became better and above all it also brought higher quality assistance and comfort to the displaced people”.

Strengthening of response capacities
177. The CERF allocation only served to a limited extent to strengthen the response capacities of the agencies. IOM was able to strengthen its operational presence in Elubo, but agencies only requested limited logistics support (e.g. UNHCR warehousing capacity) and were discouraged from including staff costs. This recommendation did not come from the CERF secretariat, which indicated that such costs can be included as long as they do not exceed 10 per cent of the budget, and the CERF budget guidance spells out what staffing costs are eligible (without, however, indicating a maximum)\(^{63}\). Be it as it may, some staff shortages were experienced resulting in, for instance, insufficient capacity to ensure protection along the border.

178. Some of the initial projects submitted included staff costs (e.g. UNHCR for missions and travel for monitoring, WFP for monitoring staff for food distributions), but agencies either partly cut them down (e.g. WFP, IOM) or entirely removed them (UNICEF, and UNHCR, which only kept “Joint Monitoring Missions” in a different budget line). A couple of agencies (WHO, UNFPA) only included small staff-related amounts such as transportation and per diem from the start.

179. However, most of the projects include components aimed at strengthening the capacity of government and NGO/Red Cross partners to respond (e.g. the CERF grant to WHO helped mobilise and train 100 community-based Red Cross volunteers for disease surveillance and reporting in the Western Region) as well as deliver quality services (e.g. UNFPA and UNHCR support and training to the Domestic Violence and Victim Support Unit of the Ghana Police Service).

**Leveraging funding from other donors**

180. The CERF allocation did not enable agencies to leverage additional funding due to the general funding crisis experienced in Ghana.

3.3. Inclusiveness and Transparency of the Allocation Process

181. The RC and most heads of agencies knew of the CERF and already had some experience of the CERF from former postings. In early June 2011, the RC contacted the OCHA Regional Office in Dakar (ROWCA) to find out which window of the CERF would be more suitable for the Ghana situation. The RC then launched the preparation of a RR request and established a timetable for technical consultations.

182. The UNCT/Inter-Agency Working Group agreed on which sectors would apply for funding and different aspects of the response were entrusted to different agencies based on comparative advantage and capacities. All of the sectors requested funding given that they had virtually none. Food, protection/multi-sector assistance including shelter (UNHCR), multi-sector assistance (UNICEF, i.e. child protection, education, health, nutrition, and WASH), and health, were identified as priorities.

183. Based on the Ghana input for the regional EHAP (all CERF projects derive from EHAP projects), which was itself based on the Contingency Plan, and the assessment carried out at the beginning of June 2011, sector leads identified key needs and the activities to include in the sector proposal with partners without a

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\(^{63}\) CERF Project Budgeting Tool of August 2011
prior indication of a financial envelope for their sector. The amount to be requested was determined on the basis of the activities proposed.

184. The consolidated submission, for an amount of close to $6.8 million, was agreed upon by the IAWG and sent to the CERF secretariat on 5 July 2011. The CERF secretariat asked that the submission be reduced to $2.1 million (i.e. 31 per cent of the amount requested) and provided general guidance as well as comments on all projects. The RC and focal persons from the agencies re-prioritised pressing needs and agreed on working figures for agencies. UNHCR dropped some of its activities to focus on health, emergency shelter, security, and warehousing capacity and to give WFP a greater share because food requirements were a priority, and of the original UNICEF multi-sector project, only WASH was retained.

185. The revised and final submission was sent to the CERF secretariat on 13 July, the CERF secretariat sent comments on most of them (except UNICEF which was regarded as ready) on the same day, and projects were further adjusted. All projects were ready on 15 July and the ERC/ERC/USG approved the allocation on 19 July 2011.

186. The OCHA regional office provided support for the development of the request, including guidance on the CERF life-saving criteria, CERF guidelines and templates, advice (e.g. that they establish priorities), and reviewing the draft projects in order to ensure that all elements were eligible for CERF funding. The RC’s office consolidated the submission with support from the UNHCR office for the background information and operational issues.

187. All of the agencies sent their project to headquarters or regional offices for review and received useful guidance (e.g. on budgeting personnel, reporting, etc.).

188. The allocation process was straightforward, consensual, and highly participatory. It involved the UN, the government, the Red Cross, UN NGO development partners (e.g. NCS, CRS) and other NGOs (e.g. Oxfam). They had already worked together to develop the 2010 Ghana Contingency Plan for Côte d’Ivoire with NADMO, the Ghana component of the regional contingency plan for Côte d’Ivoire, the EHAP CDI+4 and its revision in June-July 2011.

3.4. Support to the Humanitarian Reform

189. The CERF process benefitted from the cohesion of the UNCT, which derives from strong leadership and the implementation of the ‘Delivering as One’ approach. The UNCT has also taken part in the Millennium Development Goals Acceleration Framework exercise, which identified maternal mortality and sanitation as key priorities for joint action. These two experiences enabled the UNCT to learn to think and function as a team. As a result, the prioritization of activities to include in the CERF request was transparent and objective (based on

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64 Ghana is a “self-starter” in this respect, i.e. the UN Country Team voluntarily adopted the ‘Delivering as One’ approach in April 2011 at the request of the government in January 2011. For the UNCT, this involved identifying the value added and potential impact of the UN. The outcome was to focus on the North (regional disparities, with the North as the poorest), implement joint programmes, and have common services.
contextual analysis, needs, funding shortfalls, response plans, comparative advantage and the agencies’ operational capacities).

190. For the refugee crisis, the RC was given a clear overall leadership role for the response and UNHCR the practical leadership role as the UN agency mandated for protection and assistance to refugees. This agreement on the respective responsibilities at leadership level facilitated team dynamics and the CERF process.

191. The ability of the RC to successfully lead CERF processes (including providing guidance) and rapidly mobilise funds in support of a “joint UN system humanitarian response” at a time of acute funding shortages has reinforced her leadership as well as the “Delivering as One” approach by providing “dividends”. Agencies have expressed a certain sense of pride deriving from what was achieved through a careful balancing exercise.

192. The CERF also contributed to strengthening government-UN coordination, in particular with NADMO and the Ghana Refugee Board, as well as partnerships at sector WG level through mutual benefit consultations (e.g. partner NGOs were better aware of the needs on the ground and UN agencies were able to provide funding to key emergency actors).

193. Moreover, the frequent interaction between sector leads and the UNCT facilitated information sharing and management and enabled the team to take prompt action to address challenges in the field (viewed as a major achievement as reported in the Annual report).

194. Even though the humanitarian reform does not apply to the Ghana humanitarian coordination setup, there seems to have been a commitment to apply its spirit and general principles (in documentation, frequent references are made to the ‘cluster/sector’ approach).

3.5. Timeliness of CERF Process

195. The HCT expected to receive funding through the Côte d’Ivoire +4 EHAP and took time to realize that they needed to look elsewhere, so the request as such was not as timely as it could have been.

196. The in-country process for the preparation of the request took about 10 days. The request was submitted to the CERF secretariat on 5 July and the latter sent feedback on 7 July (the CERF secretariat had requested some additional information on 6 July and detailed information was provided the next day). The revised and final submission was sent to the CERF secretariat on 13 July, the CERF secretariat sent comments on most of them (except UNICEF which was regarded as ready) on the same day, and projects were further adjusted. All projects were ready on 15 July and the ERC approved the allocation on 19 July 2011.

197. At the level of the CERF secretariat the process took an average of nine working days from the finalization of the project proposal to the transfer of funds, which is faster than the 2011 benchmark of 11 working days (see table below).

65 Wording taken from the Annual report of the RC/HC on the use of CERF grants in 2011
198. An average of 17 working days from the receipt of the initial request to the disbursement of funds was necessary for the entire process, which is rapid compared to the 2009 and 2010 averages of 21 and 20 days respectively. The longest timeframes were of 22 days for the WHO and WFP projects, and these are largely due to the longer delay between the approval of the grants by the ERC/USG and the signature of the LoUs (eight and 11 days respectively) than for other agencies (the same day in all cases but one). The timeframes for the other four projects went from 14 to 16 days. From the final proposal to the disbursement of funds, it took an average of nine days, which is faster than the 2011 benchmark of 11 working days.

<table>
<thead>
<tr>
<th>Average Number of Days</th>
<th>Official Submission – Final/Revised Proposal</th>
<th>Final Proposal – ERC/USG Approval</th>
<th>ERC/USG Approval – LoU signed</th>
<th>LoU signed – Disbursement of funds</th>
<th>Total (Official submission to Disbursement)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>17</td>
<td></td>
</tr>
</tbody>
</table>

Table 13: Average number of days between submission and disbursement, based on CERF data

3.6. Reporting and Accountability

199. The agencies’ accountability mechanisms include tools and provisions in sub-agreements with their implementing partners (e.g. inclusion of objectives, outputs and indicators, the requirement for periodic narrative and financial reports, the tying of disbursement of tranches of funding to financial reporting), regular meetings with partners (e.g. monthly coordination meetings in camps to monitor progress, gaps, constraints), IP presence and monitoring of their activities by UN technical/programme staff. Heads of agencies or their deputies also made occasional visits. UNHCR and WFP also jointly monitored activities (e.g. food distributions, food basket) and given its mandate and presence in the refugee camps, UNHCR de facto exercised an oversight function over all activities. Regular data collection and database management as a basis for the production of statistics also helped spot changes in trends requiring closer attention (IOM example).

200. Agencies presented implementation updates on CERF projects and monitoring findings at UNCT coordination meetings. The CERF-enhanced interaction between the HCT and sector leads was conducive to a transparent sharing of information on progress of project implementation. The latter was also discussed bilaterally between the RC and heads of agencies, and RC office staff occasionally accompanied agency visits to projects.

201. Nevertheless, UNFPA was not able to procure some of the items on time and only considered requesting a no-cost extension in the first quarter of 2012, i.e. after the expiration of the project implementation period in December 2011. As this would have been too late, no request was made. The Country Office did not have a copy of the Umbrella Letter of Understanding between OCHA/CERF secretariat and

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66 The mechanism was in place prior to the CERF allocation, but had not been tested. The CERF provided the opportunity for doing so. T
the agency, which lays down the conditions applicable to the disbursement of CERF grants. The LoU specifies, for instance, that the six-month implementation period is calculated as from the date of disbursement of the grant.

202. IOM and UNICEF indicated in the annual report that CERF activities were ongoing. IOM meant to indicate that the activities were continuing with funding from another donor. UNICEF had not completed activities within the timeframe but did not request a no-cost extension. This is due to a misunderstanding about the CERF RR timeframe: some heads of agencies are under the impression that CERF funds need to be committed within six-months but that there is no obligation to complete the activities within this timeframe.

