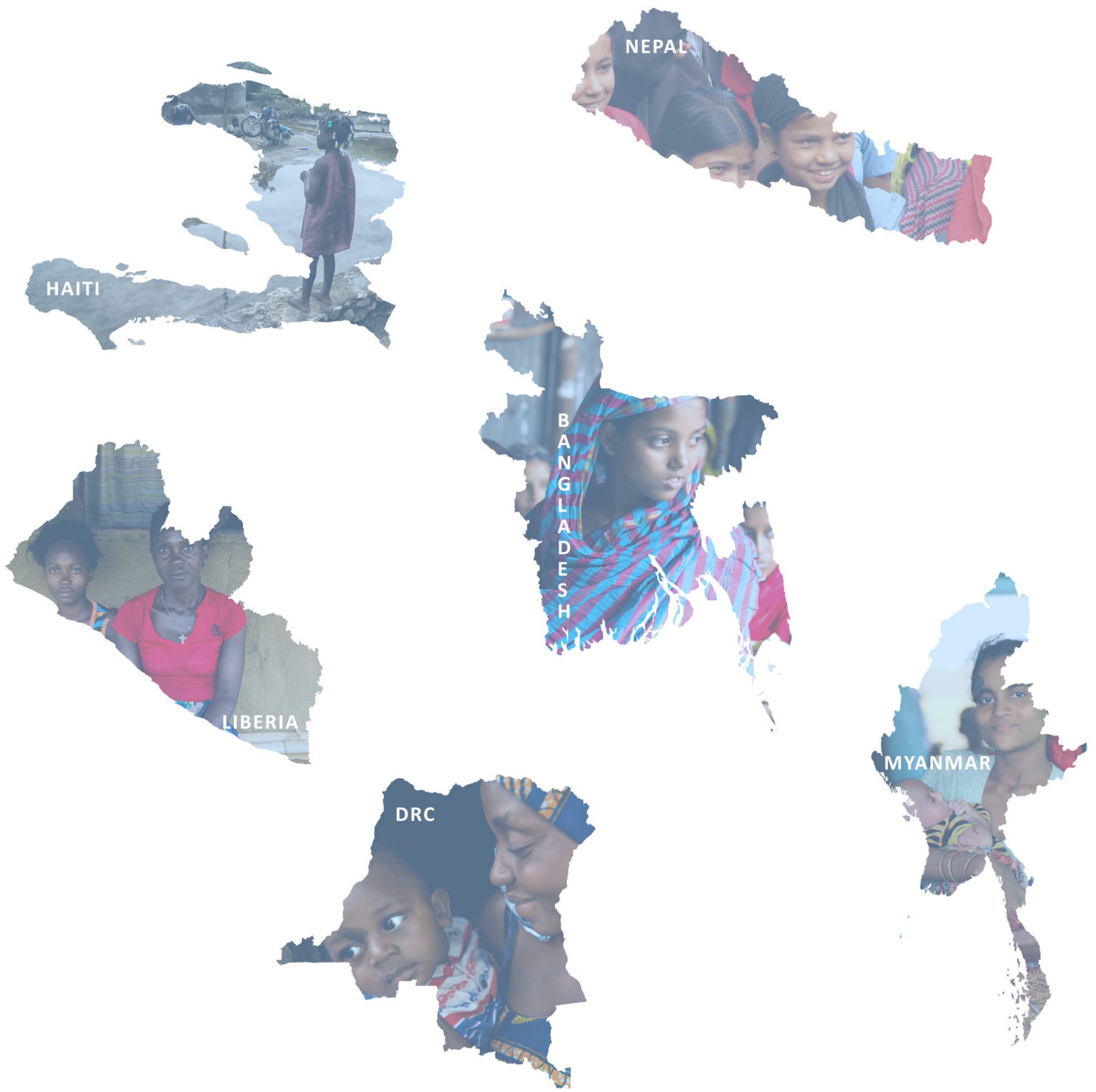
APPROACH PAPER

Clustered country programme evaluation of UNFPA engagement in highly-vulnerable contexts



UNFPA Evaluation Office

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Approach paper for the clustered Country Programme Evaluation of UNFPA engagement in highly-vulnerable contexts

