

Independent Review of the Value Added of the Central Emergency Response Fund (CERF) in Yemen

Final Report

July 2013

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Acronyms

AAR	After-Action Review
CCCM	Camp Coordination and Camp Management
CERF	Central Emergency Response Fund
CMAM	Community-based Management of Acute Malnutrition
ERC	Emergency Relief Coordinator
ERF	Emergency Response Fund
GAM	Global Acute Malnutrition
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
ICCM	Inter-Cluster Coordination Mechanism
IDP	Internally Displaced Person
MoPHP	Ministry of Public Health and Population
NCE	No-Cost Extension
NFI	Non-Food Item
OHCHR	Office of the High Commissioner for Human Rights
OPPBA	Office of Programme Planning, Budget and Accounts
PAF	Performance and Accountability Framework
PCA	Project Cooperation Agreement
RC/HC	Resident Coordinator/Humanitarian Coordinator
RH	Reproductive Health
RR	Rapid Response
R&R	Rest and Recuperation
SMART	Standardized Monitoring and Assessment of Relief and Transitions
ToR	Terms of Reference
UFE	Under-Funded Emergency
UNCT	United Nations Country Team
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
YHRP	Yemen Humanitarian Response Plan

Executive Summary

This review of CERF funding to Yemen assesses the added value of the CERF and its performance against the indicators of the CERF's Performance and Accountability Framework (PAF). This report is based on interviews with the Resident and Humanitarian Coordinator (RC/HC), CERF-recipient agencies, international and national non-governmental organisations (NGOs) and government representatives in Sana'a and Aden. Interviews took place from 13 to 22 April 2013 with follow-up questions and requests for information by email. The report also draws on a document review and funding information from the CERF secretariat and participating agencies. The review focuses on three Rapid Response (RR) allocations in 2012 and the Under-Funded Emergency (UFE) allocation in 2013.

CERF Funding to Yemen

In 2012, the CERF provided three allocations from the RR window, totalling US\$23.5 million. This included almost \$5 million to UNICEF and WHO in early March to respond to a measles outbreak. Yemen has received most of its CERF funding from the RR window but, in 2013, it received \$16.8 million from the UFE window. While the RR allocation of almost \$10 million at the end of March 2012 was concentrated on six projects, the RR allocation of \$8.5 million at the end of July 2012 was divided across 12 projects. The UFE allocation of \$16.8 million in 2013 was also spread widely, across 18 projects.

Complementarity of the CERF and Yemen Emergency Response Fund (ERF)

Established at the beginning of 2010, the ERF is a country-level pooled fund that aims to provide funds quickly to NGOs, UN agencies and IOM in order to facilitate emergency response to sudden onset crises and situations of newly identified needs. In line with CERF guidance, the Humanitarian Coordinator (HC) and OCHA have actively promoted the complementarity of the CERF and ERF. However, until the UFE grant in 2013, the ERF team did not deal with CERF funding though it is helpful if the same team deals with both since this promotes complementarity and avoids duplication. This also creates the opportunity for the ERF team to follow up on CERF projects when it is monitoring ERF projects, particularly when the two sets of projects are being implemented in the same geographical area and potentially by the same NGOs.

Value-Added of the CERF

The CERF has added value to the humanitarian response of UN agencies and IOM in several ways: by supporting a timely response to acute emergencies, by enabling agencies to leverage other funding, by complementing other donor funding, by filling critical gaps and funding activities that other donors are unwilling to support, by enabling agencies to establish a presence in conflict-affected areas, which increased the UN's credibility with the government, and by enabling agencies to expand activities to new areas.

Strengthening Humanitarian Reform and Response

CERF funding to Yemen had empowered the RC/HC to bring humanitarian actors together to plan responses in a coordinated manner. The RC/HC had also used CERF funding to encourage CERF recipient agencies to implement through local partners and thereby strengthen local humanitarian response capacity. The allocation of CERF funding through the clusters, particularly in 2012, had helped to strengthen their role, encouraging participation by local NGOs (especially local NGOs) and greater engagement by the government.

Challenges with the Life-Saving Criteria

Yemen faced chronic food insecurity and vulnerability even before the eruption of civil unrest and violent conflict in 2011. The violence and displacement made the situation acute. Agencies participating in the review had found the CERF very useful for responding to immediate needs. However, as the situation has stabilised somewhat, they have faced the need to address rehabilitation and recovery

needs and also to address the population's underlying chronic vulnerability. The CERF's focus on life-saving activities means that it is not able to fund recovery/rehabilitation activities or the underlying causes of vulnerability even though there is a risk that the failure to address this will result in a return to instability. From the CERF secretariat's perspective, rather than trying to extend the mandate of the CERF, agencies should draw the attention of donors to longer-term needs and ensure that the donors fulfil their responsibility to build on the short-term assistance that they are providing through the CERF.

Inclusiveness and Transparency of the Allocation Process

There was general agreement that the RR allocations in 2012 had worked well and been fairly inclusive since activities had been prioritised through the clusters. The main lesson learned from the UFE allocation process in 2013 was that it is more effective and inclusive to allocate funding by cluster rather than by agency. At the end of the process, though, agencies were generally satisfied with the outcome of the process because the key priorities were funded and, with perhaps a couple of exceptions, the Cluster process had worked effectively.

Timeliness of CERF Funding

For RR grants in 2012, the ERC approved final proposals within a couple of working days, on average, which is within the CERF secretariat's benchmark of three days for RR projects. It took just over four days to approve proposals for the UFE allocation in 2013, which is in line with the benchmark of five days for UFE projects. While the secretariat took almost four working days to request disbursement once an agency had countersigned the approval letter for RR allocations in 2012, it was very fast during the UFE allocation in 2013, often making the request on the same day. Once the secretariat had requested disbursement, this was done in four working days or less. Overall, the CERF secretariat remains one of the timeliest donors.

Based on the limited data available, it does not appear that the timeliness of onward funding to implementing partners was a major problem (with the exception of one case where UNICEF had faced delays with signing an agreement with an implementing partner). In fact, on the strength of their CERF application, UNICEF and WHO were able to advance funds to begin the immunisation campaign in response to the measles campaign. UNFPA had experienced challenges with completing a project on time but this was due to procurement problems.

Insecurity and a lack of access had hampered the work of most agencies to some extent and they had adopted different mitigating measures. This included working through local NGOs, which have better access, although this risks over-stretching a few good organisations. Some had also hired national consultants through third-party contracts so that they were not subject to UN security restrictions.

Of the 20 projects financed by the CERF in 2012, two required No-Cost Extensions (NCEs).

Reporting

Agencies find the CERF reporting requirements straightforward but faced challenges with the 2012 RC/HC annual report because of the high turnover of staff in Yemen and also because projects from the July RR allocation finished at the end of February so they only had a couple of weeks to report on these. The short timeframe for compiling the report meant that there was no time for a joint lessons learned exercise. As a result, agencies were very receptive to the option of reporting around two months after each CERF tranche rather than annually. They were also in favour of an After-Action Review at the end of each tranche of funding. This could feed into the RC/HC's report.

CERF Guidance

The high turnover of staff made it very difficult for agencies to ensure that they were familiar with CERF guidance and requirements. As a result, there were two cases where agencies had not fully understood them, particularly when to apply for NCEs.

Recommendations

The recommendations listed at the end of each section of the report are grouped together below on the basis of whether they apply to Yemen specifically or globally. For ease of reference, the recommendation numbers are the same as those in the main report so they are not in order of priority.

Yemen-specific:

2. OCHA should ensure that it has adequate capacity to ensure that the same team manages both CERF and ERF funding, which will support complementarity between the two funds further.
3. The cluster-led process to prioritise and allocate CERF funds used in 2012 should continue to be the way in which future CERF grants to Yemen are allocated.
4. At the beginning of the CERF allocation process, the Inter-Cluster Coordination Mechanism (ICCM) should agree on a consultation procedure for clusters to follow in order to ensure consistency across clusters. This procedure should seek to maximise transparency and inclusivity, in line with CERF guidance.
5. On behalf of the HC, OCHA should develop a brief progress report (in table form with one row per project) that agencies could complete mid-way through implementing a CERF allocation. This could cover basic information such as amount of funding spent, activities delivered and challenges encountered.
7. At the end of the implementation of each tranche of funding, OCHA (on behalf of the HC) should organise an inclusive After Action Review to capture lessons learned while these are still fresh in people's minds. This would help to draft inputs for the RC/HC's annual report or, if the Secretariat introduces reporting per CERF allocation, to prepare the actual report.
8. Agencies should ensure that cluster coordinators receive the RC/HC's annual report once it is finalised and cluster coordinators should share it with members.
9. In light of the high turnover of staff in most agencies, it would be helpful if OCHA could provide a training workshop at country level on CERF guidance and rules to ensure that agencies have a common understanding of these.

Global:

1. The CERF secretariat should continue the practice of joining a couple of PAF review missions each year.
6. The CERF secretariat should continue to explore the option of introducing a system of reporting after the implementation of each CERF grant is completed because this would improve the quality of information that it receives.
10. CERF recipient agencies should ensure that all programme managers and cluster coordinators are familiar with CERF requirements, such as requesting permission to re-programme funds and prioritising CERF funding within clusters. This could be the responsibility of the agency's CERF focal point.
11. The CERF secretariat should consider introducing a system of a reminder email about NCE requests a month before the end of the implementation period of a RR grant package, similar to that for UFE grants.
12. To avoid future misunderstandings, the CERF secretariat should consider revising RR, UFE and NCE guidance to clarify whether the implementation period for both windows applies to implementing partners as well.

Section 1: Introduction

The CERF secretariat developed a Performance and Accountability Framework (PAF) in 2010¹. The CERF Advisory Group supported the PAF's proposal of conducting three to five independent country-level reviews per year, as determined by the Emergency Relief Coordinator (ERC). This review of CERF funding to Yemen is one of the country-level reviews in 2013. The other reviews will be in Pakistan, the Democratic Republic of Congo and in three countries in the Sahel in a regional review.

The CERF secretariat decided to accompany consultants undertaking country-level reviews in a couple of cases in 2013 in order to get direct feedback on CERF guidance and support that the secretariat can provide to field colleagues. By combining missions, the secretariat aimed to reduce the burden on OCHA and agencies at field level. However, the review remains independent and the CERF secretariat has not sought to influence findings and/or recommendations. In practice, it has been helpful to have a CERF secretariat representative available in meetings to answer CERF-related questions and explain CERF procedures where these have not been clear to agency staff members.

The Terms of Reference (ToR) for this review (see Annex 3) outline the purpose and key issues that the review should cover. This includes assessing the degree of harmonisation between the CERF and the Yemen Emergency Response Fund (ERF). This review focuses mainly on 2012, when Yemen received three CERF grants from the Rapid Response (RR) window totalling almost \$23.5 million. In addition, it received a CERF allocation of \$17 million from the UFE window at the beginning of 2013 (the final submission to the CERF secretariat totalled \$16,800,822). This review includes the allocation process for this grant.

This report is based on a visit to Yemen from 13 to 22 April 2013 and follow-up by email. As described in Annex 2, the sources of information for this report are:

- Interviews in Sana'a and Aden with the RC/HC, UN agency and IOM staff members, cluster leads, international and local NGOs and government representatives.
- A document review, including the 2012 RC/HC Annual CERF report and project documents.
- An analysis of funding data, based on information from the CERF secretariat.

The evaluator is very grateful to all interviewees for their time and to OCHA for organising meetings, and providing support with logistics and obtaining documents.

On 14 April 2013, the consultant and CERF secretariat representative presented the mission to the Humanitarian Country Team (HCT) in Sana'a. At the end of the field mission, on 22 April 2013, there was a presentation of preliminary findings to cluster coordinators and senior staff members from direct CERF-recipient agencies. This report focuses on the key questions raised in the ToR and the PAF indicators (listed in Annex 2). Therefore, it does not go into the details of how the CERF operates at a global level. Information on the establishment of the CERF, guidelines, application and reporting formats etc. are all available from the CERF website: <http://cerf.un.org>. In order to keep the main report short, Annex 1 contains supporting evidence (following the same section numbering as the main report).

1.1 Humanitarian context in Yemen

Yemen scores low on the Human Development Index, with a ranking of 160 out of 186 in 2013², which is down from 133 out of 182 countries in 2011³. The 2011 Yemen Humanitarian Response Plan (YHRP) noted that the country has suffered from internal conflicts and clashes for several years, resulting in

¹ Available from: <https://docs.unocha.org/sites/dms/CERF/1.%20PAF%20August%202010.pdf>

² UNDP (2013) *Human Development Report*. Available from: <http://hdr.undp.org/en/reports/global/hdr2013/>

³ This was according to the 2011 Yemen Humanitarian Response Plan, available from: https://docs.unocha.org/sites/dms/CAP/2011_Yemen_HRP_SCREEN.pdf

severe disruptions of services, lack of security for the population and a large number of IDPs. At the beginning of 2011, there were three distinct internal security threats: a conflict in the north between government forces and the Houthi opposition group; a secessionist movement in the south; and the threat posed by terrorist elements. During 2011, the wave of popular uprisings and civil unrest sweeping North Africa and the Middle East also affected Yemen, creating further instability in an already volatile country and exacerbating the humanitarian situation.

The YHRP for 2013⁴ points out that over half the country's population is crisis-affected and one-third is targeted for humanitarian assistance. The situation is one of chronic vulnerability and poverty that existed well before the outbreak of civil unrest and additional displacement in 2011 but has been compounded by it. This is reflected in the statistics cited in the YHRP – 13 million people do not have access to safe water and sanitation while 10.5 million are food-insecure and 6.4 million lack access to basic health care. In addition, almost 1 million children under 5 are suffering from acute malnutrition, of whom more than 250,000 have life-threatening severe acute malnutrition.

The civil unrest and violent conflict in 2011 turned this chronic vulnerability into an acute emergency situation. Although the conflict situation has stabilised to some extent and aid agencies mentioned that security and access have improved slightly in 2013, chronic vulnerability persists. This is reflected in the continuing food insecurity and malnutrition. The World Food Programme's (WFP) food security survey in 11 food insecure governorates found that continued humanitarian assistance, lower food prices and increased use of credit by households to purchase food had reduced the total percentage of severely food insecure households from 31 per cent in 2011 to 27 per cent at the end of 2012⁵. However, the increase in the percentage of households using credit to purchase food (from 33 per cent to 45 per cent) and the prospect that agricultural output in 2013 would be 8 per cent less than in 2012, mean that food insecurity is set to persist.

Despite the slight improvement in food insecurity levels in 2012, the WFP survey found that levels of acute malnutrition had deteriorated in most of the surveyed governorates, compared to the previous year. It attributed this to limited access to adequate water and sanitation facilities, as well as poor hygiene practices. The situation is particularly dire in conflict-affected parts of Abyan governorate. A Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey undertaken in Abyan by the United Nations Children's Fund (UNICEF) and the Ministry of Public Health and Population (MoPHP) in January 2013 found that 28.8 per cent of the population was chronically malnourished and 16.1 per cent was acutely malnourished, above the global acute malnutrition (GAM) emergency threshold of 15 per cent. However, even in areas not affected by conflict, GAM was estimated to be 11.3 per cent and chronic malnutrition was much worse at 36.5 per cent⁶.