203. For the annual report of the RC, agencies tended to report on activities and quantitative outputs but expected outputs and the proportion of the targeted population that was assisted were not systematically indicated. The extent to which the projects have achieved their objectives is therefore not entirely clear.

204. The CERF application and reporting templates are viewed, in general, as straightforward and well-adapted to their purpose. The timing of the annual report from the RC on the use of CERF funds is convenient (e.g. it comes after the agency’s own reporting exercise/WFP or after the date of receipt of reports from partners established in sub-agreements/HCR).

205. The RC Office handled the preparation of the annual report of the RC and was able to complete it ahead of schedule. Agencies received the reporting template one month before the deadline. The drafting of the annual report was linked to a joint lessons-learned exercise (good practice). The draft report was shared with the UNCT and the Ghana Red Cross, Ghana Health Service, IOM and Rural Water Development Programme of Church of Christ, for review before its submission. The final report was circulated to the UNCT and the CERF focal points in the various agencies for CERF, with an expectation that they would share it with their respective partner, but several of them (e.g. the Ghana Refugee Board and several implementing partners) were not aware of it.

UN agencies/IOM sub-grants to NGOs

206. Most implementing partners already had ongoing sub-agreements. These were either amended or new ones were signed. Implementing partners met during the visit had no major issue to report apart from delays with respect to the receipt of funds.

207. Implementing partners were aware that emergency funds had been secured, but only learned in 2012 that they had received CERF funds.

3.7. Summary Conclusions

208. The RC and UNCT conducted an inclusive, transparent and rigorous CERF allocation process involving government services and pre-identified NGOs, on the basis of the EHAP and recently assessed needs. The OCHA regional office provided

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67 Umbrella LoUs started being signed between each agency and OCHA/CERF Secretariat in 2011 and replaced the prior project-specific LoUs, the late signature of which was often the cause of delays in disbursement.
useful support for the development of the request. The CERF grants came at a
critical time and enabled agencies and their partners to continue, accelerate, and
expand their response to address pressing humanitarian needs. However, while
projects included activities to strengthen the capacity of partners to respond,
agencies only requested limited support for staffing due to a misinterpretation of
CERF guidelines, and this affected their capacity to carry out activities highly
dependent on the availability of staff such as protection.

209. The CERF process benefited from the RC’s strong leadership and involvement
and from the cohesion of the UNCT and is likely to have reinforced the “Delivering
as One” approach. The HCT maintained their joint approach for the monitoring and
reporting on CERF project implementation.

210. The request for CERF funding was made as a last resort and could have been
made earlier. The in-country CERF process was rapid and well-organized. The
CERF secretariat was highly responsive and met its timeliness performance
benchmarks. However, the need for the HCT to significantly reduce the amount of
the submission represented a lot of additional effort, with efficiency implications.

211. A couple of agencies could not complete their projects on time but did not
request no-cost extensions due to insufficient knowledge of CERF rules. The
preparation of the annual report of the RC involved key partners and included an
inter-agency lessons-learned exercise.

212. Implementing partners were not aware that they had received CERF funds until
2012 and, in the case of several of them, that a final report on the use of CERF
grants was available.

3.8. Recommendations

To the Resident Coordinator

213. In order to avoid a situation in which the UNCTs/agencies have to substantially
decrease the original amount requested following feedback from the CERF, which
necessitates a lot of work, the RC should consider preparing a succinct initial
prioritization and estimate of costs based on IAWG recommendations and using it
as a basis for consulting the CERF secretariat on the envelope available before
project proposals are developed. This is being encouraged by the CERF secretariat.

214. Agencies should better take into consideration their capacity to implement in a
relatively short (RR) timeframe when they select activities to include in their project
proposal, with the help of their regional offices and Headquarters. They should bear
in mind the fact that the conditions for granting no-cost extensions for RR grants68
are rather strict in keeping with the spirit of rapid response. Under the leadership of

68 For grants from the rapid response window, CERF funds must be committed (i.e. funds must be
obligated) within three months from the onset of the emergency. Project extensions may be permissible if
the reason for the inability to implement is clearly documented to be outside of the control of the humanitarian
country team. Compelling reasons for project extensions include, but are not limited to, unforeseen and increased
access restrictions, unforeseen changes in government policy, or a fundamental change in the socio-political
climate underpinning the application for CERF funds. A request for a project extension must be submitted by the
Humanitarian/Resident Coordinator (HC/RC) in the respective country on behalf of the requesting agency.
the RC, the UNCT should identify possible implementation risks related to the RR timeframe, including by taking into account an agency’s past performance, and openly discuss them with a view to ensuring an effective use of available resources.

**To the agencies**

215. Agency headquarters should ensure that country offices receive a copy of the Umbrella LoU between their agency and OCHA/the CERF secretariat, in order to enable them to efficiently manage CERF processes and the project cycle.

216. Agencies should use SMART indicators in their project proposals and use them to report on achievements in the project summaries included in the annual reports of the RC/HCs on the use of CERF grants.

**To the CERF secretariat**

217. The CERF secretariat should indicate the maximum percentage accepted for each budget heading in the CERF Project Budgeting Tool, where relevant, so as to improve coherence and efficiency at the time of project formulation.

218. The CERF secretariat should systematically suggest to the RC/HC that they organise a joint review of project implementation at mid-term or a couple of months before the end of the implementation period, in order to ascertain if projects are on track and if any no-cost extensions are likely to be required. This would help address problems arising from a lack of awareness of CERF rules and further contribute to joint monitoring and learning.

219. The practice of tying the finalization of the annual report to a joint lessons-learned exercise contributes to learning and should be systematised. The CERF secretariat should make a recommendation to RC/HCs to this effect, possibly at the same time as the suggestion to organise a stock-taking exercise at mid-term or a couple of months before the end of the implementation period of a CERF allocation.

220. The CERF secretariat should consider putting together a two-pager on possible allocation models for the RC/HCs and country teams to follow, based on good practice identified so far. Ghana could serve as a good practice model for the sector-based coordination configuration.

221. The country offices of agencies receiving CERF funds should systematically circulate the annual report on the use of CERF grants to all relevant stakeholders, in particular their government counterparts and their implementing partners, and post it on their website.

**To the OCHA regional office**

222. For countries without an OCHA office and presenting a risk of being marginalised in a regional crisis, the OCHA ROWCA should provide timely advice.

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69 This was recommended by the Five-year Evaluation of the Central Emergency Response Fund (CERF); Channel Research, 2011
to the RCs to seek CERF funding and if need be, advocate on their behalf in the appropriate regional coordination mechanisms.
Map of Liberia
Chapter 4: Liberia

4.1. Context

223. Liberia is one of the world’s poorest countries, with 83.7 per cent of its 4.1 million population living below the income poverty line (less than 1.25 US$ per day)\(^70\). It ranked 182nd out of 187 countries and UN-recognised territories on the UNDP Human Development Index for 2011. The country is recovering from two consecutive civil wars (1989–1996 and 1999–2003) that claimed an estimated 200,000 lives, caused the displacement of up to 500,000 people\(^71\), destroyed most of its infrastructure and devastated its economy. A peace agreement was signed in August 2003 and the UN Mission in Liberia (UNMIL) established in September 2003 to support the transitional government. Liberia’s President, Ellen Johnson-Sirleaf, won the elections in November 2005 and was re-elected in October 2011.

224. Between November 2010 and mid-April 2011, more than 170,000 refugees arrived from Côte d’Ivoire. Nimba County, in northeastern Liberia, was the first to receive refugees in late November 2010 and as the crisis spread southwards in February 2011, refugees crossed into southern Nimba, Grand Gedeh\(^72\), and Maryland counties, and to a lesser extent River Gee County in the Southeast. Between April and August 2011, over 50,000 refugees entered Liberia but thousands of refugees also returned; the influx stopped in September 2011\(^73\).

225. Most refugees settled in host communities along the border\(^74\). Counties in the Southeast were the least developed and most affected by food insecurity\(^75\) and had high malnutrition levels before the refugee influx. The prolonged presence of refugees put a lot of pressure on basic services and coping capacities in these communities. The spread of refugees in numerous villages also represented a main challenge for the delivery of assistance.

226. Disagreements about the humanitarian leadership and coordination mechanisms to put in place initially complicated the humanitarian response. While some of the UN agencies pushed for the activation of the humanitarian reform model (HC and clusters)'\(^76\), UNHCR argued that it should have the lead role given its mandate for international refugee protection. A real time evaluation of UNHCR\(^77\) explained the stand of the other UN agencies as resulting from the institutional structuring of the

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\(^70\) Human Development Report 2011, Sustainability and Equity: A Better Future for All - Explanatory note on 2011 HDR composite indices
\(^71\) Internal Displacement in Africa; Global Overview 2011; Internal Displacement Monitoring Centre; NRC. The same report indicates that by the end of 2011, the internal displacement situation was considered as having ended.
\(^72\) Grand Gedeh County is where the largest number of refugees had been registered by the time of the August 2011 revision of the EHAP.
\(^73\) 2012 Liberia CAP
\(^74\) According to the Liberia CAP for 2012, “At the peak of violence, in April 2011, 95% of the refugees were living in Liberian host communities near the Ivorian border” and in July 2011, about 215 communities were hosting refugees; Côte d’Ivoire Situation Report Nº12; 14 July 2011
\(^75\) State of Food and Nutrition Security in Liberia, Country Wide Food Security and Nutrition Survey, Republic of Liberia, October 2010
\(^76\) Liberia was a pilot country for the roll out of the cluster approach where they were established in early 2006. They were phased out in 2008-2009 and handed over to ministries.
\(^77\) Shelter from the Storm – A real-time evaluation of UNHCR’s response to the emergency in Côte d’Ivoire and Liberia; PDES; June 2011
UN in Liberia around an integrated peacekeeping mission and the implementation of the ‘Delivering as One’ approach, “which aims to draw on the technical capacities of individual agencies in pursuit of common objectives”.

227. A dual, sector and multi-sector approach, was eventually adopted whereby the HC has an overall humanitarian coordination role and UNHCR coordinates the response to refugees and provides multi-sector assistance while the other UN agencies provide assistance in host communities in order to address the pressure on services and infrastructure, reinforce UNHCR capacities when required, and exercise sector lead oversight of activities. This approach presented the advantage of strengthening government capacity in a transition period and preventing the humanitarian crisis from negatively affecting development targets and practices.