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Abbreviations and Acronyms

ASRH	Adolescent Sexual and Reproductive Health
AWP	UNFPA Annual Work Plan
CBPFs	Country-based pooled funds
CERF	Central Emergency Response Fund
CCPE	Clustered Country Programme Evaluation
CHF	Common Humanitarian Funds
COAR	UNFPA Country Office Annual Report
CSO	Civil Society Organization
SPR	UNFPA Standard Progress Report
CPAP	UNFPA Country Programme Action Plan
CPD	UNFPA Country Programme Document
CPE	Country Programme Evaluation
DRC	Democratic Republic of Congo
EF	Emergency Fund
EO	UNFPA Evaluation Office
EQ	Evaluation question
ERC	Emergency Relief Coordinator
EWEC	Every Woman Every Child
GBV	Gender-based violence
GFM	OCHA Global Focus Model
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HFCB	UNFPA Humanitarian and Fragile Context Branch
HPC	Humanitarian Programme Cycle
HRP	Humanitarian Response Plan
HRR	Humanitarian Response Reserve
IASC	Inter-Agency Standing Committee
INFORM	Index for Risk Management
IOM	International Organization for Migration
ISDR	International Strategy for Disaster Reduction
MDGS	Millennium Development Goals
MISP (DMU)	Minimum Initial Service Package (Dispositif Minimum d'Urgence)
MoH	Ministry of Health
MPAs	UNFPA Minimum Preparedness Actions
MTR	Mid-term Review
OCHA	Office for the Coordination of Humanitarian Affairs
SGBV	Sexual and Gender-based Violence
SP	UNFPA Strategic Plan
SRP	Strategic Response Plan
TA	Transformative Agenda
UNCT	UN country team
UNDAF	UN Development Assistance Framework

1. Introduction

1.1 Rationale for the clustered country programme evaluation

1. Even under stable conditions, reproductive health issues are a leading cause of death and illness among women of childbearing age. Despite 60 per cent of maternal deaths occurring in humanitarian and fragile circumstances and the fact that women and children comprise nearly half of all refugees, sexual and reproductive health needs are easily overlooked during emergencies. Women and girls face heightened threats in highly-vulnerable contexts and acute crisis situations: skilled birth attendance and emergency obstetric care often become unavailable, exacerbating the dangers to pregnant women. Furthermore, the absence of services and commodities can increase the possibilities of contracting HIV and other sexually transmitted infections; the breakdown of protection systems often leads to a rise in gender-based violence (GBV). In addition, the burden of care that women assume for children and others can make it difficult for them to take proper care of themselves. Women neglect their own needs as they care for their families and neighbours.[1]
2. Crises affect UNFPA effectiveness, impact and sustainability. Therefore, in today's world, and particularly in highly-vulnerable contexts, UNFPA is required to consciously engage in humanitarian response to reduce the consequences of emergencies if and when they strike. UNFPA works closely with national governments, local authorities, UN agencies, civil society organizations (CSOs), but also women, young people and other population groups and communities to ensure that sexual and reproductive health and rights, gender-based violence and HIV are integrated into emergency preparedness and response. Its work is tailored to the circumstances of each programme country that is at risk at either national or local level, of experiencing or recovering from a humanitarian crisis. UNFPA also plays a critical role in facilitating the collection, analysis, dissemination and use of reliable disaggregated data and information for appropriate preparedness and response to emergency situations.[2]
3. The UNFPA flagship report *State of the World Population 2015* is entitled "*Shelter from the Storm – A Transformative Agenda for Women and Girls in a Crisis-prone World*". Chapter 1 of the report sums up what it means to live in a fragile world: "Natural disasters, especially floods and storms, occur twice as frequently today as 25 years ago. Conflicts, especially those within national boundaries, are driving millions from their homes. Conflict, violence, instability, extreme poverty and vulnerability to disasters are deeply interrelated conditions, which today prevent more than one billion people from enjoying the massive social and economic gains achieved since the end of the Second World War".
4. At the global level, UNFPA is a full member of the Inter-Agency Standing Committee (IASC), the mechanism for coordinating humanitarian assistance involving United Nations and non-United Nations partners.[3] Since 2005, UNFPA has co-led, with UNICEF, the gender-based violence area of responsibility of the global protection cluster, which oversees the humanitarian community's response to gender-based violence. UNFPA supports the IASC Transformative Agenda agreed upon in December 2011 in order to improve the humanitarian response model.

[1] Adapted from http://www.unfpa.org/emergencies.
[2] Adapted from http://www.unfpa.org/emergencies.
[3] The IASC was established in 1992 following UN General Assembly Resolution 46/182; resolution 48/57 confirmed that it should be the primary method for inter-agency coordination.

