

The ERF at work

Since the latest ERF activity update in October 2007, another ten projects have been selected for funding, including an emergency response mounted by WHO to respond to the meningitis epidemic which hit the Kaga-Bandoro sub-prefecture in February 2008. The fund also allocated money to help 4,300 people who have fled to Kabo since October 2007, escaping the conflict between the government forces and the APRD militant group, and violent attacks by armed bandits. To meet the most urgent needs of the new arrivals, Solidarités (one of two humanitarian



IDPs at Kabo site fetching water

Photo: Pierre Holtz for OCHA

organisations present in Kabo) received nearly \$200,000 from the ERF to provide safe drinking water, food, shelter and basic household items and help the displaced construct latrines. With ERF funding, the Danish Refugee Council set up an office in Paoua and started the first protection project funded by the ERF. Bringing humanitarian assistance to areas with virtually no international presence, Mercy Corps began activities in Bouar, an area where thousands have fled attacks by criminal gangs, and where typhoid fever broke out in late 2007 due to the poor water infrastructure. Using ERF start-up money, Mercy Corps is now implementing a project to improve access to drinking water.

In Ngaoundaye, in the far northwest where hundreds of houses had been burned down in May 2007, ERF funding enabled COOPI to support local health posts and a hospital with medicines and medical equipment, after humanitarian access had been cut off for several months. At the other end of the country, in Ndélé in the northeast, Aide Médicale Internationale is still the only humanitarian organisation present and continues to provide primary and secondary health care, including a mother-and-child health programme, an immunization campaign, and distribution of mosquito nets. Other organisations are now planning to set up an office in Ndélé to complement AMI's efforts in other sectors, and it is likely that the ERF will be needed to help them get a foothold in this vital north-eastern area on the CAR-Chad-Darfur nexus.