Humanitarian response capacity in Liberia

228. UN agencies in Liberia had developed a contingency plan for a possible emergency in Côte d’Ivoire (updated on 31 December 2010 with a planning figure of 50,000), but its eventual scale caught UN agencies and international NGOs by surprise. They had been either downsizing or reorienting their activities and therefore had limited humanitarian response capacities. As a result, several UN agencies had a slow start, but this notably improved towards the end of February 2011.

229. Liberia had an active and diversified national and international NGO community working on recovery and development. A few NGOs were able to rapidly mobilize and build capacities to identify the needs and started responding using internal resources or early donor funding. Eventually, UN agencies channelled 37 per cent of CERF funding to NGOs for the humanitarian response.

Humanitarian coordination in Liberia

230. Coordination forums, all of which have some relevance for the CERF, were used or established as follows:

- The pre-existing Humanitarian Action Committee (HAC), chaired by the HC, met every Thursday as a forum for updates and discussion and brought together UN agencies, NGOs, and donors;

- The Operational Coordination Meetings established by UNHCR and co-chaired by the LRRRC, with a focus on leading the refugee response and

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78 Liberia EHAP, 15 January 2011
79 Interviews; UNHCR Liberia website: “After several years of gradually downsizing its operations in Liberia, UNHCR has had to step up its presence significantly in 2011”.
80 “After two months, the delivery of the humanitarian assistance has just begun but remains insufficient and slow, mainly due to the complexity of the operation and limited resources in the field.” Ivorian Refugee Influx in Liberia; Joint Rapid Assessment of the Humanitarian Response and Coordination; 14 February 2011.
81 NGOs have two representative forums: the Liberia International NGO Forum (LINGO) and a national NGO forum.
82 With respect to the counties receiving refugees, NGOs were mostly active in Nimba, to a lesser extent in Grand-Gedeh, and less so in River Gee and Maryland (UNHCR).
83 Calculation based on the amounts reported by agencies in the annual report of the RC/HC on the use of CERF grants in 2011.
84 Donors included ECHO, OFDA, Swiss Development Corporation (SDC), DFID (mainly during launch of the EHAP), and Spain.
operational matters, met weekly on Fridays and brought together UN agencies, sector WG members, and donors.

- Several development-oriented **Sector Working Groups** led by the government were active in December 2010 (e.g. agriculture, child protection, education, health, nutrition, WASH) and were adapted to support the emergency response, while others had to be established (logistics; shelter/NFI)\(^85\) for the emergency response. They met weekly in Monrovia and most of them also did at county-level.

231. The HC did not establish a formal (IASC) **Humanitarian Country Team**\(^86\) at the time, but convened frequent meetings of the heads of UN agencies involved in the humanitarian response.

232. The HC was supported by a small Humanitarian Coordination Support Office. Given the type of coordination mechanisms in place, OCHA did not establish an office but rapidly sent staff reinforcements from its Emergency Response Roster (ERR) and regional office in Dakar to support the HC. Later in the year, OCHA established a ‘Humanitarian Support Unit’.

233. Humanitarian donors met on an ad hoc basis to exchange information about the situation and funding, including funding intentions.

**Humanitarian funding for Liberia**

234. As donors were not coming forward\(^87\), the HC actively engaged in public relations in order to draw attention to the region and in fundraising\(^88\) and attempted to track pledges and commitments (these were not being adequately reflected by the Financial Tracking System) in order to have, and present, as accurate as possible a picture of the funding levels., mostly through the HAC.

235. At the time of the submission of the CERF request on 23 February 2011, only $9,555,234\(^89\) had been committed to the $55 million EHAP, i.e. 17 per cent of requirements.

**CERF funding for Liberia**

236. In 2011, Liberia received one RR allocation of $5,988,454 in March.

237. The triggers for the CERF request were as follows:

- **A recent joint rapid assessment of response and coordination** led by the HC office\(^90\) identifying urgent life saving needs in the refugee communities and pointing to serious life consequences if not addressed,

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\(^{85}\) UN agency leads for the sector WGs at the time were as follows: Education: UNICEF and Save the Children as co-lead; Food Security and Agriculture: WFP; Health: WHO; Nutrition: UNICEF; Protection: UNHCR; WASH: UNICEF. Food Security and Agriculture were subsequently separated and WFP and FAO took their respective leadership.

\(^{86}\) This has changed as of August 2012 and the two international NGOs co-chairing the LINGO (GAA and NRC) have been invited to attend meetings, as well as the ICRC as observer.

\(^{87}\) There were early contributions from ECHO, OFDA, and DFID.

\(^{88}\) Source: interviews and minutes of HAC meetings of 10 February and 3 March 2011.

\(^{89}\) Source: first submission to the CERF on 23 February 2011.

\(^{90}\) Ivorian Refugee Influx in Liberia; Joint Rapid Assessment of the Humanitarian Response and Coordination; 14 February 2011.
- **Size and speed of influx:** An estimated 22,000 refugees crossed into Liberia between 24-26 February 2011, more than half the total number of refugees registered between 29 November 2010 and 19 February 2011\(^91\), and the number of refugees topped 61,000 on 26 February,

- **Understanding that refugees would not go back as quickly as assumed** and decision to move them away from the border (new humanitarian requirements),

- **Possible deterioration of the situation in CDI and need to prepare for a worst case scenario\(^92\):** projected influx of some 150,000 refugees by end of March 2011\(^93\),

- **Pressure from partners to respond**, 

- **Low humanitarian funding level:** 17% as of 21 February 2011.

238. The CERF allocation consisted of 10 grants: two grants to UNHCR for components of the multi-sector approach (logistics and shelter/NFIs), two grants for the health sector (WHO and UNFPA), and one grant each for Education/child protection (UNICEF), logistics (WFP), WASH (UNICEF), Nutrition (UNICEF), Food Security (FAO), and Protection (UNHCR). Due to the shortage of funding, there were urgent life-saving requirements in all sectors, all of which submitted a request.

239. CERF funding represents 3.9 per cent of total revised requirement for the humanitarian response in Liberia in 2011. However, at the time of the allocation, the CERF covered 11 per cent of the January 2011 requirements and came earlier than most other donors’ contributions (ECHO and USAID/OFDA had already released some funding).

![Figure 3: Level of Funding per Donor for Liberia in 2011 - FTS](image)

240. The highest proportion of funding (see table below) went to UNHCR multi-sector activities, which included a project combining shelter construction in two refugee camps (2,000 units) and relocation villages (170 units) in partnership with

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\(^91\) Response to Ivorian Refugee Crisis in Liberia; Weekly Sitrep Nº5: 20-26 February 2011.

\(^92\) See for instance the minutes of the HAC meeting of 24 February 2011.

\(^93\) Weekly Situation Report Nº 5: 20-26 February 2011
NRC and CRS, and the purchase and distribution of NFIs. The need for shelter was due to the government decision to voluntarily relocate refugees to camps and 15 relocation villages away from the border, where refugees would benefit from uninterrupted protection and assistance. This process was starting at the time of the CERF request. The funding for UNHCR multi-sector activities included a US$ 220,435 grant for the increase of warehousing capacity and the distribution of food and NFIs in partnership with NRC.

241. Expanding the logistics capacity and improving the road infrastructure was essential for the transportation, storage, and distribution of relief to refugees in camps and host communities. This explains the relatively high proportion of funding given to the WFP logistics project. In reality, the proportion of funding for logistics, taking into account the UNHCR logistics project, is of the order of 18 to 19 per cent (the UNHCR logistics project does not solely include logistics).

242. A project combining education and child protection received the second largest portion of the funds. The UNICEF project combines elements of two EHAP projects (education/65 per cent and protection/35 per cent). The proportion of funding for this sector compared to other sectors usually prioritized during emergencies, such as health, seems high but this is probably largely due to the respective level of requirements for these sectors in the EHAP and the particular relevance of (child) protection activities in the sub-region.

243. The joint rapid assessment of January noted that “the registration process is a pillar of the humanitarian response” and highlighted inconsistencies in refugee number information and the need for more registration staff. A refugee protection project to register and ‘profile’ refugees upon arrival and identify vulnerable individuals and persons with special needs received 4 per cent of the allocation. This activity was not only essential for protection but also for the immediate provision of relief and the collection of accurate data on the numbers of refugees arriving.

244. The January Joint Rapid Assessment found that WASH needs were acute. The share of funding to the WASH sector (9 per cent of the CERF allocation) is consistent with the average for 2006-2010 CERF allocations. It may seem low given the acuteness of the needs, but at the time of prioritizing UNICEF also took into account the fact that WASH was more likely than some other sectors to receive funding from other donors.

245. Nutrition (9 per cent of the CERF allocation) was prioritized on the basis of recent nutrition assessments (ACF; ANDP and MoH). The project aimed at preventing malnutrition and treating severely malnourished children in host communities and the refugee population, in partnership with ACF and ANDP.

246. Food Security got 8 per cent of the CERF allocation for an FAO emergency agriculture project considered a priority based on a recent needs assessment in Nimba County (Ministry of Agriculture and FAO). Factors including the depletion

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In mid-February, about 60% of the refugee population were children and adolescents and 55% of the refugees were women. In a region where armed groups are known to deliberately use GBV to harm women and girls, refugee children and women needed protection from violence, abuse, and exploitation.
of cassava and rice stocks and the reliance of the food aid pipeline on a road network that would be unreliable during the rainy season caused a fragile food security situation for host families and refugees and a risk of a long and widespread hunger gap. The timing of this request was ideal given that the March/April planting season for rice and vegetables was approaching.

247. The **health** sector received 5 per cent of the allocation for a WHO project aimed at strengthening the County health system capacity to provide health care services to refugees through the provision of interagency health and cholera kits and a UNFPA project to ensure prenatal, obstetric and newborn care, family planning services, and prevention, treatment and care for victims of SGBV and sexually transmitted diseases, including HIV/AIDS\(^{95}\). Even though a 5% share to the health sector seems low in the context of emergency response\(^{96}\), the CERF grant to WHO covered 64 per cent of the requirements for this project and the grant to UNFPA covered 20 per cent of project requirements\(^{97}\) as listed in the January 2011 EHAP. The CERF grants were the only contributions to the UNFPA and WHO projects.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Agencies</th>
<th>Amount (US$)</th>
<th>Percentage of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-sector</td>
<td>UNHCR</td>
<td>2,007,844</td>
<td>34%</td>
</tr>
<tr>
<td>Education + child protection</td>
<td>UNICEF</td>
<td>951,063</td>
<td>16%</td>
</tr>
<tr>
<td>Logistics</td>
<td>WFP</td>
<td>898,907</td>
<td>15%</td>
</tr>
<tr>
<td>WASH</td>
<td>UNICEF</td>
<td>549,596</td>
<td>9%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>UNICEF</td>
<td>543,489</td>
<td>9%</td>
</tr>
<tr>
<td>Food Security</td>
<td>FAO</td>
<td>498,930</td>
<td>8%</td>
</tr>
<tr>
<td>Health</td>
<td>UNFPA, WHO</td>
<td>290,732</td>
<td>5%</td>
</tr>
<tr>
<td>Protection</td>
<td>UNHCR</td>
<td>247,893</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>5,988,454</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Table 14: Share of CERF Funding per Sector in Liberia in 2011, based on CERF data

248. WFP got a smaller proportion of funding than it usually would because funding was only requested for logistics\(^{98}\). In Liberia in 2011, UNHCR and UNICEF received the largest share of funding, given the level of requirements for their activities in the EHAP and the sectors for which CERF funding was requested (UNHCR for the multi-sector approach and the protection sector and UNICEF for three sectors).