According to the 2013 YHRP, there are three main drivers of the continuing crisis:

1. Extreme poverty, volatile food and commodity prices, increasing cost of living, unemployment and a decrease in remittances. These reduce access to food, basic services and livelihoods for millions of Yemenis in urban and rural areas.
2. Government capacity to provide social services remains at very low levels in many parts of the country where humanitarian needs are high.

⁴ OCHA (2012) *Humanitarian Response Plan for Yemen 2013*. Available from:

<http://www.unocha.org/cap/appeals/humanitarian-response-plan-yemen-2013>

⁵ See OCHA (2013) *Humanitarian Bulletin Yemen Issue No. 12, 29 January-1 March 2013*. Available from:

<http://reliefweb.int/report/yemen/yemen-humanitarian-bulletin-issue-12-29-january-%E2%80%931-march-2013>

⁶ OCHA (2013) *Humanitarian Bulletin Yemen Issue No. 12, 29 January-1 March 2013*.

3. New localised conflicts, particularly in the north and the south, set to continue in 2013, exacerbated by weak rule of law and security systems.

The result of the government’s weak capacity to provide basic services was seen in the outbreak of measles at epidemic proportions in early 2012. Aid agencies recognised that the outbreak was due to the decline in immunisation coverage and disruption in access to basic social services during the civil unrest in 2011. The displacements in both the north and the south exacerbated the situation because IDP children had low levels of resistance to disease. This, combined with high levels of acute malnutrition and cases of acute watery diarrhoea, meant that there was a risk of high mortality levels. The government had very limited financial resources to conduct a national immunisation campaign so UNICEF and WHO submitted an application to the CERF Rapid Response window.

In addition, Yemen is part of the route that migrants, particularly from the Horn of Africa, use to travel in search of jobs in Saudi Arabia. Many of these migrants become stranded in Yemen and are vulnerable to abuse, especially by traffickers.

1.2 CERF funding to Yemen

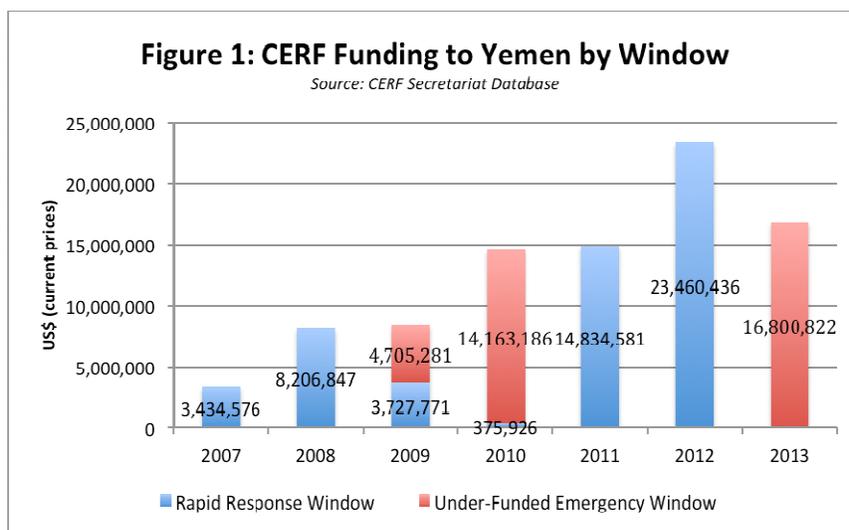


Figure 1 shows CERF funding to Yemen from the RR and UFE windows. It highlights the fact that the country has received most of its funding from the RR window. 2010 and 2013 (so far) are the exceptions as most or all funding was from the UFE window. In 2010, Yemen received funding from both rounds of allocations from the UFE.

In 2012, Yemen received just under \$23.5 million through the following three allocations from the RR window:

- \$4,985,101 to WHO and UNICEF in mid-March 2012 to respond to the measles outbreak (described in the previous section). This is one of the largest grants that the CERF has given for a vaccination campaign.
- \$9,972,260 at the end of March/early April to respond to displacements caused by fighting as the Houthis tried to extend their territorial control in the north and due to intensified fighting between the Yemeni army and Ansar Al Sharia (affiliated to Al Qaeda in the Arabian Peninsula) in Abyan governorate in the south
- \$8,503,075 at the end of July to respond to the needs of Internally Displaced Persons (IDPs) and returnees, as highlighted in the Abyan and the South humanitarian response plan⁷

It also received \$16.8 million from the UFE window at the beginning of 2013.

⁷ United Nations Humanitarian Country Team for Yemen (August 2012) *Abyan and the South: Humanitarian and Early Recovery Response Plan*. Available from: <http://reliefweb.int/report/yemen/abyan-and-south-humanitarian-and-early-recovery-response-plan-august-2012>

Table 1 below provides a breakdown of this funding by recipient agency and sector. This shows that UNICEF was the largest recipient of CERF funding, while UNHCR and IOM were the second and third largest recipients respectively. This is slightly different to CERF funding patterns at a global level where WFP is the largest recipient of CERF funding, followed by UNICEF and UNHCR. IOM is the sixth largest recipient of CERF funding globally⁸.

Table 1: CERF funding to Yemen by recipient agency and sector in 2012 and 2013					
Agency	Sector	2012			2013
		RR 14 Mar	RR 28 Mar	RR 31 July	UFE
FAO	Agriculture				1,693,311
IOM	Agriculture				300,000
IOM	IDP assistance		1,902,431		
IOM	Aid to returnees			518,629	
IOM	Assistance to migrants				1,395,553
IOM	Health				402,320
IOM	Health & psychosocial care			407,970	
IOM	Nutrition			343,342	148,715
IOM	Protection			335,338	
IOM	WASH			466,413	406,707
OHCHR	Protection				99,726
UNDP	Elimination of land mines			250,000	2,301,225
UNFPA	Protection		280,276		770,463
UNFPA	Reproductive health			429,081	458,024
UNHCR	Protection				955,897
UNHCR	Protection, shelter, Non-Food Items (NFIs)		1,724,089		
UNHCR	Shelter & NFIs			2,400,023	2,837,308
UNICEF	Education				894,477
UNICEF	Health	2,420,116			
UNICEF	Nutrition			406,332	450,001
UNICEF	Protection			261,754	599,142
UNICEF	WASH		2,656,836	1,839,642	1,036,591
WFP	Food		2,611,919		
WFP	UNHAS				659,923
WHO	Health	2,564,985	796,709	844,551	1,391,439
Total Funding		4,985,101	9,972,260	8,503,075	16,800,822

Source: CERF secretariat database

Table 1 also shows that the RR allocation at the end of March 2012 was fairly concentrated, with almost \$10 million allocated to six projects. WFP and UNICEF received \$2.6 million each for food and WASH

⁸ For a list of CERF funding by agency globally, see: <http://www.unocha.org/cerf/cerf-worldwide/funding-agency/funding-agency-2012>

respectively, while IOM received \$1.9 million for IDP assistance. However, the July RR allocation of \$8.5 million was divided across 12 projects. With the exception of three projects, the projects received \$500,000 or less. This is despite the fact that CERF's guidelines on the Rapid Response window state that, "As a general recommendation, funding should not be spread too thinly among many projects, but rather be focused on fewer high impact priority projects"⁹.

The spread of projects was partly due to the fact that IOM received funding for five projects (which was also the case with the UFE allocation in 2013). IOM wanted to incorporate CERF-funded activities into one multi-sector project proposal, which would have been easier administratively. However, it was advised either by OCHA in Yemen or the CERF secretariat (staff could not remember which) to prepare a separate proposal for each sector. This is because it is the secretariat's practice to require a separate proposal per sector for non-refugee situations. Also, in Yemen, UNHCR and IOM have designated 'multi-sector' activities for refugees and migrants specifically, in order to advocate for the needs of these groups and this is reflected in OCHA's Financial Tracking Service (FTS). Since IOM's activities funded by the July RR allocation were aimed at crisis-affected populations, mainly IDPs and returnees, in Abyan, submitting a 'multi-sector' project would have led to misreporting to the FTS.

Also, in the RC/HC's original submission to the CERF secretariat for the July 2012 RR grant, IOM applied for funding for three sectors – shelter/NFI, health and nutrition. UNICEF's proposals for WASH and child protection included IOM as an implementing partner. Under CERF rules, though, if an agency is eligible to receive CERF funding, it must receive this funding directly and not through another eligible agency. Therefore, IOM had to submit separate proposals for the WASH and child protection activities, increasing its projects to five.

1.3 Yemen Emergency Response Fund (ERF)

Established at the beginning of 2010, the ERF is a country-level pooled fund managed by OCHA on behalf of the Humanitarian Coordinator (HC). The ERF aims to allocate and disburse funds quickly to NGOs, UN agencies and IOM in order to facilitate emergency response to sudden onset crises and situations where there are newly identified needs because of improved access and/or information. Table 2 in Annex 1 shows funding to the ERF and allocations by the fund to UN agencies/IOM and NGOs from 2010-2013. This shows that the ERF received a total of \$20.4 million and allocated \$13.7 million. Of the \$8.47 million allocated in 2012, \$2.49 million or 29 per cent was for UN agencies and IOM, with the remaining funding for NGOs.

CERF guidelines on the RR window point out that, where a country-level pooled fund (such as an ERF) exists, this is likely to have established a standardised framework for the prioritisation and allocation of funds. It recommends that RC/HC utilise this framework to prioritise activities when applying for CERF funds in order to ensure that the country-level fund complements the CERF. In Yemen, the ERF has a Review Board composed of representatives of three UN agencies and three NGOs (two international and one national). Proposals to the ERF undergo a technical review by the cluster and, if this is satisfactory, they are sent to the Review Board and the HC for endorsement.

Although the CERF allocations have not followed the same procedure as the ERF, the HC and OCHA have actively promoted the complementarity of the two funds. For example, UNICEF received \$500,000 for the measles campaign from the ERF at the same time as it received CERF funding, which increased its resources to procure vaccines and undertake social mobilisation. The ERF also complemented the July 2012 RR allocation, helping to address immediate needs before the CERF grant arrived and covering

⁹ OCHA (2011) *CERF Rapid Response Window: Procedures and Criteria*. Available from: <http://www.unocha.org/cerf/resources/guidance-and-templates>

gaps once the RR grant had been allocated. For example, despite the allocation of \$1.8 million for WASH activities, there were residual needs in the south. The ERF addressed this by making just over \$250,000 available to an NGO. In 2012, OCHA funded 13 projects to complement CERF funding (out of a total of 35 projects). Of these, two were WHO projects and one was for UNICEF's response to the measles outbreak. The remaining funding was for international and national NGOs. Funding through these 13 complementary projects totalled \$3.5 million. Most recently, in response to the sudden increase in the urgent needs of migrants in the North, the HC suggested that IOM could access ERF funds to supplement CERF funding to deal with the additional needs. During the presentation of preliminary findings at the end of the field mission, IOM highlighted the fact that it is helpful to have a country-level fund in a situation of recurrent crises since agencies can apply for funds individually as needed. Overall, review participants were positive about the complementarity of the CERF and ERF.

Although the ERF complemented CERF funding in 2012, until the UFE grant in 2013, the ERF team did not deal with CERF funding. However, it is helpful if the same team deals with both since this promotes complementarity and avoids duplication. This would also create the opportunity for the ERF team to follow up on CERF projects when it is monitoring ERF projects, particularly when the two sets of projects are being implemented in the same geographical area and potentially by the same NGOs. Dealing with CERF funding processes will increase the workload of the ERF team so it will need additional capacity to take on this responsibility.

Recommendation

1. The CERF secretariat should continue the practice of joining a couple of PAF review missions each year.
2. OCHA should ensure that it has adequate capacity to ensure that the same team manages both CERF and ERF funding, which will support complementarity between the two funds further.

Section 2: Value Added of the CERF

This section focuses on the extent to which the CERF has added value to humanitarian response in Yemen. It addresses indicators 17, 18, 19 and 21 of the PAF. Table 3 in Annex 1 shows that the CERF has been one of the top five donors to Yemen for four out of the last five years and most agencies receiving CERF funding emphasised that it has been critical for humanitarian response in Yemen. Specifically, it has added value to international humanitarian response by:

- **Supporting a timely response at times of acute emergency** in 2012. For the measles outbreak, UNICEF and WHO advanced internal funds to start the response and then used CERF funds to replenish internal resources. As a result, the RC/HC's annual report identified the following lesson: "Predictability of funding from CERF allowed agencies undertaking procurement and other vital process to advance funding for this response". UNHCR could not draw on internal operational reserves for its emergency response in Abyan because these had been used for other crises. Therefore, it could not have started its operation without CERF funding in August 2012. Most agencies received funding from other donors much later so, without CERF funding, they would have struggled to respond in a timely way. For example, IOM received funding to respond to the needs of returnees in Abyan 2 months after it received CERF funding.
- **Enabling agencies to establish a presence on the ground, which then made it easier to leverage other funding.** For example, IOM was able to gain access to Abyan and start working there with CERF funding received in August 2012. Based on its track record, it was able to get additional funding from OFDA in October 2012. UNHCR was also able to start work in Abyan with CERF funding in August 2012. This enabled it to apply for funding when ECHO issued a Call for Proposals at the end of July 2012. However, it only received this funding in November 2012 and, due to its financial

year-end, was unable to use the funding for implementation till January 2013. Similarly, in November 2012, the Japanese government expressed interest in funding UNHCR because local authorities had acknowledged its presence on the ground (made possible by CERF funding). This funding was approved in early April 2013. The HC believed that the ability of agencies to use CERF funding to leverage other funding was one factor that led them to receive 58 per cent of the funding requested in the 2012 YHRP.

- **Complementing other donor funding.** In 2010, IOM had found CERF funding useful for complementing an OFDA-financed project to provide mobile health units. While OFDA financed the mobile clinics, the CERF helped to cover the cost of procuring medicines.
- **Filling critical gaps by funding critical but less ‘popular’ activities.** IOM pointed out that CERF funding is the only funding that it has received in 2013 to address the needs of migrants. Although migrants are not a popular beneficiary group, the fact that the CERF is funding IOM’s response sends a message to donors that this is an emergency situation. This has prompted the Bureau for Population, Refugees and Migration to consider complementing CERF funding. If IOM had not received CERF funding in 2013, it was planning to close its operation for migrants. The UFE grant will enable it to continue for a few more months, which will give the agency time to approach other donors. Funding from the UFE allocation has also enabled UNDP to begin implementing its revised mine clearance project with improved safety standards. CERF funding has also filled gaps within the project because other donors tend to earmark their funding for mine clearance equipment. However, the project also has to pay for people to use that equipment and this is where the CERF has filled a major gap. UNFPA has found it very challenging to obtain funding for reproductive health activities since these do not appear to be a priority for donors. As a result, without CERF funding, it would not have been able to provide reproductive health services to IDPs in the south.
- **Enabled agencies to establish a presence in conflict-affected areas, which increased the UN’s credibility with the government.** The HC noted that, once IDPs began returning to Abyan governorate, he was able to visit and highlight to the government that the IDPs were receiving CERF-funded NFIs. A representative from the office of the Governor of Abyan made it clear that the government was deeply appreciative of the assistance that the international community had provided, since this far exceeded what the government had been able to provide. A representative from the MoPHP also pointed out that, without the additional resources that OCHA provided to WHO (i.e. CERF and ERF funding), it would have been difficult for the Ministry to save the lives of conflict-affected populations.
- **Enabling agencies to expand existing activities to new areas.** The Office of the High Commissioner for Human Rights (OHCHR) is using funding from the 2013 UFE allocation to work in the north, which is a new area for the agency.

