



The Central Emergency Response Fund (CERF): UNFPA working with partners and actions to improve CERF disbursements

1. Background

About three-fifths of all maternal deaths take place in humanitarian settings. Every day 507 women and adolescent girls die from complications due to pregnancy and childbirth in emergency situations and fragile states. Further, humanitarian crises have severe—even fatal—consequences for survivors of Gender-Based Violence (GBV); those who are forced to adopt risky survival strategies, such as engaging in transactional sex; the HIV positive population; married and vulnerable girls; pregnant women and new mothers and their babies.

The Central Emergency Response Fund (CERF) proved to be essential in enabling UNFPA to provide timely, life-saving GBV and SRH interventions in a multitude of contexts. This was achieved through the provision of equipment and medicines for clinical deliveries, supplies for emergency obstetric care, reproductive health kits, clean delivery kits to help prevent infections among women who cannot reach a medical facility during delivery, hygiene kits, post-rape treatment and GBV protection and response services.

In 2015, CERF supported UNFPA responses to crises in twenty-five countries with more than \$16.1 million, representing 15.2 per cent of UNFPA's total humanitarian revenue. The fund played a crucial role in launching humanitarian operations of UNFPA country offices in the aftermath of crises.

2. Efforts to date on improving efficiency and effectiveness of disbursements of CERF funds

UNFPA remains strongly committed to ensuring it effectively and efficiently disburses CERF funds and provides services to populations in need. While recognizing progress has been made with the funding that UNFPA has received from CERF it is important to acknowledge that further progress is required. With that in mind UNFPA has carefully tracked its own performance in the disbursement of funds, identified challenges that affect implementation and undertaken corrective action on a number of levels. These actions are listed.

Since the last CERF Advisory Board meeting in October 2015, UNFPA has implemented the series of actions to improve the timeliness of disbursements of CERF funds listed below. It should be noted:

- A. Institutionalization of a new financial tracking tool for CERF in UNFPA and enforcing country office accountability:** In 2015, a new CERF monitoring tool was fully institutionalized in UNFPA and integrated in the country office management dashboard as a performance indicator. The financial tool tracks and analyses the timing of the first CERF disbursement and sub-grants from UNFPA to its implementing partners on a monthly basis. This CERF financial tracking tool is then reviewed on a monthly basis by

UNFPA's Humanitarian Steering Committee, which is chaired by UNFPA's Executive Director.

B. Internal benchmarks for disbursement: UNFPA has established an internal benchmark for disbursing CERF funds to implementing partners. The new on-line monitoring system will generate automatic reminders for CERF recipients to take the necessary remedial action to ensure that funds are disbursed by the deadline.

C. Preparedness: Revision of the UNFPA guidance on Minimum Preparedness Actions: In 2015, UNFPA undertook a global review of the minimum preparedness actions (MPAs) and other emergency preparedness activities. Special attention was paid to high-risk countries in order to ensure greater support to these country offices. Based on the results of the global survey, UNFPA made revisions to the guidance note on Minimum Preparedness Actions. The revision also aimed to align UNFPA's required preparedness actions with lessons learned from its first period of implementation in 2015 and preparedness measures, as described in the new IASC Emergency Response Preparedness (ERP) Guidance Module.

Moving forward, UNFPA has already taken preparedness measures for the El Nino phenomenon and its impact on health in affected countries. With respect to the Zika virus, the Agency scaled up access to information and a wide range of voluntary family planning commodities for populations affected by the outbreak, so that women can make informed decisions and protect themselves.

D. Pre-financing to countries experiencing emergencies while waiting for the first disbursement of CERF funds: It should be noted that UNFPA's Financial Rules and Regulations do not allow it to pre-finance (i.e. Country Offices cannot advance funds to IPs or indeed spend funds before an agreement is signed and cash is received). This affects UNFPA's ability to transfer funds to IPs before funds are released to UNFPA.

To address this issue, UNFPA has sought to provide more internal funding to countries experiencing emergencies, in an effort to scale-up their responses. UNFPA proposed an increase in the annual allocation of the Emergency Fund, using regular resources, from \$5 million to \$10 million, which was approved by the UNFPA Executive Board and implemented in 2015. The UNFPA Emergency Fund supports planned CERF activities while country offices await their first CERF disbursement.

E. CERF training in 2015: UNFPA implemented four surge trainings by the end of 2015, which resulted in more than 100 staff trained to be deployed at the onset of a crisis, especially a level 2 and 3 emergency response. This included a specific session on implementing CERF activities. In addition, UNFPA will continue to participate in annual CERF trainings conducted by OCHA at the Headquarters, country and regional levels.

3. UNFPA's partnerships with Implementing Partners (IPs) in the disbursement of CERF funds

As shown through the analysis done by the CERF Secretariat, in 2014 UNFPA implemented through implementing partners activities in the value of \$ 3.9 million or 25.6 per cent of received CERF funds, including 13.9 per cent for the sub-Gender-Based-Violence (GBV) cluster and 8.6 per cent for the health sector.