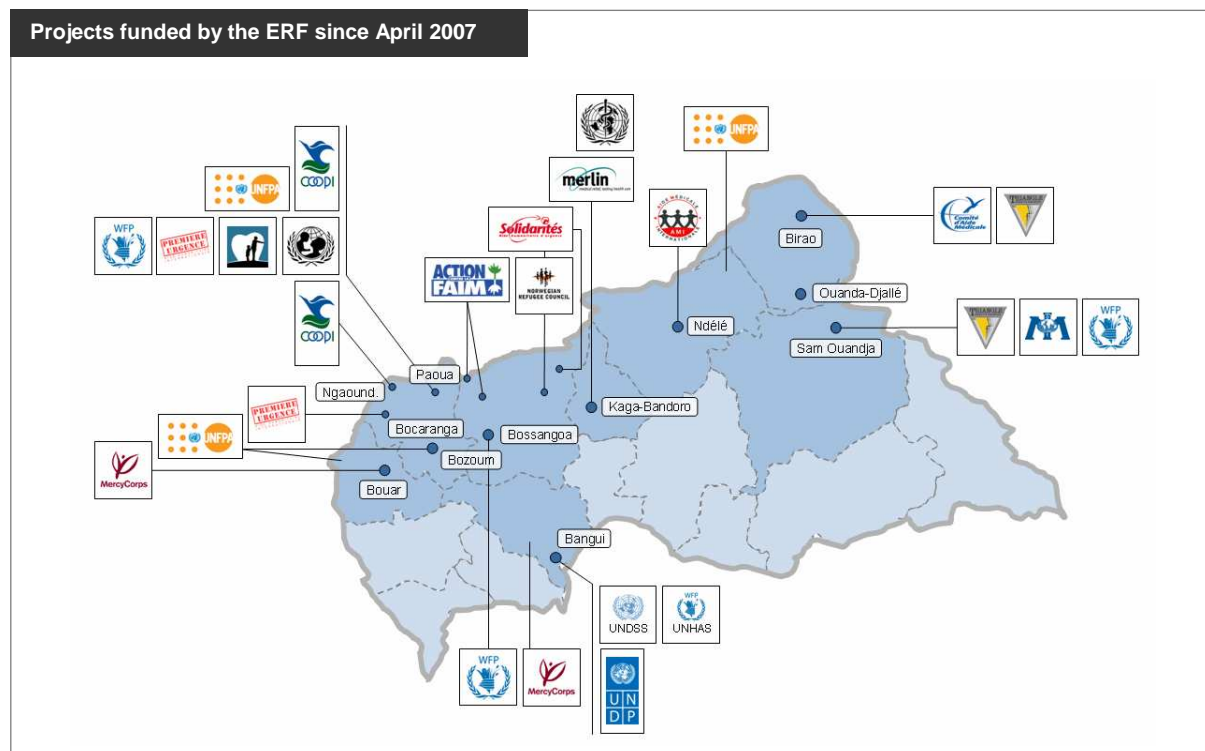


Ngaoundaye hospital

Photo: Pierre Holtz for OCHA

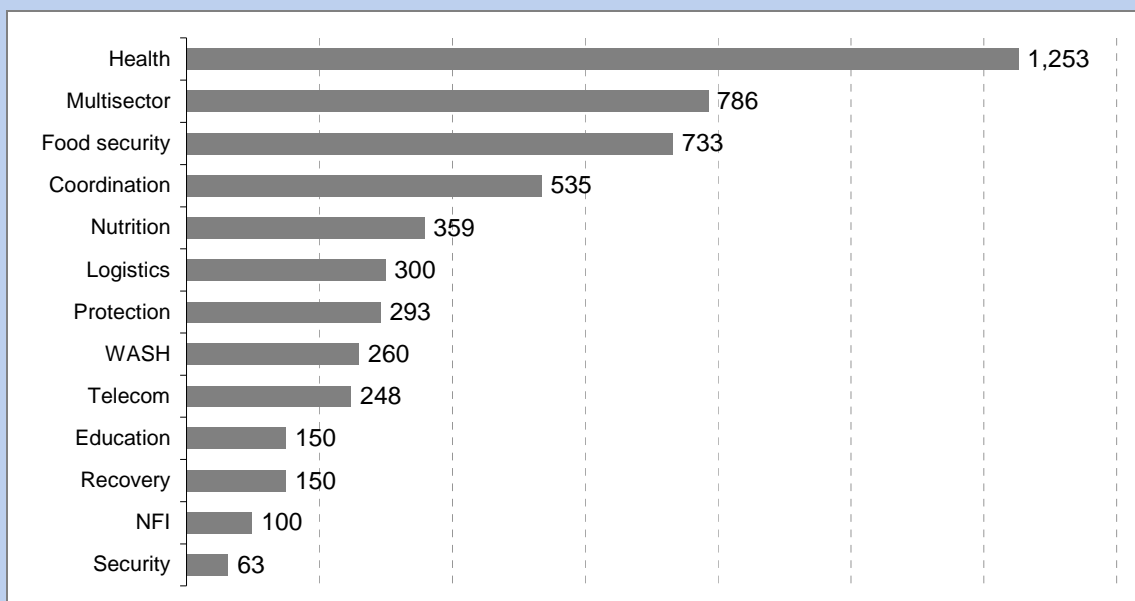
Other organisations are now planning to set up an office in Ndélé to complement AMI's efforts in other sectors, and it is likely that the ERF will be needed to help them get a foothold in this vital north-eastern area on the CAR-Chad-Darfur nexus.

The ERF also helped facilitate safe humanitarian access by funding the Humanitarian Air Service, which transported 1,682 passengers and 25 MTs of cargo to 19 destinations in 2007. Especially in the northeast, which is inaccessible by road during the six-month rainy season, humanitarian programmes would be much more costly without an air service. In addition, a recently approved project will enable WFP, as lead of the emergency telecommunications cluster, to ensure that radio rooms in Bossangoa, Paoua, and Kaga-Bandoro are functional around the clock, to meet the security challenges posed by a rapidly expanding humanitarian operation. Finally, UNDP, with ERF support, is providing the aid community with critical information management, including a constantly updated website and intranet, maps, and contact databases. Together with CAR's Ministry of Planning, UNDP is also developing a Development Assistance Database to link information on humanitarian and development assistance and improve coordination within and between clusters, and with the government.



Since the previous ERF activity update, health has remained the sector that received the highest amount of ERF funding: \$1.25m. Seven humanitarian organisations implemented 11 projects in the health sector, many of them in the country’s most remote areas where violence has rendered health services unavailable, including Ngaoundaye, Ndélé, Sam Ouandja and Ouanda-Djallé, and Birao. Multi-sector projects are the second-most funded category and include assistance to new IDPs in Kabo, refugees in Sam Ouandja, and displaced people in Markounda and Batangafo, as well as a community-based project in the wider Bangui area, where assessments showed that access to water, health services and schools were almost as bad as in some parts of the north.

