

Common Humanitarian Fund in the Central African Republic

Standard Allocation Document

Second Standard Allocation, March 2009

I. Introduction

The Common Humanitarian Fund was established in the Central African Republic on 1 July 2008, as an upgrade from the earlier Emergency Response Fund. The aim of the CHF is to make humanitarian funding in CAR more predictable, strategic and flexible.

This document, which was finalized after extensive consultations of donors, NGOs, UN agencies and other partners, marks the second standard allocation of the CHF, and outlines the allocation of CHF funding to priority clusters. From the date of publication of this document, clusters have three full weeks to compile a list of priority projects for CHF funding, based on the funding envelope allocated to a cluster. This standard allocation document outlines i) the humanitarian context in CAR, ii) the purpose and functioning of the CHF, building on the CAR CHF Concept Note and the CHF standardization guidelines, iii) needs and priorities for humanitarian action building on the 2009 Coordinated Aid Programme for CAR, iv) the criteria for the allocation of CHF funding, v) the proportion of funding allocations per cluster, with guidance on allocations to projects within each sector, and vi) a timeline for the standard allocation process.

II. Humanitarian Context

The situation in the Central African Republic presents an opportunity to break the cycle of violence and start reducing poverty. While progress has been made over the last year, it remains fragile and limited. In 2009, this progress needs to be consolidated – or achievements will be lost. There are concrete opportunities: a peace process, security sector reform and the return of displaced people are all in their early stages. Almost half of the displaced people in the Central African Republic, 85,000 people, have returned to their villages, often only to find their houses destroyed and their fields overgrown. Another 209,000 Central Africans who have been displaced for far too long in the country and in neighbouring Cameroon, Chad and Darfur are still too scared to return home. New forced displacement has not stopped. Renewed fighting between the Popular Army for the Restoration of Democracy (APRD) militant group and government forces and self-defence militias in the northwest, brutal attacks by heavily armed bandits across the north and incursions by the Ugandan Lord's Resistance Army (LRA) rebel group in the southeast have forced more people away from their villages. Communal violence has intensified and may lead to further displacement. In January 2009, a new armed group engaged in fighting with the Central African army north of Ndélé, forcing thousands to flee their villages again.

The members of the Humanitarian and Development Partnership Team (HDPT) expect this pattern of displacement in some areas and return in others to continue in 2009. The government and the armed opposition have stepped back from the brink of civil war. Yet the peace process is already fragile, and frequently violated. Moreover, heavily armed bandits continue to take advantage of the absence of the state in many parts of the country and attack travellers or whole villages. Almost half of the 209,000

displaced Central Africans have been forced away from their homes because of bandit attacks rather than the conflict between the government and militant groups.

Political conflict, brutal banditry, the destruction of schools, health centres and houses, forced displacement and sexual violence wreak havoc in a situation that is already among the direst in the world. The Central African Republic is one of the poorest countries and basic health indicators are among the worst on the continent. For example, for every 100,000 live births, 1,355 mothers die. This means one mother dies during childbirth, or from post-natal complications, every four hours. Almost one in five children will not live to his or her fifth birthday, and life expectancy is a staggering 43 years.

To consolidate the achievements of 2007 and 2008, the members of the HDPT in the Central African Republic developed a coherent humanitarian strategy, the 2009 Coordinated Aid Programme (CAP). In the programme, the HDPT has identified four priority sectors: health, water, sanitation and hygiene, protection and early recovery. All 105 projects in this CAP have been ranked on a ten-point scale according to objective criteria as 'immediate', 'high' or 'medium' priority (low priority projects were excluded from the CAP). This CHF standard allocation is carried out based on the 2009 CAP and in particular on its analysis of humanitarian needs and prioritisation of sectors and projects. Where necessary this analysis and the ranking of humanitarian projects are brought up to date. Thus the CHF will contribute to achieving the strategic priorities and sector objectives formulated in the CAP, by helping aid agencies to provide faster, better and more coherent assistance to the people who need it.