<table>
<thead>
<tr>
<th>Agency</th>
<th>Number of projects</th>
<th>Amount (US$)</th>
<th>Percentage of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNHCR</td>
<td>3</td>
<td>2,255,737</td>
<td>38%</td>
</tr>
<tr>
<td>UNICEF</td>
<td>3</td>
<td>2,044,148</td>
<td>34%</td>
</tr>
<tr>
<td>WFP</td>
<td>1</td>
<td>898,907</td>
<td>15%</td>
</tr>
<tr>
<td>FAO</td>
<td>1</td>
<td>498,930</td>
<td>8%</td>
</tr>
<tr>
<td>WHO</td>
<td>1</td>
<td>191,096</td>
<td>3%</td>
</tr>
<tr>
<td>UNFPA</td>
<td>1</td>
<td>99,636</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>5,988,454</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Table 15: Share of CERF Funding per Agency in Liberia in 2011, based on CERF data

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\(^{95}\) The prevalence of HIV/AIDS and sexually transmitted infections (STIs) was estimated to be higher among the general population in Côte d’Ivoire (6.9 per cent) than Liberia (1.8 per cent) and population movements are known to spread their transmission.

\(^{96}\) The share of funding to the health sector was on average 17% for 2006-2010; CERF Five-Year Evaluation Synthesis Report; Channel Research; 2011.

\(^{97}\) Source: FTS

\(^{98}\) WFP already had pledges or contributions from donors, e.g. ECHO and USAID, for food aid.
4.2. Value Added of the CERF

Support to the humanitarian response

249. CERF funding came at a critical moment and enabled agencies to continue and scale up (health/WHO, logistics, WASH, UNHCR) or kick-start (food security/FAO, health/UNFPA, nutrition) an early response to the needs generated by a much larger influx of refugees than foreseen. They were able to provide timely life-saving assistance as per the CERF life-saving criteria (e.g. provision of drugs and medical supplies for the county health teams, access to basic health care and reproductive health services including emergency obstetric and neonatal care, prevention of communicable and waterborne diseases, treatment of severe acute malnutrition, community-based protection of women and children, including the placement of unaccompanied children with foster parents, distributions of essential NFIs, distribution of seeds and tools in time for the planting season).

250. In addition, the fact that all sectors with a funding gap (i.e. all of them except food aid) received funding enabled agencies to bolster the response and provide a balanced response (sectors matching multi-sector approach) to the humanitarian needs of the host communities and refugees in the affected areas.

Enhancing response capacity

251. The CERF enabled agencies to improve their response and coordination capacities. For instance, augmenting the warehousing capacity enabled WFP and UNHCR to dispatch more food and NFIs. Most of the projects covered the costs of key agency staff and IP staff and functioning costs.

252. Indirectly, as the strategy of the sectors was to build the response into government programming, CERF funds are likely to have contributed to enhancing the capacities and know-how of a few line ministries involved in channelling, coordinating and monitoring the assistance (e.g. Ministry of Health and Social Welfare for health, nutrition, and WASH, and Ministry of Public Works for WASH) and definitely enhanced those of ministries which got direct support (such as the Ministry of Agriculture (MoA), which got technical backstopping, training, stipends, fuel for motorcycles), giving them means to carry out their responsibilities. The MoA indicated that it had developed a database with CERF funding which is still being used.

As a straightforward funding mechanism

253. The CERF is viewed as a flexible, rapid and straightforward funding mechanism. Agency staff find the guidance provided (CERF Life-Saving criteria, RR guidance, etc.) useful and sufficient. That being said, awareness of CERF guidance and the CERF website and understanding of the difference between the RR and UFE windows varies from individual to individual. Agency staff find the application and reporting templates short and easy, including the recently revised, more detailed reporting format, and the timing of the reporting convenient. Most agency staff are aware that their agency has CERF focal points at HQ (and frequently also at regional level) and in the case of a few agencies, these are involved in reviewing project proposals.
Leveraging funding from other donors

254. The annual report on the use of CERF grants states that CERF funding “catalyzed funding from a wide variety of sources later on”, but this could not be verified. WHO and UNFPA received no further funding, UNHCR and UNICEF had already received some funding from ECHO\(^99\) at the time of the CERF allocation, and even though WFP received funding for logistics from Norway and the US and FAO from ECHO, there is no evidence of a causal effect. In one of these instances, a donor mentioned as having possibly made a contribution to enable the agency to continue the response initiated with CERF-support indicated that their funding decisions were based on prior assessments of agency performance and capacities. There might have been some leveraging in the case of subsequent funding for the UNICEF nutrition project but one of the donors mentioned is not reflected on FTS.

4.3. Inclusiveness and Transparency of the Allocation Process

255. Following a joint rapid assessment in Nimba and Grand Gedeh counties in the latter part of January 2011, the HC decided to revise the EHAP up from 50,000 to a 100,000 planning figure (it ended up being revised to 150,000) and request CERF funds. The HC consulted the CERF secretariat about a possible CERF allocation and based on positive feedback from the secretariat and the heads of agencies consulted at a HCT meeting, launched the process.

256. Given that time was of the essence and his office had little capacity, the HC entrusted the management of the CERF process to a two-person team comprising a UNHCR Emergency Operations Officer\(^100\) who had come to reinforce UNHCR in-country capacities and an OCHA emergency roster staff member. They organised meetings of sector lead agencies, attended by heads of agencies and emergency coordinators. The team briefed the HC on a daily basis, provided guidance, reviewed the inputs in light of CERF guidelines, and consolidated them. The UNHCR staff member had extensive experience with the CERF and played a pivotal role in the process, while OCHA provided guarantees of neutrality. The UNHCR staff member’s knowledge of the rules and workings of the CERF, as well as his organisational and moderating skills were perceived as having helped “crystallize the joint response”\(^101\).

257. In the absence of a HCT, the draft request was discussed at a meeting of heads of agencies, NRC and the NGO chairing the LINGO at the time, as a ways of promoting transparency and dialogue with non-UN actors. A $9.6 million request was reviewed and vetted at a meeting of the HC with the heads of agencies and sent to the CERF secretariat. After the latter indicated that $6 million was available, the HC and heads of agencies met again to re-prioritise needs and activities and reduce the original request by 37 per cent.

258. All sectors (except food aid which had received contributions) requested funding because of the low level of funding for their EHAP projects and the need to complement the UNHCR multi-sector approach. The prioritization between sectors is reflected by the level of funding that went to each.

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99 Emergency decision of €5 million of 22 December 2010
100 Former Head of the Programme Unit of the CERF Secretariat in New York
101 Interview (non-UNHCR).
259. Sector lead agency staff used recent needs assessments and the EHAP as a basis for prioritization, which was effective given that the EHAP had been recently developed and enabled them to agree on sector strategies with sector partners and identify potential implementing partners.

260. Most sector lead agencies consulted sector partners (including line ministries in several cases). However, consultation at the stage of the identification of the most pressing needs was uneven. In general, partners were involved in the ulterior preparation of project proposals.

261. In addition to the CERF life-saving criteria, the OCHA/UNHCR team advised agencies to take into account their capacities to implement the proposed activities in the three-month RR timeframe. A couple of agencies selected project components accordingly (e.g. WHO, which could move medical kits quickly from the pre-positioned stocks of the UN humanitarian response depot in Accra, and FAO, which could procure the seeds rapidly). UNICEF also gave more weight to the sectors less likely to receive funding from donors.

262. The use of the CERF life-saving criteria enhanced the coherence of the submission. Nevertheless, a project from UNAIDS for the prevention and treatment of HIV/AIDS, which included ineligible components (prevention), was submitted, considered ineligible and withdrawn.

263. With respect to donors, the RC/HC consulted the HAC on whether to submit a request to the CERF and kept the HAC informed of the CERF submission. At the time of the consultation, a table of contributions to the EHAP and outside the EHAP was circulated and updated on the basis of donor feedback and funding gaps were highlighted. However, in-country donors interviewed for this review were not aware of how sectors had been prioritized and of the outcomes of the process, in particular what elements of EHAP projects had been funded.

264. In June 2011, FAO asked the HC to request additional RR funding and a couple of agencies expressed interest in joining in, but the RC/HC considered that it would be more appropriate to wait until the third revision of the EHAP was completed in August, and the initiative seems to have been dropped.

4.4. Support to the Humanitarian Reform

265. The CERF has strengthened the leadership of the HC by putting funding at his disposal to strengthen the agencies’ capacities to respond to pressing needs and is likely to have facilitated the putting into practice of the dual multi-sector/sector coordination approach already mentioned.

266. The CERF cannot be said to have supported ‘equal footing’ partnerships, due to the nature of UN-NGO relations at the time. Even though NGOs were instrumental for the humanitarian response in Liberia, they were given little space to participate in strategic discussions at the highest level (HCT) and discouraged (or barred in the case of one of the international NGOs met during the visit to Liberia) from

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102 Interviews and minutes of meetings (e.g. HAC Meeting of 24 February 2011)
presenting project sheets in the EHAP. However, most of them were accustomed to working as implementing partners of a UN agency and were satisfied to continue doing so since direct donor funding for NGOs was still very limited\textsuperscript{103}.

4.5. Timeliness of CERF Funding

267. The preparation of the initial CERF request in Liberia took about one week. A $10 million submission was sent on 23 February to the CERF secretariat, which informed the HC on 25 February that $6 million was available and provided overall feedback on the submission and specific guidance and questions on each project. The HC sent a revised submission on 28 February and the CERF communicated the formal approval of the ERC to the HC on 3 March. All funds were disbursed between 18 and 25 March.