Chart 1: ERF funding per sector (in US\$ thousands)



Data as of 15 February 2008

Monitoring and evaluation

The first 16 ERF projects have now finished. During its quarterly review of the fund, the ERF Advisory Board recommended to start monitoring and evaluation of ERF projects. The Humanitarian Coordinator supported by OCHA has developed a work plan to evaluate one third of all completed ERF projects. The projects will be selected at random from different locations. This evaluation mechanism comes on top of UNDP's rigorous reporting requirements, which are based on quantitative indicators to guarantee that the impact of ERF funding on humanitarian activities is measured and assessed for all projects. To ensure financial transparency, UNDP has also set aside \$20,000 for an external audit of ERF projects in 2008. To evaluate completed ERF projects, a team of one donor, one NGO, and one UN representative will travel to project areas and assess whether the work plan has been fully implemented and what impact the ERF had on the overall activities of that organisation. The evaluation team will also look at constraints and problems that were encountered during the project implementation, and identify issues that remain unresolved and require follow-up.

To ensure that ERF funding comes to the best possible use, two additional modifications of the ERF regulations have been introduced. First, two thirds of the cluster members have to comment on a project, anonymously or openly, before the cluster lead can make a decision on whether or not to recommend a project to the Humanitarian Coordinator. (This requirement can be waived in cases of extreme emergencies, such as the meningitis epidemic.) Second, the membership on the Advisory Board is now for three months. This helps avoid recruiting new members for the board each time a cross-cluster project is submitted to the fund, thereby ensuring a quicker project selection process. It also enables board members to gain a better understanding of the fund before the quarterly review.

Funding situation

The ERF exists to provide funds rapidly in cases of breaking emergencies when no other funding mechanism is available. The cluster members and leads, members of the advisory board, and the Humanitarian Coordinator ensure that the fund is not used for projects that do not meet the fund's objectives (i.e. filling real gaps or covering start-up costs), or that are incoherent. In other words, the ERF is not a fall-back for projects that have been rejected by 'traditional' donors.

In 2007, donors generously contributed \$5.8m to the Emergency Response Fund.

Table 1: Contributions in 2007

Donor	Contribution
Ireland	\$368,732
Netherlands	\$2,318,576
Norway	\$500,000
Sweden	\$1,486,332
United Kingdom	\$1,100,000
Total	\$5,773,640

Data as of 15 February 2008

Table 2: Submitted, approved, rejected, and pending projects since 2007

	Total
Number of projects submitted to ERF	49
Total budget amount of submitted projects	\$8,494,123
Number of approved projects	36
Total budget amount of approved projects	\$5,228,914
Number of rejected projects	8
Total budget amount of rejected projects	\$1,844,864
Number of pending projects	5
Total budget amount of pending projects	\$873,442

Data as of 15 February 2008

For 2008, at least \$5.6m are needed to enable organisations to start-up activities in areas where the humanitarian presence is still insufficient to cover needs, to respond to new emergencies and forced displacements, and to facilitate critical humanitarian action on the ground. The ERF is ranked an 'immediate priority' and donors are strongly encouraged to contribute funding early in the year.

Table 3: Funding situation for 2008

	Total
Funding requested for 2008	\$5,565,000
Funding received	\$0
Pledges received (Ireland; Sweden)	\$2,572,976
Funding (incl. pledges)	\$2,572,976
Funds still needed	\$2,992,024

Data as of 28 February 2008

Lessons learned

The last activity report from October 2007 highlighted two main issues: occasional delays in the disbursement of funds and a tendency to approve virtually all projects as the fund grew to five times its initially planned size. Substantial progress has been made on both fronts. The project selection process, and the administrative follow-up and disbursement of funds for approved projects, are now faster. For example, two working days after the Ministry of Health declared a meningitis epidemic in Kaga-Bandoro sub-prefecture, a WHO project had been formulated, discussed at cluster level, approved, and a contract and work plan had been finalized and signed. Yet, there are still individual cases where the disbursement of funds takes longer than it should. UNDP and OCHA are working closely together to make the disbursement of funds as swift as possible. With regard to the selection of projects, the ERF has become more selective. So far, eight projects with a combined budget of \$1.84m were rejected for ERF funding, either at the cluster or Advisory Board level, or by the Humanitarian Coordinator.

Since October 2007, the ERF team encountered new challenges. As the first projects were completed, questions about the mechanisms needed to ensure accountability came up. As described above, the Humanitarian Coordinator and OCHA developed a strategy to monitor and evaluate projects, and to hold organisations that benefit from the fund accountable. Second, as contributions and pledges grew

to \$6.8m, with 49 submitted projects (i.e. more than one project per week), staff spent an increasing proportion of their time on the ERF. In 2008, OCHA, using its own funds, is hiring an experienced National Officer to centralize administrative and financial procedures between OCHA and UNDP. This will help eliminate the remaining delays in the handling of paperwork and disbursement of funds. A full-time dedicated ERF Manager will also allow the fund to grow further in 2008 and beyond, and plant itself firmly as a central channel of humanitarian funding in CAR.

