Final Report

Independent review of the Four Priority Underfunded Areas for the Central Emergency Response Fund (CERF)

Date: 10 October 2020

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Table of Contents

Acronyms

AAP	Accountability to Affected Populations	IASC	Inter-Agency Standing Committee
CBPF	Country-Based Pooled Fund	IDP	Internally Displaced Person
CERF	Central Emergency Response Fund	KII	Key Informant Interview
CP	Child Protection	OHCHR	Office for the High Commissioner for Human Rights
CSO	Civil Society Organisation	PAF	Performance and Accountability Framework
DRC	Democratic Republic of Congo		
ECW	Education Cannot Wait	PSEA	Preventing Sexual Exploitation and Abuse
ERC	Emergency Relief Coordinator		
FGD	Focus Group Discussion	PwD	Persons with Disabilities
FSL	Food Security and Livelihoods	RC/HC	Resident Coordinator/Humanitarian Coordinator
FTS	Financial Tracking Service		
GAM	Gender with Age Marker	RR	Rapid Response
GBV	Gender-Based Violence	SADD	Sex and Age-Disaggregated Data
GEEWG	Gender Equality and the Empowerment of Women and Girls	SRH	Sexual and Reproductive Health
		STAIT	Senior Transformative Agenda Implementation Team
HCT	Humanitarian Country Team		
HI	Humanity and Inclusion	ToR	Terms of Reference
HNO	Humanitarian Needs Overview	UFE	Underfunded Emergency
HPC	Humanitarian Programme Cycle	UNCT	United Nations Country Team
HRP	Humanitarian Response Plan	WHS	World Humanitarian Summit
IAHE	Inter-Agency Humanitarian Evaluation		

Acknowledgements

Executive Summary

Introduction

In January 2019, the ERC identified four priority areas to which Resident/Humanitarian Coordinators (RC/HCs) should give 'due consideration' when developing CERF applications. The ERC's communication identified the four areas as: (a) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (b) programs targeting disabled people; (c) education in protracted crises; and (d) other aspects of protection. There is a large body of evidence to show that, despite the commitments made at the World Humanitarian Summit (WHS), the four priority areas remain chronically under-funded and that humanitarian actors face a number of challenges with translating the commitments into change for affected populations. It was in light of this that the ERC decided to use the CERF as one of the tools at his disposal to address funding shortfalls (and thereby promote change).

This independent review provides the ERC with an additional source of information for assessing the process and results of his communication and subsequent CERF guidance. It covers Underfunded Emergency (UFE) allocations from the beginning of 2019 and Rapid Response (RR) grants from September 2019 until May 2020. Some interviewees felt that this was a short timeframe within which to expect change, particularly for the RR window, but the review helps to identify the trajectory of changes and offers the potential for course correction based on the lessons identified. The review is based on four light-touch desk reviews (Bangladesh, Democratic Republic of Congo (DRC), Somalia and Zimbabwe) and three in-depth case studies (Cameroon, Sudan and Ukraine).

Methodology summary

The review team developed an analytical framework and organised the questions in the Terms of Reference (ToR) according to this, ensuring a comprehensive assessment of the CERF's promotion of the four priority areas. The table below summarises data collection tools and methods.

Tools and methods	Summary analysis
Country participation	In-depth case study countries: Team members conducted interviews in-person and remotely in Ukraine and completely remotely for Cameroon and Sudan because of Covid-19 travel restrictions. Desk review countries: The team undertook 6-8 key informant interviews (KIIs) per country to complement a document review.
Document and literature review	64 documents cited in the inception and review reports drawing on a document repository containing over 550 documents, including CERF project documents that the team reviewed and used for findings.
Light review of priority areas	Each of the four priority areas is a complex issue in its own right so, during the inception phase, the review team undertook a light analysis of each area in order to focus the review questions. This was based on a combination of document review and inception phase interviews with key stakeholders. It also incorporated a preliminary quantitative analysis from relevant CERF reports.
Key informant interviews (KIIs)	Interviews with just over 155 country-based and headquarters informants (approximately 35-40 interviews at national and sub-national level for each in-depth case study), comprising 51 per cent female and 49 per cent male interviewees.
Community engagement	The team had planned to obtain qualitative data about the effect of the four priorities in targeted communities through project visits in the case study countries. While a team member conducted KIIs in Ukraine, the trip was terminated prior to project visits as a consequence of the Covid-19 outbreak.
Validation of findings and conclusions	The team validated findings and conclusions through a virtual technical workshop with the CERF secretariat and a presentation and discussion with OCHA senior management. It prepared a briefing paper for the CERF Advisory Group meeting on 1 June 2020 but was unable to make a presentation due to Covid-19 restrictions.

Global context for the priority areas

The ERC's four priority areas have long been on the agenda of humanitarian actors, with widespread agreement that they have tended to be under-funded and that the performance of humanitarian has been inconsistent. The WHS established the normative framework for many of the issues covered by the ERC's priority areas, with implementation work being taken forward by the IASC, donors and different humanitarian actors as well as through a number of global conferences. The WHS and subsequent work highlight widespread commitment to improvement and change in humanitarian practice. However, there has been limited progress on the ground. Interviews for this review highlighted that lack of funding tended to be one of a much broader set of reasons for this, including data availability, and challenges with analysis and implementation capacity. This is borne out by a number of reports and analyses of progress in the priority areas. In light of this, the ERC decided to use the CERF as one of the tools at his disposal to address funding shortfalls (and thereby promote change).

Key Findings

Following the ERC's communication, the CERF secretariat updated its guidance and revised its templates to obtain better information on how the priority areas had been considered in in-country prioritisation processes and reporting on results in the priority areas.

Although the CERF relies on RC/HCs and UN agencies on the ground to prioritise the allocation of funds based on humanitarian needs, the review found that, **in line with the ERC's aim, the CERF has increased its funding for the education and protection priority areas.** Funding for standalone protection programmes from the UFE window increased significantly, from 6 per cent in 2018 to 15.3 per cent in 2019. There has been a more modest year-on-year increase of 0.5 per cent in CERF funding for education since 2016 (pre-dating the ERC's prioritisation). It is likely that the increase in funding for education has been limited by agencies tending not to prioritise education for CERF funding at country level because this was not seen to be 'as life-saving' as other sectors. A system-wide challenge with tracking funding for assistance to Person with Disabilities (PwD), and mainstreamed activities in support of women and girls and protection, is the lack of mechanisms to do this. Nevertheless, there was qualitative evidence that the CERF's focus has led to greater attention to the priority areas during funding allocation discussions at country level.

In particular, **the CERF's focus has increased attention to the provision of assistance to PwD.** Prior to the ERC's communication, the needs of PwD were rarely reflected in Humanitarian Needs Overviews (HNOs) and Humanitarian Response Plans (HRPs). Ukraine was the clearest example of how the CERF had led to greater responsiveness to the needs of PwD but this had also happened to some extent in Somalia and other contexts. It had also led to the inclusion of PwD in some HRPs in 2020 (such as Ukraine, Sudan and Cameroon), which in turn influences the wider humanitarian response.

In a document elaborating on the implementation of the priority areas, the CERF secretariat explained that they could be *'either mainstreamed in agency programming or [included] as a targeted stand-alone action'*.[1] Interviews for this review showed that **there is broad agreement that the crosscutting priority areas are highly relevant for delivering quality and inclusive humanitarian assistance.** This led to strong calls for mainstreaming them although it would remain important to fund standalone service delivery alongside this to ensure that individual cases can be referred to specialised services. It seems obvious that a humanitarian programme that fails to address the needs of PwD as a vulnerable group or to take account of potential protection and GBV risks or to consider how it might be entrenching gender inequalities fails to comply with the basic tenet of 'do no harm'. Yet, interviews highlighted that there is a persistent perception that these issues are not relevant in some sectors.

Mainstreaming the crosscutting priority areas into all sectors of humanitarian assistance could greatly increase CERF funding for them. This is because, currently, almost half of CERF funding is for

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[1] CERF Secretariat (2019) *Q&A on the Emergency Relief Coordinator's four priority areas for CERF*, Advisory Group meeting, 19-20 June 2019

sectors where these are not integrated consistently (food assistance, health and shelter/Non-Food Items). This approach would also help to address some of the resistance to change that comes from the perception that the priority areas are yet another demand on the already over-stretched resources of humanitarian actors rather than fundamental to 'do no harm' and for effectiveness.

Although the CERF's focus has increased attention to some of the priority areas as well as funding, broader systemic challenges that have hampered progress in the past still remain. **At a strategic level, the review found little evidence of discussions about the priority areas in Humanitarian Country Teams (HCTs)** or concerted efforts to link CERF funding to HCT protection strategies**.** The most significant barrier to a collective approach that interviewees highlighted was the competition for funding. UFE allocations, in particular, are seen an opportunity for every agency to get 'a slice of the cake'. There were a few examples of OCHA using its convening power to facilitate discussions on incorporating the priority areas into CERF applications and there is potential for replicating this more systematically.

The main barrier to progress in the priority areas is that, **despite wide-ranging commitments, technical capacity within the humanitarian system in the crosscutting priority areas remains mixed. The capacity to identify and assist PwD was weakest.** Data collection, the application of gender analyses and adequate understanding of how to mainstream the crosscutting priority areas were the greatest challenges. The review found that agencies did not draw on experts, such as gender advisors, for CERF submissions unless they were based in-house. Addressing these capacity gaps is beyond the CERF's mandate but the CERF relies on this capacity being in place to use its funds effectively. **CBPFs have more flexibility to fund capacity strengthening so this is an area where they have the potential to complement CERF funding.** The review also highlighted the need for the CERF secretariat and OCHA country-level staff to have sufficient knowledge of the priority areas to guide and support agencies through the prioritisation, submission and reporting stages.

The review found that agencies had not made significant changes to their project design and implementation in response to the CERF focus on the priority areas. This meant that projects had assisted very small numbers of PwD and that projects that addressed the priorities of gender-based violence (GBV), reproductive health, education and protection did not appear to be any different to those that had received CERF funding prior to the ERC's communication. There were a number of potential reasons for this, including capacity constraints, the fact that projects are designed for HRPs rather than specifically for the CERF, and the fact that CERF funding decisions are not based on whether or not an agency is addressing the priority areas. There is also less incentive for CERF-recipient agencies to change how they work in response to the CERF's focus because other donors have not explicitly endorsed the CERF's approach. Donors consulted for this review stated that the CERF focus had not influenced their funding decisions in the priority areas.

The CERF secretariat is reliant on recipient agencies to provide sufficient information at the application and reporting stages to assess how its funding contributed to results in the priority areas. In addition to the systemic challenges outlined above, the humanitarian system remains weak at identifying results beyond outputs. Consequently, the CERF faces significant barriers to identifying results. This includes the lack of relevant indicators at project level and also across agencies or projects, the absence of a system to consolidate agency reporting on the priorities in a meaningful way, and the lack of both capacity and incentives on the agency side to provide adequate data and information on the priority areas.

Conclusion

The CERF has increased the attention paid to priority areas such as assistance to PwD and it has demonstrably increased its funding for standalone protection activities and education. Limitations with tracking funding for mainstreamed activities make it difficult to determine whether CERF funding for the other priority areas has also increased. It is understandable that the ERC has used the CERF as one of the tools at his disposal to try to address the long-term challenges with making progress in the

priority areas, despite the commitments made. However, **there is an inherent tension between the CERF mandate, predicated on short-term emergency relief, and addressing the longer-term issues underpinning the priority areas.** The ERC's priorities seek to address deep-seated weaknesses in the humanitarian system, but the priority areas also reflect long-term inequity and power imbalances in crisis contexts. Donors are keen for the CERF to maintain its focus on short-term, life-saving activities but this will always limit its ability to address the longer-term issues reflected in the priority areas. Agencies requested greater clarity in CERF guidance, particularly relating to the life-saving criteria, arguing that it was difficult to demonstrate results in the crosscutting priority areas within the short timeframe of CERF funding. Therefore, it would be helpful for stakeholders to discuss and decide whether the CERF needs to change what it funds and how in order to deliver more significant change in the priority areas or whether it is sufficient for it to provide some additional funding.