WFP has received CERF funding every year since 2008, including \$6 million in 2010, but it had found the CERF grants small in relation to the agency’s total requirements and therefore of limited usefulness. Nevertheless, the agency had found that CERF grants had complemented its other funding, including un-earmarked funding that it has allocated to Yemen (see Table 3 in Annex 1). The agency was also appreciative of CERF funding for the logistics cluster, particularly through the 2013 UFE allocation.

2.1 Strengthening Humanitarian Reform and Response

PAF indicators 29, 30 and 31 focus on the extent to which the RC/HC and cluster coordinators use CERF funding as an incentive for coordination and whether CERF funding has helped to strengthen the function of clusters and the inter-cluster forum as well as the leadership and role of the RC/HC.

The review found that CERF funding to Yemen had empowered the RC/HC to bring humanitarian actors together to plan responses in a coordinated manner. It had also enabled the RC/HC to encourage CERF recipient agencies to strengthen local humanitarian response capacity. He had done this by making it a criterion for receiving a grant from the UFE allocation in 2013 that agencies implemented through local partners. The HC noted that the number of humanitarian agencies in Yemen had increased from 66 in 2012 to 89 in 2013. He believed that the availability of CERF funding had contributed to this increased humanitarian implementation capacity in the country.

As described in section 3.1.1, the CERF RR allocations in response to population displacements and returns in 2012 were prioritised through the clusters, which has helped to strengthen their role. For example, while the government participated in the health cluster prior to the measles outbreak response funded by the CERF, a junior official used to attend. However, when the cluster began to respond to the outbreak, a deputy minister started attending cluster meetings, raising their profile. After the response, the Ministry returned to sending a junior official to cluster meetings but CERF funding clearly has the potential to increase the government's engagement. A couple of agencies argued that discussing CERF funding in the clusters had strengthened participation because, if organisations come together for information sharing purposes only, the cluster can lose momentum.

For the 2013 UFE grant, while funding was initially allocated by agency, the cluster lead agencies then discussed proposals with members. UNHCR went further than other agencies and invited NGOs to submit proposals based on priority needs and delivery capacity. It then selected the most relevant proposals and put these forward for CERF funding (discussing the collated proposal with the cluster). This gave the cluster concrete actions to discuss and increased the level of interest. Although UNICEF did not request NGOs to submit proposals for CERF funding, interviewees felt that CERF and ERF funding had strengthened the role of clusters.

The involvement of NGOs in CERF prioritisation discussions and the requirement for CERF-recipient agencies to implement through local partners had increased national NGO interest in participating in clusters. A national NGO described how, when it joined the protection cluster, other national NGOs asked why it was joining 'a talking shop' that did not result in any action. These national NGOs felt that international agencies came together in clusters to share money between each other. However, when the national NGO received CERF funding through the cluster (from the UFE allocation in 2013), its colleagues realised that clusters were not necessarily a waste of time and that it was possible for national NGOs to access funding as well.

2.2 Life-Saving Criteria

As described in section 1.1, Yemen faced chronic food insecurity and vulnerability even before the eruption of civil unrest and violent conflict in 2011. The violence and displacement made the situation acute, also exacerbating the protection situation as the rule of law disintegrated. Agencies found CERF funding very useful for responding to immediate needs. However, once IDPs started returning to Abyan governorate and the situation stabilised somewhat, they faced the need to address rehabilitation and recovery needs and also to address the population's underlying chronic vulnerability. The Governor's office in Abyan has also made it clear that, from its perspective, the emergency phase is over and it is time for assistance to focus on longer-term recovery and development. This led the HC to prioritise early recovery for the UFE allocation. However, the CERF's focus on life-saving activities means that it is not able to fund recovery/rehabilitation activities or the underlying causes of vulnerability.

One interviewee argued that Yemen is in the process of delicate political negotiations so people need to see their lives improving. Otherwise, if the situation of chronic poverty and vulnerability continues, there is a risk of further instability. The HC also argued that the opportunity cost of not supporting recovery in Abyan could be a resurgence of Al Qaeda and further displacement. While CERF funding has

been useful for addressing short-term needs, the challenge for aid agencies is finding resources to address medium-term needs, such as rehabilitating schools and health facilities, and build community resilience. This is particularly difficult when aid budgets are declining and there are competing demands from crises such as Syria and Mali.

Both UNHCR and IOM highlighted the challenges of trying to provide appropriate shelter assistance that fitted within the CERF's life-saving criteria. IDPs returning to Abyan found that many houses had been completely destroyed. Providing shelter kits or undertaking minor rehabilitation, as required by the CERF's life-saving criteria, was inadequate to address the needs. Nevertheless, both UNHCR and IOM provided NFI and shelter kits to comply with CERF requirements. At the time of developing the proposal, due to a change of Cluster coordinator, it was not clear that other agencies also planned to distribute NFI kits. The large-scale distribution of kits flooded the market and some families received multiple sets so they sold them in order to be able to rebuild their homes properly and meet other needs. Therefore, the agencies argued for greater flexibility in the application of the life-saving criteria. This is reflected in one of the lessons learned in the RC/HC's annual report: "Life-saving criteria should be expanded in order to accommodate country-specific realities; ie. Shelter rehabilitation as opposed to distribution of kits. Also, cost per capita is not necessarily the strongest indicator for the strength of proposed action in terms of ensuring life-saving results (sale of NFI kits in markets)¹⁰." The HC also underlined the need for donors to understand that saving lives is a complex notion and should include taking action to prevent emergencies.

Both IOM and OHCHR also argued that one challenge with the life-saving criteria is that they are overly focused on the delivery of material aid when, in reality, other activities can also be life-saving. This is particularly true in the case of protection. UNFPA also noted that it had been challenging to get other agencies to regard activities to address gender-based violence as life-saving activities.

From the CERF secretariat's perspective, rather than trying to extend the mandate of the CERF, agencies should draw the attention of donors to longer-term needs. The CERF has a finite budget and is not intended to be the primary funding source for projects so donors need to ensure that they make funding available to build on the short-term assistance that they are providing through the CERF.

Section 3: Inclusiveness and Transparency of Allocation Process

This section examines the extent to which CERF allocation processes in Yemen were transparent and included key stakeholders. It addresses indicators 1, 2, 3, 6 and 25 of the PAF. This section starts by describing the process for allocating CERF RR funding in 2012 and goes on to describe the process adopted for the UFE allocation in 2013. The section concludes by drawing out lessons from the different approaches used in 2012 and 2013.

3.1 Allocation Processes

Allocations from the CERF's RR and UFE windows work slightly differently, with the former being a field-driven process and the latter being led by the ERC and CERF secretariat in the initial stages of deciding on allocations per country. However, CERF guidance on the two windows recommends similar prioritisation and allocation processes at country level. In particular, both sets of guidance emphasise that the allocation process should be transparent and include all humanitarian actors (including

¹⁰ According to IOM, the CERF secretariat required it to reduce the per capita cost of its shelter/NFI project and this forced it to provide kits that were not in line with the needs of returnees.

government partners). They also suggest that, under the RC/HC's leadership, the HCT should review needs and assessment data and gaps as well as the funding status of agencies. Based on this, the HCT should set priorities. The RR guidance adds that the RC/HC may suggest preliminary funding amounts for each prioritized sector/cluster. In Yemen, as described below, the processes for the RR and UFE allocations were somewhat different.

3.1.1 Allocation of Rapid Response (RR) Grants in 2012

In early 2012, humanitarian aid agencies in Yemen had three areas of concern and decided to request funding from the RR window to address them.

- The on-going situation of displacement in Northern Yemen
- An expected increase in displacement in Southern Yemen
- The high incidence of measles in Southern Yemen

On the CERF secretariat's advice, OCHA supported humanitarian agencies to develop two separate applications – one for the measles outbreak and the other for the displacements in the North and South. The rationale for this was that the CERF secretariat could process the application for the measles outbreak quickly rather than waiting for the more complex proposals to respond to IDP needs.

At the beginning of the process, OCHA met with the ICCM in Sana'a to explain the CERF and what was required for an application to the RR window. The main challenge for agencies in developing proposals to respond to the IDP situation was the lack of data on the number of those affected. Although humanitarian agencies expected a larger influx of IDPs in the South, they could not wait for the situation to develop and get more accurate figures because the situation in the North was acute. Therefore, cluster leads agreed on a working figure of IDPs.

After the meeting in Sana'a, OCHA held meetings with humanitarian agencies in Haradh and Aden to get their analysis of the humanitarian situation, needs and gaps. These discussions also covered the funding that agencies had or were expecting for six months. OCHA reported back to cluster leads in Sana'a on the meetings that it had held after each of the missions to Haradh and Aden. Based on the information gathered from these missions, the ICCM consolidated priorities and cluster lead agencies developed proposals.

The HC submitted an application to the CERF secretariat to respond to displacements on 28 March 2012. According to interviewees, the process for applying for RR funding in July 2012 followed a similar process. The one difference was that, for the March application, OCHA asked agencies to base their proposals on a three-month implementation period rather than six months. This may have been due to a misunderstanding of the implementation period for RR grants. In mid-2011, as part of the introduction of an umbrella letter of understanding (which followed negotiations between the secretariat, eligible agencies and the UN Controller's Office), the CERF secretariat gave agencies six months to disburse funds and implement activities rather than three months to commit funds and a further three months to complete implementation.

Although agencies were in the process of implementing the March allocation when they applied for funding in July, there was no formal process for ascertaining their absorption and implementation capacity in order to inform the July allocation. All those consulted agreed that it would be helpful to have an update on delivery and challenges mid-way through the implementation of a CERF allocation, even if this is not needed to inform the allocation of another tranche of CERF funding.

A health cluster member argued that the application for the measles response on 14 March 2012 could have been more inclusive of the cluster. The cluster was a forum for information sharing but did not participate in planning the response. This meant that the response did not take advantage of the capacities of NGO members. For the other CERF RR grants in 2012 as well, WHO, as the health cluster

lead agency, restricted discussions of how to divide roles and responsibilities for CERF funding to UN agencies and IOM. It argued that this was because only UN agencies and IOM can receive CERF funds directly. NGOs were involved in the process as implementing partners.

3.1.2 Allocation of Under-Funded Emergency (UFE) Grant in 2013

Figure 2 in Annex 1 provides a timeline for the steps in the process of prioritising and allocating the \$17 million UFE grant in 2013. This shows that the HC responded promptly to the ERC's letter informing him that Yemen had been selected for a grant from the UFE window and informed the UN Country Team (UNCT) of the allocation at a meeting on 22 December. Due to staff turnover within OCHA, it was not possible to determine whether the HC and OCHA held discussions between 22 December 2012 and around 10 January 2013. However, early on in the process, the HC and OCHA decided to allocate the CERF grant by agency rather than cluster (as had been done in 2012). There were two reasons for this. One was that there was a short time before the deadline of 25 January 2013 for submitting the prioritisation strategy so it would be quicker to allocate funding by agency rather than prioritising the grant through the clusters. The other was that the HC was aware that particular agencies, such as FAO and UNDP, were under-funded. Allocating funding by agency rather than cluster was a way to ensure that agencies operating in multiple clusters did not obtain the largest share of funding while these more focused under-funded agencies did not receive adequate funding.

On 13 January 2013, the head of OCHA called an HCT meeting on behalf of the RC/HC. The HCT met on 15 January and agreed on the priorities for the CERF allocation. According to the minutes of the meeting, "the two geographic priority areas the HCT agreed upon are the northern Governorates, including Sa'ada, Hajah and Amran, and the south, including Aden, Abyan and Lahj Governorates". The reason for selecting the northern governorates was to capitalise on humanitarian access and ensure that access did not become difficult again because aid agencies had failed to deliver assistance. The rationale for the focus on the south was that increasing stability and the return of IDPs required a scaling up of humanitarian operations to consolidate the stabilising situation. The HCT also decided on the following criteria for the allocation of CERF funding:

- Projects have to be life-saving
- Projects will have to be part of a cluster / sector that has been underfunded in 2012
- Organisations have to have the operational capacity to implement the project
- Projects submitted for funding will have to be discussed in the cluster led by the UN agency requesting the CERF funding
- Since NGOs do not have direct access to CERF funding, one part of the allocation will have to be provided to NGOs through the agency requesting the CERF funding

Following the HCT meeting, OCHA submitted a draft prioritisation strategy to the CERF secretariat on 16 January. This outlined the geographical prioritisation agreed at the HCT meeting. Based on OCHA's analysis of FTS data and identification of which key YHRP priorities were under-funded, it also highlighted certain sectoral priorities:

The overall intention is to reinforce cluster coordination by meeting the high need in each sector/cluster as outlined in the 2013 YHRP. As such, this fund will be used to meet the high priorities need per a cluster to ensure life saving quality education; to improve the food security and agriculture related livelihoods urgent needs; to better coordinate the health and nutrition response, strengthen the health and nutrition capacity and reduce excess to child and maternal morbidity and mortality; to provide quality critical treatment for the persons affected by acute malnutrition; to facilitate and support the logistic support to all the clusters; to ensure the refuges and migrants protection; to enhance protection of civilian and victims of human rights violations;

to provide critical WASH assistance. This assistance will also ensure the gender consideration as the populations with special needs are assisted.

The CERF secretariat responded to this draft prioritisation strategy by asking whether the HC or HCT had decided on amounts per cluster and asking for details of priorities within the listed clusters. It also pointed out that many education activities do not fit within the CERF's life-saving criteria, that the CERF cannot fund coordination and that it cannot finance institutional capacity building.

The HC formally submitted the prioritisation strategy on Sunday, 27 January, two days after the deadline of Friday, 25 January (which may have been because the weekend in Yemen is on Thursday and Friday). This strategy document focused on geographical priorities rather than sectors. It noted that the conflict in the north had led to widespread destruction of social infrastructure, preventing the provision of basic services but that access negotiations had opened up an opportunity to address urgent humanitarian needs. It also argued that the large numbers of IDPs returning to Abyan presented an opportunity to provide sustainable support to the returnees. It concluded that activities would "focus on capacity building and early recovery measures to ensure the durability of interventions".

The CERF secretariat responded to the prioritisation strategy on 28 January, requesting information on the breakdown of funding by geographical location (i.e. north and south) or by cluster, if these had been agreed upon. Otherwise, it requested an explanation of how the HCT would agree on the projects to be included and amounts requested in the official submission. In addition, the secretariat pointed out that it could not finance stand-alone capacity building and early recovery activities so these would need to be components of urgent humanitarian projects. It also explained that it could not support the reconstruction of infrastructure.

On 28 January, the ICCM had a meeting at which OCHA presented the criteria for CERF funding, which included the requirement that clusters should participate in the decision-making process. The minutes note that each agency representative was expected to decide on the amount per Cluster.

On 30 January, following discussions between the HC, OCHA and agencies, the HC emailed UN agencies and IOM with a suggested allocation of the \$17 million by agency outlined below. OCHA followed this up with meetings with individual agencies to support them with internal allocations across sectors and to ensure that they understood the criteria for CERF funding.