III. The Common Humanitarian Fund in CAR

The path towards establishing a CHF began in early 2007, when the Humanitarian Coordinator in CAR decided to set up an Emergency Response Fund (ERF), to help NGOs and UN agencies start activities in CAR and to fund the response to breaking emergencies. Over the course of 2007 the ERF, which had been intended as a small, gap-filling fund of about \$1 million, attracted \$5.6 million in funding from five donors: Ireland, the Netherlands, Norway, Sweden, and the United Kingdom. Although the unexpected expansion of the ERF posed a challenge, the fund allocated \$10.5m in funding to 64 projects between early 2007 and June 2008; enabling organisations to set up at least nine new offices, start new programmes, fill gaps in the humanitarian response, and implement priority activities. Together, they assisted about 800,000 people in need. As such, it played an important role in expanding humanitarian work in CAR, both in terms of the number of organisations, and the geographic coverage of their activities.

In February 2008, humanitarian donors decided to replicate the CHFs in DRC and Sudan in two more countries. On the basis of the achievements of the ERF, the prioritisation of the activities contained in the CAP, and the strong involvement of NGOs in coordination mechanisms such as the clusters, the Central African Republic was chosen as one of the two countries. Concretely, the transition from the ERF to the CHF implied few major changes. Like the ERF, the CHF is financially administered by UNDP, with programmatic management by the Humanitarian Coordinator supported by OCHA, drawing on existing coordination mechanisms and the input from donors, NGOs and UN agencies in the decision-making process. The CHF's objectives are:

1. To enable humanitarian organisations to respond quickly and effectively to critical humanitarian needs in CAR by:
 - Making funds available early in the year for priority projects in the Coordinated Aid Programme that have received no or limited funding
 - Making funds available to start operations in sectors or regions where needs are unmet

→ Making funds available in cases of rapidly changing circumstances where humanitarian gaps need to be filled

2. To ensure that humanitarian needs are addressed in a collaborative spirit, fostering understanding and coordination within and between clusters and humanitarian organisations.

A key difference between the ERF and the CHF is the process by which funds are allocated. The CHF has two allocation windows, one for standard allocations (typically two per year) for regular programming as per the CAP, and one for rapid response to breaking emergencies. Most funding will be allocated via the standard allocation window, and no more than 20% of available funds will be kept for the rapid response window.

Together with cluster leads, NGO co-leads and cluster members, the Humanitarian Coordinator carried out the first standard allocation of the CHF in August and September 2008. This Standard Allocation Document takes the lessons learned during that first allocation into account to improve the allocation process and make sure that the projects selected truly respond to the most urgent humanitarian needs. For instance, organisations now have to submit concept forms before the cluster takes a decision, and clusters may choose to develop additional criteria to identify priority projects for CHF funding. Yet it is also clear that the CHF has already had a positive impact on humanitarian action: Its flexibility has allowed organisations to close funding gaps and keep programmes running. Making humanitarian funding more strategic, the CHF has balanced out funding differences between sectors. The health sector, for instance, was one of the least-funded sectors in 2008 despite it being a clear priority. During the first CHF standard allocation, the largest funding envelope was accorded to the health cluster, together with ERF funding representing about one third of all funding for health projects in the CAP in 2008.

IV. Humanitarian needs and priorities

In the Coordinated Aid Programme for CAR in 2009, the HDPT singled out three strategic priorities for humanitarian action:

- i) Based on assessed needs and using a human-rights based approach, deliver life-saving assistance, especially emergency healthcare and safe water and sanitation to people struck by violence, particularly displaced people and refugees across the north and in the southeast.
- ii) Protect people struck by violence and violations of their basic human rights, and help restore the dignity of survivors.
- iii) Support returning displaced people and refugees, host communities and others in post-conflict settings to restart their lives by integrating early recovery and humanitarian action.

Within the framework of these three priorities, and to make the most of limited humanitarian funds, aid agencies highlighted four priority sectors where immediate action was seen to be particularly critical for the achievement of overall objectives. These four sectors are: **health, water, sanitation and hygiene, protection, and early recovery**. Agreement on these three strategic priorities and four sectors came out of thorough discussions at a two-day strategic planning workshop for preparing CAP, where all humanitarian and recovery organisations in CAR were present. As such, they are part of a joint assessment conducted by the HDPT of how humanitarian action should be targeted and sequenced to have maximum impact.