Recommendations

It would be useful if key stakeholders clarified what the CERF's role and contribution should be in the priority areas, given that these have been long-standing challenges in the humanitarian sector as well as chronically underfunded. Therefore, rather than a single set of recommendations, this review offers two approaches that the ERC, the CERF secretariat and OCHA could pursue to promote the four priority areas more effectively. These are broadly structured around the level of change that stakeholders want the CERF to deliver. The review's findings point to two potential levels of change:

- **Basic Change:** This would seek to strengthen the CERF's current approach of promoting the priorities for 'due consideration' with a view to prompting project-level change. The recommendations focus mainly on clarifying CERF guidance, revising document templates and putting in place necessary changes to reflect the focus on the priority areas. This should enable the CERF secretariat to track funding as well as results in the priority areas.
- **Intermediate change:** Focused on bringing about behaviour change amongst RC/HCs and in CERF-recipient agencies, this would involve moving from the concept of the priority areas as add-ons or exceptional to a concept of gender, disability and protection integrated as part of 'quality' programming (together with AAP) in all CERF projects. There would also be a need to push for agencies to put greater emphasis on the priority areas in collective decisions (for example, at HCT and inter-cluster level). As part of this, prioritisation processes would need to shift from having to make the case for funding the priorities (e.g. education) to prioritisation strategies having to explain why priorities (e.g. protection or education) have been excluded.

Increasing the impact of CERF funding in the priority areas requires capacity and change in the humanitarian system as a whole. This review does not make recommendations on issues that are outside the CERF's sphere of influence. However, there are a number of system-wide measures that could improve how the priority areas are addressed and complement the CERF's efforts. These include ensuring that the priority areas are reflected systematically in HNO/HRP processes, strengthening HC accountability for delivering in the priority areas, including through HC Compacts and HCT ToRs, and increasing donor funding for addressing technical capacity gaps.

The boxes below outline minimum sets of actions for each level of change. It should be noted that the intermediate change would require the actions outlined under the basic change as well.

Basic change: Strengthen the CERF's current approach of promoting the priorities for 'due consideration' with a view to prompting project-level change		
#	**Recommendation**	**Who**
1	Clarify the information that the secretariat expects from agencies in their submissions on the priority areas, including through webinars, development of tip sheets, etc.	CERF sec
2	Revise CERF guidance, rules relating to funding eligibility and the life-saving criteria as needed to support the implementation of the priority areas	CERF sec

3	Design CERF project and reporting templates so that agencies document systematically how they are including women and girls, PwD and protection in their work, including giving women and girls and PwD a voice in AAP mechanisms.	CERF sec
4	Draw on technical expertise within OCHA and the IASC technical groups on gender, AAP, PwD and PSEA to develop appropriate questions in CERF templates and to identify indicators and monitoring tools for the priority areas	CERF sec, OCHA
5	Track CERF funding for the PwD, GBV, reproductive health and child protection components of the priority areas when these are funded as distinct activities.	CERF sec
6	Strengthen the knowledge of the CERF secretariat and OCHA country-level staff in the priority areas to enable them to support agencies through prioritisation, application and reporting processes.	CERF sec, OCHA
7	Make exceptions to the requirement for a small number of at-scale projects in CERF submissions to avoid excluding projects in the priority areas (which tend to require smaller amounts of funding). Also consider making targeted allocations for projects in the priority areas to ensure that they receive adequate funding.	CERF sec

It should be noted that, since the validation workshop, the secretariat has already begun to implement some of these recommendations. This includes revising templates to collect better information on the priority areas, conducting webinars, providing targeted funding for GBV programming, and working with technical experts on CERF guidance and reviewing strategies.

Intermediate change: Promote behaviour change among RC/HCs and in CERF-recipient agencies to integrate the crosscutting priority areas systematically into their work and to put greater emphasis on prioritising education for CERF funding.

#	Recommendation	Who
1	RC/HCs should demonstrate that they have led strategic discussions in the HCT on the inclusion of the priority areas in CERF submissions.	RC/HCs, HCT
2	Provide incentives for change by ensuring that the integration of priority areas is a key factor in CERF submissions and funding decisions (reducing funding to agencies that fail to deliver and/or report on the priority areas).	CERF sec
3	Strengthen the CERF secretariat's capacity to push for better quality information on the priority areas in proposals and reports and OCHA's ability to follow up on information provided.	ERC, CERF sec, OCHA, donors
4	OCHA should facilitate input from gender, protection and other technical specialists into CERF processes at country level. It should also ensure that ProCap and GenCap advisors are clear about the need to support CERF processes.	OCHA
5	Engage with CERF recipient agencies at headquarters level to create buy-in for changes, including by advocating for the implementation of agencies' own policies in the priority areas.	CERF sec, OCHA
6	Ensure that OCHA Country Offices and recipient agencies understand the changes and expectations through webinars, development of tip sheets, etc.	CERF sec, OCHA
7	Strengthen OCHA Country Office monitoring of the priority areas, particularly in countries with CBPFs.	CERF sec, CBPF section.
8	Strengthen CERF and CBPF complementarity to promote change amongst NGOs as well as UN agencies, with CBPFs better able to fund capacity strengthening at country level.	OCHA
9	Engage with donors so that they complement the CERF's efforts to promote behaviour change and provide complementary funding for the priority areas.	OCHA

1 Review purpose and methodology

This section describes the background, purpose and scope of the review as well as overarching questions before going on to summarise the methodology. The section concludes by putting the ERC's initiative on the priority areas into its global context.

1.1. Background to the review

In January 2019, the ERC identified four priority areas that RC/HCs should take into consideration when developing CERF applications as well as CBPF allocation strategies (see Annex 1). These areas were considered to be chronically underfunded and lacking appropriate consideration and visibility in funding for humanitarian action. The communication identified the four areas as: (a) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (b) programs targeting disabled people; (c) education in protracted crises; and (d) other aspects of protection.

The aim of the communication was to ensure additional consideration of the four areas in all CERF Rapid Response (RR) and Underfunded Emergency (UFE) allocation strategies and projects. The priority areas were rolled out through both UFE rounds in 2019 and through RR funding from September 2019. Using CERF to increase focus on the four priority areas was also intended to leverage attention to these underfunded areas, as a means of prompting behaviour change at country level and mobilizing additional resources through bilateral donor contributions and other channels.

RC/HCs were asked to give due consideration to the four priority areas in all CERF submissions. However, it was expected that the submissions would remain needs-based and in line with the CERF's life-saving criteria and agreed in the UNCT/HCT under the leadership and coordination of the RC/HC.

1.2. Review purpose, scope and key questions

This independent review provides an additional source of information for assessing the process and results of the ERC's communication and subsequent CERF guidance. It covers UFE and RR allocations from the beginning of 2019 until May 2020 with a focus on four light-touch desk reviews (Bangladesh, Democratic Republic of Congo, Somalia and Zimbabwe) and three in-depth case studies (Cameroon, Sudan and Ukraine).

The aim of CERF reviews is to provide the ERC with an appropriate level of assurance on the achievement of key performance benchmarks and planned results for the CERF mechanism around the intended inputs, outputs and outcomes as defined by the CERF's Performance and Accountability Framework (PAF). The ERC and CERF secretariat seek assurance from this review on the following questions:

    i.   How have the RC/HCs, UNCT/HCTs, partners and the CERF secretariat incorporated the priority areas into the full CERF *(*and CBPF – where present) program cycle?

    ii.   How have partners ensured that service delivery/project implementation reflects the four priorities?

    iii.   What changes and results (both positive and negative) have come about due to the emphasis on the priority areas?

    iv.   In what ways could the CERF promote the four priority areas more effectively?

1.3. Methodology summary

Figure 1: Analytical framework
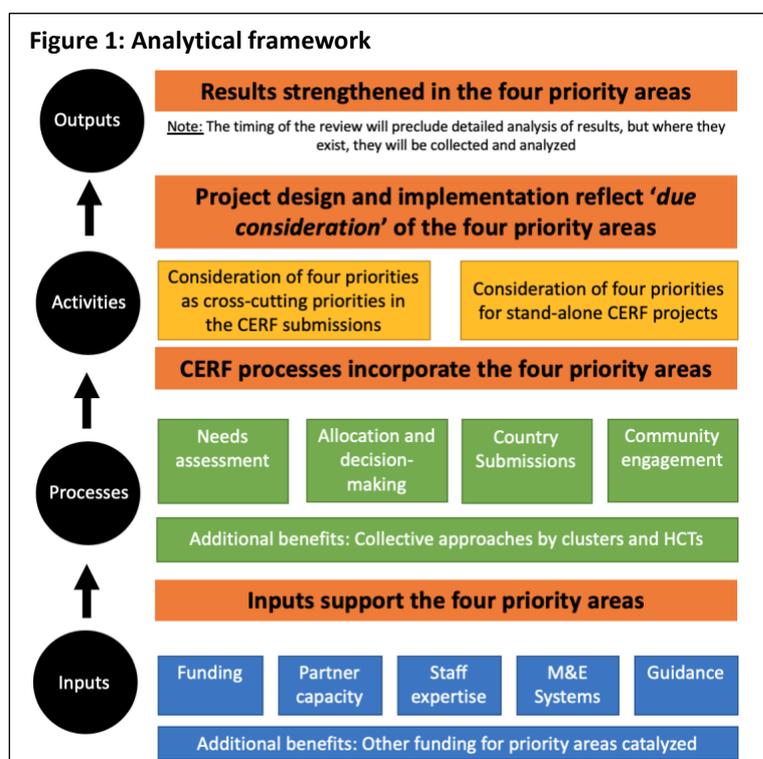
Analytical framework: The review team organized the review questions listed in the ToR according to the analytical framework and used this to guide data collection in order to undertake a comprehensive assessment of the CERF's contribution to increasing funding and attention on the four priority areas.

Approach: The team used a mixed-methods approach for data collection and analysis. Most of the data collected was qualitative and was obtained through a literature review and semi-structured key informant interviews (KIIs). The team intended to visit project sites during country visits to observe activities, and to conduct KIIs with implementing partner staff and Focus Group Discussions (FGDs) with community members. The countries were purposively selected, based on an analysis of the context, receipt of CERF funds from the UFE and RR windows in 2019 and 2020, and their willingness to participate.[2] Table 1 below summarises the methods used.

Table 1: Summary of data collection tools and methods

Tools and methods	Summary analysis
Country participation	In-depth case study countries: A team member undertook a field visit to Ukraine. The Cameroon and Sudan trips were modified into expanded desk reviews as a result of travel restrictions linked to the Covid-19 pandemic. The team conducted Interviews with 35-40 informants in each country at national and sub-national level. Desk review countries: The team undertook a series of desk reviews that comprised a small number of interviews (6-8) with key informants. Countries included Bangladesh, DRC, Somalia and Zimbabwe.
Document and literature review	64 documents cited in the inception and review reports drawing on a document repository containing over 550 documents, including CERF project documents that the team reviewed and used for findings.
Light review of priority areas	Each of the four priority areas is a complex issue in its own right and the review team undertook a light analysis of each area in order to focus the review questions during the inception phase. This was based on a combination of document review and inception phase interviews with key stakeholders. It also incorporated a preliminary quantitative analysis from relevant CERF reports.[3]
Key informant interviews	Interviews with just over 155 country-based and headquarters informants, comprising 51 per cent female and 49 per cent male interviewees.
Community	The methodology anticipated that the review team would obtain qualitative data about the effect of the four priorities in targeted communities through a series of project visits

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[2] The inception report for this review outlines the approach to sampling and selection of countries in greater detail.
[3] The output from this review was included in the inception report and will not be reproduced in this report.

| engagement | in the case study countries (Cameroon, Sudan and Ukraine). While a team member conducted Key Informant Interviews (KIIs) in Ukraine, the trip was terminated prior to project visits as a consequence of the Covid-19 outbreak. |

Validation: Once the team had completed its data collection and analysis, it facilitated a virtual technical workshop with CERF secretariat staff to validate findings and conclusions. It also presented findings and recommendations to OCHA senior management and developed a two-page brief for the CERF Advisory Group.