5. The understanding that protecting sexual and reproductive health and rights is central to a society's resilience has deepened over recent past years. UNFPA engagement in highly-vulnerable contexts and humanitarian situations reflects its commitments to globally-agreed policies, strategies and initiatives. A milestone of UNFPA engagement in highly-vulnerable contexts is "Every Woman, Every Child" (EWEC), launched by the UN Secretary-General during the Millennium Development Goals (MDGs) Summit in September 2010.[4] From 2010-2015 UNFPA was part of a movement to put into action the Global Strategy for Women's and Children's Health. It now contributes to implementing the successor Global Strategy for Women's, Children's and Adolescents' Health 2016-2020. Most recently, on March 18th 2015, UN Member States adopted the Sendai Framework for Disaster Risk Reduction 2015-2030.[5] The Sendai Framework succeeds the Hyogo Framework for Action 2005-2015[6]. As part of the process, UNFPA played a role in drawing attention to the significance of strong health systems for mitigating disaster risks. The Sendai Framework reinforces the message that basic health services during humanitarian emergencies should include sexual and reproductive health services to save the lives of women, girls and new-borns. The first-ever World Humanitarian Summit took place in May 2016 in Istanbul.[7] UNFPA engaged in the process to ensure that the most vulnerable populations have access to sexual and reproductive health services and that their rights and needs are at the forefront of humanitarian preparedness and response so that they can be protected from violence and maintain their dignity.
6. In late 2015, the UNFPA Evaluation Office (EO) began a clustered country programme evaluation (CCPE) of UNFPA engagement in highly-vulnerable contexts.[8] The CCPE is formative in nature. Its purpose is to learn from and inform UNFPA country programmes in highly-vulnerable contexts: i.e. where the risk of a humanitarian crisis occurring is acute. The specific objectives of the CCPE are:
    - To draw lessons on the relevance and performance of UNFPA interventions on emergency preparedness readiness and response
    - To propose a set of strategic and operational recommendations for future interventions.
7. The CCPE is based on six country programme evaluations (CPEs) and a meta-analysis. Countries selected for the CCPE are Bangladesh, the Democratic Republic of Congo (DRC), Haiti, Liberia, Myanmar and Nepal. The Bangladesh and Haiti country programme evaluations were already underway at the time of writing this approach paper.

1.2 Purpose and objectives of the approach paper

8. This approach paper was commissioned by the Evaluation Office. Its overall purpose is to provide a reference framework for all country programme evaluations conducted under the framework of the CCPE as well as for the meta-analysis. Its intended users are the Evaluation Office, evaluation managers and evaluators. The specific objectives of the approach paper are to:
    - Provide a definition of the notion of "highly-vulnerable contexts"
    - Provide an analysis of UNFPA strategies and policies with regard to highly-vulnerable contexts

[4] http://www.everywomaneverychild.org/.
[5] https://www.unisdr.org/we/coordinate/hfa-post2015.
[6] https://www.unisdr.org/we/coordinate/hfa.
[7] https://www.worldhumanitariansummit.org/.
[8] Concept Note Clustered Country Programme Evaluation of UNFPA Engagement in Highly-vulnerable Contexts, September 2015.

- Develop a typology of the highly-vulnerable contexts in which UNFPA operates
- Indicate how the six countries of the cluster fit into this typology
- Reconstruct the theory of change underlying UNFPA global engagement in highly-vulnerable contexts
- Refine the evaluation questions piloted in Bangladesh and propose assumptions to be assessed as well as standard indicators.

9. The methodology was based on a documentary review. Draft versions of the approach paper were shared and consulted with the Evaluation Office and the UNFPA Humanitarian and Fragile Context Branch (HFCB).

1.3 Structure of the approach paper

10. This approach paper has seven chapters:
    - An introductory chapter 1 briefly describes the rationale for the CCPE; it explains the purpose and objectives of this approach paper.
    - Chapter 2 attempts to define "highly-vulnerable contexts" and introduces the INFORM Index, used by UNFPA for emergency preparedness planning.
    - Chapter 3 outlines the main objectives of relevant global frameworks to which UNFPA reports in connection with its work in vulnerable and humanitarian contexts. It also looks at global funding sources and mechanisms.
    - Chapter 4 suggests a vision for preparedness, response and resilience. It zooms in on vulnerability in UNFPA strategic plans and integrated results frameworks and references implementation guidance for programme managers.
    - At the heart of Chapter 5 is a reconstructed theory of change visualizing UNFPA intended contributions to global resilience goals.
    - Chapter 6 briefly profiles the six CCPE country programmes. Moreover, it explores, in a preliminary manner, their expected contributions to reducing vulnerabilities/increasing resilience in highly-vulnerable contexts by intentionally preparing for, and where applicable, responding to humanitarian crises.
    - Chapter 7 determines standard vulnerability-related assumptions for evaluators to assess, along with indicators, as part of the country programme evaluations pertaining to relevance, effectiveness and efficiency evaluation questions.

2. Understanding vulnerability

11. This chapter attempts to provide a definition of "highly-vulnerable contexts" (Section 2.1). It provides information about the INFORM Index, used by UNFPA since 2014 to determine programme country risk levels and thus the need to proactively engage in emergency preparedness (Section 2.2).[9]

2.1 Terminology

12. In consultation with the UNFPA Humanitarian and Fragile Context Branch (HFCB), it was decided to focus the clustered country programme evaluation (CCPE) on the concept of vulnerability,

[9] Prior to 2014 – i.e., from 2012-2013, UNFPA used the OCHA Global Focus Model (GFM), which is linked to the International Strategy for Disaster Reduction (ISDR), to determine high-risk countries, complemented and validated through consultation with UNFPA Regional Offices.

including emergency preparedness and response, to ensure programmatic alignment with agreed international frameworks (notably the above-mentioned Sendai Framework for Disaster Risk Reduction) as well as with ongoing internal UNFPA discussions on humanitarian programming for building resilience[10].