The selection of these four priority sectors is directly based on the identified priority needs which are acute, immediate, and widespread. Maternal mortality is at a staggering 1,355 deaths per 100,000 births, and child mortality looms at 176 deaths per 1,000 births. People in many parts of northern and southeastern CAR are at constant risk of being attacked by bandits or foreign armed groups. In an

environment of impunity human rights violations against civilians at the hand of the members of armed forces or former rebel groups that participate in the peace process, go unpunished in almost all cases. Thousands of people, many girls and women, have suffered from rape and other sexual violence. Finally, with the return of 85,000 displaced people, early recovery assistance to help returnees rebuild their lives is becoming increasingly important in CAR. As such, focussing efforts on the challenges in these sectors increases the chances of humanitarian action to have a tangible and significant impact on the well-being of people in need.

Further, there are issues and programmes which become high-priority due to their time-bound character. As such, humanitarian priorities vary over the course of every year and such variations should be taken into account when funding decisions are made, including in the framework of the Common Humanitarian Fund.

V. Criteria for allocation of CHF funds

The criteria for allocation of CHF funds in this first round of standard allocations are based on two key factors: **i) priority needs** and **ii) added value of the CHF**. In contrast to the first CHF standard allocation in 2008, funding levels, at this early time in the year, play a less important role.

Priority needs

In line with the priorities established by the HDPT and outlined in the CAP, CHF funds will – in the first instance – be allocated to the four priority sectors: health, water, sanitation and hygiene, protection, and early recovery. Ensuring that decisions taken with regard to CHF funding allocations are in line with agreed upon priorities and established coordination mechanism is central to making the Fund a useful tool for strengthening the HDPT's joint humanitarian response and boosting efforts to make humanitarian reform work.

It is also expected that, within each cluster, projects that have been ranked as immediate or high priority will be given special consideration when recommending projects for CHF funding. In contrast, if clusters select projects of medium priority for CHF funding, they should specifically justify such a decision.

Added value of the CHF

At the time of each standard allocation, the Humanitarian Coordinator and the CHF Advisory Board may wish to direct funding to sectors, regions, or activities where the CHF can have a particularly important added value. This could be for several reasons:

- First, activities in a particular sector could be time-bound (due to for example the logistical constraints imposed by the rainy season)
- Second, events in a specific area of CAR could warrant particular attention to the humanitarian response in that region, which would not necessarily be reflected in the prioritisation of the CAP
- Third, certain projects in the CAP may have difficulties in attracting funding from other sources, but be judged to be of primary importance for the HDPT to achieve its strategic priorities.

In such cases, the CHF can be used to provide faster, more flexible, and more strategic funding than other sources, thus having a particularly significant added value and a particularly tangible impact on the efficiency of humanitarian action.

VI. Allocations per sector and guidance for project selection

Allocations per sector

Donors have pledged US\$5,011,768.21¹ in contributions to the CHF, including contributions already received and a carry-over from the CHF emergency reserve. To avoid delays, the project selection process will begin based on these signed pledges, and allocations will be disbursed to organisations whose projects are approved for CHF funding as soon as this pledged funding has arrived in UNDP's bank account. Of the \$5,011,768.21 that are available in pledges and funding, \$511,768.21 (in accordance with the CHF Concept Note) will be kept in the emergency reserve. An estimated \$200,000 will be reserved for UNDP's indirect costs in its role as Managing Agent (this means that in contrast to the first standard allocation, participating organisations and clusters will not need to take UNDP's indirect costs into account when selecting projects). The remaining \$4,300,000 are available for this second CHF standard allocation to support humanitarian action in CAR. As outlined above, the majority of these funds (65%) will be allocated to the four priority sectors. The table below shows needs, funding, and unmet requirements per CAP sector.