Confidentiality: All interviews were confidential, with nothing attributed in this report to specific individuals or agencies. However, the report uses country-specific examples to highlight good or innovative practice to contribute to learning.

Limitations: The review team conducted a desk-based review of potential limitations in order to ensure that the proposed approach and tools can, as far as possible, address these. Details of the most significant limitations are outlined below (Table 2).

Table 2: Limitations

Tools and methods	Description
Monitoring results and identifying trends	It was challenging to identify the results of CERF-funded projects because RC/HC reports on the use of CERF funding for the 2019 UFE Round I were not available until mid-late June 2020. There were also broader limitations linked to programme and financial monitoring as the CERF secretariat only captures funding data for specific sectors and so the team could only evidence trends for standalone education and protection programming but not for cross-cutting priority areas.
Attributing changes to CERF funding	It was not feasible to attribute the CERF's contribution to specific changes, given the co-mingling of funding for projects, the paucity of evidence for the priority areas, the lack of monitoring data.
Travel restrictions linked to Covid-19	The team's inability to engage with communities receiving CERF-funded assistance meant that it was not possible to complement CERF data with primary evidence of the effect of the four priorities on the lives of affected people. It is likely that the quality of KIIs and the ability to gather additional data was also compromised.

2 Global context for the priority areas

This section puts the ERC's four priority areas initiative into its global context. It begins by outlining the strong focus on these issues at the World Humanitarian Summit (WHS) in 2016 before examining progress since then.

2.1 Global commitments to the priority areas

The priority areas have long been on the agenda of humanitarian actors, with widespread agreement that they have tended to be under-funded and performance among humanitarian actors has been inconsistent. Box 1 outlines the links between the Agenda for Humanity, which set the overarching framework for the WHS, and the priority areas.

Box 1: Links between the Agenda for Humanity and the ERC's Four Priorities[4]

- **Empower and protect women and girls:** Full and equal participation by women and girls in civil, political, economic and social spheres and in decision-making must become the standard to which all actors are held accountable in their development and humanitarian programming and funding. Access to livelihoods opportunities must be scaled up and expanded. Priority must be given to providing women and adolescent girls with comprehensive sexual and reproductive health-care services without discrimination.
- **Ensure education for all in crisis:** Sufficient domestic and international funding must be made available for quality education programmes, during and after crises. Education must be safe, inclusive, free of exploitation and protected from attacks and abuse by military groups. All education programmes should include secondary education and provide vocational opportunities. States should commit to providing education and certification for displaced persons, in line with national qualifications and standards.
- **Include the most vulnerable:** The needs and risks faced by the most vulnerable and disadvantaged groups, including women and girls, persons with disabilities, older persons, adolescents and ethnic minorities must be identified and prioritized. National and international organizations should put in place strategies and programmes with a specific focus on protecting and respecting the rights of the most vulnerable and disadvantaged underpinned by comprehensive data analysis.

The WHS established the normative framework for many of the issues covered by the ERC's priority areas, with implementation work being taken forward by the IASC, donors and different humanitarian actors as well as through a number of global conferences.

- At the high-level roundtable on 'Women and Girls: Catalyzing Action to Achieve Gender Equality' at the WHS, participants made five core commitments that included empowering women and girls as change agents and leaders, ensuring universal access to sexual and reproductive health (SRH), and implementing a coordinated global approach to preventing and responding to gender-based violence. These are clearly reflected in the ERC's first priority area. The IASC then developed a Policy on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action in 2017[5] and a Gender Handbook in 2018.[6] The Oslo conference on 'Ending Sexual and Gender-Based Violence in Humanitarian Crises' in 2019 resulted in several hundred commitments on this issue.[7]
- Participants at the WHS endorsed a new charter to significantly improve the living conditions of Persons with Disabilities (PwD) in emergencies.[8] Subsequently, the IASC Task Team on Inclusion of Persons with Disabilities in Humanitarian Action issued guidelines in July 2019.[9]
- There was a special session on education in emergencies and protracted crises at the WHS, which included the launch of the Education Cannot Wait fund. The European Commission then

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[4] See https://www.agendaforhumanity.org/cr/3.

[5] IASC (2017) *IASC Policy on Gender Equality and the Empowerment of Women and Girls*, 29 December 2017.

[6] IASC (2018) Guideline: *The Gender Handbook for Humanitarian Action*, February 2018.

[7] https://reliefweb.int/report/world/oslo-conference-ending-sexual-and-gender-based-violence-humanitarian-crises-co-host

[8] NA (nd) *Charter on Inclusion of Persons with Disabilities in Humanitarian Action, Final version*

[9] IASC (2019) *Guidelines: Inclusion of persons with disabilities in humanitarian action*, IASC Task Team on Inclusion of Persons with Disabilities in Humanitarian Action, July 2019

issued a Communication on Education in Emergencies and Protracted Crises in May 2018, which has been endorsed by European Union Member States.[10]

- WHS participants made commitments relating to protection under the goals to 'Uphold the norms that safeguard humanity' and to 'Leave no one behind: a commitment to address forced displacement'. This included protecting civilians from explosive weapons and avoiding the use of civilian infrastructure for military purposes, protecting humanitarian and health-care workers against attacks, and strengthening the protection of refugees and Internally Displaced Persons (IDPs). The IASC's 2016 Centrality of Protection policy designates specific responsibilities to HCs and Humanitarian Country Teams (HCTs).

2.2 Barriers to delivering change in the priority areas

While the WHS and subsequent work on the issues covered by the priority areas highlight widespread commitment to improvement and change in humanitarian practice, there has been limited progress on the ground. Interviews for this review highlighted that lack of funding tended to be one of a much broader set of factors contributing to the lack of progress in the priority areas, including data availability, and challenges with analysis and implementation capacity. This is borne out by a number of reports and analyses of progress in the priority areas.

An analysis of self-reporting on WHS commitments showed that there was a significant increase in recognising the critical role of gender in humanitarian action and some investment in the empowerment of crisis-affected women and girls. However, insufficient funding and mechanisms to track funding for the empowerment of women and girls, remained a challenge. The analysis also identified the lack of participation of crisis-affected women and girls and the insufficient availability and use of sex- and age-disaggregated data (SADD).[11] Similarly, the IASC Gender Accountability Framework Report for 2018 found that 90 per cent of Humanitarian Needs Overviews (HNOs) included some degree of gender analysis and 55 per cent demonstrated the use of SADD. However, the issues identified in the gender analyses were inconsistently applied to the prioritised actions of the clusters/sectors in the HNOs and the Humanitarian Response Plans (HRPs). The recent Inter-Agency Humanitarian Evaluation (IAHE) of Gender Equality and the Empowerment of Women and Girls (GEEWG) also identifies a range of challenges such as the limited participation of women and girls in information collection, sharing and feedback mechanisms; weaknesses in the deployment and use of gender expertise; a lack of understanding about how to apply gender considerations in technical sectors; and the lack of consequences for non-compliance with gender commitments.[12]

Analyses show that GBV and SRH have been prioritised only to a limited extent in HRPs and remain underfunded. According to OCHA's Financial Tracking Service (FTS), in 2018, GBV activities received about 0.3 per cent of total humanitarian funding, accounting for $76.8 million of the total $25 billion.[13] Data from 23 HRPs from 2016-2018 across eight countries revealed that GBV prevention and response was included as a specific funding requirement in just over half (12 HRPs). During this timeframe, two thirds of funding requests for GBV in emergencies registered on FTS went unfunded, leaving a gap of $104.2 million.[14] FTS data also shows that, between 2002 and 2013, SRH activities only received 43 per cent of the total funding requested, with a shortfall of $2.69 billion.[15] This was despite evidence that,

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[10] European Commission (2018) *Communication from the Commission to the European Parliament and the Council on Education in Emergencies and Protracted Crises*.

[11] ActionAid, UN Women and Women's Refuge Commission (2018) *Empower Women and Girls and Gender as a Cross-Cutting Issue: Analytical Paper on WHS Self-Reporting on Agenda for Humanity Transformation 3D*

[12] Jantzi, T., M. Bizzari, M. Cano Vinas and H. Khogali (2020) *Inter-Agency Humanitarian Evaluation on Gender Equality and the Empowerment of Women and Girls: Draft Final Evaluation Report*, KonTerra

[13] This is only funding that has been specifically reported and tagged as being for GBV so it does not reflect funding for programmes that have mainstreamed GBV prevention.

[14] International Rescue Committee (2019) *Where is the money? Why the Oslo conference must finally deliver funding for gender-based violence in emergencies.*

[15] IAWG (2015) *Reproductive Health in the Changing Humanitarian Context: Findings from the IAWG on Reproductive Health in Crises' 2012-2014 Global Evaluation.*

in humanitarian crises, every $1 spent on contraceptive services can save between $1.7 and $4 in maternal and new-born health care costs.[16]

As in the case of the empowerment of women and girls, an analysis of self-reporting on the inclusion of PwD in humanitarian action identified examples of good practice in participation, inclusive data collection and inclusive services. However, it also found that there were a number of barriers to progress, including a low level of understanding and priority for PwD, a lack of disability disaggregated data, and a lack of funding.[17]

In 2016, UNICEF cited the lack of prioritisation of education, including in pooled funding, poor coordination between different actors, a lack of capacity and a lack of real-time data as reasons why the education needs of children affected by protracted crises are met only to a limited extent.[18] The Global Education Cluster's analysis of 2014-2017 appeal funding (undertaken in 2018) also provides evidence of a significant funding gap:[19]

- Between 2014-2017, the funding gap for education was 65% compared with 40% for overall humanitarian funding. Over the same period, humanitarian funding to education increased from 1.7% of total sector-specific funding to 3.8%, seventh out of eleven IASC-recognized clusters.
- Education accounted for only 4% of funding identified as multi-sectoral (which itself was only 5.8% of total humanitarian funding).
- HCTs rarely prioritise education for CERF funding and between 2014 – 2017, accounted for less than 2% of CERF allocations, which is even lower than its share of appeal funding.

The Senior Transformative Agenda Implementation Team (STAIT)/Peer-2-Peer (P2P) reports and the 2018 stock-take undertaken by the Co-Chairs of the Centrality of Protection Task Team, OCHA and InterAction[20] demonstrate that significant progress is still required to advance collective protection outcomes and deliver the IASC Commitments to the Centrality of Protection. The concluding statement of the report outlines the work that remains; '*realising the centrality of protection and fully implementing the protection policy necessitates changes in the ways of working and attitudes of all humanitarian actors at all levels.*'

2.3 The ERC's initiative on the four priority areas

There is a large body of evidence to show that, despite the commitments made at the WHS, the four priority areas remain under-funded and that humanitarian actors face a number of challenges with translating the commitments into change for affected populations. In light of this, the ERC decided to use the CERF as one of the tools at his disposal to address funding shortfalls (and thereby promote change). He and OCHA have also used other tools, including high-level communications conferences (such as the 2019 Oslo Conference)[21], policy papers and publications, to promote change within the humanitarian system.

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[16] UNFPA (2015) *Shelter from the Storm: A transformative agenda for women and girls in a crisis-prone world. The State of the World Population 2015.*

[17] Handicap International (nd) *Charter on Inclusion of Persons with Disabilities: Update on Progress since the World Humanitarian Summit*

[18] UNICEF (2016) *Education Cannot Wait A Fund for Education in Emergencies*, June 2016

[19] Data obtained from Global Education Cluster (2018) Humanitarian Funding to Education in Emergencies, 2014 – 2017. See https://reliefweb.int/report/world/humanitarian-funding-education-emergencies-2014-2017.