268. At the level of the CERF secretariat the process took an average of 12 days from the finalization of the project proposal to the transfer of funds, which as an average is slightly over the 2011 11-day benchmark but better than the 14-day average for 2010 and 2011 (see table 16 below).

269. The entire process took an average of 18 working days from the receipt of the initial request to the disbursement of funds (rapid compared to the 2009 and 2010 averages of 21 and 22 days respectively). The longest timeframes, of 22 days for the FAO and WFP projects, are largely due to a slightly longer time lapse between the approval of the grants by the ERC/ERC/USG and the signature of the LoUs (9 and 8 days respectively) than for other agencies (3-5 days for all but one that took 6 days). The timeframe for all other projects was of 18 or 19 days.

<table>
<thead>
<tr>
<th>Official submission – final/revised proposal</th>
<th>Final proposal – ERC/USG approval</th>
<th>ERC/USG approval – LoU signed</th>
<th>LoU signed – disbursement of funds</th>
<th>Total (official submission to disbursement)</th>
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</thead>
<tbody>
<tr>
<td>Average number of days</td>
<td>6</td>
<td>2</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Table 16: Average number of working days between submission and disbursement, based on CERF data

4.6. Reporting and Accountability

270. Agencies have accountability mechanisms in place. These include provisions in their sub-agreements with their implementing partners (periodic narrative and financial reports, the tying of disbursement of funds to financial reporting, monitoring clauses), the monitoring of the partners’ activities (based on log-frames, planned outputs, whether targets are being met and quality standards respected, etc.) and weekly sector meetings. A number of sectors also worked to strengthen the capacities of line ministries to monitor. The most frequent weakness may be the absence of an independent internal oversight department that would look into the

\textsuperscript{103}In July 2011 however, a group of NGOs addressed a letter to the UNHCR Representative in Liberia, to draw his attention to the Principles of Partnership signed by the members of the Global Humanitarian Platform and stated that “Humanitarian organizations in Liberia, notably UNHCR implementing partners, believe that more can be done to implement this recommendations in Liberia”.

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activities carried out directly by the agency, such as procurement, contracts with partners, etc.

271. The HC expected agencies to provide updates on project implementation\textsuperscript{104} at HAC meetings and in preparation, sectors collected information from partners on a weekly basis, but monitoring information remained largely internal\textsuperscript{105}. In order to strengthen accountability, the HC strengthened monitoring provisions in the 2012 Liberia CAP\textsuperscript{106}. These include the establishment of an inter-agency monitoring task force to monitor performance based on strategic indicators by sector, the development of sector monitoring plans for each sector, and the use of a quarterly impact monitoring tool “to measure how well CAP projects are doing in the interim periods leading to the mid-year and year-end reviews of the CAP”\textsuperscript{107}.

272. Agency country offices are not all aware that RC/HCs have a monitoring mandate for CERF projects\textsuperscript{108}.

273. No no-cost extensions were requested, but the annual report of the RC/HC on the use of CERF grants indicates in the narrative that one component of the WFP project would only be completed in March 2012. A component of the project subcontracted to an implementing partner may not be entirely completed as yet, i.e. one and a half years after the grant was given. As the entire budget for this activity had been reportedly transferred to the partner in one instalment during the project implementation period, the UN agency concerned saw no need to request a no-cost extension. Two UNICEF project summaries indicated that the projects were ongoing, but in reality, CERF funded activities had been completed on time.

274. With respect to the annual report from the RC/HC on the use of CERF grants, most of the project summaries include basic data and report on outputs, but not against expected outputs. The UNICEF summary for the nutrition project could serve as a model for such summaries.

275. The draft of the annual CERF report was shared for review with HCT members and sector coordinators and circulated again at the time of its submission. However, the MoH&SW, counterpart for three sectors, donors and most NGOs met were not aware that a final report on the use of CERF grants had been prepared and was available on the CERF website.

276. The CERF secretariat provided on-the-ground support for the preparation of the annual report\textsuperscript{109}. In the absence of a formalized HCT at the time, which would have

\textsuperscript{104} This is not specific to CERF funded projects.
\textsuperscript{105} “… monitoring systems remained at agency level and did not necessarily help to meet the demands of common mechanisms. Information management and monitoring are therefore among the key pillars of attention in 2012”; 2012 Liberia CAP.
\textsuperscript{106} “Implementation of CAP 2012 will be monitored through an innovative approach which allows for greater accountability of project implementation to the beneficiaries, the sectors, the HC, and ultimately to the donors”; 2012 Liberia CAP
\textsuperscript{107} Ibid, p.38
\textsuperscript{108} Section 5.2 of the Secretary-General’s Bulletin on the “Establishment and Operation of the Central Emergency Response Fund” (ST/SGB/2010/05) of 23 April 2010 states that “Resident Coordinators or Resident/Humanitarian Coordinators shall oversee the monitoring of and narrative reporting on projects funded by the Fund”.

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been the adequate forum for a substantive discussion on the report and lessons-learned to take place, a draft of the report was sent to the agencies and sector leads for comments.

277. There has been no independent evaluation of any CERF project.

UN agencies/IOM sub-grants to NGOs

278. International NGOs view the lack of guaranties (whether with CERF funds or not) as the main problem encountered as implementing partners of UN agencies. They mentioned the time and effort lost in attempting to get verbal agreements formalised in writing, a lack of communication on the eventual value of the contracts, subsequent written agreements not mirroring what had been agreed upon verbally and occasional refusals to reimburse them for components of their work, the need to advance substantial amounts of funding without having the paperwork done (most NGOs did so), and frequently, long delays between instalments. Five international NGOs brought up several of these issues in July 2011 in separate letters to the UNHCR Representative in Liberia and to the Head of the Coordination and Response Division of OCHA (New York Headquarters).

279. Implementing partners did not always know they had received CERF funds, but some sectors systematically conveyed this information (e.g. agriculture, nutrition, WASH).

4.7. Summary Conclusions

280. The CERF allocation process in Liberia seems to have been rather “top-down”. It took place shortly after the dual sector/multi-sector coordination framework had been agreed upon and several agencies still lacked the capacities to coordinate at sector/multi-sector level. Most sector lead agencies involved sector partners, in particular at project formulation stage, and in the absence of an HCT, an effort was made to involve non-UN humanitarian actors in the strategic review of the CERF request. Agencies used the EHAP and a recent assessment of the response as a basis for selecting priority sectors and activities. The OCHA/UNHCR cell established by the HC played a key facilitating role in the process.

281. The CERF improved agencies’ response capacities and those of their partners at an early stage and enabled them to start or scale up key activities to address pressing needs. By supporting all sectors with a funding gap, the CERF helped provide a balanced response to the needs of refugees and host communities.

282. The CERF strengthened the leadership of the HC by putting funds at his disposal to enable agencies address pressing needs and by facilitating the putting into practice of the dual coordination approach.

283. The CERF request was made in a timely way and prepared rapidly. The CERF secretariat was prompt in responding. Nevertheless, as in Côte d’Ivoire and Liberia,
the need to reduce the original request had negative effectiveness and efficiency implications.

284. Agencies’ monitoring systems and reporting (on all projects) at HAC meetings were not adequate to enable the HC to exercise his CERF monitoring mandate and in addition, not all agencies are aware that the HC has this mandate. One of the agencies should have requested a no-cost extension for a project that could not be completed on time but did not due to a misinterpretation of CERF RR rules.

285. Some agencies have inadequate sub-contracting frameworks that either delay the response or put NGOs in situations where they take financial risks and lose a lot of time attempting to formalize agreements. Agencies do not systematically inform their implementing partners that they are receiving CERF funding and that an annual report on the use of CERF grants has been published.

286. The preparation of the annual report of the HC did not involve any inter-agency review and as a result, a useful learning opportunity was missed. Agencies do not always use SMART indicators in their project proposals and do not systematically report against project proposals.

4.8. Recommendations

To the Humanitarian Coordinator

287. In order to avoid a situation in which the HCT/agencies have to substantially decrease the original amount requested following feedback from the CERF, which necessitates a lot of work, the RC/HC should consider preparing a succinct initial prioritization and estimate of costs based on inter-sector – and in the case of refugee response, UNHCR multi-sector– recommendations and using it as a basis for consulting the CERF secretariat on the envelope available before project proposals are developed. This is being encouraged by the CERF secretariat.

288. Should there be a future CERF process, the RC/HC should entrust sector leads – and in the case of refugee response, UNHCR emergency staff – with managing the process and instruct them to involve sector partners in the identification of time-critical needs prior to prioritization and decision-making at the level of the HCT. This would enable sectors (and UNHCR multi-sector) to lead an open, participatory process in line with CERF guidelines, to better take into account (NGO) partner response capacities and plans (which evolve rapidly in an unfolding emergency situation), and establish complementarities and equal footing partnerships.

289. Agencies should better take into consideration their capacity to implement in a relatively short (six-month Rapid Response) timeframe when they select activities to include in their project. Under the leadership of the RC/HC, the HCT should identify risks in this respect, including by taking into account an agency’s past performance, and openly discuss them in order to ensure that essential resources are effectively used and avoid poor performance.

To agencies
290. Agencies should include indicators that are SMART in their project proposals and use them to measure and report on achievements in the annual report.

291. Agency country offices should systematically inform the implementing partners concerned that they are receiving CERF funding for their activities and make sure they receive the annual report of the RC/HC.

292. Agency headquarters should adapt, where necessary, their contractual frameworks with their implementing partners so as to avoid delaying the implementation of CERF projects, putting their partners in a situation where they take financial risks by implementing without a formal agreement, or overstretches their financial capacities.

To the CERF secretariat

293. In the email to RC/HCs confirming the ERC’s approval of the grants, which is usually circulated to the agencies, the CERF secretariat should include a mention of the RC/HC’s monitoring and reporting mandate for CERF grants as a reminder.

294. In order to facilitate project cycle management and enhance accountability, the CERF secretariat should consider systematically recommending to the RC/HC that a review of project implementation be organised, involving agencies and their implementing partners, at mid-term or a couple of months before the end of the implementation timeframe. This would enable the HCT to find out if project implementation is on track and take appropriate measures such as requesting a no-cost extension if necessary.
Chapter 5: Regional Grant to UNHCR for Benin, Guinea Conakry, and Togo

5.1. Context

295. Initial expectations and contingency planning were based on the assumption that Ivorian populations fleeing violence would cross into the five countries neighbouring Cote d’Ivoire (Liberia, Guinea Conakry, Mali, Burkina Faso and Ghana), but they eventually extended to most of the countries in the Economic Community of West African States (ECOWAS) and by the end of May 2011, over 200,000 people had been registered as refugees in 13 different countries\textsuperscript{110}, including Benin, Togo and Guinea (Conakry).