Agency	Allocation (USD MIO)
FAO	2
IOM	1.8
UNDP	2.3
UNFPA	0.9
UNHCR	3.9
UNICEF	3.2
WFP	0.9
WHO	2.0
Total	17

On 31 January, the CERF secretariat emailed OCHA to follow up on a telephone conversation the previous day. It explained that the RC/HC needed to submit a follow-up letter or email to provide further information on the amounts allocated per agency. Specifically, the secretariat asked for the reason for allocating by agencies rather than cluster, how the amounts per agency were decided, the criteria for the decision and who was involved in the decision. OCHA responded that it would provide further information after the ICCM meeting on 2 February, which would discuss further guidance and decide on next steps. OCHA's email to the ICCM regarding the meeting emphasises that "the further distribution of

CERF allocations will have to be divided amongst the clusters in consultation with the Heads of Agencies in their capacity as cluster leads within the next days and **no later than 2 February**". Since OCHA did not provide the requested information after the ICCM meeting, the secretariat emailed a reminder on 12 February. OCHA responded on 16 February with a summary of the allocation process (see section 3.1.2 in Annex 1) though this did not address the specific questions in the secretariat's email.

Although there were two ICCM meetings at which CERF funding was discussed, the ICCM did not discuss a specific procedure that clusters should follow for internal discussions and in order to develop proposals. Even UNICEF cluster coordinators did not discuss a standardised procedure for the four clusters that UNICEF leads. As a result, the extent of consultation and the procedures for prioritising activities for CERF funding varied across clusters. UNHCR undertook the most extensive consultation within the shelter/NFI and protection clusters in order to comply with the requirement that "one part of the allocation will have to be provided to NGOs through the agency requesting the CERF funding". It worked with cluster members to identify needs that met CERF criteria. It then identified members with the capacity to respond to the identified needs and invited them to submit proposals. It selected the best proposals and collated these into one proposal for the CERF. As a final stage, it sought the cluster's approval for the consolidated proposal.

As noted in the previous section, in the health cluster, discussions were limited to UN agency members and IOM though the agencies worked closely to examine projects in the YHRP and identify those that were of good quality, underfunded and focused on the north, which was the priority area for health interventions. The group also studied monthly reporting to the health cluster to identify partners with delivery capacity. According to WFP, the nutrition cluster also called a meeting of UN agency members and IOM. However, only WFP and the UNICEF cluster coordinator attended and the cluster coordinator unilaterally decided that IOM should receive the total amount allocated to the cluster because of its implementation capacity. WFP objected to this decision because it believed that its NGO partners should also benefit from the funding. The UNICEF coordinator then left and the replacement UNICEF staff member argued that, if IOM received the total amount allocated to the nutrition cluster, this would not comply with the requirement partner with local NGOs. Therefore, the two agencies agreed that IOM would receive the amount it needed to ensure that children enrolled in its Community-Based Management of Acute Malnutrition (CMAM) programme could graduate while UNICEF would use the remaining funds to procure the needed nutrition supplies and work with local NGOs.

After the discussion of projects and allocations within clusters and the development of proposals, the RC/HC submitted the initial proposals to the CERF secretariat on 25 February. As agreed between OCHA and the CERF secretariat, this was 10 days after the official deadline for submissions (15 February).

3.2 Lessons learned from the UFE grant allocation process

According to interviewees who had been involved in both the RR allocations in 2012 and the UFE allocation in 2013, the former was better because it strengthened the role of the ICCM and clusters. One interviewee argued that a bottom-up prioritisation process also makes it easier to justify allocations and requests to the CERF secretariat. A participating agency pointed out that, for the RR allocations, there was buy-in from cluster members and the process helped to avoid overlaps. During the UFE allocation process, the agency, which is active in several sectors, decided to use some of the funding allocated to it for WASH activities. It then informed the cluster of its decision. The agency argued that this undermined the cluster's role (because it had no influence over the agency's decision) and also the cluster coordinator's ability to foster partnerships between UN agencies and NGOs. The agency pointed out that, at the 15 January meeting, the HCT identified four-five clusters that were most severely underfunded (which is probably what was reflected in the draft prioritisation strategy that OCHA shared with the CERF secretariat). It did not feel that the allocations by agency reflected these priorities.

Another challenge with allocating funding by agency rather than cluster is that most agencies are active in more than one cluster. For example, UNHCR leads the protection cluster and co-leads the shelter/NFI Cluster while WFP leads the logistics cluster and is active in the nutrition and food security and agriculture clusters. UNICEF leads the education, nutrition and WASH clusters as well as the child protection sub-cluster. As noted in section 3.1.2, agency heads had to allocate funding to the sectors in which their agency was active and this proved challenging when the agency worked in more than one sector. Cluster coordinators from one of these agencies argued that it was impossible to argue with the agency head even if they disagreed with the decision and it was better if the ICCM decided on allocations per Cluster. Even WHO, which does not operate in multiple sectors, argued that it was more effective to prioritise CERF funding through clusters than to allocate it to individual agencies.

Although the process of allocating funding by agency rather than cluster was challenging initially, almost all agencies were satisfied with the outcome of the process because the key priorities were funded and, with perhaps a couple of exceptions, the cluster process had worked effectively. However, there was general agreement that the main lesson learned from the UFE allocation process was that it is more effective and inclusive to allocate funding by cluster rather than by agency.

One source of confusion about the UFE allocation was whether the grant was supposed to finance unmet needs in the 2012 YHRP or the 2013 YHRP. When the HCT decided on criteria for the allocation of CERF funds, it stipulated that projects had to be from a cluster that was under-funded in 2012. This was a reasonable requirement because, at the start of 2013, the YHRP was only 2 per cent funded¹¹ and almost every cluster was under-funded so it would have been very difficult to select under-funded clusters to receive CERF money. However, as a result of this confusion, UNICEF submitted its 2012 YHRP nutrition project, which was 84 per cent funded, to the CERF secretariat (according to the original project proposal). Due to this high level of funding, the nutrition cluster had received a very small amount of funding. The CERF secretariat clarified that the 2013 UFE allocation could not be used to finance 2012 YHRP projects, after which UNICEF submitted its 2013 YHRP project. This had received 9.3 per cent of the required funding at the time so it was eligible for the UFE allocation. A CERF secretariat representative explained that, for the first allocation from the UFE window in 2013, agencies would be expected to use the funding received in 2012 as a guide to which sectors are likely to be most under-funded in 2013 and allocate the CERF grant accordingly.

At an HCT meeting on 27 February 2013, the ERF manager presented three other lessons learned from the UFE allocation process. These were:

- The importance of using consistent numbers across clusters and project proposals. This included being clear about whether beneficiary numbers were based on households or families.
- The need for refresher training on Results Based Management
- The need to start the CERF allocation process with a discussion about how aid agencies can maximise their impact.

An additional lesson learned was around implementation capacity. PAF indicator 6 suggests that CERF allocations should take account of agency performance (capacity to implement within the timeframe of the grant, past performance, speed of distribution, and absorptive capacity). As described in section 3.1.2, the clusters used different prioritisation processes so the extent to which they did this varied. For example, WHO mentioned that the three UN members of the health cluster and IOM examined 2012 implementation figures when discussing the 2013 UFE allocation although this was not formally

¹¹ According to OCHA (2013) *Humanitarian Bulletin Yemen Issue No. 12, 29 January-1 March 2013*, the request of \$716 million was 2% funded.

documented. This highlights the need for the ICCM to discuss procedures that clusters are going to follow to ensure consistency across the clusters.

Also, in the case of the last two CERF grants that Yemen has received (in July 2012 and January 2013), the grant arrived before agencies had finished implementing the previous grant. The clusters have not had tools or procedures in place to take account of the extent to which CERF-recipient agencies had implemented the previous CERF grant when discussing the allocation of the next grant. As a result, agencies responded positively to the suggestion that, mid-way through the implementation of a tranche of CERF funding, agencies should fill in a short form on their progress with implementation (with one line per project). This would show the percentage of activities implemented, an indication of the amount of funding spent and any comments on challenges with implementation. This would also help keep the HC, the HCT, cluster coordinators and OCHA informed about implementation progress and potential challenges.

The RC/HC's annual report for 2012 identified a lesson learned that was applicable to UNHCR's experience with the UFE allocation in 2013: "The experience in Yemen has shown that the cluster approach is sometime in conflict with the internal programmatic procedures of some UN agencies hosting the Cluster Coordinator". As described earlier, in order to comply with the criterion to channel CERF funding through NGOs, UNHCR invited cluster members to submit proposals. This led to the agency identifying implementation partners that were not the partners that it had budgeted for in its annual budget. Due to its budgeting requirements, which set a fixed budget amount for the year, to accommodate these new partners into its budget, UNHCR had to reduce planned partnerships or remove them. The process of signing new agreements has also been time-consuming, particularly if the NGOs did not have adequate systems in place to comply with UNHCR's requirements and this has had a knock-on effect on the speed of implementation. As a result, UNHCR felt that there was a tension between its responsibilities as a cluster lead and its internal rules. Given these internal challenges, UNHCR is to be commended for its determination to work with NGOs with the access and delivery capacity to meet urgent needs.

Recommendations

3. The cluster-led process to prioritise and allocate CERF funds used in 2012 should continue to be the way in which future CERF grants to Yemen are allocated.
4. At the beginning of the CERF allocation process, the ICCM should agree on a consultation procedure for clusters to follow in order to ensure consistency across clusters. This procedure should seek to maximise transparency and inclusivity, in line with CERF guidance.
5. On behalf of the HC, OCHA should develop a brief progress report (in table form with one row per project) that agencies could complete mid-way through implementing a CERF allocation. This could cover basic information such as amount of funding spent, activities delivered and challenges encountered.

Section 4: Timeliness of CERF Funding

This section examines the timeliness of the CERF secretariat in disbursing funds as well as the timeliness of onward funding to implementing partners. It addresses indicators 8, 9, 10, 11, 12 and 20 of the PAF.

As noted in section 2, CERF RR funding has facilitated a quick response to sudden onset disasters. In the case of the measles outbreak in early 2012, UNICEF described the importance of the CERF's role (see timeline for project 12-CEF-038 in Annex 1). Initially, the government of Yemen planned a limited response to the measles outbreak because it did not have the funding for a national campaign. However, if the outbreak was not contained and spread to areas with high malnutrition rates, this would have led to a high mortality rate. Therefore, UNICEF argued for the government to launch a national

campaign. Knowing that CERF funding was available enabled the agency to use internal funds to begin procuring vaccines and social mobilisation activities. This included advancing funds to the government to prepare communities for the immunisation campaign. It then reimbursed these internal funds when CERF money arrived. UNICEF and WHO have a pre-arranged division of labour on immunisation campaigns, with UNICEF procuring vaccines and undertaking social mobilisation while WHO organises health workers and logistics for the campaign. This enabled the agencies to develop a joint proposal for CERF funding and UNICEF interviewees commented that it was very positive to have agencies collaborating rather than competing for funds. With OCHA's support, they were able to develop the proposal during a half-day meeting, which made the process very quick. The RC/HC's 2012 annual report on CERF funding noted, "The timely disbursement of CERF funding was vital in securing a timely response. Potentially 5,000 lives were saved through the measles vaccination campaign".

4.1 Timeliness of the CERF Secretariat

The CERF's focus on life-saving and time-critical emergency response has led the secretariat to emphasise the timeliness of CERF funding. Therefore, PAF indicators 8-10 seek to measure the following:

- Average number of working days between the final submission of a grant request package from RC/HC and ERC decision. (Benchmark: Three working days for RR and five working days for UFE)¹²
- Average number of working days between receipt of countersigned approval letter from a grant recipient and request (memo for disbursement to the Office of Programme Planning, Budget and Accounts (OPPBA)) (Benchmark: Two working days)
- Average number of days between request (memo) for fund disbursement by OPPBA to grant recipient.

Table 4 in Annex 1 shows the number of working days for each of these indicators for CERF allocations to Yemen in 2012-2013. This shows that:

- Finalising an application for CERF funding was the longest part of the process, with RR proposals taking an average of over 5 working days to finalise (with a couple of applications taking 12-16 days). UFE applications in 2013 took almost 11 days to finalise, with a few projects taking 18-21 days.
- Once agencies submitted final proposals, the ERC was within the benchmark of three working days to approve RR grants on average, though it took four working days to approve a couple of grants.
- The average for approving UFE grants was just over four days, which is within the benchmark for UFE projects. In some cases, it took the CERF secretariat and the ERC 6-7 days to review and approve final proposals. This may be due to the larger volume of projects that require approval during an UFE round.
- In 2012, the CERF secretariat exceeded its benchmark of two working days from receiving the countersigned approval letter to requesting disbursement for RR (the average across the 20 RR projects was 3.8 days). This was mainly because it took around 4-6 days to request payment for the July 2012 RR grant.

¹² This indicator is measured for each project proposal. This is because, after the submission of the initial grant request package, agencies take different amounts of time to finalise proposals. There would be no point in delaying payment to proposals that are finalised earlier by waiting for the submission of all the final proposals as a package so the CERF secretariat processes final proposals as soon as they are submitted.

- The secretariat was very fast during the 2013 UFE allocation, requesting disbursement on the same day as the approval letter was countersigned in many cases. On average, over the 18 projects financed through the UFE allocation, the secretariat took less than a day to request payment.
- In 2012 and 2013, the average number of days from the CERF secretariat submitting a request to disburse funds and actual fund disbursement was four working days or less.

This shows that, while the ERC approved RR applications in a timely way in 2012, the CERF secretariat was slower than it used to be in requesting disbursement once the agency had countersigned the approval letter. Nevertheless, as highlighted in section 2, the CERF remains one of the timeliest donors in an acute emergency situation and the secretariat was extremely fast during the first UFE round in 2013.

4.2 Timeliness of Onward Funding

Annex 1 contains timelines for a few of the RR projects funded in 2012. The aim of undertaking these timelines is to illustrate how CERF funding and its timing influenced project implementation. They should also help improve understanding of the full CERF project cycle.

Although some of the timelines are still incomplete, the information provided gives useful insights into the timeliness of the implementation of CERF-funded projects. For example, as noted in section 2, both WHO and UNICEF advanced funds to begin the vaccination campaign to respond to the measles outbreak in early 2012. The timeline for 12-WHO-024 shows how the agency was able to undertake the first phase of the campaign in March 2012 and then use CERF funds for the second phase from 15 March 2012 onwards. As soon as the ERC had approved the funding request on 23 March 2012, WHO's headquarters clearly advanced funds so that the country office received funds by 25 March.

For project 12-HCR-024 (see timeline in Annex 1), CERF funding was part of a larger UNHCR project financed from other sources as well. Therefore, UNHCR's implementing partners began activities on 9 April 2012, even before the ERC had approved the application. Also, since UNHCR had funded its partner, Al Amal, from other sources, it had to wait until the NGO had spent 70 per cent of the funds that it had received before it could release an instalment from CERF funds (which it did in June 2012). UNICEF also funded project 12-CEF-093 from sources other than the CERF. Therefore, UNICEF used these other resources to finance the supply pipeline early on and then used CERF to replenish the pipeline, procuring nutrition supplies in January 2013 even though it had received the CERF grant on 23 August 2012. As the timeline shows, UNICEF also used other funding to distribute supplies from July 2012 onwards so it used the majority of CERF funds to procure nutrition supplies.

