The Country-Based Pooled Funds (CBPFs) and the Central Emergency Response Fund (CERF) are some of the most effective ways to ensure that life-saving assistance reaches people caught up in crises. When CBPF and CERF resources are provided to the same contexts, the Humanitarian Coordinators (HCs) at the country level ensure that the resources are used in a complementary and coherent manner as part of an ‘integrated’ approach that engages the comparative advantages of each funding mechanism, thereby maximizing their joint impact. In 2021, the combined allocations by CERF and CBPF were $1.5 billion, with $1.01 billion allocated by CBPFs and $548 million by CERF across 40 countries.

While each context is unique, one or several of the following principles often underpin joint CBPF-CERF allocation strategies:

- **Temporal sequencing:** CBPF and CERF allocations can support different phases of an emergency response – allowing for continuity in the scaling up of humanitarian services.
- **Complementary Fund recipients:** CBPF and CERF allocations can fund different recipient organizations in a way that best addresses the overall humanitarian situation, with CBPFs providing most of their funding to a wide network of front-line national and international NGO partners, and CERF focusing on fewer, large-scale grants for direct operational requirements of UN agencies.
- **Complementary sectoral focus:** Informed by each Fund’s comparative advantage, CBPF and CERF allocations can address needs in different sectors to achieve the desired programmatic coverage.
- **Complementary geographical targeting:** CBPF and CERF allocations can target different geographical locations to achieve the desired spatial coverage to meet the needs of the most severely affected communities.
- **Common promotion of global priorities and cross-cutting issues:** CBPF and CERF allocations can be used together to reinforce consideration of, and attention to, key themes, cross-cutting issues and good practices recognized by the wider humanitarian community as important to the quality of aid.

In 2021, $415 million or 75 per cent of CERF funding went to 15 countries with CBPFs. Examples of complementary use of CERF and CBPF funding are presented on the following pages.
Fifteen years after the UN’s Pooled Funds were set up, it is hard to imagine effective humanitarian response without them. They have become an essential tool for a quick, effective response to ease suffering in humanitarian crisis around the world. With generous donor support, they have saved and transformed millions of lives. They are an emblem of hope and solidarity.”

- António Guterres, United Nations Secretary-General

Lebanon
Averting the collapse of essential infrastructure

In August 2021, acute fuel and electricity shortages severely hampered the provision of essential services in Lebanon. To initiate a rapid and comprehensive response to the deteriorating situation, the Humanitarian Coordinator (HC) employed funding from CERF and the Lebanon Humanitarian Fund (LHF) utilizing the comparative advantages of each instrument with CERF focusing on supporting UN agencies and the LHF the NGO community.

A $4 million CERF Rapid Response allocation in August enabled WFP to provide fuel to keep water stations operational across the country and maintain the provision of water supplies for over 3 million people. The allocation leveraged the established presence and operational readiness of UN agencies with WFP responsible for developing a fuel supply plan, working closely with UNICEF to ensure timely and effective delivery of fuel to water pumping stations.

The support provided by CERF was complemented by a $5 million allocation from the LHF, targeting 2 million people to provide fuel for life-saving health services through hospitals (public and private), primary health care clinics and dispensaries throughout the country. The LHF capitalized on its partnerships with NGOs in the health sector, their technical expertise and ability to reach affected communities through existing programmes and already established working relations with care clinics and dispensaries. The fuel kept facilities running, without which critical health care – supported by international and national NGOs through other funding streams – would have ceased.

With relatively modest amounts, the joint effort by CERF and the LHF enabled fast delivery of some 8 million litres of diesel to nearly 550 water pumping stations and 240 health facilities across the country between September and December 2021 thus enabling continuity of services without which the wellbeing of two-thirds of the population could have been compromised.

Ethiopia
Ensuring a coherent response to looming drought

In late 2021, in response to a severe drought in Ethiopia’s Somali and Oromia regions, the HC used some $7 million of CERF and the EHF resources to enable a strategic and comprehensive response that engaged the humanitarian partners best placed to respond.