296. By September 2011, Togo had received close to 7,500 refugees and the capacity to accommodate them was inadequate. The only existing camp near Lomé, with an estimated 2,700 refugees, had reached its holding limits and many of the 2,000 refugees in Lomé had expressed an interest to live in the camp due to their difficult living conditions, with no food aid and irregular access to health services.

297. Around 1,700 refugees had arrived in Guinea by August 2011. While 1,500 of them were accommodated in Kouankan II camp with refugees from before the crisis, the others lived in Conakry\textsuperscript{111}.

298. By August 2011, Benin had received 569 refugees in urban areas (Cotonou, Porto Novo and Parakou).

Humanitarian response capacity and coordination

299. UNHCR had offices in all three countries but as their strategy was to develop durable solutions for (earlier refugees), it had reduced its presence to a minimum and field personnel had to be deployed to address the immediate needs of arriving refugees.

300. All of the implementing partners for CERF-funded projects, except ADRA, were already working with UNHCR and had been included as potential partners in the CDI+4 EHAP. The Guinea project was implemented with four NGO/Red Cross implementing partners for food security, WASH, and health. The portion of CERF funds channelled to NGOs represents 56 per cent. The Togo project was implemented with the government “Coordination Nationale pour l’Assistance aux Réfugiés” (CNAR) for protection/registration and two national NGOs for health and WASH. Two per cent of the CERF grant was channelled to the CNAR and 57 per cent to NGOs. The Benin project was implemented with the CNAR for protection/registration and an NGO for shelter and health. The portion of CERF funds channelled to them was of 3 per cent and 44 per cent respectively.

Humanitarian funding

\textsuperscript{110} CDI+4 EHAP; April 2011 Revision.
\textsuperscript{111} The total number of Ivorian refugees, including the former caseload, was of 6,000.
301. The refugee situation in these three countries drew little attention because of the relatively small numbers concerned and expectations that their needs could be covered using existing resources.

302. At the time of the requests for funding from the CERF, UNHCR had received no funding for the EHAP projects including these countries:
- UNHCR requirements for Guinea (Conakry)\(^{112}\), one of the five countries covered by the original CDI+4 EHAP, were listed as $2,186,559 and there had been no contribution as of 30 June 2011 (July EHAP)
- UNHCR requirements for Benin and Togo had been included in a separate project for Benin, Gambia, Guinea Bissau, Niger, Nigeria, Senegal and Togo\(^{113}\) in the April revision of the CDI+4 EHAP, which had received no contribution as of 30 June 2011 (July EHAP).

303. Most donor contributions to these three countries in 2011 were for other emergencies or preparedness activities. Except for the CERF, all of the $4,633,359 contributions to Benin were made in response to the “Benin Floods” EHAP; contributions to Guinea of a total of $10,828,649 were made in response to floods or to projects listed in the West Africa CAP; and contributions to Togo, of $2,189,847, went to floods response and food assistance to refugees from Ghana.

304. According to the projects submitted to the CERF and to the FTS, the CERF was the only source of funding for Ivoirian refugees in these three countries\(^{114}\).

**CERF funding**

305. The triggers for the CERF request were as follows:
- **Dire funding situation:** break in the food pipeline, ‘regular programme’ and internal emergency funding capacities exhausted, and no contributions from donors for the EHAP projects;
- **Continuing, albeit moderate, refugee influx.**

306. The CERF provided funding for these countries in early October 2011 in order to enable UNHCR to respond in sectors prioritized as follows:
- The request for Benin was for the protection and profiling of arriving refugees, emergency shelter/NFIs, primary health care, and services for people with special needs (including SGBV);
- The request for Guinea included protection, registration and profiling of new arrivals, food security, health, emergency shelter/NFIs, WASH (drinking water, emergency latrines and sanitary infrastructure) and services for people with special needs;

\(^{112}\) Multi sectorial Assistance to new Ivorian Refugees in Guinea (WA-11/MS/40744/R/120/-); CDI+4 EHAP

\(^{113}\) Multi sectoral Assistance to New Refugees in Benin, the Gambia, Guinea Bissau, Niger, Nigeria, Senegal, Togo (WA-11/MS/41430/R/120); April revision of CDI+4 EHAP

\(^{114}\) ECHO had already made a EUR 800,000 contribution to UNHCR for the response to the Ivoirian refugee crisis in Ghana and Togo (starting date of 1 April 2011), of which EUR 200,000 was used for Togo. A subsequent ECHO contribution of the same amount to the same countries (starting date 1 October) was divided up the same way between the two countries. Why these have not been mentioned in the CERF submission and final report could not be ascertained.
The request for Togo included protection, profiling, registration and provision of documentation to arriving refugees and food, emergency shelter/NFIs, sanitation, and services for people with special needs.

5.2. Value Added of the CERF

Straightforward funding mechanism

307. The process followed for putting together the regional CERF request involved UNHCR country offices, which prioritized activities and formulated their requests in consultation with implementing partners, and the UNHCR regional office in Dakar, which reviewed the requests from the country offices to ensure that they fell in line with the CERF life-saving criteria and consolidated them. The amount was agreed between UNHCR Headquarters and the CERF secretariat. The CERF is viewed as an uncomplicated, reliable, and rapid source of funding.

Support to the humanitarian response

308. In all three countries, the CERF enabled UNHCR to address essential life-saving needs in key sectors.

Strengthening of humanitarian response capacities

309. The CERF enabled UNHCR to cover some staffing costs and reinforce government capacity, in particular enabling the CNAR in Togo and Benin and the Commission Nationale pour l’Intégration des Réfugiés (CNIR) in Guinea to carry out refugee registration. In Togo, the funds were also used to improve the infrastructure made available by the CNAR to receive refugees.

Leveraging of further funding

310. As in other countries in the region, the CERF did not enable agencies to mobilize further funding. The annual report of the RC in Togo indicates that certain activities were suspended after the CERF project came to an end.

5.3. Inclusiveness and Transparency of the Allocation Process

311. The request for RR funding for these three countries\textsuperscript{115} was made by UNHCR headquarters (rather than the RCs as usual). UNHCR suggested making a regional request given the common regional context and the limited funding required by each country. The CERF secretariat agreed with the proviso that concerned RCs endorse the proposal and confirm that there would be no duplication with the activities of another agency.

312. The UNHCR country offices prioritized activities for which to request funding on the basis of UNHCR multi-sector needs assessments, developed the CERF projects in consultation with the competent national authorities and implementing partners, and kept inter-agency bodies such as UN Country Teams informed.

\textsuperscript{115} This was the second time in the history of the CERF that an agency requested regional funding. The first time was from FAO in 2009, in response to a locust infestation in Africa.
5.4. Support to the Humanitarian Reform

313. The CERF grants have supported the role of the RCs in the sense that they were consulted and had to endorse the project proposals. According to the annual reports of the RCs, they have also reinforced coordination (possibly more specifically among entities involved in the implementation, as indicated in the report from the RC of Benin).

5.5. Timeliness of CERF Process

314. At country-level, the preparation of project proposals began in the first half of August 2011 and the projects for all three countries were submitted on 19 September 2011. The annual report from the RC in Benin brings up delays in the allocation process and the transfer of funds from UNHCR headquarters as being due to the involvement of the regional office.

315. At the level of the CERF secretariat and UNHCR headquarters, the process took 15 working days for the grants to be approved by the ERC and an average of 26 working days from the receipt of the initial request to the disbursement of funds, which is slower than the 2009-2010 averages of 21 and 22 days for RR grants mentioned earlier. The longer timeframe seems to be due to a fairly long time lapse between the submission of the original proposal and the finalization of the project when compared to the other allocations to the sub-region and the 2010 average of eight working days.

316. In Benin, according to the annual report, the submission took too long and there were delays in the transfer of funds from headquarters to the country office due to the many clarifications and justifications requested by the UNHCR regional office.

<table>
<thead>
<tr>
<th>Average number of days</th>
<th>Official submission – Final/revised Proposal</th>
<th>Final proposal – ERC/USG approval</th>
<th>ERC/USG approval – LoU signed</th>
<th>LoU signed – disbursement of funds</th>
<th>Total (official submission to disbursement)</th>
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<td>Togo</td>
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<tr>
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<td>3</td>
<td>6</td>
<td>3</td>
<td>24</td>
</tr>
</tbody>
</table>

Table 17: Average number of working days between submission and disbursement, based on CERF data

5.6. Reporting and Accountability

317. In all three countries, the main monitoring tools used by UNHCR were monitoring visits to take stock of project implementation progress and the analysis of narrative and financial reports from implementing partners. In Togo, WFP, UNHCR and UNICEF subsequently combined a joint evaluation of the operation and an assessment of food security needs.

318. UNHCR submitted a single project for all three countries, which described the activities foreseen for each country and included a separate budget for each. The same outcome indicators were used for all countries and are rather vague (e.g.
“optimal access to primary health care services”). The annual reports from the RC on the use of CERF grants from Benin and Guinea provide a better description of activities, quantitative outputs (e.g. number of consultations, number of tents built, etc.) and outcomes (e.g. the quantity of water provided has increased from 20 litres/person/day to 36.8 litres/person/day or 425 refugees have been protected and assisted, i.e. 100 per cent of the total registered) than the Togo report, but none of them systematically provide expected outputs and the proportion of targeted beneficiaries whose needs in the different sectors have been covered.

319. According to the annual reports of the RCs, the three reports were discussed with the UNCT, relevant authorities and the implementing partners, and shared with the latter in Guinea and Togo.

5.7. Summary Conclusions

320. CERF allocation processes were conducted by the UNHCR country offices and involved all humanitarian actors directly concerned. However, although RCs were asked to endorse the projects and UNCTs were kept informed, the CERF process cannot be said to have supported the RCs or the humanitarian reform.

321. The CERF was the donor of last resort for refugee assistance in these countries and therefore provided essential support for the emergency response at a critical time.

322. Considering that time-critical needs existed on the ground the process leading up to the original submission and for the finalization of the original proposals was very slow.

323. The quality of the annual reports is uneven, but this may be partly due to the use of rather vague outcome indicators in the common project proposal.

5.8. Recommendations

To regional offices

324. Regional offices, including the OCHA regional office, should provide timely advice to the RC and heads of agencies in countries facing an emergency situation and prolonged funding shortages to request CERF Rapid Response funding (i.e. within two weeks of the worsening of the situation).