To ensure an effective and efficient response and given the importance of IPs in the CERF disbursement process, this section provides an overview of UNFPA's engagement in three phases of the response, and the value added through activities related to capacity development – preparedness, planning and implementation, and specificities which are closely related to UNFPA's mandate.

In particular, UNFPA plays a critical role in strengthening front line responders and government counterparts' capacities in the implementation of the Minimum Initial Service Package ([MISP](#)), a series of crucial actions required to respond to sexual reproductive health needs at the onset of every humanitarian crisis, and coordinating and establishing GBV responses and referrals. UNFPA has also a wealth of technical experience in reproductive health services and leads the management, quality control, and distribution of the [Inter-Agency Reproductive Health Kits](#) in humanitarian settings. As such, this I/NGOs/Government and UN partnership for CERF funding does provide mutual benefits for the humanitarian response but also for building resilience in the long-run. Further, efforts are made to ensure a more efficient and timely response as explained below.

A. Preparedness phase:

Closely aligned to one of the priorities identified in the World Humanitarian Summit paper on the importance of first responders, UNFPA has been working with partners to train local responders to take leadership in delivering an effective and rapid emergency response is at the core of UNFPA's commitment to strengthening institutional capacity during the preparedness phase. In 48 countries in 2014 alone, UNFPA helped train partners in the implementation of the [MISP](#)—a series of crucial actions required to respond to sexual reproductive health needs at the onset of every humanitarian crisis. The Fund also supported 50 countries in developing humanitarian contingency plans that include addressing the sexual and reproductive health needs of women, adolescents and youth and services for survivors of sexual violence in crises, thus exceeding the annual targets set forth in UNFPA's Strategic Plan.

UNFPA has continued to improve its preparedness, response and accountability measures throughout 2014-2015 through: i) the global roll-out of UNFPA's guidance on Minimum Preparedness (MPAs), which includes identified actions for partners' capacity development and pre-agreements for joint workplans; ii) the expansion of its cadre of highly skilled internal staff (more than 100 internal staff were trained in 2015) and external stand-by personnel (CANADEM, NORCAP, DRC, RedR and MSB) to be ready for deployment as part of the Rapid Response Team (RRT) at the onset of an emergency; iii) the development of Minimum Standards for addressing Gender-Based-Violence in emergencies (GBViE); and iv) the commencement of regional simulation exercises. Lastly, UNFPA enlarged its partnership for the pre-positioning of medical and logistics supplies to further reduce its response time.

B. Planning phase with partners:

UNFPA revised its internal **Fast-Track Procedures (FTPs)** for operations and programming in emergency settings to address key bottlenecks faced by country offices and partners since 2014. The FTPs are a set of procedures that offer UNFPA country offices in humanitarian settings greater delegation of authority and flexibility in specific programme and operational areas for a time-bound period. In particular, the new

procedures simplify the process for assessing, selecting and engaging an implementing partner thereby reducing the time for concluding agreements during the planning phase at the onset of an emergency. UNFPA **also pre-defines workplans with selected implementing partners and engages on CERF requirements during the preparedness phase.**

However, **humanitarian emergencies often bring circumstances beyond UNFPA and partners' control that require the re-selection of partners** and re-definition of previously agreed upon activities that can be challenging. These circumstances can occur in volatile situations, which may take more time to resolve than anticipated, especially in highly insecure areas. Local processes for obtaining visas or 'non-objection certificates' may further restrict and delay an NGO's response.

Of particular note is the fact that **UNFPA's mandate of dealing with SRH and GBV** touches on **issues that are perceived as sensitive** by many governments and non-state actors. UNFPA has ascertained that in some contexts GBV activities in particular can be perceived as challenging to government institutions for a number of reasons: at times of crises when capacities may be stretched, GBV response can be secondary to what are seen to be more urgent needs (e.g. shelter, food); overwhelmed judiciary and law enforcement structure may not be able to respond to community needs; GBV issues in certain political and cultural contexts can be particularly sensitive.

C. Implementation phase:

During the implementation phase UNFPA works closely with partners and leads on the management, quality control, and distribution of [Inter-Agency Reproductive Health Kits](#). Through its global international procurement and supply chain UNFPA ensures competitive pricing and quality assurance of reproductive health commodities. These kits contain medical commodities that allow for the implementation of essential, life-saving reproductive health interventions in the acute phase of a crisis. UNFPA also brings technical expertise in counselling partners and affected populations on the content of these kits.

In some countries, the customs clearance for RH kits and medical can take longer than for other humanitarian supplies due to the non-existence of competitive local markets and suppliers, and delays in customs inspections. Due to quality standards that need to be applied on medical goods, local procurement cannot be considered.

To address delays in international procurements, **UNFPA has expanded its partnerships for the pre-positioning of medical and logistics supplies at the local and regional level** to further reduce its response time during 2014-2015.

4. Next steps

In follow-up to the World Humanitarian Summit, UNFPA will be holding a global consultation with senior management to discuss the next steps of the WHS outcomes, including strengthening accountability for humanitarian financing. UNFPA will also continue to undertake periodically systematic analyses to look at further bottlenecks and operational challenges it is facing.