[20] Global Protection Cluster (2018) *Stock-take on the IASC Protection Policy and the Centrality of Protection – Outcome report*, October 2018.

[21] The aim of the conference was to drive change in the prevention, mitigation, and response to GBV, including sexual violence, in humanitarian crises as part of OCHA's broader agenda to advance GEEWG, and the prevention and response to GBV in humanitarian crises.

3 Findings

This section presents key findings from the review organised according to the first three review questions listed in section 1.2. The fourth question is addressed through the conclusions and recommendations. It should be borne in mind that education is different to the other priority areas in that it is a distinct sector rather than an issue that can either be mainstreamed into projects across different sectors or addressed through standalone projects. Therefore, references to crosscutting priority areas cover the three areas of gender, protection and assistance to PwD.

3.1 How have the RC/HCs, UNCT/HCTs, partners and the CERF secretariat incorporated the priority areas into the full CERF (and CBPF – where present) program cycle?

3.1.1 ERC Communication and CERF Guidance

Following the ERC's communication the CERF secretariat recognised the '*need to ensure that the four areas are more systematically considered in CERF requests and that efforts made and results achieved on the priority areas are captured, analyzed and reported on*'. It (i) updated the Guidance Note to include the priorities, (ii) revised allocation letters to provide RC/HCs with messages on how to best mainstream them throughout the in-country prioritisation process, (iii) revised the prioritisation strategy template to incorporate a strategic overview on how the four priority areas are considered in-country prioritisation of CERF funds, and (iv) updated the templates for the application '*chapeau*'.[22] It was anticipated that the new section in the prioritisation strategy would allow the secretariat to review how the four priorities had been incorporated and provide feedback before UN agencies began drafting official application documents. The secretariat also revised the templates for the RC/HC reports (or CERF allocation reports), which are due three months after the expiration of the grants, to include reflections on efforts and impact in the four priority areas. It tried to collect initial data on the priority areas through interim reporting on the first UFE round in 2019. However, the format and timing of the interim updates meant that they were not a useful way to capture this information and the secretariat discontinued this practice.

Most interviewees felt that the ERC's communication was straightforward and/or agreed that the priority areas were important for effective humanitarian response. However, several interviewees requested greater clarity in CERF guidance on how the priority areas fitted with the life-saving criteria. This is because there is an inherent tension between working on longer-term issues within the priority areas and CERF rules on what is and is not eligible for funding, including under the life-saving criteria (interviewees provided examples of challenges that they had faced as a result). One example is that the life-saving criteria refer to funding for education in emergencies whereas the ERC's priority areas refer to education in protracted crises. This implies that the CERF should fund different things although donor interviewees emphasised that the CERF's focus on life-saving activities is its comparative advantage. Relevant stakeholders have not discussed this tension though the process for revising the CERF's life-saving criteria would have been an opportunity for such a discussion.[23]

⚡ **Challenge:** CERF funding has remained focused on an 'emergency relief' model of immediate, short-term response that makes it challenging to address the longer-term issues underpinning the priority areas.

A second potential contradiction between CERF guidance and the priority areas centres on the request in the ERC's allocation letter to RC/HCs for the UFE window. This suggests '*a narrow focus on a limited number of at scale interventions to maximize the impact of the funds, reduce transaction costs and realize economies of scale. Ideally, this would mean a limited number of agencies and no more than*

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[22] The added section in the prioritisation strategy and application chapeau was based on the request made for stand-alone one-pagers during the first 2019 UFE round. It was in addition to existing requirements for sex and age-disaggregated data, the number of PwD to be included as beneficiaries, the gender and age marker score, and information on whether the project addressed prevention of gender-based violence and assistance to PwD.

[23] The secretariat was in the process of revising the life-saving criteria and, although there is reference to the priority areas, the activities eligible for funding remain broadly the same.

one grant per agency'. This approach poses a challenge for implementing the priority areas because standalone programmes for protection, GBV and reproductive health tend not to require a lot of funding since they involve the provision of services rather than large-scale procurement as in the case of food, shelter/non-food item or nutrition programmes. It is already difficult to ensure that protection and education are prioritised at country level when they are not perceived to be 'as life-saving as' sectors like food, WASH and nutrition (see section 3.1 for a more detailed discussion). The requirement to focus on large-scale programmes that can absorb more funding creates the risk that priority area programmes that absorb smaller amounts of funding will be de-prioritised either at country level or by the CERF secretariat.

Dilemma: Complying with the requirement to prioritise a limited number of large-scale interventions makes it more difficult to justify funding protection and GBV programmes when stakeholders at country level are already under pressure to finance interventions such as food, shelter and WASH programmes that can absorb much larger amounts of funding.

3.1.2 Needs based prioritisation

There was no obvious conflict between the priority areas and needs-based prioritisation at country level because interviewees deemed the priority areas as important and relevant. In particular, the priority areas of women and girls and protection were generally reflected in the HNOs/HRPs as country-level priorities. Some HCTs have developed protection strategies, also highlighting this as a country-level priority. However, prior to the ERC's communication, the needs of PwD were rarely prioritised in HNOs and HRPs though some HRPs mentioned PwD in 2020 (including Sudan and Cameroon). Across the countries reviewed, interviewees felt that the CERF had prompted discussions around assistance to PwD, leading to a greater focus. For example, as part of CERF RR funding to Somalia in November 2019, the HCT developed a strategy that acknowledged that, while PwD in Somalia face additional barriers and risks, they are often excluded from humanitarian assistance either due to lack of adequate consideration, exploitation or due to pre-existing discrimination and stigma. Subsequently, the 2020 HRP outlines the commitment to increase efforts to identify barriers, risks and enablers for PwD and to take concrete steps to strengthen inclusion of people with different types of disability.[24] Ukraine provided an example of how the CERF focus on PwD led to a greater awareness of the issue, with a number of other factors contributing to the process.

Box 1: Enabling change on working with PwD in Ukraine

The CERF UFE allocation to Ukraine in January 2019 led to greater awareness of the need to consider the needs of PwD. In February 2019, the REACH initiative conducted an ECHO-funded protection assessment in isolated settlements using the Washington group of questions (recommended in the IASC guidance on the inclusion of PwD). This identified a much higher than average proportion of people over the age of 60 and that 13 per cent of household members had disabilities.[25] The Ukraine Humanitarian Fund responded with an allocation focused on responding to these needs. As part of the funding process, OCHA used its convening power to bring together NGOs to agree on a definition of disabilities that was more comprehensive than the government reliance on a disability certificate, which is hard to obtain and has to renewed annually. Subsequently, the 2020 HNO included data on PwD and an analysis of their needs, ensuring that they continue to be prioritised in Ukraine. [26]

Education was less consistently a priority in HRPs and CERF applications. One exception is Cameroon, where 35 per cent of the 2019 second UFE allocation was allocated for education sector projects. In Bangladesh, CERF funded a multi-year education programme through UNICEF and UNHCR (see Box 2).

Box 2: Multi-year CERF support for education in Bangladesh[27]

Rohingya children face multiple challenges in accessing education. They do not have desks or chairs, there is a shortage of qualified teachers and learning materials are scarce. Few girls are able to continue their studies once

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[24] Somalia Floods response, Application Strategy/Final Chapeau, 13 November 2019

[25] REACH (2019) *Protection Assessment of Isolated Settlements in Government-Controlled Areas Along the Contact Line*.

[26] OCHA (2020) *Humanitarian Needs Overview Ukraine 2020*.

[27] See https://www.unhcr.org/steppingup/secondary-education-lost-futures/.

they reach adolescence. In addition, there are not enough temporary learning centres to provide any learning opportunities for children over 15.

In January 2020, the Government of Bangladesh announced that it would allow the use of the Myanmar curriculum for children within the camps. A pilot phase targeting 10,000 students began in early 2020 and there are plans for it to be expanded. This is considered to be crucial in order to prepare for return and reintegration in Myanmar, when this is possible, in safety and in dignity.

The CERF multi-year grant has contributed to providing access to education for over 66,800 children through projects from UNHCR and partners. UNHCR had also recruited and trained 1,384 teachers by the end of 2019.

Despite these examples, all too often, education is still not prioritised for CERF funding because it is not deemed to be 'as life-saving' as other sectors. In Zimbabwe, none of the three CERF RR allocations in 2019 and early 2020 prioritised education. This is despite the 2020 RR application stating that scaling up the provision of education was part of the strategic objective to 'Facilitate safe, equitable and dignified access to critical cross-sectoral basic services for the most vulnerable'. In Sudan, some respondents suggested that the food assistance and nutrition needs were so significant that they had led to education being deprioritised. However, in 2020, approximately $4 million out the CERF RR grant of $100 million to Sudan was allocated for education.

✴ **Challenge:** Humanitarian actors continue to argue that education is not as obviously 'life-saving' as other sectors so, despite the ERC's communication and CERF focus, it is not prioritised for CERF funding adequately.

3.1.3 Collective approaches

The ERC's allocation letter to HCs on funding from the UFE window refers to a collective approach to the priority areas. When it revised the chapeau template, the secretariat explained, "*[T]he ERC will be looking for the selected country teams to present a joint strategy to more systematically and effectively address these important areas through CERF allocations. A joint strategy can include targeted sectoral action, collective actions across sectors to jointly address the issues, or a combination of both*".

This implies a collective approach to the priority areas at HCT level. However, interviews across the reviewed contexts provided little evidence of strategic discussions in the HCT. There are a number of potential reasons for this. One is that CERF prioritisation processes remain focused on securing funds for individual agencies. Several interviewees pointed out that UFE allocations, in particular, are seen an opportunity for every agency to get 'a slice of the cake'. This competition for CERF funding makes it more difficult to develop a collaborative or collective approach. Secondly, since only UN agencies can receive CERF funds, discussions tend to be limited to the HC and UN agency heads rather than involving a range of stakeholders through the HCT.

In a couple of cases, OCHA had facilitated collective discussions on the priority areas. In DRC, OCHA convened a series of meetings in early 2019 to discuss how best to incorporate the priority areas into the CERF UFE application. In one of these, it invited a disability NGO to provide practical suggestions to UN agencies on how best to address data challenges and work with PwD. Participants found this useful and one expressed disappointment that OCHA did not repeat the exercise for the 2020 CERF UFE allocation. OCHA and UNFPA also had a meeting with gender focal points in all UN agencies to discuss how to incorporate a strong gender focus in the CERF submission. In Sudan, OCHA convened a meeting of UN agency staff to discuss how to incorporate the priority areas into projects financed by the $100 million RR grant. However, due to the unique nature of this allocation, projects had already been decided by this stage, which reduced the impact of the exercise.

💡 **Good practice:** OCHA has the convening power to bring stakeholders together to develop a collective approach to the priority areas. If this good practice is replicated, it has the potential to contribute to the ERC's vision of a joint strategy.

Neither the ERC's communication nor CERF guidance raised the issue of inter-sections between the priority areas (e.g., girls' education or the additional GBV and protection risks that PwD face). Given the inter-connected nature of vulnerability, to be truly effective at ensuring that no one is left behind,

humanitarian actors must expand their capacity for intersectionality, breaking down the silos between displacement, gender, age and disability and other factors that may affect people's vulnerability. Somalia provided one example of an attempt to do this with a CERF grant from the RR window.

Box 3: Joint strategy on the priority areas in the CERF RR-funded Somalia floods response, 2019[28]

The HCT recognises that Somalia is essentially a protection crisis and that women, children, PwD, older persons and people from marginalised communities are at heightened risk of violence, exploitation, exclusion and discrimination. Therefore, it encouraged all sectors to provide assistance in an inclusive and dignified manner that also ensures the protection of these vulnerable groups.