325. In the event of another single agency RR regional submission, the agency’s regional office should circulate a timetable to guide the process and provide assistance as required so as to ensure that the consolidated submission is ready within a maximum of two weeks for review by agency headquarters.
Annex A. Terms of Reference

INDEPENDENT REVIEW OF THE VALUE ADDED OF THE CENTRAL EMERGENCY RESPONSE FUND (CERF) IN CÔTE D’IVOIRE, LIBERIA AND GHANA

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 and in 2011 in Colombia, Bolivia, Ethiopia and Zimbabwe.

2. Scope and Purpose

The main purpose of the present country-level reviews will be to assess the value added of CERF operations in Côte d’Ivoire, Liberia and Ghana during 2011 in the context of the CERF support to the crises in Côte d’Ivoire. The reviews will also look at prioritization exercises in 2012 to the extent possible.

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 favors 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-a-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 consultant to Cote d’Ivoire, Liberia and Ghana, 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 one consultant will be required to prepare the reviews for Côte d’Ivoire, Liberia and Ghana. The consultant will be independent and he/she has not 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 French
- 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 three concise country 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 consultant will also prepare a brief synthesis report placing the country findings in the context of the overall CERF response to the Cote d’Ivoire crises. The reports will be structured in the form of short observations and conclusions around the different assurance concerns linked to the PAF. The reports 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.
Annex B. List of those interviewed

CÔTE D’IVOIRE

Aboubakar, Bamba
Shelter/NFI Cluster Coordinator

Aka, Christian
Directeur Relations Publiques, MESAD

Amondji N’Guessan, Clémence
Grant and Compliance Manager, Save the Children

Andriantianasolo
Coordonnateur Adjoint à l’Unité Opérations Urgence et Réhabilitation, FAO

Alfred Marie
Head of Coordination Unit, OCHA

Batista, Barbara
Head of Mission, Handicap International

Besnier, Jérôme
Chef Education ad interim, UNICEF

Cassy, Marius
Nutrition Specialist, UNICEF

De Lys, Hervé Ludovic
Representative, UNICEF

Diallo, Ibrahima
Programme Officer (Food Security), WFP

Falcy, Louis
National Director, International Rescue Committee

Ferrera, Gianluca
Director and Representative, WFP

Genot, Luc
Coordonnateur de l’Unité Opérations Urgence et Réhabilitation, FAO

Grant, Angéline
Nutrition Cluster Coordinator, UNICEF

Ilboudo, Yann
Logistics Cluster Coordinator, WFP

Keegan, Jackie
Senior protection Officer / Protection Cluster Coordinator, UNHCR

Koné, Solange
Coordinatrice Projet, ASAPSU

Kramer, Ellen
Deputy Country Director, WFP

Kacou, Saloman
Directeur des Programmes, MESAD

Koffi, Ahya René
Suivi – Évaluation, CARITAS Côte d’Ivoire

Koffi Kouassi, Jean-Baptiste
Information Management Officer, WASH Cluster, UNICEF

Kollies, Ute
Head of Office, OCHA

Kouadio, Yaboua
Coordonnateur Humanitaire Adjoint Projet Urgence, MESAD

Le Guen, Nicolas
Country Officer, ECHO

Liengme, Dominique
Chef de Délégation, ICRC

Mantchombé, Fred
WASH Cluster Coordinator, UNICEF

Moger, Kate
Director of Program Implementation, Save the Children

Mooh, Elkane
Directeur de la Qualité et du Développement des Programmes, Save the Children

Mulanga, Claire
Coordinatrice pays, UNAIDS

Namata, Alio
Emergency Team Leader, CARE

NGokwey, Ndolamb
UN DSRSG/RC/HC

Odling, Nina
WASH Cluster Coordinator, UNICEF

Pannini, Alessio Salvadori
Country Coordinator, COOPI

Ruhana-Mirindi, Bisimwa
Coordonnateur du Cluster Santé, WHO
Ruso, Serge  Deputy Representative, UNHCR
Salomon, Kacou  Directeur des programmes, MESAD
Sidibe, Balla Moussa  Acting Country Director, CARE International
Shimokawa, Yoshiko  Education Specialist, UNICEF
Talibo, Almouner  Humanitarian Programme Coordinator, UNFPA
Therrien, Marie Pier  IOM
Tshidibi, Claire Mulanga  Country Coordinator, UNAIDS

GHANA
Aapore, Thomas  Head of the Health Department, Ghana Red Cross
Ahove, Vincent  Surveillance, IHR (2005) & EHA/PHE Officer, WHO
Amoako-Mensah, Samuel  WASH Specialist, UNICEF
Awotwi, Esi  Programme Analyst, HIV & AIDS, UNFPA
Banfu, Joseph  National Catholic Secretariat
Coquelin, Bernard  Representative, UNFPA
Essamuah, Albert  Advisor on Construction, Christian Council of Ghana
Khan, Kaniz  Deputy Country Director, WFP
Guliye, Aden  Migration Health Officer, IOM
Mahama, John Sule  Humanitarian Coordination Officer, Office of the UN RC
Mankwa, Diana  Director, Finance and Administration, Christian Council of Ghana
Manyala, Mercy  Preparedness, Coordination and Response Unit, OCHA ROWCA
Nettey, Ama  Programme Officer, WFP
Newton, Patrick  Senior Programme Assistant, UNHCR
Olusanmi, Iyabode  Representative, UNICEF
Orana, Veton  Protection Officer, UNHCR
Padi, Tetteh  Project Coordinator, Ghana Refugee Board
Sackey, John Lloyd  Project Coordinator, National Catholic Secretariat
Sandhu-Rojon, Ruby  UN Resident Coordinator / UNDP Resident Representative
Van Dongen, René  Deputy Representative, UNICEF

LIBERIA
Adil, Irfan  Multi-sector, UNHCR
Alghassim, Wurie  Deputy Country Director, WFP
Batidzirai, Bernard  Education Officer, Basic Education & Gender Equality, UNICEF
Benson, Anthony J.  Country Accountant, Plan Liberia
Bienkowski, Lauren  Child Protection Specialist, UNICEF
Blamoh, Gregory T.  Manager, Disaster Risk Management, Plan Liberia
Coly, Ibrahima  Country Representative, UNHCR Burkina Faso
Cooper, Chara Itoka  Deputy Executive Director, LRRRC
Dahn, Bernice  Chief Medical Officer, Ministry of Health and Social Welfare
Faigao, Katherine Kay  Nutrition Officer, Child Survival Programme, UNICEF
Haque, Fazlul  Deputy Representative, UNICEF
Henckaerts, Koen  Technical Assistant, ECHO
Howard, Henrietta  Assistant Project Officer/Nutrition, UNICEF
Jallah-Scott, Patricia  National Programme Officer – Gender, UNFPA
Koffy, Dominique  Country Director, Danish Refugee Council
Maignant, Sandra  Child and Youth Protection and Development Coordinator, International Rescue Committee
Mamudu, Salifu  Country Director, Oxfam
Massaquoi, James  WASH Specialist, UNICEF
Mathema, Pragya  Nutrition and Child Survival Specialist, UNICEF
Matiah, George K.  Domestic Animal Diversity, FAO
McBean, Fergus  Emergency Coordinator, UNICEF
Ndayimirije, Nestor  Country Representative, WHO
Oyat, Geoffrey  Protection Programme manager, Save the Children
Pacheco, Tiago  Emergency Coordinator, FAO
Paivey, John  National Project Coordinator, Emergency Unit, FAO
Paye, Anderson  Administrative Officer, Agriculture Relief Services
Peter, Clement  Health Sector Coordinator, WHO
Phillip, Maneesh  Health Consultant, Child Survival & Development, UNICEF
Prabhakaran, Prabhu  Resource Mobilization Specialist, UNICEF
Pratt, Philderald E.  Assistant Representative, UNFPA
Ravetto, Anne-Elisabeth  Senior Protection Officer, UNHCR
Scalici, Damiano  Head of Logistics, WFP
Schein Prudhomme, Kathryn  Food Security Officer/ Mission Disaster Relief Officer, USAID
Schwenk, Bernd  Regional Director West Africa, Coast, German Agro Action / Welt Hunger Hilfe
Serrokh, Badreddine  Preparedness, Coordination & Response Unit, Regional Office for West and Central Africa, OCHA
Sherman, Richard  Nimba County, FAO
Sletten, Astrid Everine  Country Director, Norwegian Refugee Council
Soumaré, Moustapha  Deputy Special Representative of the Secretary-General for Recovery and Governance
and Resident Coordinator, Humanitarian Coordinator and UNDP Resident Representative in Liberia
Steinemann, Friedrich  Country Director, Swiss Agency for Development and Cooperation SDC
Tonon, Brigitte  Acting Head of Mission / Health and Nutrition Coordinator, Action contre la Faim
Voegtl, Peter  Refugee Programme Coordinator, WFP
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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</thead>
<tbody>
<tr>
<td>Watt, Ousmane</td>
<td>Emergency Preparedness Section, Programme Support Branch, OCHA Geneva</td>
</tr>
<tr>
<td>Dickinson, Lucy</td>
<td>Now Humanitarian Affairs Officer, OCHA Kenya</td>
</tr>
<tr>
<td>Garelli, Jean-Marie</td>
<td>Head of Programme Unit, CERF Secretariat</td>
</tr>
<tr>
<td>Smith, Karen</td>
<td>Programme Officer, Rapid Response, CERF Secretariat</td>
</tr>
</tbody>
</table>