Through its Rapid Response window, CERF allocated $5 million to FAO for safeguarding breeding animals and protecting the livelihoods of pastoral communities, and UNICEF for increasing community access to potable water.

In parallel, the EHF provided $2 million for integrated health and nutrition interventions, with a focus on children under five, pregnant and breastfeeding women, people living with disabilities and the elderly. The EHF supported national NGOs able to reach vulnerable groups in locations with limited access.

Under the leadership of the HC, CERF and the EHF’s combined support to UN agencies and NGOs enabled a comprehensive and inclusive response to some 900,000 vulnerable people in hard-to-reach areas.
Afghanistan

Preventing the collapse of the health-care system and ensuring extensive coverage to avert hunger

In 2021, the escalation of the crisis in Afghanistan had a devastating impact on the already overburdened health system. In response, allocations from CERF and the Afghanistan Humanitarian Fund (AHF) were used strategically by the HC to enable a holistic response to the health crisis, with each funding mechanism prioritizing different elements of the health response in line with their comparative advantages.

Following the Taliban takeover in late August, CERF allocated $45 million – the largest allocation of the year – to prevent a collapse of the country’s health system. The funding enabled WHO and UNICEF – working through national and international NGOs – to keep health-care facilities operating until the end of year, including hospitals treating COVID-19 patients.

In parallel, the AHF provided $12.6 million to support NGO mobile health services in 16 provinces, particularly those providing trauma care, mental health, psychosocial support, and other services outside of the Government’s Basic Package of Health Service.

With CERF reinforcing the existing health care system, and the AHF’s support to additional trauma care and other health services in addition to the basic and essential services, the funds were able to ensure a comprehensive package of critical health services with a broad geographic coverage.

South Sudan

Mitigating the impacts of acute food insecurity

In 2021, under the leadership of the South Sudan HC, funding from CERF and the South Sudan Humanitarian Fund (SSHF) was used in a complementary manner to address a sharp deterioration in food insecurity among the most vulnerable. To maximize the impact of the response, the two funding mechanisms were sequenced to support the response most strategically, ensuring broad and more longer-term support of selected activities.

In 2021, due to loss of harvest and livestock caused by flooding and conflict, many vulnerable groups in South Sudan faced food insecurity. To enable an immediate unrestricted, multi-purpose cash-based assistance for people at urgent risk of food insecurity, CERF allocated $7 million in January in the midst of the dry season. Simultaneously, to mitigate the longer-term risk of food insecurity and to promote resilience, the SSHF provided $4 million for agricultural and livelihood support, including seeds, training for improved agronomic and fishing practices, and promoting backyard kitchen gardens. The allocation also promoted partnerships with local and national actors to benefit from their broad reach and proximity with communities.

Following further deterioration in the food security situation, the initial allocations were complemented by a second CERF allocation of $10 million in April. The allocation included $3.4 million for food and livelihood assistance (in-kind and/or cash assistance) for a six-month period, in addition to WASH and nutrition support. The allocation was timed to coincide with the SSHF-funded seed distribution to ensure that households could plant the seeds rather than selling or consuming them in the absence of sufficient food stocks. The CERF allocation focused specifically on female-headed households, households headed by persons with disabilities, and child-headed households.

Three months later, the SSHF allocated a further $28.5 million to sustain the response. Of this, some $3 million was allocated to expand the CERF-funded food security, livelihood, and agriculture programs to other counties where acute food insecurity was on the rise (the allocation also included nutrition, WASH and logistics support). The allocation also prepositioned and subsequently made available emergency food rations and livelihood kits for the dry season.

The complementary use of CERF and the SSHF through their comparative advantages enabled a fast, sequenced and agile response that evolved in line with the developing humanitarian situation and ensured broad-reaching food security and livelihood support for the most vulnerable.