

OCHA POOLED FUNDS COMPLEMENTARITY

Central Emergency Response Fund (CERF) and Country-Based Pooled Funds (CBPFs)



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.

CENTRAL EMERGENCY RESPONSE FUND

CERF is an essential enabler of global humanitarian action. As the UN's global emergency fund, CERF is managed by Emergency Relief Coordinator (ERC) on behalf of the Secretary-General and can respond in any country at any time through prepositioned donor contributions at the global level. CERF funding allows responders to kick-start relief efforts immediately when a new crisis emerges and to scale-up and sustain protracted relief operations to avoid critical gaps when no other funding is available.

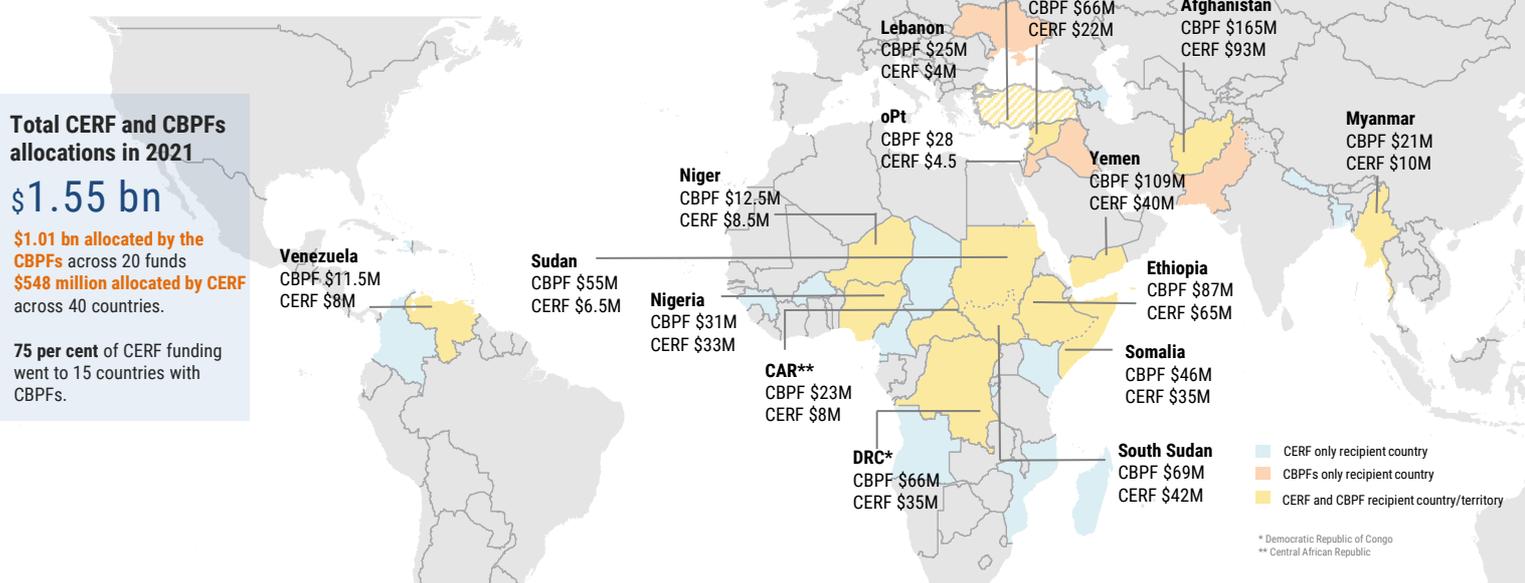
COUNTRY-BASED POOLED FUNDS

The CBPFs allow donors to pool their contributions into country-specific Funds to support local humanitarian efforts. CBPFs operate in a limited number of countries and provide predictability for HCs and a response that is prioritized locally by those closest to the people in need. Greater involvement of local and national actors in humanitarian action and in-country leadership by the HCs allows for contextually appropriate strategies to advance global priorities and leverage greater coherence in humanitarian responses.

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.

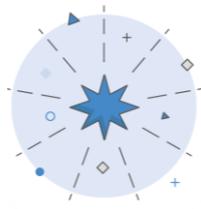
In 2021, **\$415 million or 75 per cent** of CERF funding went to 15 countries with CBPFs. Examples of complementary use of CERF and CBPF funding are presented on the following pages.



The boundaries and names shown, and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

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.



Afghanistan. Children whose families have been displaced fetch water.
©OCHA/ Charlotte Cans

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.