Requirements and funding for CAP 2008 projects per sector				
All figures in USD. Data as of 2 March 2009. Source: FTS				
Sector	Requirements	% of total requirements	Available Funding	% covered
Coordination and Support Services	8,117,830	7%	925,909	11%
Early Recovery (Priority sector)	8,461,230	7%	0	0%
Education	5,829,297	5%	1,115,314	19%
Food Security	43,060,965	37%	15,052,087	35%
Health (Priority sector)	21,172,555	18%	574,385	3%
Multi-sector	3,730,862	3%	0	0%
Nutrition	9,686,054	8%	2,946,526	30%
Protection (Priority sector)	9,020,773	8%	0	0%
Shelter/NFIs	1,013,298	1%	0	0%
Water, Sanitation and Hygiene (Priority sector)	6,180,143	5%	0	0%
Sector not yet specified			5,030,323	
Total	116,273,007		25,644,544	22%

In accordance with the above, the following four priority sectors will be funded under this standard allocation: health (25%), water, sanitation and hygiene (15%), protection (15%), and early recover (10%). In addition to the priority sectors, the education (10%) and nutrition (8%) sectors have been selected for a CHF funding envelope. These sectors have been selected as they also present urgent needs. Despite a comprehensive back-to-school campaign, school attendance rates are still low, only just at pre-conflict levels. The quality of education, with often untrained parent-teachers teaching classes, needs to be improved. Malnutrition is an urgent problem in many areas. Across the country, about one in ten children is acutely malnourished with higher rates in the most remote areas. As

¹ This amount does not include administrative costs charged by UNDP as Administrative Agent for the financial management of the ERF/CHF. The exact amount depends on official exchange rates.

security and humanitarian access improve, aid agencies are only now realizing the full extent of malnutrition in CAR. The amounts allocated to the education and nutrition sectors are relatively small. Thus, this CHF funding is mainly meant to fill funding gaps for emergency education or nutrition projects in conflict-affected areas.

Finally, 17% of this standard allocation are accorded to projects under the chapter 'Coordination and Support Services' in the 2009 CAP. This chapter includes projects such as the Humanitarian Air Service (ranked as an 'immediate' priority in the CAP), coordination activities, the provision of logistics and emergency telecommunications services, the collection of humanitarian data, and the coordination of safety and security measures and policies. In all these areas, organisations provide crucial services to the humanitarian community. Yet they often have difficulties in securing funding for these programmes. As there is no cluster for this kind of projects and to avoid a potential conflict of interest, interested organisations submit their CHF concept forms via OCHA to the Humanitarian Coordinator a.i. who will call a meeting of the Advisory Board to select the priority projects in the chapter on Coordination and Support Services.

The list below summarises the allocation of funding under the first standard allocation from the CHF in 2009. It excludes the amount that will be kept in the emergency reserve.

Summary of allocations:²

Priority sectors

Health:	25% of this standard allocation or \$1,075,000
Water, sanitation and hygiene:	15% of this standard allocation or \$645,000
Protection:	15% of this standard allocation or \$645,000
Early Recovery:	10% of this standard allocation or \$430,000

Other sectors

Education:	10% of this standard allocation or \$430,000
Nutrition:	8% of this standard allocation of \$344,000
Coordination and support:	17% of this standard allocation or \$731,000

Total: 100% of this standard allocation or \$4,300,000

Guidance and specifications for project selection

For a project to be considered for CHF funding under the standard allocation window, in any sector, it needs to fulfil certain criteria, in addition to those allowing it to be included in the CAP.

1. The project must be included in the CAP³
2. The project must be implemented in an area struck by violence
3. The project must address urgent needs
4. The project must include clear provisions for monitoring and evaluation
5. Submitting organisations should have developed a plan for complimentary and follow-on funding from other sources, in addition to a possible CHF-contribution to their project. Organisations must be transparent about other funding that they may have secured, or for which discussions with other donors are ongoing. Cluster leads and co-leads should prioritize projects that are sustainable, in particular those for which additional funding has been

³ Projects can be included in the CAP at any time. However, any organisation that wishes to include a project in the CAP for it to be considered for CHF funding must ensure that the project proposal is submitted early enough to allow the cluster lead and Humanitarian Coordinator to vet and rank it, before submitting it to headquarters for inclusion.

secured. They should favour organisations that have the capacity to maintain their operations in the country and are able to link emergency assistance with early recovery programming.