For further information, please visit www.hdptcar.net or contact:

Nicolas Rost, ERF Focal Point
UN OCHA, Bangui
rostn@un.org | +236 7503 1825

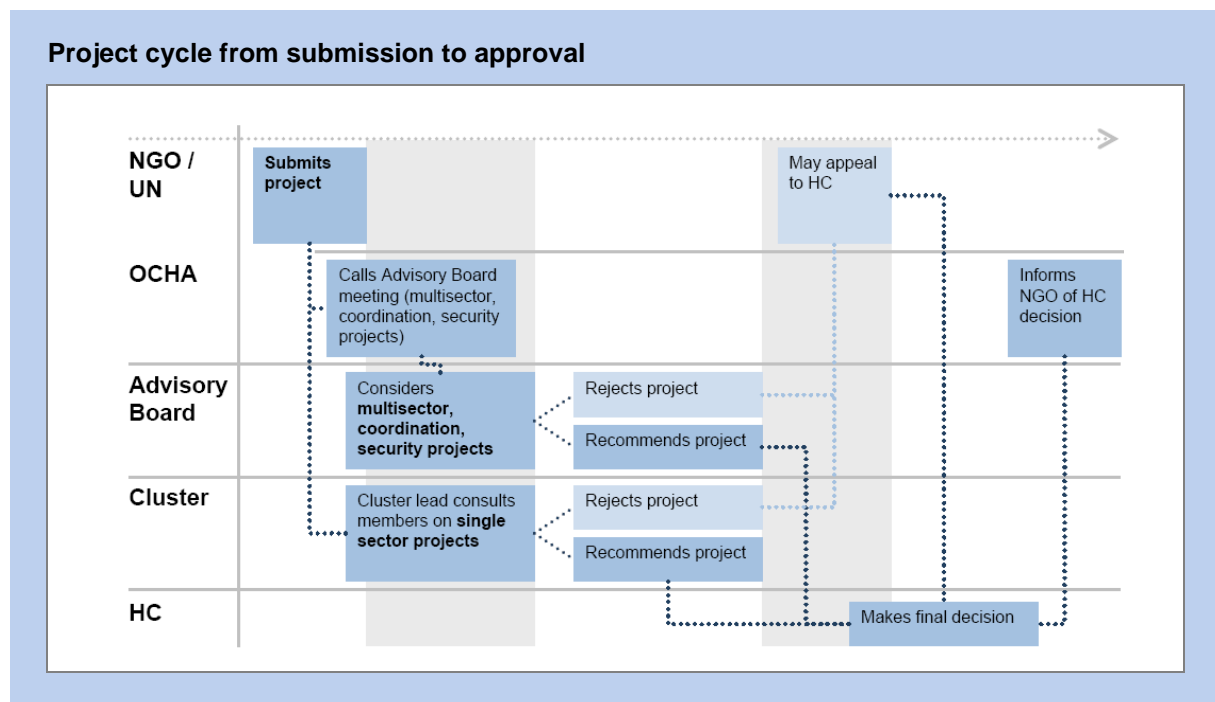
Amanda Weyler, Special Assistant to the Resident and Humanitarian Coordinator
UNDP, Bangui
amanda.weyler@undp.org | +236 7556 2744

Annex 1: How the ERF works

The Emergency Response Fund covers start-up costs and gap-filling activities in response to rapidly changing circumstances, when other funding mechanisms are unavailable. The ERF is characterized by simplicity, flexibility, speed, and transparency. The fund's aim is also to reinforce humanitarian coordination in the Central African Republic, particularly the cluster system. To that end, the selection process for submitted one-page project sheets takes place at two levels. First, projects are discussed within the relevant cluster, or, if they do not fall within a cluster, by the ERF's Advisory Board, which has a rotating membership. The cluster lead or the board then either recommend a project to the Humanitarian Coordinator, ask the submitting organisation for a revision, or reject it (a decision that may be appealed). In a second step, the Humanitarian Coordinator makes the final decision on which projects should be funded. Activities funded by the ERF have to be implemented within six months. While there is no fixed ceiling, projects are expected to range up to \$250,000.