As the timeline for project 12-FPA-035 shows, the agency had a problem with procuring reproductive health kits. This was partly due to internal procedural problems¹³ and partly due to the fact that some kits were not available. This clearly delayed the distribution of some kits to hospitals and health centres. It also took UNFPA three months from the disbursement of CERF funds to organise vehicles and staff for the mobile clinics. As a result, to ensure that the mobile clinic provided health services for six months (as proposed), the clinics operated from November 2012 to April 2013, even though the project should have ended by 23 February 2013 according to CERF rules (see section 6.1 below for further details).

¹³ One procedural issue may have been the fact that UNFPA has to close all projects at the end of the year to comply with the ATLAS financial system. If a project continues into the next calendar year, the agency has to re-start the project, which can take 2-3 weeks. It may have been that, since the kits were not available, UNFPA was unable to complete the procurement process in 2012 and had to re-order the kits in February 2013 when the CERF project 're-started' in the financial system.

4.3 Security and Access Challenges

Most agencies mentioned that insecurity and lack of access had hampered their work to some extent. Even the government had experienced access challenges and UNICEF noted that the MoPHP is funding IOM and an NGO to provide immunisation services in one governorate. CERF-recipient agencies had adopted different mitigating measures to address these challenges such as working through local implementing partners who have better access. However, there is a risk of over-stretching the good local NGOs because all the UN agencies want to work with them. The short timeframe for the implementation of CERF RR grants and the fact that all CERF-recipient agencies are working to the same deadline risks exacerbating the problem. One agency also raised concerns about the impartiality of local NGOs.

IOM had addressed access challenges by hiring national consultants who report directly to the agency but have contracts through a third party so that they are not subject to UN security restrictions. The agency had found direct implementation more effective and this had also enabled it to communicate its impartiality and independence to affected populations. WFP also uses such national consultants and WHO uses a similar arrangement for Abyan.

UNHCR had found the security situation in 2012 better than it was in 2011 so it was able to bring in staff that had been evacuated in 2011. As a result, it had 45 international staff in country as well as 200 national staff. Although the security situation in Abyan remained volatile, the agency had found the government very helpful in facilitating its work. NGOs in Aden also felt that the situation had improved since 2012.

4.4 No-Cost Extensions (NCEs)

The three RR allocations to Yemen in 2012 financed 20 projects of which two requested NCEs. UNICEF made one request for its \$2.6 million WASH project, financed from the RR allocation at the end of March 2012. The agency had three reasons for requesting a three-month extension for this project:

- Problems with local procurement of supplies and spare parts for the rehabilitation of water systems, which meant that UNICEF had to revert to international procurement. It put in place temporary water trucking arrangements to meet the needs of the affected population.
- Volatile IDP movements, which meant that some IDPs from Abyan sought refuge in Shabwa and Al-Bayda instead of Aden and Lahj as anticipated. They needed continued support.
- Scaling up partner capacity to meet the needs of new IDPs and reach out to new areas took longer than expected.

The agency argued that the NCE would enable it to address these challenges and the ERC granted it.

IOM made a request for a NCE and reprogramming for a project that received \$335,338 from the RR allocation in July 2012. One of the project's main aims was to establish 30 Child Friendly Spaces in Abyan but IOM's implementation was delayed by the slow and shifting returns and challenges with recruiting staff and volunteers. Therefore, IOM requested a three-month extension for the project and a shift in the budget from staffing to direct operational costs. Amongst other activities, this would enable it to enhance the provision of Mine Risk Education for conflict-affected children and their communities in schools.

In May 2013, IOM also requested the reprogramming of a portion of the \$1.39 million grant that it received to assist vulnerable migrants in Yemen. This was in response to urgent unforeseen needs that UNICEF and IOM identified after the grant was disbursed (on 27 March 2013). The issue was discussed in the HCT in April and the HC recommended that IOM receive an ERF grant to complement the CERF funding. However, IOM also needed to re-programme a portion of the CERF grant in order to enable

unaccompanied migrant and trafficked children to return home to Ethiopia.

Section 5: Reporting

This section focuses on reporting on, and accountability for, CERF grants. It addresses indicators 13, 14, 15, 16, 27 and 28 of the PAF. It starts by discussing agency reporting on CERF funding to the RC/HC. It goes on to describe the monitoring procedures that the agencies have in place.

5.1 Reporting on CERF Funding

The CERF secretariat has developed a revised template for UN agencies and IOM to complete as input into the annual report that the RC/HC submits to the CERF secretariat at the end of March. This now includes a comparison of planned objectives against actual results achieved. In general, CERF recipient agencies found the report template straightforward and simpler than the reporting required by some donors. However, the process for the 2012 RC/HC's annual report had been challenging for a number of reasons:

- The high turnover of staff meant that, in many cases, staff members involved in project implementation were no longer there to provide reporting. This contributed in part to the poor quality of submissions from agencies.
- In one case, a key staff member was on R&R so the agency's submission was very brief and lacked details.
- Although agencies are required to report by 15 March 2013 on the previous calendar year only, in Yemen, the agencies included reports on RR projects that were completed at the end of February. This gave them very little time to pull together the necessary information¹⁴.
- Since there was a short timeframe for compiling the annual report, there was no time for the Inter-Cluster Coordination Mechanism or the HCT to discuss the report and pull together joint lesson learned.

In light of these challenges, agencies were very receptive to the option that, rather than an annual RC/HC report submitted on 15 March, agencies could report on CERF grants around two months after each tranche of CERF funding (in 2012, since Yemen received RR grants in March as well as July, there would have been one reporting process after both RR grants)¹⁵. This would address the problem of staff turnover. As IOM explained, it has various donors for its CERF-funded projects so it has to be careful to ensure that it separates out and reports beneficiary numbers accurately. If reporting is annual and there has been a turnover of staff members, it can be challenging to go back to project data and identify the number of beneficiary assisted with CERF funding specifically. Reporting per CERF grant would also ensure that agencies had adequate time to prepare reports after the end of projects.

In addition, agencies were in favour of an After Action Review (AAR) at the end of each tranche of CERF funding. If the CERF secretariat moves to a system of reporting after each CERF grant, this would also help the agencies to pull together the report. If the CERF secretariat continues with an annual RC/HC report, the AAR would help agencies to draft inputs for this annual report.

¹⁴ In light of the high staff turnover, it would probably have been even more challenging had agencies decided to wait till the following RC/HC's annual report to report on these RR projects.

¹⁵ UNHCR was one agency that preferred annual reporting in March because this coincides with its internal annual reporting cycle. However, interviewees in Yemen could see the logic of a report at the end of a tranche of CERF funding.

Once the RC/HC had submitted the compiled annual report to the CERF secretariat, OCHA had shared it with agencies. However, the agencies had not necessarily shared the report with Cluster coordinators. In turn, cluster coordinators had not shared the report with member organisations. Therefore, a representative from the MoPHP noted that WHO works closely with the Ministry but the MoPHP was not aware of the sources of WHO's funding for emergency response. The MoPHP was grateful for the assistance that it had received through WHO and pointed out that a detailed documentation of WHO's interventions would reveal the magnitude of the help provided. The RC/HC's annual report would have been one source of such information but the MoPHP had not received a copy. However, NGOs provided detailed reports on their activities to the MoPHP and, at the time of the interview, the representative had been reading MSF's annual report. As a result, he was much better informed about the NGO's work than about the CERF's contributions.

5.2 Monitoring and Feedback on CERF Projects

None of the CERF-recipient agencies in Yemen had evaluated CERF-funded projects but they had monitoring systems in place. For the immunisation campaign financed through the first RR grant in 2012, UNICEF and WHO shared monitoring responsibilities. UNICEF used five field officers to check the level of preparedness of communities for the campaign and also monitor the campaign process. WHO was responsible for post-campaign monitoring and worked through the surveillance officers from the MoPHP's immunisation section since they are present in every district. While UNICEF was able to monitor the immunisation campaign, it had faced challenges with monitoring the implementation of the CERF-funded nutrition project in 2012. The Abyan health office was one of UNICEF's implementing partners and its weak information and monitoring system had meant that UNICEF was unable to gather comprehensive and timely data on the number of beneficiaries reached through the health office. Due to security constraints, UNICEF was unable to send its own staff to follow up on implementation and obtain accurate beneficiary figures. To address this challenge, the agency had decided to work through a local NGO in 2013. The NGO is able to send information managers to Abyan to collect data from all districts and monitor the implementation of the CERF-funded nutrition project as well as other activities. UNICEF has also hired an information management officer to support the nutrition sub-Cluster in Aden and work with the local NGO.

UNFPA had found monitoring a challenge due to access restrictions and was working to strengthen its monitoring capacity. In particular, due to security rules, it had undertaken a limited number of monitoring visits, with the south particularly difficult to access. This has meant that it has not always been able to verify reports from implementing partners. To address this, when it has not been able to travel to project sites, it has brought implementing partners to Sana'a for follow-up discussions and to provide technical support. The agency also works with the government, which can provide indirect monitoring of implementation, but it is dependent on implementers to provide beneficiary figures, which can take some time. To improve monitoring for the 2013 UFE grant, UNFPA plans to use some of the CERF funding to recruit local staff members who will be better placed to visit project sites.

WHO receives weekly and monthly reports from health facilities, which help it to monitor activities. It also uses the MoPHP's monitoring mechanisms, particularly to monitor the consumption of medical supplies. The agency believed that it would be helpful if CERF-recipient agencies undertook joint monitoring. According to UNFPA, in 2012, when UN agencies were unable to travel to the south, they identified an NGO and a focal point from each agency to be present at distribution points where the agencies were providing different types of assistance, such as food and NFIs, to IDPs and returnees. The NGO and focal point monitored the distribution. WFP mentioned that the government's Executive Unit for IDPs had maintained a presence at food distribution points and this helped with monitoring. WFP

also undertook its own post-distribution monitoring, using local consultants when staff could not travel to the south.

UNHCR draws on implementing partner reports to monitor project implementation and undertakes field visits when possible. In 2013, rather than UNHCR reporting on activities to the Cluster, it is getting implementing NGOs to report directly.

OCHA has been encouraging cluster lead agencies to take on responsibility for monitoring the implementation of ERF and CERF-funded projects. However, at the presentation of preliminary findings at the end of the field mission, it was clear that cluster coordinators do not feel that they have the capacity to add monitoring responsibilities to their workload. Therefore, OCHA has been monitoring ERF projects to the extent possible with the ERF team's capacity (through field visits by an OCHA staff member). In 2012, it was able to monitor 51 per cent of ERF projects but not CERF projects since these were not part of its responsibilities. In 2013, the team is aiming to monitor 60 per cent of ERF projects and 50 per cent of CERF projects.

Recommendations

6. The CERF secretariat should continue to explore the option of introducing a system of reporting after the implementation of each CERF grant is completed because this would improve the quality of information that it receives.
7. At the end of the implementation of each tranche of funding, OCHA (on behalf of the HC) should organise an inclusive After Action Review to capture lessons learned while these are still fresh in people's minds. This would help to draft inputs for the RC/HC's annual report or, if the secretariat introduces reporting per CERF allocation, to prepare the actual report.
8. Agencies should ensure that cluster coordinators receive the RC/HC's annual report once it is finalised and cluster coordinators should share it with members.

Section 6: CERF Guidance

PAF indicator 14 seeks to assess whether the CERF secretariat provides adequate guidance on reporting standards. However, as the secretariat is expanding and refining its range of guidance, it has sought views from stakeholders at country level on the utility of this guidance. It also requested information on whether CERF-recipient agencies were aware of its guidance and requirements.

The CERF secretariat runs regional training workshop and OCHA regional offices send information on the workshops to RC/HCs in the region, copying in the OCHA office. At country level, it is up to the heads of agencies to decide whether or not to send staff for training because the agency has to bear the travel costs. Interviewees from a couple of agencies mentioned that they had participated in CERF training workshops.

Although CERF guidance is available on the website, it is easier and quicker for agency staff to receive the life-saving criteria and the RR or UFE window guidance at the beginning of their discussions on prioritisation and allocation. Interviewees could not always remember having received this guidance at country-level and the extent to which they had read the guidance also varied. The OHCHR had received the life-saving criteria from its headquarters in Geneva and found this very useful for arguing the case that its proposed project complied with the CERF's criteria. It had also found OCHA Yemen very accessible and helpful in explaining criteria and restrictions, as had other agencies.

For agencies in Yemen, a major challenge with ensuring that staff members are aware of CERF guidance and requirements is the very high turnover of staff and also the policy for rest and recuperation (R&R), which means that key staff may be away at critical stages of the CERF funding process. One agency felt

that cluster coordinators did not always understand how the CERF life-saving criteria applied to their sector specifically even though the life-saving criteria include examples of sector-specific activities that the CERF can finance.

To address these challenges, a number of agencies felt that it would be helpful if OCHA could provide a 'refresher' course on key issues related to CERF funding, including cluster processes. This would be for NGO implementing partners as well as agencies eligible to receive CERF funding directly.

6.1 Compliance with CERF Requirements

Most of the CERF recipient agencies were familiar with CERF requirements but there were examples of confusion. For example, one agency had assumed that it had nine months from the date of disbursement to implement an UFE project when, in fact, UFE projects have a set completion date of 31 December for the first round in a year and 30 June for an allocation from the second round. A couple of agencies also seemed to be unaware that a CERF-recipient agency cannot channel CERF funds to another agency that is eligible to receive funding directly. As described in section 1.2, for the July 2012 RR grant, UNICEF initially included IOM as an implementing partner for two projects. FAO also wanted to include IOM as an implementing partner for its 2013 UFE grant but OCHA explained that this was not possible. In addition, FAO wanted to use the UFE grant for a new project to start activities in the south that was not in the 2013 YHRP. OCHA argued that the project could not be regarded as under-funded if it was not in the YHRP so it would have to be added retroactively in order to be eligible for the CERF UFE grant. FAO had the option of directing its CERF funding to an NGO project in the YHRP that sought to address the same needs but chose to include its own project in the YHRP once the food security and agriculture cluster approved it for inclusion.

There were two additional cases where agencies had not fully understood CERF requirements that are explained below. Both the examples relate to requests for No-Cost Extensions (NCEs). For UFE grants, the CERF secretariat emails the RC/HC one month before the implementation period for a CERF grant comes to an end to prompt agencies to inform the secretariat if they require NCEs. The examples below demonstrate a lack of awareness about the requirements for NCE requests in the case of RR grants. This suggests that it would be helpful if the CERF secretariat introduced a system of sending a reminder before the end-date of RR grants as well (this would require one email per RR grant package and so should not be too onerous for the secretariat).

UNFPA

UNFPA received a grant of \$429,081 from the July 2012 RR grant for a project to supply reproductive health (RH) kits to three referral hospitals, six health centres and two mobile clinics in three governorates. The project also aimed to provide a range of training and raise the awareness of IDP and host populations on preventing sexual and gender-based violence. As the timeline for project 12-FPA-035 in Annex 1 shows, UNFPA faced delays with implementation. Although the agency distributed some RH kits from its stocks in country, it was unable to procure the remaining kits because these were not available. Therefore, it was not able to deliver the full complement of kits to the hospitals and health centres. At the time of the evaluation, UNFPA was expecting the kits to arrive and planned to distribute them as soon as they arrived. The second delay was with the provision of mobile health services. The clinics did not begin operating till November 2012 so UNFPA continued operating them till April 2013 in order to provide six months of services. The third delay was with the provision of training, much of which took place in January and February 2013, at the end of the project. This was partly due to UNFPA's financial system, which requires it to close all accounts at the end of the calendar year and then re-start activities in January. As a result, its implementing partners also had to stop their activities and restart in January, causing a delay of several weeks.