3.1.4   CERF and CBPF complementarity in priority areas

Four out of the seven countries reviewed also had CBPFs – DRC, Somalia, Sudan and Ukraine.[29] The review identified some efforts to ensure complementarity between these CBPFs and CERF allocations, such as the use of joint allocation strategies in Sudan and Somalia. There are two aspects to this. One is that the CERF has tended to finance procurement of supplies while the CBPF has financed service delivery. The other aspect relates to funding for the priority areas, specifically education and protection. In Sudan, the CERF made a RR grant in early 2019 to address the impact of the political unrest and economic deterioration in the country. The application document recognised the increased protection risks, including of GBV, but agencies decided to mainstream protection rather than fund standalone programmes. However, the CBPF's first standard allocation complemented the CERF grant with an allocation of $1.9 million for the protection sector and just under $1.7 million for education. Later in the year, the CERF allocated $14 million to Sudan from the second UFE round. This included a very modest amount of funding for education and protection ($500,000 for each) but the CBPF's second standard allocation made available $3.3 million for education and $2 million for protection.

The review also identified examples where CBPFs had financed capacity strengthening in the priority areas, from which the CERF benefitted (see section 2.3.7). While the examples of complementarity are positive, the countries reviewed did not provide clear evidence of systematic efforts to create synergies between the two mechanisms in relation to the priority areas.[30]

3.1.5   Application submissions

As noted in section 2.1, the CERF secretariat has incorporated a section in the application chapeau for a description of how agencies have given due consideration to the priority areas in the CERF submission. OCHA writes this section based on information provided by UN agencies. To date, the quality of the information has been mixed. Some of the chapeaux simply list how individual CERF-funded projects plan to address the priority areas, some are copied and pasted from relevant sections of agency proposals, some present a needs analysis rather than explaining how CERF funding will address the priority areas, and some make aspirational statements without a clear indication of actual implementation.

Box 4: The priority areas in CERF submissions

Under the women and girls priority area, one UFE application states, '*The HCT is committed to providing stronger support to women, girls and boys through strengthening the GBV activities. CERF will therefore allocate a stand-alone envelope for protection*'. It goes on to state, '*To effectively mainstream and integrate gender equality and the empowerment of women in the overall response, partners will focus on strengthening the capacities of all stakeholders for gender analysis and collection of age and gender disaggregated data; empowerment, participation, and engagement of women; protection of the most vulnerable and promoting access to basic services for women, girls and unaccompanied children*.' However, it was clear from interviews that the latter statements

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[28] Somalia Floods response, Application Strategy/Final Chapeau, 13 November 2019
[29] It should be noted that the Ukraine CBPF was set up after the CERF made an UFE allocation at the beginning of 2019. Ukraine has not received any more CERF funding so the question of complementarity did not arise. However, as described in other sections, the Ukraine CBPF made a dedicated allocation for the elderly and PwD in August 2019.
[30] This reflects the broader finding of a lack of systematic complementarity between CBPFs and the CERF in Featherstone, A., Mowjee, T., Lattimer, C. and Poole, L (2019) *OCHA Evaluation of Country-Based Pooled Funds – Global Synthesis Report*, KonTerra Group, November 2019

were aspirational, with capacity for collecting SADD remaining very weak and no evidence of gender analysis or women's empowerment. Women's participation in assessments, activities and feedback mechanisms also remained very limited.

An application for the first round of UFE funding in 2020 focuses on needs rather than response. Under the education priority area, it states, '*The needs analysis (HNO) has shown that faced with recurrent problems of population movements, demographic pressure increases in reception areas where the demand for education exceeds absorption capacity and / or schools are occupied by displaced people. The lives of children out of school or at risk of dropping out of school are at risk, as they are more exposed to various risks including recruitment or use by armed groups, early marriage and / or pregnancy, violence based on gender including sexual exploitation, trafficking and child labor and untreated trauma. Lack of access to education for girls, including sex education, drives them to adopt negative coping mechanisms that affect their dignity and protection. This priority will be taken into account by improving the conditions of access to education for children in displacement situations as well as child protection activities to ensure legal, psychosocial and medical care*.'

A 2020 RR grant application also suggests a limited consideration of the priority areas. For example, under the priority area for PwD, it simply states, '*Elderly and people living with disabilities face higher risks, including being left behind during natural disasters and it is more challenging for them to seek assistance. Nonetheless, efforts have been made to ensure an active case finding for such vulnerable groups*.' In practice, at least one agency had been more inclusive of PwD, drawing on the expertise of a disability advisor for a development programme. However, this is not reflected in the chapeau.

The CERF secretariat has not changed individual project proposal templates to include the priority areas explicitly. However, the proposal templates do have questions on crosscutting issues - on the GAM, the inclusion of gender, age and GBV in project design, and whether it targets PwD. The challenge for the CERF secretariat is that agencies almost never explain how they have considered gender, age or GBV (unless the latter is an area of expertise) or say anything about targeting PwD. In Sudan, two agencies had copied and pasted the text for this section across successive proposals. In one case, an interview revealed that the agency had actually done very little in these areas across four successive CERF applications in 2019 and 2020.

Challenge: The inclusion of a section on consideration of the four priority areas in the application chapeau has not elicited meaningful responses or indications of a strategic approach to the priority areas. The questions relating to gender, GBV and PwD in individual project proposals rarely elicit much meaningful detail. Currently, there is little incentive for agencies to write meaningfully on their work in these areas because this has no bearing on funding decisions.

Dilemma: For the CERF secretariat to be able to track implementation of the four priority areas, it needs to collect meaningful information on these through applications and reports. However, interviews highlighted that a recent CERF process review has recommended that the secretariat shorten its application template and process considerably. This creates a dilemma about how to gather more information on the priority areas while shortening the application form.

3.1.6   *Mainstreamed vs. standalone programming*

In a Q&A document on the priority areas, the CERF secretariat explained that the priority areas could be '*either mainstreamed in agency programming or [included] as a targeted stand-alone action*'.[31] A number of interviewees argued that the crosscutting priority areas (women and girls, GBV, protection and assistance to PwD) should be mainstreamed because they are an integral part of delivering a relevant and 'quality' humanitarian programme. It seems obvious that a humanitarian programme that fails to address the needs of PwD as a vulnerable group or to take account of potential protection and GBV risks or to consider how it might be entrenching gender inequalities fails to comply with the basic tenet of 'do no harm'. Yet there is a persistent perception that these issues are not relevant in some sectors or that they are somehow not contributing to saving lives. Thus, there is a humanitarian

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[31] CERF Secretariat (2019) *Q&A on the Emergency Relief Coordinator's four priority areas for CERF*, Advisory Group meeting, 19-20 June 2019

mindset that needs to change, requiring a range of measures and incentives beyond CERF funding. If the crosscutting priority areas were mainstreamed into all sectors, this would greatly increase funding for these issues; currently, almost half of CERF funding is for sectors where these are not integrated consistently (food assistance, health and shelter/Non-Food Items).[32]

Another argument for making the crosscutting priority areas a standard part of humanitarian programmes is that, as long as they are something that agencies can disregard, organisations will resist changing how they work significantly. Humanitarian actors often feel that, on top of their constant struggle to deliver basic assistance in highly complex contexts, they are having to respond to lots of new (often donor) agendas – the humanitarian-development nexus, localisation, the environment, anticipatory action, etc. If they feel a 'priority' is simply the latest 'flavour of the month', there is little incentive to adopt it.

While interviewees made a strong case for mainstreaming the crosscutting priority areas systematically, some pointed out that it is also important that the CERF continues to fund standalone projects for protection and GBV. This would ensure that referral mechanisms and services are available for those identified as being in need through projects in other sectors.

3.1.7   Partner capacity and staff expertise

Section 1.4 highlighted that humanitarian actors have made a wide range of commitments in the priority areas. Therefore, it is not surprising that most of the CERF-recipient agencies have global policies in one or more of these areas. These include WFP's Gender Policy, UNHCR's Age, Gender and Diversity Policy, UNICEF's Core Commitments for Children in Humanitarian Action (which are being revised to accommodate children with disabilities) and IOM's framework to address GBV and guidance note on how to mainstream protection.[33] While it is helpful that agencies have these policies in place, interviews with agency staff and implementing partners highlighted significant concerns about the capacity of the humanitarian community to adequately assess, analyse and incorporate the three crosscutting priority issues into programmes in a way that ensures concomitant benefits to people affected by conflict and disaster.

Disability was the weakest area and the reasons given in interviews echoed those outlined in a recent WHS report, with challenges '*mainly linked to difficulties in gathering reliable disability-disaggregated data to inform programming, a lack of understanding of intersectionalities with other factors of risk, such as gender and age, a lack of funding and significant gaps in trained human resources'.*[34] While this made it challenging to maximise the use of CERF funding, interviewees welcomed the CERF's increased focus on PwD. Ukraine offered the clearest example of efforts to collect and use data on PwD, including in the HNO and HRP. Clusters have asked members to report data on PwD in addition to SADD. However, interviews highlighted that humanitarian actors have struggled to do this.

While there is greater experience, analysis and action in the women and girls' priority area, there was a recognition that humanitarian actors still lack sufficient understanding of how to mainstream gender into their programmes. As with assistance to PwD, interviewees cited access to reliable data, human resources and funding as key impediments.[35]

Most of the country case studies for this review were protection crises and several interviewees spoke of the existence of HCT protection strategies and the inclusion of protection in HRPs as a Strategic

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[32] A review of CERF proposals and interviews for this review highlighted that the priority areas are not integrated consistently into these sectors.

[33] See WFP (2015) *WFP Gender Policy 2015-2020*; UNHCR (2018) *UNHCR Policy on Gender, Age and Diversity*; IOM (2018) *Institutional Framework for Addressing Gender-Based Violence in Crises*; IOM (2016) *Guidance Note on how to mainstream protection across IOM crisis response (or the Migration Crisis Operational Framework sectors of assistance)*.

[34] CBM, Humanity and Inclusion and International Disability Alliance (2019) *Inclusion of persons with disabilities in humanitarian action. 2019 analytical paper on WHS self-reporting on the Agenda for Humanity Transformation 3G.*

[35] See also UN Women and Women Refugee Commission (2019) *Empower Women and Girls and Gender as a Cross-cutting issue. 2019 paper on WHS self-reporting on Agenda for Humanity Transformation 3D.*

Objective. However, interviewees raised concerns about capacity gaps, a dearth of partners, and limitations in the operational utility of HCT protection strategies.

Challenge: In addition to significant capacity gaps highlighted in assessment, programme design and implementation of assistance to PwD, which until recently, has received relatively little attention and prioritisation in humanitarian action, interviews revealed capacity concerns in other crosscutting issues, including the women and girls and protection priorities.

The capacity gaps in the priority areas pose a challenge for the CERF secretariat because it needs to identify that proposals are based on reliable data and that partners have the capacity to deliver in the priority areas with CERF funding. This implies that secretariat staff need a sufficient understanding of the priority areas to know what to look for and what questions to ask/feedback to provide to agencies when they are reviewing proposals. OCHA staff at country level also play a critical role in facilitating CERF processes (and managing CBPFs in contexts where these exist). They need a good understanding of the priority areas in order to guide agencies through prioritisation processes and submission development. Interviews highlighted that staff within the secretariat as well as in OCHA country offices would benefit from capacity strengthening in the priority areas, particularly assisting PwD.

Lesson: The review highlighted gaps in the humanitarian community's ability to collect data, analyse it and respond to the cross-cutting priority areas in CERF-funded responses. There is also a broader gap in adequately understanding intersectionality – working across the silos between displacement, gender, age and disability – in order to ensure that no one is left behind.

Enhancing capacity in the priority areas

It is important to recognise that the CERF's mandate and funding modality do not lend themselves to strengthening capacity within the humanitarian system. The funds are often received at relatively short notice, which limits the options to arrange capacity-strengthening measures; they are also fairly short-term, and the CERF does not fund training, which means that such initiatives cannot be built into agency submissions. CBPFs have greater flexibility in providing longer-term funding and support for training and the review found examples of the mechanisms strengthening capacity, particularly on assisting PwD. In DRC, the CBPF had financed an international NGO in late 2018 to work with clusters to strengthen capacity for identifying and supporting PwD. When the country received CERF funding at the beginning of 2019, OCHA convened a meeting and invited the INGO to suggest how recipient agencies could ensure more inclusive CERF programmes. The CBPF's ongoing capacity strengthening efforts benefitted the CERF allocation. Box 1 highlighted how the CERF focus on PwD led to a CBPF allocation in Ukraine, which then strengthened NGO capacity to identify and work with PwD.