**CERF SECRETARIAT**

**REGIONAL GRANTS FOR** **BENIN, TOGO AND GUINEA**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Bisschop, Axel</td>
<td>Head of Humanitarian Financing and Field Support Unit, UNHCR Geneva</td>
</tr>
<tr>
<td>Dahlgren, Cecilia</td>
<td>Job title, UNHCR Regional Office, Dakar</td>
</tr>
<tr>
<td>Agency</td>
<td>Project Title</td>
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<tr>
<td>WFP</td>
<td>Household food security support to IDPs and host families affected by Côte d’Ivoire political crisis (11-WFP-020)</td>
</tr>
<tr>
<td>UNICEF</td>
<td>Lifesaving WASH activities for IDPs and host families affected by the post election political violence in the West of Ivory Coast (11-CEF-018-C)</td>
</tr>
<tr>
<td>WFP</td>
<td>Emergency assistance to address nutritional needs of children, pregnant and lactating women affected by the political crisis in Côte d’Ivoire (11-WFP-023)</td>
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<tr>
<td>WHO</td>
<td>Reduce excess of morbidity and mortality and strengthen provision health care services to 2,000,000 crisis affected people in Côte d’Ivoire (11-WHO-024)</td>
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<tr>
<td>FAO</td>
<td>Support to the livelihood and food security of households affected by the post-election crisis in the West and North departments of Côte d’Ivoire (11-FAO-017)</td>
</tr>
<tr>
<td>WFP</td>
<td>Augmentation of Logistics Capacity in Cote d’Ivoire in support of WFP and the wider Humanitarian Community (11-WFP-022)</td>
</tr>
<tr>
<td>UNHCR</td>
<td>Provision of NFIs for IDPs transferred in camps in Côte d’Ivoire (11-HCR-017)</td>
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<tr>
<td>UNHCR</td>
<td>Protection of IDPs in Côte d’Ivoire (11-HCR-018)</td>
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<tr>
<td>IOM</td>
<td>Camp Management Support and Service Provision to IDPs in Western Côte d’Ivoire and around Abidjan (11-IOM-013)</td>
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<tr>
<td>UNICEF</td>
<td>Emergency assistance to address nutritional needs of children, pregnant and lactating women affected by the political crisis in Côte d’Ivoire (11-CEF-018-D)</td>
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<tr>
<td>UNICEF</td>
<td>Accès à l’école des enfants déplacés et enfants des familles hôtes affectés par les violences résultant de la crise post électorale en Côte d’Ivoire (11-CEF-018-A)</td>
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<td>Organization</td>
<td>Activity Description</td>
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<tr>
<td>--------------</td>
<td>----------------------</td>
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<tr>
<td><strong>WFP</strong></td>
<td>Provision of Common Security Telecommunications and Data Communications services to the Humanitarian Community in Côte d'Ivoire (11-WFP-021)</td>
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<tr>
<td><strong>UNICEF</strong></td>
<td>Protection of children and women against abuse and violence in the post electoral crisis context in Côte d'Ivoire (11-CEF-018-B)</td>
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<tr>
<td><strong>UNFPA</strong></td>
<td>Reduce excess of morbidity and mortality and strengthen provision health care services to 2,000,000 crisis affected people in Côte d'Ivoire (11-FPA-016)</td>
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<td><strong>WHO</strong></td>
<td>Emergency assistance to address nutritional needs of children, pregnant and lactating women affected by the political crisis in Côte d'Ivoire (11-WHO-021)</td>
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<td><strong>UNFPA</strong></td>
<td>Protection of children and women against abuse and violence in the post electoral crisis context in Côte d'Ivoire (11-FPA-018)</td>
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<tr>
<td><strong>UNICEF</strong></td>
<td>Apporter un appui à la riposte à l’épidémie de choléra à Abidjan et prévenir une épidémie sur les sites des déplacés de l’Ouest (11-CEF-018-F)</td>
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<tr>
<td><strong>UNFPA</strong></td>
<td>Appui à la collecte de poches de sang sécurisées pour la réduction de la mortalité maternelle et néo-natale (11-FPA-015)</td>
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<tr>
<td><strong>UNICEF</strong></td>
<td>Reduce excess of morbidity and mortality and strengthen provision health care services to 2,000,000 crisis affected people in Côte d’Ivoire WA–11/H/40496/R/122 (11-CEF-018-G)</td>
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<tr>
<td><strong>WHO</strong></td>
<td>Apporter un appui à la riposte à l’épidémie de choléra à Abidjan et prévenir une épidémie sur les sites des déplacés de l’Ouest (11-WHO-023)</td>
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<tr>
<td><strong>WHO</strong></td>
<td>Appui à la collecte de poches de sang sécurisées pour la réduction de la mortalité maternelle et néo-natale (11-WHO-022)</td>
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## Rapid Response Funding to the Ivory Coast – July 2011

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<thead>
<tr>
<th>Agency</th>
<th>Project Title</th>
<th>Sector</th>
<th>Amount/$US</th>
</tr>
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<tbody>
<tr>
<td>WFP</td>
<td>Emergency Assistance to Displaced Populations in Response to the Political Crisis in Côte d'Ivoire (11-WFP-039)</td>
<td>Food</td>
<td>2,022,778</td>
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<tr>
<td>IOM</td>
<td>Provision of semi-durable shelter and water and sanitation to IDPs families and local communities in area of origins (11-IOM-026)</td>
<td>Multi-sector</td>
<td>750,100</td>
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<tr>
<td>FAO</td>
<td>Reinforcing emergency support to food security and nutrition, livelihood and reintegration of vulnerable households affected by the post-election crisis in Côte d'Ivoire (11-FAO-025)</td>
<td>Food Security</td>
<td>749,910</td>
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<tr>
<td>UNICEF</td>
<td>Emergency WASH Assistance to Vulnerable Returnees and Host Families Affected by Post-election Violence in Western Côte d'Ivoire (11-CEF-035-A)</td>
<td>WASH</td>
<td>740,594</td>
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<tr>
<td>WFP</td>
<td>Provision of Humanitarian Air Services in Côte d'Ivoire + 4 (Ghana, Burkina, Mali, Guinée) (11-WFP-040)</td>
<td>Coordination and Support Services (UNHAS)</td>
<td>500,000</td>
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<tr>
<td>UNHCR</td>
<td>Protection of IDPs in Côte d'Ivoire (11-HCR-033)</td>
<td>Protection</td>
<td>262,150</td>
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<tr>
<td>WHO</td>
<td>Provision of basic health care services to crisis affected people in the West of Côte d'Ivoire (11-WHO-041)</td>
<td>Health</td>
<td>250,000</td>
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<tr>
<td>UNICEF</td>
<td>Gender-Based Violence (GBV) Prevention and Response among most vulnerable populations in Côte d'Ivoire (11-CEF-035-C)</td>
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<td>217,296</td>
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<tr>
<td>UNFPA</td>
<td>Gender-Based Violence (GBV) Prevention and Response among most vulnerable populations in Côte d'Ivoire (11-FPA-033)</td>
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<td>182,732</td>
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<tr>
<td>UNFPA</td>
<td>Provision of basic health care services to crisis affected people in the West of Côte d'Ivoire (11-FPA-032)</td>
<td>Health</td>
<td>170,445</td>
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<tr>
<td>UNICEF</td>
<td>Provision of basic health care services to crisis affected people in the West of Côte d'Ivoire (11-CEF-035-B)</td>
<td>Health</td>
<td>120,028</td>
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<td>UNAIDS</td>
<td>Provision of basic health care services to crisis affected people in the West of Côte d'Ivoire (11-AID-003)</td>
<td>Health</td>
<td>59,704</td>
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**TOTAL** | **6,025,737** |
### Rapid Response Funding to Ghana – July 2011

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<th>Agency</th>
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<tbody>
<tr>
<td>WFP</td>
<td>Food Assistance for Ivorian Refugees in Western and Brong Ahafo Region (11-WFP-037)</td>
<td>Food</td>
<td>1,005,610</td>
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<tr>
<td>UNHCR</td>
<td>Rapid Response (11-HCR-032)</td>
<td>Protection/multi-sector</td>
<td>552,120</td>
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<tr>
<td>UNICEF</td>
<td>Responding to children’s needs in education, WASH, child protection and health and nutrition (11-CEF-033)</td>
<td>Multi-sector&lt;sup&gt;116&lt;/sup&gt;</td>
<td>169,546</td>
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<tr>
<td>WHO</td>
<td>Epidemic prone disease control in refugees camps and host Communities in Ghana (11-WHO-039)</td>
<td>Health</td>
<td>160,807</td>
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<td>UNFPA</td>
<td>Strengthening Reproductive Health and SGVB Response for Refugee Women and Girls from CDI and Host Communities (11-FPA-031)</td>
<td>Health</td>
<td>128,617</td>
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<td>IOM</td>
<td>Transportation and Medical Assistance of Asylum Seekers and Refugees fleeing to Ghana from Ivory Coast (11-IOM-024)</td>
<td>Protection</td>
<td>104,802</td>
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<td><strong>TOTAL</strong></td>
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<td><strong>2,121,502</strong></td>
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<sup>116</sup> The title of this project is misleading as its final version includes activities in the WASH sector only.

### Rapid Response Funding to Liberia – March 2011

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<tr>
<td>UNHCR</td>
<td>UNHCR Shelter construction in refugee camps and relocation villages and strengthening of NFI stocks (11-HCR-010)</td>
<td>Shelter and non-food items</td>
<td>1,787,409</td>
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<tr>
<td>UNICEF</td>
<td>Emergency education and special protection for children affected by the crisis in Cote d’Ivoire (11-CEF-012-B)</td>
<td>Protection</td>
<td>951,063</td>
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<tr>
<td>WFP</td>
<td>Regional logistics and telecommunications augmentation in support of WFP EMOPs and PRRo in Cote d’Ivoire and Liberia (11-WFP-014)</td>
<td>Coordination and Support Services (Logistics)</td>
<td>898,907</td>
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<tr>
<td>UNICEF</td>
<td>Emergency WASH response activities in host communities (11-CEF-012-C)</td>
<td>WASH</td>
<td>549,596</td>
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<tr>
<td>UNICEF</td>
<td>Emergency Nutrition response for Ivorian refugees and host communities WA-(11-CEF-012-A)</td>
<td>Health (Nutrition)</td>
<td>543,489</td>
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<tr>
<td>FAO</td>
<td>Emergency food security assistance to Ivorian refugees and host families in Nimba County, Liberia (11-FAO-012)</td>
<td>Food Security</td>
<td>498,930</td>
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<tr>
<td>UNHCR</td>
<td>UNHCR Strengthening of protection monitoring at the border (11-HCR-009)</td>
<td>Protection</td>
<td>247,893</td>
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<td>UNHCR</td>
<td>Logistics capacity for secondary distribution of non-food items (NFI) (11-HCR-011)</td>
<td>Coordination and Support Services (Logistics)</td>
<td>220,435</td>
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<tr>
<td>WHO</td>
<td>Response to health needs of Ivorian refugees and host communities in Liberia (11-WHO-015)</td>
<td>Health</td>
<td>191,096</td>
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<td>UNFPA</td>
<td>Provision of Reproductive Health Commodities and Services including the Prevention and Treatment of Sexual Gender Based Violence among Ivorian Refugee settlement areas in Liberia (11-FPA-012)</td>
<td>Health</td>
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<td>5,988,454</td>
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**Rapid Response Regional Funding for Togo, Guinea Conakry, and Benin – September 2011**

<table>
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<th>Agency</th>
<th>Project Title</th>
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<th>Amount/$US</th>
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<td>Protection of refugees in Benin (11-HCR-048)</td>
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