According to CERF rules, agencies must spend funds and complete activities financed from the RR window within six months of the disbursement of funds. If an agency is unable to do this, it should request a NCE. UNFPA staff members were aware of the need to spend CERF funds within the six-month timeframe. One interviewee explained that this meant that the agency would not be able to use funds from the 2012 grant to pay for the delivery of the RH kits. Therefore, the agency planned to use the 2013 CERF grant to finance the delivery of the kits. However, it was clear that the agency was unaware that it should have requested a NCE to continue providing mobile health services beyond the 28 February 2013 deadline. This would also have enabled UNFPA to distribute the remaining RH kits under the 2012 grant.

UNICEF

UNICEF received funding for project 12-CEF-091 on 23 August 2012. The RC/HC's 2012 annual report stated the implementation period for the project as 23 August 2012-22 February 2013, which is in line with CERF rules. During the field visit UNICEF's implementing partner noted that it had not signed an agreement with UNICEF till mid-November 2012. UNICEF explained that, in August 2012, it was in discussion with its implementing partner for a two-year development project that included the six-month CERF-funded project (as agreed upon within the WASH cluster). UNICEF was aware that the preparation phase including the signing of a Project Cooperation Agreement (PCA) could take over six weeks, even with the fast tracking system that the agency has put in place for humanitarian response. It therefore granted the implementer a go-ahead to commence the humanitarian component of the project pending the signing of the agreement. After an initial agreement to proceed, the implementer was not comfortable with proceeding until the agreement was signed. The PCA was finally signed in November 2012 and the first tranche of CERF funds disbursed. Implementation of the project was delayed due, in part, to these administrative bottlenecks in releasing the funds to the partner as well as to security challenges that limited access to project sites in Abyan.

UNICEF's implementing partner believed that it had six months to implement the project from the date of signing the contract i.e. until the end of May. UNICEF monitored the project's progress and planned to submit a NCE if there was a further delay with implementation. However, the implementer submitted its first progress report before the 22 February 2013 deadline and requested payment of the balance of the funds. UNICEF processed this request promptly and disbursed the remaining CERF funds before the project's deadline. Since it had disbursed the funds, it did not believe that it had to request a NCE. Many donors allow project activities to be completed by partners six months after the grant validity period so UNICEF did not realise that the clause in the CERF's Umbrella Letter of Understanding with agencies stating, "*Activities funded by the Rapid Response Grant funds shall be implemented within six months following disbursement*" also applied to implementing partners. Presumably, for the same reason, UNICEF did not apply for a NCE even when the implementing partner requested a six-week NCE at the end of April (taking implementation of the project to 30th June 2013) due to insecurity and access constraints in Abyan as well as civil disobedience in Aden constraining movement of staff and supplies.

This lack of knowledge of the CERF's requirements was probably due to a high turnover of staff since UNICEF did request a NCE for the WASH project funded from the March 2012 allocation (as described in section 4.4). Also, the CERF's guidance on 'No Cost Extensions, Reprogramming and Redeployment of Funds' simply states that, for RR grants, 'CERF funds must be expended and activities completed within six months from the date of disbursement of CERF funds from the UN Secretariat to the agency Headquarters' without explicitly mentioning implementing partners. For UFE grants, it states that 'CERF funds must be expended by 31 December of the calendar year for grants disbursed during the first underfunded round and by 30 June of the following year for grants disbursed during the second round', without referring to the completion of activities.

This example underlines the need for a short training course on the CERF at country level for agencies as well as their implementing partners, particularly as UNICEF is using the same implementing partner for a WASH project financed through the 2013 UFE allocation. Delays with implementing the 2012 project are likely to have an impact on UNICEF's agreement with the NGO for the 2013 project. The NGO was under the impression that it would have eight months from signing the agreement to implement the project. It was unaware that projects funded from the CERF's under-funded window at the beginning of the year must be completed by 31st December and the CERF secretariat very rarely grants NCEs for UFE projects.

Recommendations

9. In light of the high turnover of staff in most agencies, it would be helpful if OCHA could provide a training workshop at country level of CERF guidance and rules to ensure that agencies have a common understanding of these.
10. CERF recipient agencies should ensure that all programme managers and cluster coordinators are familiar with CERF requirements, such as requesting permission to re-programme funds and prioritising CERF funding within clusters. This could be the responsibility of the agency's CERF focal point.
11. The CERF secretariat should consider introducing a system of a reminder email about NCE requests a month before the end of the implementation period of a RR grant package, similar to that for UFE grants.
12. To avoid future misunderstandings, the CERF secretariat should consider revising RR, UFE and NCE guidance to clarify whether the implementation period for both windows applies to implementing partners as well.

Annex 1: Supporting Evidence



Map of the Yemen showing governorates and key cities

Section 1.3: Yemen Emergency Response Fund (ERF)

Table 2 below shows income and expenditure for the Yemen ERF from its establishment in 2010 to April 2013.

	2010	2011	2012	2013	Total
Income	2,620,903	6,499,961	8,634,418	2,686,567	20,441,849
Expenditure	237,930	3,736,659	8,470,253	1,300,204	13,745,046

Section 2: Added Value of the CERF

The table below shows the top 5 donors to Yemen from 2009-2013, with the amounts that they contributed¹⁶. This shows that CERF has been one of the top five donors in each year, except 2011 (when it was the sixth largest donor, if WFP is included as a donor). FTS data show that Yemen received \$417,484,135 in humanitarian funding in 2012 so CERF represented 5.6% of this total. It represented 8.8% of non-food funding. As of 14 June 2013, Yemen had received \$253,011,266 so CERF represented 6.6% of total humanitarian funding (and 10.8% of non-food funding of \$156,153,808).

¹⁶ WFP is shown as a donor in 2010 and 2011 because of its allocation of un-earmarked funds to Yemen. 2013 data is as of 14 June.

Table 3: Top 5 Donors to Yemen from 2009-2013									
Donor	2009	Donor	2010	Donor	2011	Donor	2012	Donor	2013
Saudi Arabia	9,246,036	USA	42,199,926	USA	67,524,696	USA	114,994,143	Japan	54,277,486
CERF	8,433,052 ¹⁷	CERF	14,539,112	UAE	50,666,320	ECHO	63,217,759	USA	42,509,502
UAE	4,121,806	ECHO	10,895,750	ECHO	28,667,341	UK	55,578,098	ECHO	35,641,903
Sweden	3,850,418	WFP	7,746,357	UK	27,613,055	Germany	34,188,530	CERF	16,800,822
ECHO	3,717,040	UK	6,646,826	WFP	24,209,938	CERF	23,460,436	Canada	11,684,519
	28,604,586		82,791,737		198,681,350		291,438,966		160,914,232

Source: Financial Tracking Service (FTS)

¹⁷ For 2009 and 2010, there was a discrepancy between the CERF database and FTS with the FTS figure lower than the CERF database figure in 2009 (\$7,669,286 vs. \$8,433,052) and higher in 2010 (\$15,302,878 vs. \$14,539,112). Both sets of figure add up to the same total so this is probably due to when disbursements are recorded in the FTS. To ensure consistency, this table uses the CERF database figures for these two years.

Figure 2: Timeline for Allocation of CERF UFE Grant in 2013

Sources: Interviews in Sana'a and document review



3.1.2 Allocation of Under-Funded Emergency (UFE) Grant in 2013

In OCHA's final communication to the CERF secretariat on the allocation process, it summarised the process as follows:

1. Following Valerie Amos' e-mail on the formal announcement of the allocation of USD 17 million to Yemen through the CERF under-funded emergencies window, the HC started an initial dialogue with the OCHA Head of Office regarding the strategic options for the utilisation of the funds. This discussion centred around under-funded sectors in the 2012 Yemen Humanitarian Response Plan (YHRP) and key priorities in the 2013 YHRP. These discussions concluded that whilst recognising that the funds are substantial, when divided up amongst the various sectors they are less so, and that as a consequence they will have to be used strategically to ensure the greatest possible impact.
2. Subsequently the HC and the OCHA HoO opened a dialogue with UN agencies and cluster leads to determine an allocation key for the funds, reflecting the most urgent under-funded humanitarian priorities geographically and by sector. In these discussions it was agreed that in terms of geographic priorities a first priority was to support returns in the south to ensure these become durable, in addition to supporting on-going humanitarian needs. Secondly, it was agreed to provide support for life-saving basic services in the north in areas under the control of the Al Houthi group. Not only have social infrastructure been devastated by conflict, also service provision has been very low. Strategically the allocation is seen as important as a funding gap for basic services in these areas. Moreover, providing services is also seen as important in terms of leveraging humanitarian access.
3. Throughout the dialogue with partners, OCHA and the HC have reiterated the criteria and principles of the CERF with partners, including the focus on under-funded life-saving activities. In order to increase the impact of the action the HC, supported by the HCT, decided that all activities will be required to include an NGOs partner. This is in line with the YHRP's strategic objectives of building capacity, joint prioritisation and also to broaden the scope of the action. A final consideration was given to the level of capacity that the individual cluster and cluster lead agency have in terms of implementation and monitoring.
4. The overall allocation of funds and prioritisation was undertaken in an transparent manner through consultations with the HCT, through the Inter-cluster Coordination Mechanism, as well as through bi-lateral consultations with agencies/clusters.
5. Having agreed the overall priorities through the HCT and also the ICCM, the clusters have been charged with identifying the priority activities to be funded through the CERF. OCHA has been advising the cluster leads and also participated in all cluster meetings to ensure that activities identified are in line with: a) the CERF Guidelines; and b) the priorities and criteria agreed locally. All clusters have produced a concept note that will be evaluated by OCHA before a final decision is made on the activities to be funded.

Section 4.1 Timeliness of the CERF Secretariat

Table 4 below is based on data from the CERF secretariat's database and shows the number of working days that the CERF secretariat took to process CERF grants for the three RR grants to Yemen in 2012 and the UFE allocation in 2013. To distinguish between RR and UFE grants, the former are shown in blue and the latter in black.

Table 4: Number of Working Days to Approve CERF Grants to Yemen and Disburse Funds: 2012-2013

c	2012				2013			
	Initial Submission to Final Submission	Final Submission to USG Approval	Counter-signed letter to Payment Request	Payment Request to Funds Disbursed	Initial Submission to Final Submission	Final Submission to USG Approval	Counter-signed letter to Payment Request	Payment Request to Funds Disbursed
12-CEF-028	3	3	4	1				
12-WHO-024	3	4	2	3				
12-CEF-034	8	2	1	5				
12-FPA-019	8	2	2	2				
12-HCR-024	8	2	1	2				
12-IOM-009	8	2	2	2				
12-WFP-033	16	1	2	3				
12-WHO-030	12	1	1	5				
12-CEF-091	4	2	5	5				
12-CEF-092	6	1	4	5				
12-CEF-093	4	2	5	5				
12-FPA-035	7	2	3	5				
12-HCR-038	2	1	8	5				
12-IOM-021	4	2	6	4				
12-IOM-022	4	2	6	5				
12-IOM-023	4	2	6	4				
12-IOM-024	0	4	4	5				
12-IOM-025	0	1	5	4				
12-UDP-009	2	1	4	5				
12-WHO-056	4	2	5	4				
13-CEF-042					6	6	0	4
13-CEF-043					21	2	1	3
13-CEF-044					15	2	2	4
13-CEF-045					16	2	1	4
13-CHR-003					19	4	0	3
13-FAO-015					7	7	0	4
13-FPA-014					7	2	1	6
13-FPA-015					5	4	1	6
13-HCR-023					19	4	1	4
13-HCR-024					6	6	0	4
13-IOM-009					7	6	0	4
13-IOM-010					12	3	2	5
13-IOM-011					7	6	0	4
13-IOM-012					7	6	0	4
13-IOM-013					7	7	2	4
13-UDP-006					10	4	0	3
13-WFP-017					5	4	0	4
13-WHO-019					18	1	2	3
Average No. of Days (RR)	5.35	1.95	3.8	3.95				
Average No. of Days (UFE)					10.77	4.2	0.72	4

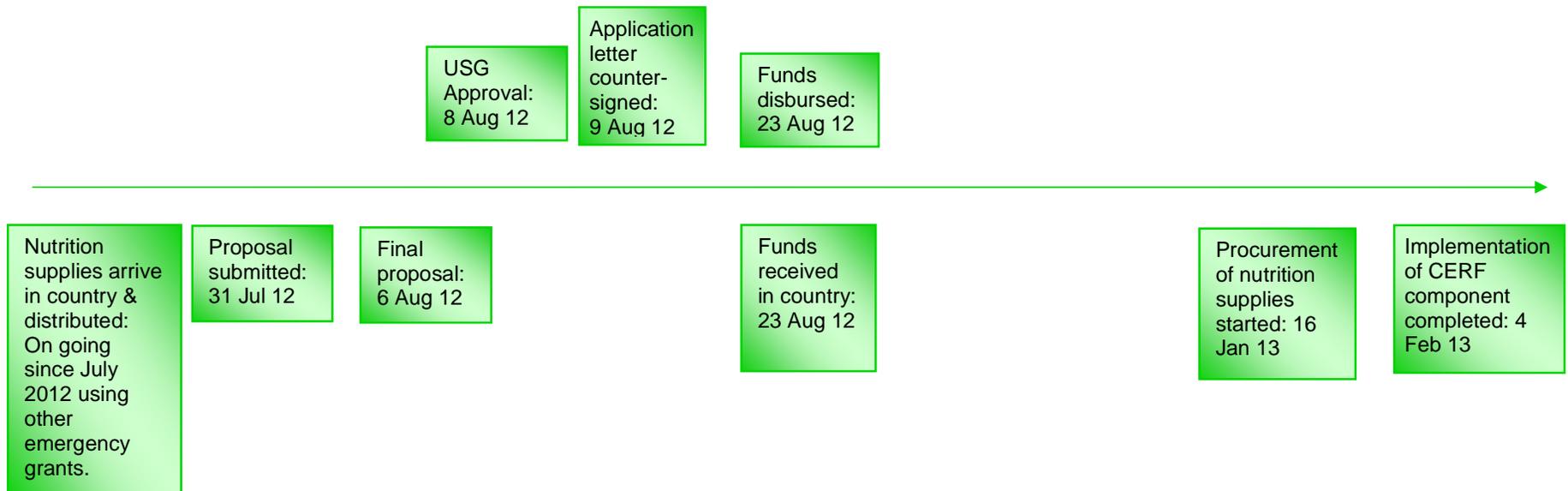
Section 4.2 Timeliness of Onward Funding

This section shows timelines for a selection of CERF grants. Where necessary, it provides explanatory notes, based on information from the organisation. Since the 2013 UFE grant had only just been allocated at the time of the mission to Yemen, the timelines are all of RR grants from 2012.