Lesson: Examples from the review suggest that CBPFs can complement CERF funding usefully by supporting capacity strengthening in the priority areas.

Role of experts in prioritisation and application processes

The case studies and desk reviews did not provide examples of the deployment and involvement of ProCAP advisors in CERF processes. In two of the case study countries, the RC/HC's office had a specialist gender advisor but they were not involved in reviewing CERF submissions. In one of these contexts, it had been left to the gender focal point in OCHA (who is only able to spend 20 per cent of her time on this aspect of her work since it is in addition to her day-to-day work) or sector coordinators to review CERF and CBPF proposals and provide support on gender issues.

In Zimbabwe, one agency was part of a joint development programme that had a disability expert who had helped the agency understand disability issues across its humanitarian work as well. Another agency was implementing a DFID-funded programme that had an emphasis on PwD, PSEA and gender. The agency had "borrowed" this experience when developing its CERF proposal. IOM staff in Sudan highlighted that they are able to draw on technical expertise located in regional offices as well as at

headquarters. Input from these offices and its CERF focal point in New York had helped to ensure the inclusion of gender, protection mainstreaming and assistance to PwD in its CERF proposal.

📝 **Lesson:** Examples from the review indicates that CERF processes are not generally benefitting from expertise on gender, protection and disability unless this is embedded within an agency. Where there were gender advisors at country level, they were focused on the HRP rather than CERF processes.

3.1.8 Community engagement

Engaging with crisis-affected people provides the best source of information on how people are differently affected by crises and how programmes can best respond to their needs. The team interviewed a range of stakeholders, including implementing partners, to explore the extent to which communities, particularly women, girls and PwD, had been involved in CERF processes. In line with the findings from other evaluations,[36] the review found that communities (particularly PwD) had been consulted throughout the Humanitarian Programme Cycle (HPC) to a limited extent although this varied across agencies and contexts (Ukraine provided a good practice example – see below).

💡 **Good practice:** The REACH initiative conducts FGDs, KIIs and household surveys with communities as part of its needs assessment methodology, recording the gender of respondents so that it can report on the number of women and men that it has consulted. In Ukraine, due to the demographics of communities in need, older women make up a large proportion of respondents. Since 2019, REACH has been using the Washington group of questions in its assessments in order to identify the needs of PwD.

The extent to which communities are involved in project implementation and have access to complaints and feedback mechanisms depends on agency practice (see below for positive examples).

💡 **Good practice:** The Sudan case study revealed that, before starting project implementation, IOM aims to bring community members together to introduce the project and to select activities based on their priorities. It seeks to ensure that the views of all segments of a community are represented, including women, youth and PwD (conducting separate interviews if these groups have not had an opportunity to speak up in group consultations). It is sensitive to gender dynamics in communities and ensures that female staff members conduct interviews with women. IOM also tries to ensure a role for women and PwD in project activities. The agency acknowledged that it was still learning how to adapt its activities based on its engagement with PwD.

UNDP has used gender-disaggregated data and also the expertise of its gender equality team to design its CERF project in Sudan. It was conducting gender-disaggregated FGDs in communities to ensure that women had the opportunity to express their views and priorities. It was also establishing democratically elected Community Management Committees that represent different segments of a community, including women and the elderly. The committees include a women's empowerment sub-committee to promote the socio-economic empowerment of women. UNDP was introducing remote information systems so that these committees could send information on their needs and priorities to UNDP's gender team in Khartoum.

In general, interviewees described mechanisms for accountability to affected populations (AAP) as 'work in progress' or requiring improvement. The 2019 CBPF evaluation highlighted the failure to ensure that women and girls have adequate access to complaints mechanisms.[37] This review found no evidence that humanitarian actors had adapted feedback and complaints mechanisms to be accessible to PwD. Suggestion boxes and phone hotlines remain amongst the most common complaints mechanisms but those with sight and hearing impairments cannot use them without modifications. Therefore, at present, women and girls, PwD and other vulnerable groups have limited opportunities to make their voices heard even though this is fundamental to ensuring that humanitarian programmes address the needs of the most vulnerable and respond to community priorities. It is helpful that the CERF secretariat is improving mechanisms to collect information on AAP practices.

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[36] See, for example, Featherstone, A., Mowjee, T., Lattimer, C. and Poole, L (2019) *OCHA Evaluation of Country-Based Pooled Funds – Global Synthesis Report*, KonTerra Group, November 2019.

[37] Featherstone, A., T. Mowjee, C. Lattimer and L. Poole (2019) *OCHA Evaluation of Country-Based Pooled Funds: Final global synthesis report*

3.1.9   *Mechanisms to assess results*

The secretariat recognised the importance of documenting learning and strategic results from the focus on the priority areas but it is constrained in the mechanisms that it can use. Unlike CBPFs (where OCHA monitors projects directly), the CERF relies on UN agencies to monitor and self-report results. Therefore, the secretariat decided to use external consultancies to assess results, which had the advantage of requiring a limited investment of time and would ensure independent verification of results and lessons learned.[38]

This review is the first of the external consultancies that the secretariat has commissioned. However, the team encountered a range of challenges with tracking the implementation of the priorities and the results achieved. Firstly, the team was reliant on agencies having developed indicators and collected associated monitoring data. However, the indicators tend to focus on processes or basic outputs (e.g., the number of protection-monitoring missions conducted or the number of reproductive health kits procured and delivered). This provides no indication of the quality of services or results at an outcome level. There is also a lack of consistency between the indicators used by different agencies and by an agency across countries which makes it difficult to compare or aggregate results. Secondly, CERF applications provide very limited information on the priority areas (as described in section 2.5) and this is not explicitly linked to monitoring modalities, making it difficult to track implementation. Thirdly, the review had limited access to RC/HC reports on the use of CERF funding because only some from the first UFE round in 2019 had been submitted by the time this report was drafted. The reports for later UFE allocations and RR grants that included the priority areas were not yet due.

Challenge: The failure to develop specific indicators, coupled with the variability of agency reporting means that the secretariat does not have systems in place to assess how CERF funding for the priority areas has contributed to changing the lives of affected populations.

Interviewees at country level suggested that, if the priority areas were embedded in HRPs and there was more robust monitoring of HRPs, this could offer evidence on the results of CERF funding in the priority areas. However, in many cases, HRP indicators remain weak. There was also a suggestion that, in CBPF countries, OCHA's monitoring capacity could be strengthened to cover CERF projects since the priority areas were common across the OCHA-managed pooled funds. This would need to be negotiated carefully with agencies, and would likely require additional OCHA capacity, but it would help to demonstrate what was being done in the priority areas across the OCHA-managed funds.

3.2 How have partners ensured that service delivery/project implementation reflects the four priorities?

Section 2.1 outlined how agencies reflected the priority areas in their applications and that the CERF focus had to led to discussions on how to be more inclusive of PwD. However, a combination of a document review and interviews showed that the CERF focus on the four priority areas had not led to significant changes in project design and implementation in the countries reviewed. There were some limited examples of programmes being adapted to the needs of PwD (such as making latrines accessible to persons with mobility issues or building ramps to make schools accessible to children with mobility problems). However, in proposals, the number of PwD to be targeted with CERF funding were usually estimates and often a very small percentage of the total number of beneficiaries. Interviews highlighted that, in reality, the numbers of PwD assisted were usually even lower. Projects that addressed the priorities of GBV, reproductive health, education and protection did not appear to be any different to those that had received CERF funding prior to the ERC's communication.

There are several explanations for the lack of a specific focus on the priority areas in programme design and implementation. One is that projects funded by CERF were designed originally for an HRP or were multi-year programmes where the CERF was funding certain activities for a short period of time. Therefore, the programmes would only reflect the priority areas if they were designed originally with

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[38] CERF Secretariat (2019) *Integration of four under-funded priority areas into CERF's programme cycle*, June 2019.

the idea of mainstreaming protection (including reducing GBV risks) or of focusing specifically on the needs of women and girls or PwD.

Agencies also have no incentive to change how they currently design their projects because decisions to fund CERF projects are not based on the extent to which they deliver in the priority areas. In other words, agencies can remain confident of securing CERF funding regardless of the level of gender and protection considerations or the extent to which they address the needs of PwD.

As described in section 2.1.7, humanitarian actors often lack the technical capacity to mainstream gender, protection and assistance to PwD. The availability of expertise within agencies can help to address this but agencies generally do not have the resources to finance country-level experts.

Adapting programmes to meet the needs of PwD tends to incur higher costs, e.g., adapting educational materials to meet the needs of sight-impaired children or those with learning difficulties, producing communication and information materials that are adapted for those with sight or hearing impairments, etc. In humanitarian contexts that tend to be chronically underfunded and where humanitarian actors are struggling to meet existing needs, agencies might identify the needs of PwD but not feel that they have sufficient funding to meet these needs, even with CERF funding.

Thus, there are a number of explanations for why, to date, CERF-recipient agencies have not made significant changes to project design and implementation to reflect the priority areas.

3.3 What changes and results (both positive and negative) have come about due to the emphasis on the priority areas?

3.3.1 Increasing CERF funding for priority areas

The ERC prioritised the four chronically underfunded areas with the aim of increasing CERF investment in these areas (Annex 1). The CERF secretariat collects data on allocations by sector, including for education and protection. Hence it is possible to analyse funding trends for these two priority areas (see figure 2 below).[39]

Figure 2: Analysis of CERF allocations to the protection and education sectors, 2016-2019[40]
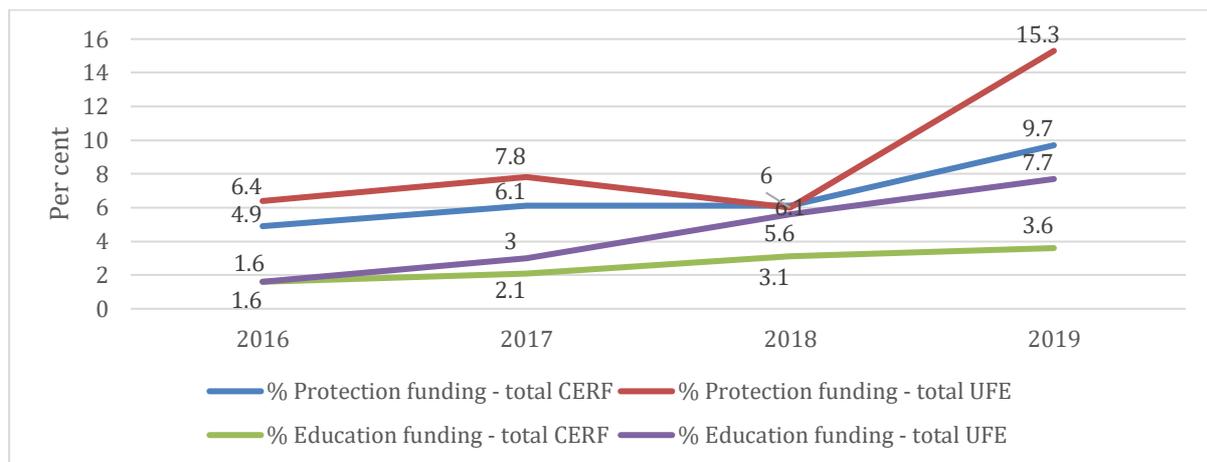
CERF allocations for stand-alone protection programming have increased since 2016. However, there has been a more significant increase since the ERC's prioritisation in January 2019, which is more pronounced given that the proportion of funding was static between 2017 and 2018. Given that the CERF secretariat initially rolled out the priorities through the UFE window, it is noteworthy that, in 2018, protection accounted for 6 per cent of total UFE while in 2019, this had increased to 15.3 per

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[39] Only full-year funding figures were used and hence data for 2020 year to date was not used for the sake of consistency.
[40] Data obtained from https://cerf.un.org/what-we-do/allocation-by-sector.

cent.[41] Protection is also frequently incorporated into CERF submissions as a cross-cutting issue but data on this is not available and, therefore, not incorporated into the analysis above. The implication of this is that the data reported by the secretariat and used by the review team under-reports CERF funding directed towards protection activities.