The Advisory Board, in which two NGO, two UN and one donor representative participate, also has a second role: It reviews the functioning of the ERF on a quarterly basis and advises the Humanitarian Coordinator on adjustments needed to ensure that funding meets the most urgent needs.

Deadlines for clusters or the advisory board to review projects, for the Humanitarian Coordinator to make a final decision, and for OCHA and UNDP to follow up and disburse funds are tight and closely monitored by the ERF focal points in OCHA and UNDP. Organisations should receive their funds 20 working days after submitting a project.



Annex 2: List of projects funded by the ERF

Sector	Org.	Project Title	Amount
Coordination Subtotal: \$535,018	UNDP	Serving the aid community	\$100,000
	UNDP	Aid Coordination and Information Management Team	\$249,805
	UNFPA	Identification of IDPs in northern prefectures of CAR	\$71,221
	UNICEF	Interagency data communications project / Paoua office	\$113,992
Education	NRC	Delivery of emergency education and protection programmes	\$150,000
Food Security Subtotal: \$732,919	COOPI	Reinforcement of logistic capacities for the distribution of seeds and tools and seeds protection rations for 25,000 IDPs	\$124,709
	P. Urgence	Reinforcement of operational and logistics capacities for IDP support in Ouham-Pendé	\$174,736
	Solidarités	Food security for the vulnerable population of Nana-Gribizi prefecture	\$264,715
	Triangle	Food security for vulnerable people in Birao area	\$67,145
	WFP	Emergency airlift operation of food items to Sudanese refugees in Sam Ouandja	\$101,614
Health Subtotal: \$1,252,952	AMI	Primary health care – mother and child health and EPV in Bamingui-Bangoran	\$105,000
	AMI	Primary and secondary health care, mother and child health in Ndélé, B.-Bangoran	\$62,000
	CAM	Psychosocial support and prevention of STDs for the traumatized population of Birao	\$100,000
	CAM	Psychosocial support, prevention of HIV/AIDS, STD & sexual abuse, community activities for the vulnerable and traumatized population of Vakaga prefecture	\$164,550
	COOPI	Provision of medical assistance to 50,000 IDPs and others affected by internal armed conflicts in Ngaoundaye sub-prefecture (Ouham-Pendé)	\$159,995
	IMC	Primary health care and community health for refugees and host population in Sam Ouandja (Haute-Kotto prefecture)	\$100,000
	IMC	Primary health care and community health in Ouadda and surrounding villages and for refugees and host population in Sam Ouandja (Haute-Kotto prefecture)	\$250,000
	Merlin	Support to primary health services in Nana-Gribizi	\$99,992
	UNFPA	Prevention of STI/HIV/AIDS amongst youth in conflict-affected zone in Ouham, Ouham-Pendé	\$50,907
	UNFPA	Prevention of STI/HIV/AIDS among adolescents and youths in conflict-affected areas in Bamingui-Bangoran	\$74,900
	WHO	Prevention and case-management of meningococcal meningitis	\$85,600
Logistics	WFP	Provision of safe, effective and cheap flights for the humanitarian community in CAR	\$300,000
Multi-sector Subtotal: \$785,617	ACF	Support to the delivery of seeds, tools and NFI to IDPs	\$100,000
	IRC	Education and operational gap coverage	\$200,000
	Mercy Corps	Access to social rights in Ombella-Mpoko: water, health, education	\$185,697
	Solidarités	Emergency support for IDPs in Kabo, Ouham prefecture	\$199,400
	Triangle	Emergency assistance to Sudanese refugees, local vulnerable people in Sam Ouandja	\$100,520
NFI / Shelter	Solidarités	Emergency distribution of NFIs for the conflict-affected population in Ouham	\$99,606
Nutrition Subtotal: \$358,650	IMC	Therapeutic feeding centre and supplementary feeding centre for refugees and host population in Sam Ouandja (Haute-Kotto)	\$150,000
	UNICEF	Prevention and management of malnutrition amongst children under five in most conflict-affected prefectures	\$208,650
Protection	DRC	Protection and livelihood support to conflict affected communities in the north-west	\$292,682
Recovery	UNDP	Restore safety-net mechanisms in post-conflict and remote areas	\$150,000
Security	UNDSS	Strengthening communication capacity	\$63,390
Telecom	WFP	Interagency security telecommunications services in CAR	\$248,088
Water Subtotal: \$260,000	CAM	Wells rehabilitation and hygiene promotion in Birao	\$100,000
	Mercy Corps	Improving access to water and health and hygiene information in Nana-Mambéré	\$160,000
Total			\$5,228,914