GRANT 12-CEF-093 (RR)

Project title: Management of Severe Acute Malnutrition among U5 (under 5) children, promotion of Infant young child feeding practices and micronutrient supplementation in Abyan governorate.

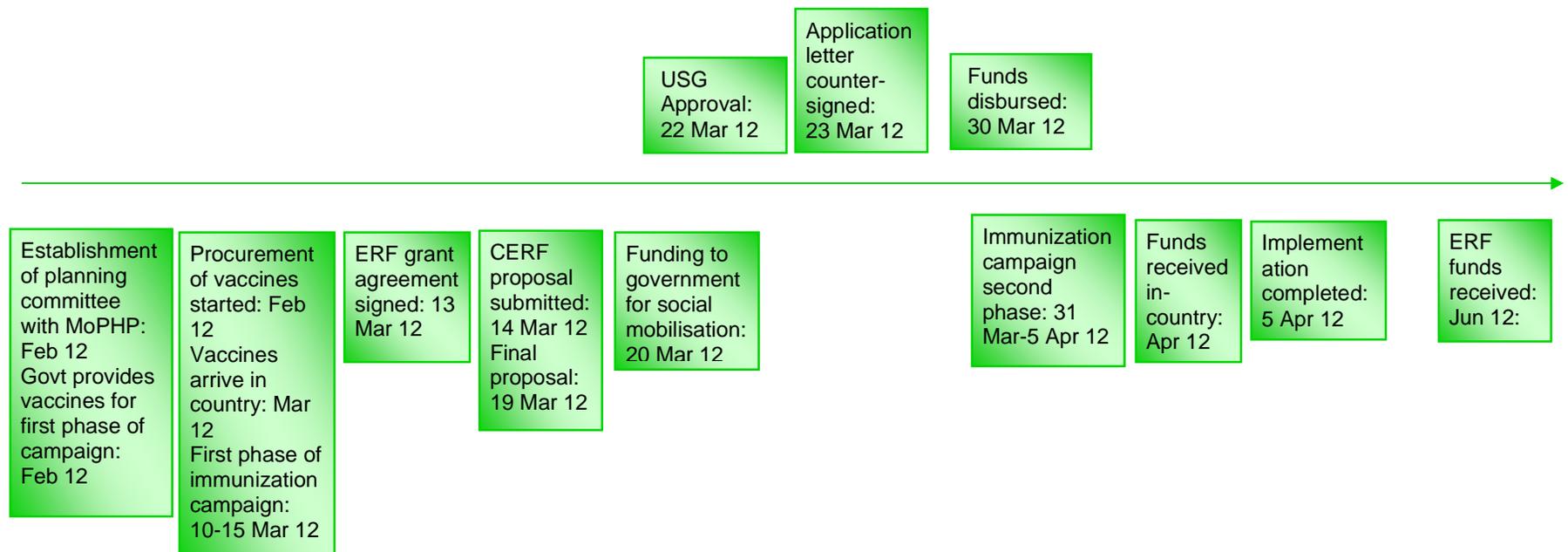
Project budget: US\$24,824,000. Amount received from CERF: US\$406,332



GRANT 12-CEF-038 (RR)

Project title: Child mortality reduction through a national measles/vitamin A and polio campaign

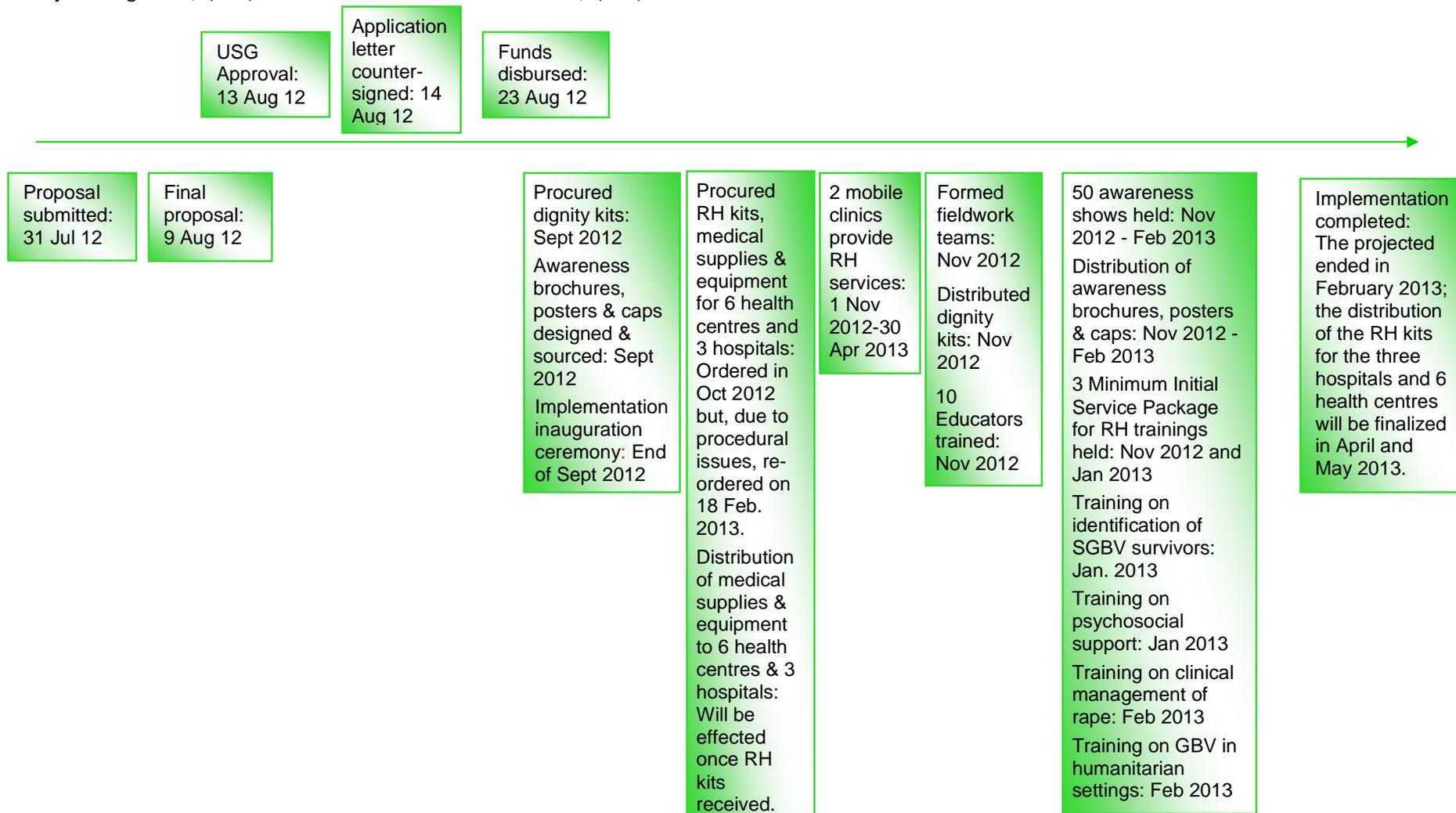
Project budget: US\$7,110,000. Amount received from CERF: US\$2,460,116



GRANT 12-FPA-035 (RR)

Project title: Protection, shelter and NFI assistance to newly displaced persons in Hajja, Lahj and Aden governorates.

Project budget: US\$2,746,057. Amount received from CERF: US\$1,724,089

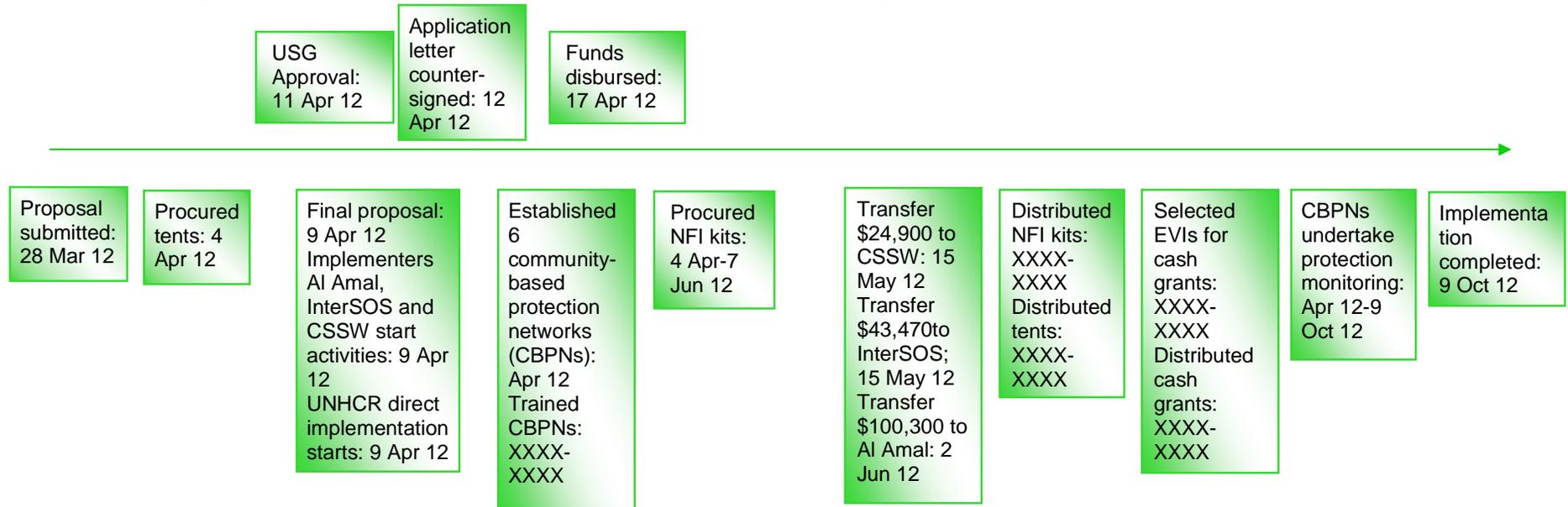


GRANT 12-HCR-024 (RR) Awaiting missing information from UNHCR

Project title: Protection, shelter and NFI assistance to newly displaced persons in Hajja, Lahj and Aden governorates.

Project budget: US\$2,746,057. Amount received from CERF: US\$1,724,089

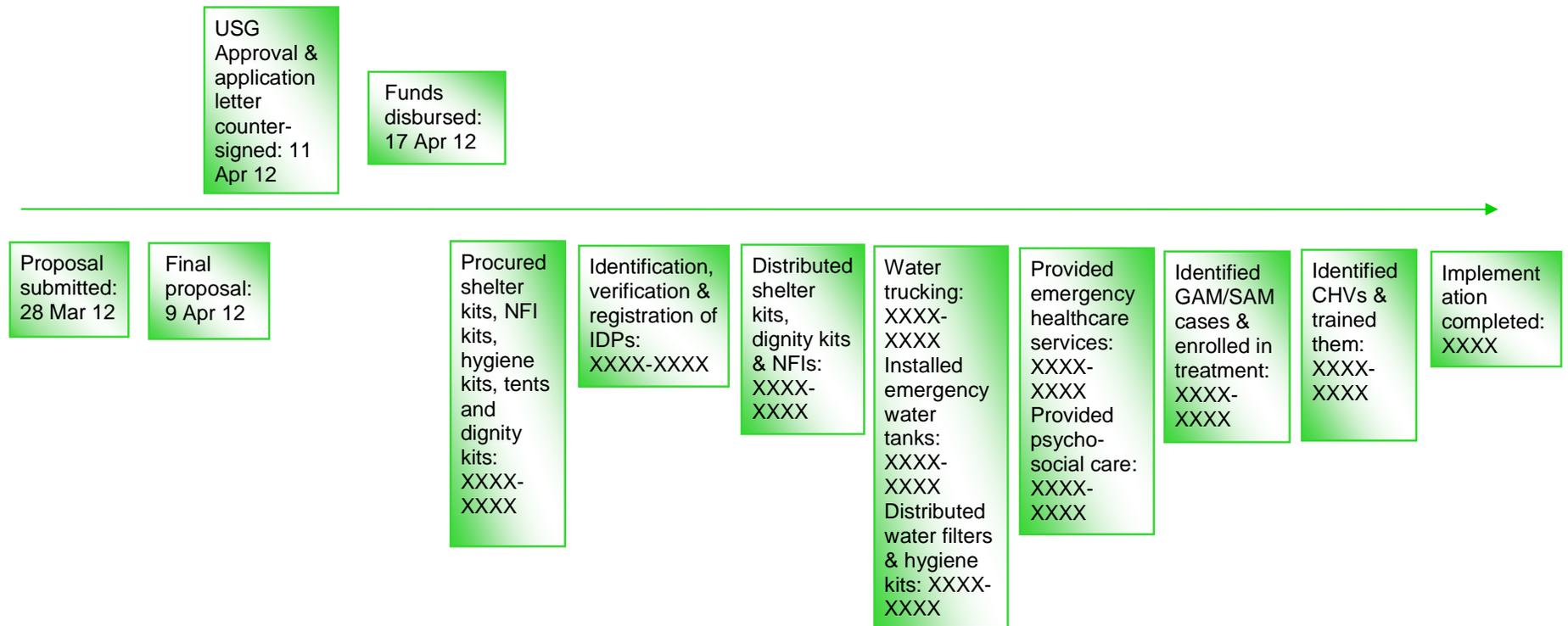
In information provided by UNHCR, it transferred \$243,035 to CSSW and \$147,096 to InterSOS on 15 May 2012. It also transferred \$340,996 to Al Amal on 2 June 2012. The figures shown in the timeline below are the amounts from CERF funds only.



GRANT 12-IOM-009 (RR) Awaiting missing information from IOM

Project title: Emergency Assistance to new IDPs within Abyan Governorate.