6. Submitting organisations, as well as cluster leads and NGO co-leads must use the most recent versions of the CHF concept forms, the CHF project forms and the CHF project tables when submitting projects, and the forms must be correctly completed, including the cluster lead's/NGO co-lead's assessment of a project (all these forms are available on the CHF website at www.hdptcar.net/CHF)

When recommending projects to the Humanitarian Coordinator for funding under the standard allocation window, clusters should rank the selected projects so that the highest priority activities can receive funding first.⁴

CHF funding should not be smaller than \$150,000 per project. If it is, the cluster must provide specific justifications on the CHF project table which is submitted to the Humanitarian Coordinator a.i. If the CHF allocation was to present a co-funding to a grant from another donor, this would be considered as a valid justification.

Beyond these general criteria, there are several sector-specific guiding principles to direct the discussions of the cluster when they are making their recommendations to the Humanitarian Coordinator on what projects should be funded. In addition, clusters, with the consultation of all their members, may opt to develop additional criteria specific to their sector or the strategy they have developed, according to which projects will be selected.

Health, Water, sanitation and hygiene, Protection, Early recovery, Nutrition, and Education

Only projects that are implemented in the seven northern violence-affected prefectures (Nana-Mambéré, Ouham-Pendé, Ouham, Nana-Gribizi, Bamingui-Bangoran, Vakaga and Haute-Kotto) or in Haut-Mbomou are eligible for CHF funding. Funding should not be allocated to projects with such a large budget that the CHF-contribution would constitute only a very small amount of the total project budget.

Coordination and support services

Interested organisations should submit their CHF concept forms for projects under this chapter in the CAP to the Humanitarian Coordinator a.i., via OCHA. They will be considered by the Advisory Board, whose members will recommend a list of priority projects to the Humanitarian Coordinator a.i. When reviewing submitted projects, the Advisory Board reserves itself the right to not use the full amount allocated to the chapter 'Coordination and support services'. If that were the case, remaining funding may either be kept in the emergency reserve or used in another cluster if submissions outweigh available funding by a large margin. Project submissions need to include a clear strategy to secure funding from sources other than the CHF, if applicable.

Timeline and Procedure

This CHF Allocation Document is published by the Humanitarian Coordinator a.i. on Tuesday, 3 March 2009. From this day, interested humanitarian organisations have one week, i.e. until the end of Monday, 9 March 2009, to submit three-page **CHF concept forms**⁵ to the relevant cluster lead (with copy to OCHA) for projects they would like to propose for CHF funding. Organisations can only submit projects that are already included in the 2009 Coordinated Aid Programme (CAP), or subsets of activities from CAP projects.

⁴ Due to possible delays by donors in transferring CHF contributions to UNDP, all committed funds may not be available in UNDP's accounts at the time of the standard allocation. In the interests of timeliness, the Humanitarian Coordinator may choose still to go ahead with the allocation, and approve projects on the understanding that they will receive the approved funding once the money hits UNDP's accounts.

⁵ The template for the CHF concept form is available on the CHF website at www.hdptcar.net/CHF

Concerned clusters should then meet during the week of 9 March 2009 to discuss these submitted concept notes and select a list of priority projects, their combined budgets within the limits of the funding envelope allocated to the cluster. During the week of Monday, 16 March 2009, those organisations whose projects have been selected complete the full **CHF project form**⁶ and submit this to the cluster lead and NGO co-lead for approval and completion. If approved, the cluster lead and NGO co-lead submit by the end of Monday, 23 March 2009, the **CHF project table**⁷ (the list of selected projects) together with the completed project forms for these projects via OCHA to the Humanitarian Coordinator a.i. for his final decision during this same week.

Tuesday, 3 March 2009:	The Humanitarian Coordinator a.i. publishes the first CHF Allocation Document
Monday, 9 March 2009:	Deadline for interested organisations to submit CHF concept forms based on existing CAP projects to relevant cluster lead
Monday, 16 March 2009:	Concerned clusters have organised an extraordinary meeting and have selected priority projects for CHF funding, according to the funding envelope allocated to the cluster
Monday, 23 March 2009:	Organisations whose projects have been selected for CHF funding have submitted the full CHF project forms to the relevant cluster. Cluster leads and NGO co-leads submit these, together with the list of selected projects, to the HC a.i. for final approval during the week of 23 March 2009.

⁶ The template for the CHF project form is available on the CHF website at www.hdptcar.net/CHF

⁷ The template for the CHF project table is available on the CHF website at www.hdptcar.net/CHF