There has been a year-on-year increase in CERF funding for education that pre-dates the ERC's prioritisation. This has been consistent at 0.5 per cent per annum across the four years analysed. This suggests that the ERC's prioritisation had not accelerated the funding increases. Data from the UFE window alone shows a modest increase in funding from 5.6% of total UFE in 2018 to 7.7% in 2019.

There was no CERF funding data available on the other two priorities, women and girls and disability, which are considered to be cross-cutting (although the CERF may also fund stand-alone programming). There was a perception amongst interviewees that funding for these areas had increased in some instances but the evidence was anecdotal and it was not possible to undertake a systematic analysis.

📖✏️ **Lesson:** CERF systems do not collect funding data on priority areas that cut across sectorial interventions such as gender, disability and protection. Therefore, it was not possible to determine whether CERF funding levels for these priorities had changed.

Cameroon is a relevant context for analysing trends in CERF funding for protection and education because it received CERF UFE funding in 2017, 2018 and 2019 (see figure 3).

Figure 3: Analysis of UFE CERF allocations for protection and education in Cameroon, 2017-2019[42]
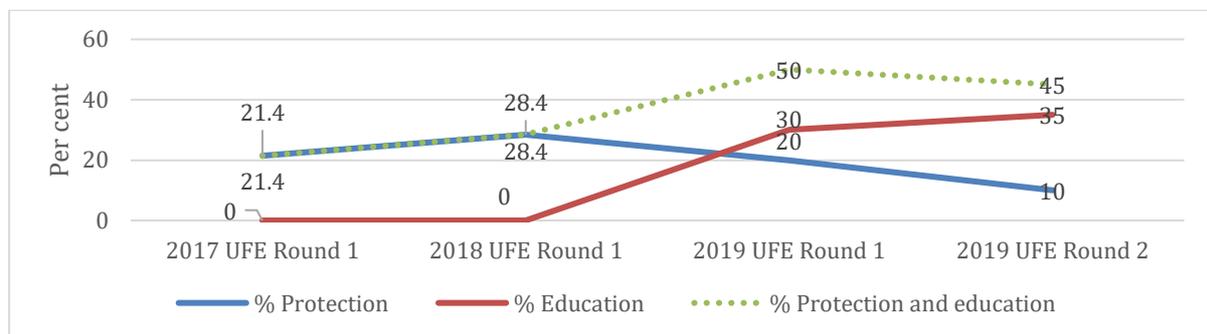
Figure 4: Analysis of HRP appeals and funding for protection and education Cameroon, 2017-2019[43]
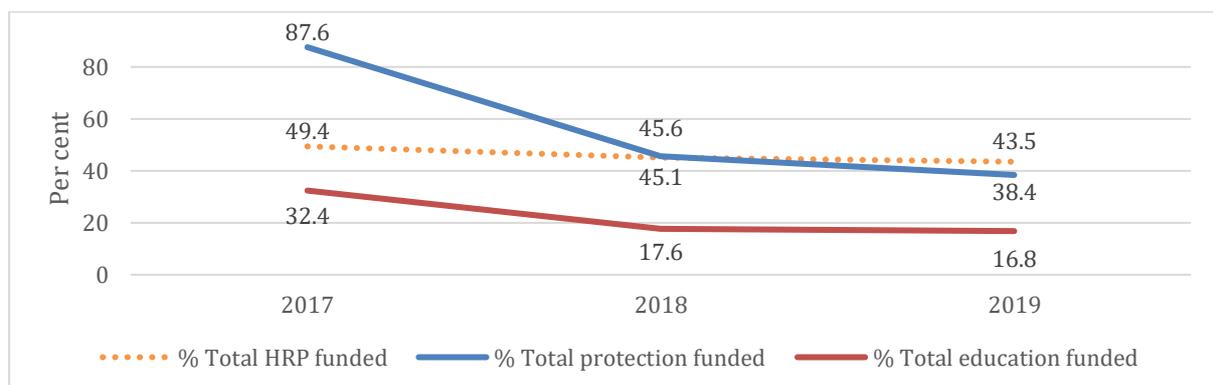

Figure 4 highlights that the Cameroon HRP has received less than 50% of funding requirements in the last three-years.[44] While Cameroon has prioritised protection consistently, the percentage of funding

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[41] It will be important to examine this trend in 2020 as well since the CERF has made a concerted effort to increase funding for GBV programming. In DRC, UNFPA received $3.6 million from the first UFE round in 2020 for its GBV and reproductive health programme.

[42] Data obtained from https://cerf.un.org/what-we-do/allocation-by-sector.

[43] Data obtained from https://fts.unocha.org/appeals/537/summary.

[44] In comparison, data from OCHA's Financial Tracking Service shows that average funding for all HRPs was 61.3 per cent n 2017, 60.8 per cent in 2018 and 63.0 per cent in 2019.

needs covered has declined each year between 2017 and 2019.[45] This trend is replicated in CERF allocations, with a reduction in the proportion of CERF funding for standalone protection programming in 2019, compared with 2017 and 2018.

The education sector has received a small percentage of its requirements in the HRP and the trend has been of a year-on-year decrease from 32.4 per cent in 2017 to 16.8 per cent in 2019. Conversely, while education received no UFE funding in 2017 or 2018, it received significant funding from the CERF in both rounds of the 2019 UFE allocation, which is consistent with the ERC's prioritisation.

Analysis of CERF funding prioritisation decisions is complex, but the allocation of 50 per cent and 45 per cent of 2019 CERF UFE Round 1 and Round 2 funding respectively to the ERC's priorities, compared with 21 per cent in 2017 and 28 per cent in 2018, suggests a pivot towards these sectors. It is noteworthy that, in 2019, CERF was the second largest source of funding for the Cameroon HRP, accounting for 12.1 per cent of overall funding.[46]

Leveraging donor funding

The ERC's initial communication did not refer to the CERF as a means of influencing donor policy but the secretariat expressed an expectation that '*using CERF to increase focus on the four priority areas will also leverage attention to these underfunded areas at the global level, which in turn will hopefully help to mobilize additional resources through bilateral donor contributions and other channels*.'[47]

Although the priority areas are broadly consistent with donors' own funding priorities, the seven donors that participated in the review at a global level stated that the ERC's priorities had not influenced their funding for the priority areas (a view endorsed by donors at a country-level). This is perhaps unsurprising because donors were not asked to commit to increasing their funding for the priority areas. Also, a 2014 study found that CERF funding was not a criterion in donor decision-making.[48] Previous CERF reviews have demonstrated that agencies are often able to leverage additional funding for activities started with CERF funding. However, donor inputs into this review made it challenging to link the ERC's prioritisation and donor funding decisions.

3.3.2   Project level results

The review team anticipated that it would be able to draw on its own primary data from the country case studies, monitoring data from CERF-funded countries and the secretariat, and RC/HC reports to identify project-level or aggregated results in the priority areas. However, this has not been the case for a variety of reasons. Firstly, as already noted, only a small number of RC/HC reports were available at the time of drafting this report. Secondly, as detailed in section 2.1.9, there is no clear monitoring data on the priority areas. Thirdly, several interviewees across different contexts argued that even though they might have used CERF funding to deliver in the priority areas, it was difficult to demonstrate change or results within the short timeframe of a CERF grant. The social and behavioural changes required to deliver women's empowerment cannot be delivered in the maximum of nine months available for the implementation of a CERF UFE project. Similarly, GBV and other protection services, as well as education, need to be delivered consistently over a longer timeframe to have an impact. For these reasons, the only results data that the team could review was gathered from agency inputs into the CERF 2020 Results Report and some RC/HC reports on the first UFE allocation in 2019. This offers examples from individual agency projects and some '*success stories*' (see Table 4) but is insufficient to provide an objective or collective assessment of performance.

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[45] In 2020, only 4% of the GBV funding requirements in the HRP have been met. See
https://fts.unocha.org/appeals/927/summary
[46] See https://fts.unocha.org/appeals/718/summary.
[47] CERF Secretariat (2019) *Q&A on the Emergency Relief Coordinator's four priority areas for CERF*, Advisory Group meeting, 19-20 June 2019.
[48] Mowjee, T. and L. Poole (2014) *Study of the Central Emergency Response Fund (CERF and Humanitarian Donor Decision-Making*.

Table 4: Examples of country-level contributions of CERF to the four priority areas

Priority	Summary description and results
Examples of CERF-funded results for the women and girls priority	
Sudan	UNICEF's CERF-funded programme gave special attention to gender-sensitive sanitation facilities. Women and girls' access to water and latrines in their own community is reported to reduce the risk of GBV because they do not have to walk far to fetch water or relieve themselves after dark. UNICEF also enhanced the capacity of mother support groups to provide counselling on Infant and Young Children Feeding practices to promote healthy feeding practices.
Cameroon	UN Women strengthened the capacity of police and military personnel on GBV prevention and international protocols on investigating sexual violence in conflict situations. In addition, it provided holistic care services to 759 GBV survivors as well as conflict management and social cohesion capacity building for 70 women in seven intervention communities.
Examples of CERF-funded results for the disability priority	
Tanzania	One in five refugee households within the camps has at least one person with special needs. To meet their basic food needs, WFP has installed a dedicated chute at each distribution site. Disabled persons are also provided with transport from distribution sites. Following an expert mission which supported the development of case studies for disability inclusion, waiting shelters for persons with disabilities have been installed to protect against heat or rain.
Examples of CERF-funded results for the protection priority	
Ukraine	UNICEF used CERF funding to provide psychosocial support to affected adolescents. 200 teachers and community professionals were trained on child protection risks, psychological first aid, and psychosocial support. Based on the techniques and skills gained during the training, one head-teacher established a peer-to-peer support group among young boys and girls. The trained peers have been using group and individual recreational activities to raise awareness of child protection risks, violence prevention, and basic life skills, to identify colleagues with different problems effectively, and to facilitate their referral to teachers and school psychologists.
Tanzania	CERF funding enabled the launch of the cloud-based Child Protection Information Management System (CPIMS+). This facilitates more effective case management for individual vulnerable children within camps and host communities, promoting best practice and accountability for the delivery of quality care. By the end of the project, 7,719 unaccompanied and separated children were registered and monitored, with 100 per cent placed in appropriate interim care settings.
UNHCR	UNHCR estimated that CERF funding to country-level protection projects had increased from $30 million in 2018 to $52 million in 2019, with additional protection funding for 'multisector' and 'multisectoral and refugee assistance' proposals. Between 2018 and 2019, CERF funding for UNHCR-led CERF protection projects had increased from $10.7 million to $15.2 million.
Examples of CERF-funded results for the education priority	
Bangladesh	UNHCR and UNICEF received a CERF multi-year grant in 2019 to support Rohingya refugee education in Bangladesh. This helped UNHCR to broaden support for refugee children's access to education, and to secure new commitments to include refugee children in national school systems, facilitate access to tertiary education and vocational training, and many other specific pledges made at the December 2019 Global Refugee Forum.

4 Conclusions

This section draws together the key lessons learned from the CERF's focus on the priority areas. One and a half years after the ERC's communication might be considered a relatively short timeframe in which to expect significant changes, particularly as the priority areas were not implemented through the RR window until September 2019. However, the review has been able to identify the trajectory of changes and offers an opportunity to take stock of progress to date and decide on the way forward.