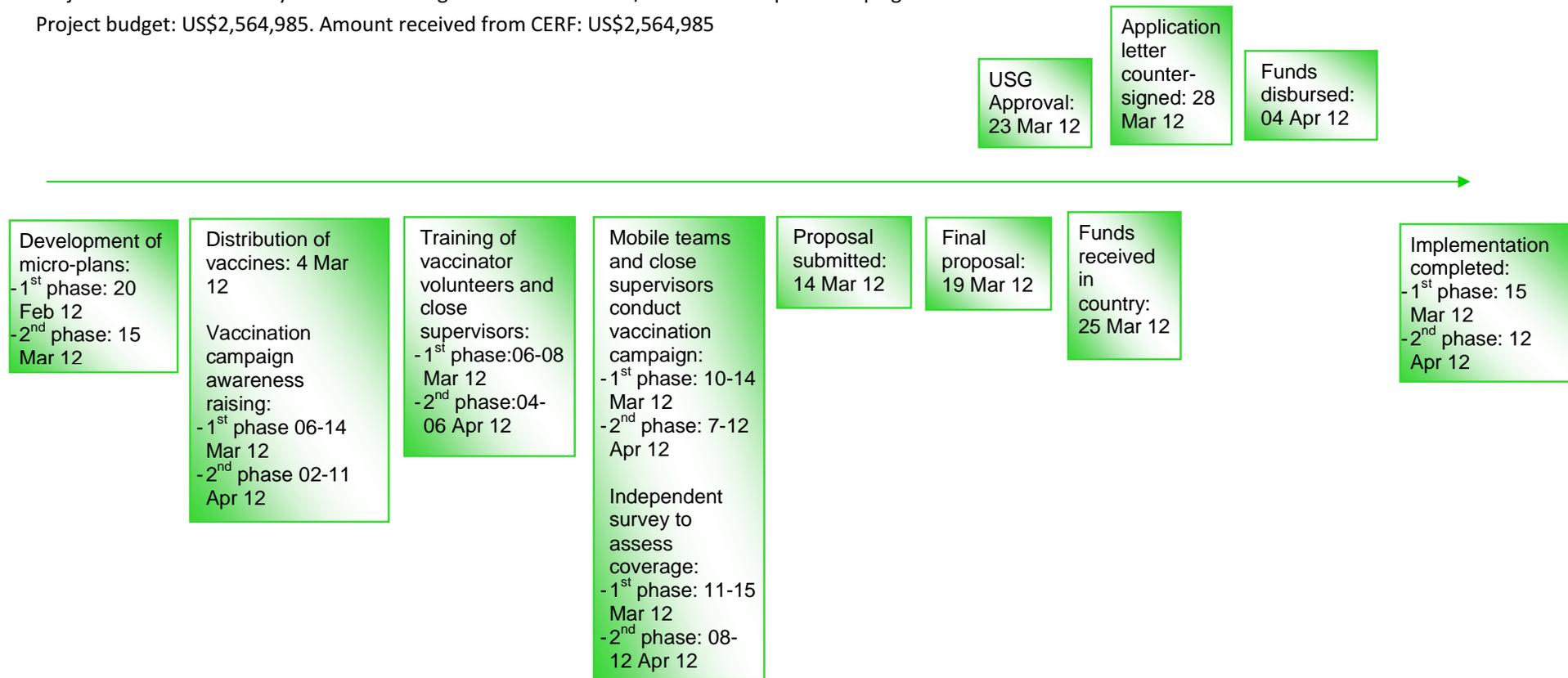
Project budget: US\$7,861,392. Amount received from CERF: US\$1,902,431



GRANT 12-WHO-024 (RR)

Project title: Child mortality reduction through a national measles/vitamin A and polio campaign.

Project budget: US\$2,564,985. Amount received from CERF: US\$2,564,985



Annex 2: Methodology

This annex briefly describes the methodology for this review. The review used the following sources of information:

- Face-to-face interviews in Sana'a and Aden, conducted during a 9-day visit from 13 to 22 April 2013 as well as follow up requests for information by email. Table 5 below lists the number of interviewees per organisation. To maintain confidentiality, it does not name the individuals interviewed.
- A document review (the documents covered are listed below).
- Analysis of funding data provided by the CERF secretariat.

While most meetings were with individuals, the evaluator conducted the following group meetings;

- Presented the aims of the review and how it will be conducted at HCT meeting on 13 April.
- Meeting with UNHCR cluster coordinators and programme staff on 15 April.
- Meeting with UNICEF cluster coordinators in Sana'a on 20 April and with sub-cluster coordinators in Aden on 21 April.
- Meeting with sub-cluster coordinators for food security, protection, shelter/Camp Coordination and Camp Management (CCCM), and health in Aden on 21 April.
- Group meeting with NGO representatives in Aden on 21 April.
- Meeting with range of programme staff and cluster coordinators from UN agencies and IOM to present preliminary findings from the review on 22 April.

Organisation	# of Interviewees	Notes
Humanitarian Coordinator	1	
IOM	5	Joint meeting on 15 April and follow-up meeting on 20 April
OCHA	3	
OHCHR	2	
UNDP	2	Including Cluster coordinator in Aden
UNFPA	4	
UNHCR	5	
UNICEF	10	Including sub-cluster coordinators in Aden.
WFP	5	
WHO	2	Including Cluster coordinator in Aden
Government representatives	2	Ministry of Public Health and Population and the Governor's Office in Aden
NGOs	10	
TOTAL	51	

¹⁸ The review consulted all CERF-recipient agencies except FAO. Due to staff turnover, no FAO staff member with knowledge of the CERF-funded project was available.

Document Review

The document review covered the following:

- 2012 RC/HC annual report on CERF funding to Yemen
- 2011 and 2013 Yemen Humanitarian Response Plans
- Yemen Humanitarian Bulletins
- CERF guidance documents, including the Life-Saving Criteria
- Agency proposals for Rapid Response allocations in 2012
- Prioritisation strategy for 2013 UFE allocation, together with correspondence relating to this
- Documents and correspondence on NCEs and re-programming of funds
- CERF secretariat data on funding to Yemen from 2006-2013, including the time taken to process CERF applications
- ERF funding data for 2012

PAF Indicators

Table 6 below numbers and lists the PAF indicators covered by this review. The review has also sought to answer questions identified in the Terms of Reference (see Annex 3).

#	PAF Indicator	#	PAF Indicator
1	All members of Humanitarian Country Team (HCT) and clusters aware of CERF availability	2	Intra- and inter - cluster prioritization process is inclusive of all relevant stakeholders (including INGOs and NGOs), (for RR and UFE) and adheres to Principles of Partnership (Endorsed by the Global Humanitarian Platform, 12 July 2007)
3	Analysis of funding undertaken to inform prioritization process and facilitate appropriate direction of funds'	4	CERF underfunded country selection/apportionment process undertaken in a timely and transparent manner with available resources frontloaded
5	Cluster submission to the RC/HC is of high quality and reflects views of cluster members	6	Agency performance (capacity to implement within the timeframe of the grant, past performance, speed of distribution and absorptive capacity) is considered when developing proposal
7	CERF request adheres to cluster standards and CERF Life Saving Criteria	8	Average number of working days between final submission of a CERF grant request package from RC/HC and ERC' decision. (Benchmark: three working days for RR and 5 working days for UFE)
9	Average number of working days between receipt of LoU from a grant recipient and request (memo for disbursement to OPPBA (Benchmark: two working days)	10	Average number of days between request (memo) for fund disbursement by OPPBA to grant recipient
11	Average number of working days from disbursement from UN HQ to country office	12	Time from UN agency country offices signing project agreement with implementing partners to them receiving funding
13	Agencies receiving grants have internal evaluation and accountability mechanisms	14	CERF secretariat has provided adequate global guidance on the standards for reporting
15	OCHA CO, in support of the HC, provides	16	Agencies, both at HQ and in the field provide

	guidance to agencies, and facilitates input for annual report		satisfactory input (as defined by CERF secretariat Guidelines) to the annual RC/HC Report which adheres to reporting guidelines
17	CERF funds allow agencies to demonstrate capability to leverage donor confidence for future contributions	18	Availability of CERF funding recognized by recipient agencies as being fundamental to ability to respond to life saving needs and gaps
19	Extent to which gaps, both geographic and sectoral, have been identified and addressed through use of CERF funds	20	Number of No-Cost Extensions requested
21	CERF funds fill a critical time gap as measured in relation to time that other contributions are received	22	Percentage of total amount of CERF funding to flash appeals provided within the first two weeks (of appeal publications)
23	Response capacity is strengthened given knowledge that CERF is a reliable source of funding	24	Operations deployed more rapidly due to 'predictability' of quick funding source
25	Transparent information management of recipient agencies on status of CERF projects	26	Accountability to affected populations, as outlined in the Humanitarian Accountability Project (HAP), is incorporated into project submissions
27	Evaluative mechanisms established (NOTE: CERF evaluative processes to be developed)	28	Real-Time and internal agency evaluations, when conducted, demonstrate CERF's contribution to a more coherent response
29	Extent to which Cluster leads and RC/HC leverage CERF as a tool to incentivize coordination	30	Strengthened function of clusters and of inter-cluster forum
31	Leadership and involvement of RC/HC in humanitarian operation improved		

Annex 3: Terms of Reference

INDEPENDENT REVIEW OF THE VALUE ADDED OF THE CENTRAL EMERGENCY RESPONSE FUND (CERF) IN YEMEN

Terms of Reference

1. Background to the CERF and Performance and Accountability Framework (PAF)

It is widely recognized that the key strengths of the CERF lie in its ability to respond quickly and in the relatively high degree of flexibility it affords users compared with other sources of humanitarian funding. Member States and private donors require appropriate assurances that the considerable funds involved are managed appropriately and meaningful results are being achieved. The ERC function is charged with a formal fiduciary responsibility over the proper use of CERF funds, and relies upon the CERF Secretariat to assist with the proper discharge of these responsibilities. In this context, the development of a PAF for the CERF is regarded as an effective tool.

Paragraph 19 of General Assembly Resolution 60/124 calls for “the establishment of an appropriate reporting and accountability mechanism to ensure that the funds allocated through the Fund are used in the most efficient, effective and transparent manner possible.” Consequently, the CERF Advisory Group at its meeting on 12 October 2006 called for the development of a Performance and Accountability Framework (PAF). In addition, the 2008 CERF Two-year Evaluation gave as Key Recommendation 4: “The multiple lines of accountability for CERF need to be clarified, in consultation with the UN Controller and the operational agencies, to specify the roles of each actor.” In response, the CERF Secretariat worked on developing a PAF, a first draft was circulated in 2009 and a PAF adopted in 2010.

The CERF PAF proposes, among other things, the introduction of independent reviews to be conducted annually within a sample of three to five countries as determined by the ERC. The CERF Advisory Group supported the inclusion of such an independent country-level mechanism. Following a pilot review conducted in Kenya in early 2010, the CERF AG met on 1 July and endorsed the PAF. Since then, the CERF secretariat has aimed to conduct between three and five country-level reviews per year¹⁹.

2. Scope and Purpose

The main purpose of the present country-level reviews will be to assess the value-added of CERF funding towards the humanitarian response in Yemen during 2012. To the extent feasible, the review will also consider prioritization exercises conducted in the first half of 2013.

A major aim of the review will be to provide the ERC with an appropriate level of assurance around the achievement of key performance benchmarks and planned results for the CERF mechanism. The review will also include recommendations aimed at improving operational aspects of the CERF and may also identify relevant policy issues which need to be addressed at a global level.

¹⁹ A full list of reviews conducted to date and final reports are available online at <http://unocha.org/cerf/reportsevaluations/evaluations/country-reviews/performance-and-accountability-framework>

3. Key issues

The critical overriding question on which assurance is sought by the ERC is: **Have CERF operations in the country successfully added value to the broader humanitarian endeavor?**

Using the PAF indicator sets, assurances will be sought around the following specific broad areas of concern to the ERC:

1. *CERF processes are achieving key management benchmarks in that:*
 - CERF submissions are based on an inclusive planning process and adhere to established quality criteria.
 - Transparent systems are in place for correct allocation, efficient flow and use of CERF by agencies.
 - Adequate monitoring and evaluation systems are in place at the agency level for measuring and reporting on results.
2. *There are reasonable grounds to believe that CERF operations favour the following results:*
 - CERF consolidates humanitarian reform by empowering the RC/HC and enhancing the quality of coordination within the cluster approach and across clusters.
 - CERF facilitates adequate coverage, eliminates gaps and facilitates an effective division of labour among humanitarian (especially smaller) actors.
 - CERF contributes to a more timely response to needs.
 - CERF favors the delivery of relevant life-saving actions at critical moments.

The review will also assess the extent of harmonization between the CERF and the Yemen Emergency Response Fund (ERF).

4. Review Methodology

During the PAF development process, UN agencies emphasized that the formal assessment of agency performance vis-a-vis CERF-funded activities remains the prerogative of recipient agencies via their own internal oversight procedures (internal performance reporting, audit and evaluation etc.). The review approach will therefore be designed in a manner which avoids duplication with such procedures and meets only the immediate assurance needs of the ERC in relation to the PAF.

Recognizing that CERF funds are often co-mingled with other donor funds by agencies and that the in-depth assessment of beneficiary-level impact is formally the charge of recipient agencies, the review will not attempt to link beneficiary-level changes to CERF activity, except where recipient agencies already have this data. The review mechanism will not seek to provide comprehensive coverage linked to detailed narratives and contextual analysis around how and why results are being achieved. Rather it will focus instead on providing an assurance around issues of the Fund's operational impact.

Key components of the methodology will include a rapid desk review and field visits by the consultant to Yemen including interviews with key stakeholders. Visits to one or more regional coordination hubs can be envisaged if these play a substantive role in CERF processes. The analytical approach will be deliberately kept rapid and light.

Prior to leaving Yemen, the Consultant will leave with the RC/HC a short analytical report consisting of a series of short observations and recommendations in relation to the key assurance issues identified above. The RC/HC, together with the HCT, will subsequently be requested to provide a "management response" to the recommendations contained in the report.

Desk review: A quantitative analysis will be conducted on the data, reports and files available at the HQ and Country level. These include:

- Funding data, including funding from sources other than the CERF (e.g. OCHA's Financial Tracking System);
- Timelines on sums requested, allocated from CERF database;
- CERF country-level reports on context, needs, status of implementation, activities, results and lessons learned;
- CERF meeting minutes at HQ and country-level and notifications of application decisions;
- CERF Project files at HQ and country-level.

Semi-structured interviews at country level will include: RC/HC, Cluster leads, Heads of Agencies, I/NGO partner implementing CERF projects and those without access to CERF funds, host government, donors. Interviews will also take place with selected CERF Secretariat staff to get further background and perspective. UN Agencies and IOM will be asked to provide relevant documents and indicate interview partners to facilitate the review.

Select project site visits: These may be included as appropriate and time permitting to help provide some limited anecdotal information regarding the use of funding at the affected population level and can provide a field-level snapshot and some direct contact with affected populations.

In-Country briefings will be used as learning opportunities to discuss and validate the findings, explore possible recommendations and further refine the analytical approaches.

5. Proposed Consultants

It is anticipated that one consultant will be required to prepare the reviews for the countries of the Sahel. The consultant will be independent and he/she has not been previously involved with any aspects of the country-level operations being reviewed. He/she should have the following skills:

- Expertise in UN humanitarian reform & financing and knowledge of the CAP and Flash Appeal process;
- Expertise and extensive experience in humanitarian evaluation;
- Expertise in analyzing financial data in tandem with other types of information;
- Expertise in project management and implementation;
- Knowledge, including field experience with a broad range of humanitarian actors, such as UN agencies, Red Cross/Red Crescent Movement, local government disaster response structures and systems, and NGOs;
- Fluency in written and spoken English, knowledge of Arabic an asset;
- Familiarity with complex emergency settings.

6. Management and Support

The review will be managed by the CERF Secretariat, who will identify country-level focal points to support the review mission. Their responsibilities will include:

- Provide necessary administrative, coordination and logistical support to the consultants;
- Facilitate the consultants' access to specific information or expertise necessary to perform the assessment;
- Monitor and assess the quality of the review and its process;

- Ensure sufficient engagement by UNCT on initial findings prior to dissemination;
- When appropriate, recommend approval of final report;
- Disseminate final report; and
- Facilitate management response to the final report and subsequent follow up.

7. Deliverables

The main output will be one concise report in English to the ERC, through the CERF Secretariat, of no more than 25 pages (excluding appendices) in an electronic version plus an Executive Summary (up to two pages). The report will be structured in the form of short observations and conclusions around the different assurance concerns linked to the PAF. The reports will include, as appropriate, a set of specific, well targeted and action-oriented recommendations whose purpose should be to improve the performance of the CERF within the country or raising any policy issues. The annexes will include a brief description of the methods used and the tests performed and a list of persons interviewed.