In line with the ERC's aim, the CERF has increased its funding for the education and protection priority areas. It was not possible to track funding for the other priorities or for protection activities that had been mainstreamed but there was qualitative evidence of greater consideration of the priority areas. While UN agencies use CERF funding to leverage other donor funds for their activities, donors consulted for this review stated that the CERF focus had not influenced their funding decisions in the priority areas.

In addition to increasing funding, interviewees felt that the CERF focus had helped to increase discussion around the priority areas and led to a focus on PwD in particular. While Ukraine was the clearest example of how CERF had led to greater responsiveness to the needs of PwD, this had happened to some extent in a number of other contexts. It had also led to the inclusion of PwD in some HRPs, which in turn influences the wider humanitarian response.

There is broad agreement that the crosscutting priority areas are highly relevant for delivering quality and inclusive humanitarian assistance. This meant there was a strong argument for mainstreaming the crosscutting priority areas although it would remain important to fund standalone service delivery alongside this. This would help to address some of the resistance to change that comes from the perception that the priority areas are yet another demand on the already over-stretched resources of humanitarian actors rather than fundamental to 'do no harm' and for effectiveness.

Despite wide-ranging commitments to the priority areas, particularly at and since the WHS, technical capacity within the humanitarian system in the crosscutting priority areas remains mixed. The capacity to identify and assist PwD was weakest. Data collection, the application of gender analyses and adequate understanding of how to mainstream the crosscutting priority areas were the greatest challenges. Addressing these capacity gaps is beyond the CERF's mandate but the CERF relies on this capacity being in place to use its funds effectively. CBPFs have more flexibility to fund capacity strengthening so this is an area where they have the potential to complement CERF funding. The review also highlighted the need for CERF secretariat and OCHA country-level staff to have sufficient knowledge of the priority areas to guide and support agencies through the prioritisation, submission and reporting stages.

The CERF secretariat is reliant on recipient agencies to provide sufficient information at the application and reporting stages to assess how its funding contributed to results in the priority areas. Currently, it faces significant barriers to identifying results. This includes the lack of relevant indicators at project level and also across agencies or projects, the absence of a system to consolidate agency reporting on the priorities in a meaningful way, and the lack of both capacity and incentives on the agency side to provide adequate data and information on the priority areas. There are also several reasons why agencies have not made significant changes to their project design and implementation in response to the CERF focus on the priority areas (as outlined in section 2.2). This includes the fact that the priority areas are not a determining factor in CERF funding decisions.

There is an inherent tension between the CERF mandate, predicated on short-term emergency relief, and addressing the longer-term issues underpinning the priority areas. The ERC's priorities seek to address deep-seated weaknesses in the humanitarian system, but the priority areas also reflect long-term inequity and power imbalances in crisis contexts. The CERF's focus on short-term funding and emergency relief will always limit its ability to address these underlying issues. Agencies requested greater clarity in CERF guidance on the priority areas, particularly relating to the life-saving criteria,

arguing that it was difficult to demonstrate results in the crosscutting priority areas within the short timeframe of CERF funding. Therefore, it would be helpful for stakeholders to discuss and decide whether the CERF needs to change what it funds and how in order to deliver more significant change in the priority areas or whether it is sufficient for it to provide some additional funding.

5 Recommendations

As highlighted by the conclusions, it would be useful if key stakeholders clarified what the CERF's role and contribution should be in the priority areas, given that these have been long-standing challenges in the humanitarian sector as well as chronically underfunded. With this in mind, rather than offer a single set of recommendations, this review offers two approaches that the ERC, the CERF secretariat and OCHA could pursue to promote the four priority areas more effectively. These are broadly structured around the level of change that stakeholders want the CERF to deliver and linked to the resources that can be mobilised to promote this.

The review's findings point to two potential levels of change:

- **Basic Change:** This would seek to strengthen the CERF's current approach of promoting the priorities for 'due consideration' with a view to prompting project-level change
- **Intermediate change:** This would aim to bring about behaviour change in CERF-recipient agencies, individually and collectively, to emphasise and integrate the crosscutting priority areas systematically. This would include a greater emphasis on prioritising education for CERF funding.

The two levels of change have different implications for the CERF and would require specific actions. The boxes below outline minimum sets of actions. It should be noted that the intermediate change would require the actions outlined under the basic change as well.

5.1 Basic Change (project-level)

If the ERC and CERF secretariat continue to request that HCs and HCTs give 'due consideration' to the priority areas, there are a number of actions that the CERF secretariat could take to improve how it promotes the priority areas and how it tracks and assesses the results achieved.

Basic change: Strengthen the CERF's current approach of promoting the priorities for 'due consideration' with a view to prompting project-level change		
#	**Recommendation**	**Who**
1	Clarify the information that the secretariat expects from agencies in their submissions on the priority areas, including through webinars, development of tip sheets, etc.	CERF sec
2	Revise CERF guidance, rules relating to funding eligibility and the life-saving criteria as needed to support the implementation of the priority areas	CERF sec
3	Design CERF project and reporting templates so that agencies document systematically how they are including women and girls, PwD and protection in their work, including giving women and girls and PwD a voice in AAP mechanisms.	CERF sec
4	Draw on technical expertise within OCHA and the IASC technical groups on gender, AAP, PwD and PSEA to develop appropriate questions in CERF templates and to identify indicators and monitoring tools for the priority areas	CERF sec, OCHA
5	Track CERF funding for the PwD, GBV, reproductive health and child protection components of the priority areas when these are funded as distinct activities.	CERF sec
6	Strengthen the knowledge of the CERF secretariat and OCHA country-level staff in the priority areas to enable them to support agencies through prioritisation, application and reporting processes.	CERF sec, OCHA
7	Make exceptions to the requirement for a small number of at-scale projects in CERF submissions to avoid excluding projects in the priority areas (which tend to require smaller amounts of funding). Also consider making targeted allocations for projects in the priority areas to ensure that they receive adequate funding.	CERF sec

It should be noted that, since the validation workshop, the secretariat has already begun to implement some of the recommendations above. This includes revising templates to collect better information on

the priority areas, conducting webinars on the secretariat's expectations in terms of good practice, providing targeted funding for GBV programming, and working with technical experts on CERF guidance and reviewing strategies.

5.2 Intermediate change (agency level)

Focused on bringing about <u>behaviour change in CERF-recipient agencies,</u> this would involve moving from the concept of the priority areas as add-ons or exceptional to a concept of gender, disability and protection integrated as part of 'quality' programming (together with AAP) in all CERF projects. There would also be a need to push for agencies to put greater emphasis on the priority areas in collective decisions (for example, at HCT and inter-cluster level). As part of this, prioritisation processes would need to shift from having to make the case for funding the priorities (e.g. education) to prioritisation strategies having to explain why priorities (e.g. education) have been excluded.

In addition to the steps outlined for the basic change above, the following actions would promote an intermediate level of change:

	Intermediate change: Promote <u>behaviour change in CERF-recipient agencies</u> to integrate the crosscutting priority areas systematically into their work and to put greater emphasis on prioritising education for CERF funding.	
#	**Recommendation**	**Who**
1	Provide incentives for change by ensuring that the integration of priority areas is a key factor in CERF submissions and funding decisions (reducing funding to agencies that fail to deliver and/or report on the priority areas).	CERF sec, RC/HCs, HCT
2	Strengthen the CERF secretariat's capacity to push for better quality information on the priority areas in proposals and reports and OCHA's ability to follow up on information provided.	ERC, CERF sec, OCHA, donors
3	Engage with CERF recipient agencies at headquarters level to create buy-in for changes, including by advocating for the implementation of agencies' own policies in the priority areas.	CERF sec, OCHA
4	Ensure that OCHA Country Offices and recipient agencies understand the changes and expectations through webinars, development of tip sheets, etc.	CERF sec, OCHA
5	Strengthen OCHA Country Office monitoring of the priority areas, particularly in countries with CBPFs.	CERF sec, OCHA CBPF section.
6	Strengthen CERF and CBPF complementarity to promote change amongst NGOs as well as UN agencies, with CBPFs better able to fund capacity strengthening at country level.	OCHA
7	Engage with donors so that they complement the CERF's efforts to promote behaviour change and provide complementary funding for the priority areas.	OCHA

Annex 1 ERC's Communication on the Four Priority Areas

Dear colleagues

I am writing to seek your help with an important initiative I am keen to progress this year. Last year, we raised record resources for the CERF: $550 million.

Much of the increase, those providing it have told me, was based on our plans to further improve the CERF. One aspect of this is to enhance CERF's role in early action. We will be in touch later on that.

Another is to expand CERF activities in some important underfunded areas. These include (a) support for women and girls, including tackling gender-based violence, reproductive health and empowerment, (b) programmes targeting disabled people, (c) education in protracted crises and (d) other aspects of protection.

The CERF has invested in all these areas in the past: but not to the desirable degree.

I would be grateful if, in considering CERF applications for both the rapid response window and the underfunded crises window, you would bear this in mind. CERF will of course remain needs-based, but I expect an increased focus on these key priorities.

My office will be reviewing all proposals as they come to me so we can track progress.

Other activities will of course continue to be assessed on their merits, and will, I expect, continue to absorb most CERF resources.

We cannot promise to fund everything you propose in the new priority areas, but we will consider them all carefully.

For any help or questions on this, please contact Lisa Carty, the Director for Humanitarian Finance in OCHA.

With many thanks for your help.

Best wishes Mark

Mark Lowcock | Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator | United Nations Office for the Coordination of Humanitarian Affairs (OCHA) | New York

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Annex 2 Interviews

Global

Lauren Smiddy, Humanitarian Advisor, DFID
Ben Pickering, Humanitarian Advisor, DFID
April Pham, Senior Gender Advisor, OCHA
Celine Billat, CERF Focal Point, UNHCR
Claire James, Director, Humanitarian Partnerhips Section, DFAT
Daniel Ham, Humanitarian Affairs Officer, CERF Secretariat, OCHA
David Coffey, Humanitarian Specialist, UN Women
Faika Farzana, CERF Focal Point, UNICEF
Fiona Burger, Humanitarian Affairs, Humanitarian Aid and Reconstruction Division, Ministry of Foreign Affairs, Netherlands
Fredrick Lee-Ohlsson, Director for Humanitarian Affairs, Department for Conflict and Humanitarian Affairs, Swedish Ministry of Foreign Affairs
Hiroko Araki, CERF Focal Point, UNHCR
Isabelle de Muyser-Boucher, Humanitarian Affairs Officer, IASC Secretariat
Jelena Jovanovic, CERF Focal Point, UNICEF
Jo De Backer, Humanitarian Affairs Officer, IOM
Josephine Ferreiro, CERF Focal Point, UNICEF
Julia Wittig, Associate Humanitarian Affairs Officer, CERF Secretariat, OCHA
Kit Clausen, Counsellor, Ministry of Foreign Affairs, Denmark
Linda Jones, Senior Education Advisor, Education in Emergencies, UNICEF
Lisa Carty, Director, Humanitarian Financing & Resource Mobilization Division, OCHA
Lisa Doughten, Chief, Pooled Fund Management Branch, OCHA
Mark Dalton, Office of Information and Communications Technology, UN
Mark Lowcock, Emergency Relief Coordinator, OCHA
Maryline Py, CERF Focal Point, UNFPA
Mette Thygesen, Head of Department, Humanitarian Action, Civil Society and Public Engagement, Ministry of Foreign Affairs, Denmark
Michael Jensen, Chief, CERF Secretariat, OCHA
Moria Little, Change Management Unit, OCHA
Nicolas Rost, Rapid Response Lead, CERF Secretariat, OCHA

Patrick David, Humanitarian Affairs Officer, CERF Secretariat, OCHA
Per Enarsson, Member, CERF Advisory Group
Robert Gaylard, Underfunded Emergencies Lead, CERF Secretariat, OCHA
Samir Mahmoud, Training Coordinator & Programme Officer, CERF Secretariat, OCHA
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