13. As such, "highly-vulnerable contexts" in the evaluation title is understood to encompass countries at high risk of a humanitarian crisis occurring (nationally, locally or limited to certain population groups) as well as those facing and emerging from humanitarian situations such as natural disasters, epidemics and armed conflicts.

2.2 The INFORM Index

14. The international community uses several indices in connection with fragility and vulnerability.[11] In its programme countries, UNFPA uses the Index for Risk Management (INFORM) to contextualise and determine the importance of its humanitarian action and particular emergency preparedness.
15. INFORM is a collaborative project of the IASC and the European Commission.[12] It covers 191 countries, using 50 indicators and 17 components to measure 3 risk dimensions:
    - hazards and people's exposure to them
    - vulnerability[13]
    - lack of coping capacity (or the amount and type of resources available to help people cope).

Potential natural and human hazards and level of exposure		**Socio-economic vulnerability and the susceptibility of particular vulnerable groups**	**Lack of institutional capacity and infrastructure to cope**
Risk Components			
earthquakes	tsunamis	development & deprivation	disaster risk reduction
floods	drought	inequality	governance
tropical cyclones	projected conflict risk	aid dependency	communication
current conflict intensity		uprooted people	physical infrastructure
		other vulnerable groups	access to health system

16. Countries are divided into five groups of risk categories (very high, high, medium, low and very low risk) with a risk rating between zero and ten for each of its components and overall. The 2016 Index placed 12 countries in the very high risk category overall.[14] They face a very high risk of

[10] Resilience: "The ability of a system, community or society exposed to hazards to resist, absorb, accommodate to and recover from the effects of a hazard in a timely and efficient manner, through the preservation and restoration of its essential basic structures and functions". UNISDR 2015.
[11] Reference is made to the OECD Fragile States Index; the Fund for Peace Fragile States Index; the Global Peace Index; the Index for Risk Management.
[12] INFORM is the only open, global risk index for humanitarian crises. It succeeds the European Commission's Global Needs Assessment with Forgotten Crisis Index and OCHA's Global Focus Model (2006-2013), the latter used by UNFPA in 2012-2013 to assess UNFPA programme country risk of humanitarian crisis. For more information: http://www.inform-index.org/
[13] Not to be confused with UNFPA more encompassing use of the term "vulnerability"; see Section 2.1.
[14] See Annex 1: INDEX FOR RISK MANAGEMENT RESULTS 2016, p2-3.

humanitarian crises occurring and their populations (or specific population groups) are thus particularly vulnerable.

3. Overall strategic and policy framework

17. The introductory chapter briefly referenced the principal initiatives and global frameworks to which UNFPA reports in connection with its work in vulnerable and humanitarian contexts. The intention of this chapter is to outline their main objectives (Section 3.1). This, together with the reconstructed theory of change in Chapter 5, should help evaluators to explore the extent to which the country programmes under evaluation are globally connected and to make forward-looking recommendations. Chapter 3 also looks into global funding sources and mechanisms (Section 3.2).

3.1 Main global frameworks

<table>
<tr><th>Global Strategy for Women's and Children's Health 2010-15</th></tr>
<tr><th>Main Objectives</th></tr>
<tr><td>5 Key Areas for Action…
• Country-led health plans are supported, including increased, predictable and sustainable investment
• Delivery of health services and life-saving interventions are integrated; so that women and their children can access prevention, treatment and care when and where they need it
• Health systems are stronger, with sufficient skilled health workers at their core
• Innovative approaches to financing, product development and the efficient delivery of health services are in place
• Monitoring and evaluation to ensure the accountability of all actors for results are improved
…and 1 Objective[15]:
Financing, policies and service delivery are enhanced to improve the health of women and children.</td></tr>
<tr><td>Remarks: The Global Strategy 2010-2015 is aligned with the MDGs. It makes no differentiation between various settings in which development and humanitarian partners work to improve the health of women and children and different approaches taken.</td></tr>
</table>

<table>
<tr><th>Global Strategy for Women's, Children's and Adolescents' Health 2016-20</th></tr>
<tr><th>Main Objectives</th></tr>
<tr><td>3 Objectives[16]…
• Preventable deaths are ended ("survive")
• Health and well-being are ensured ("thrive")
• Enabling environments are expanded ("transform")
…and 1 Vision:
By 2030, a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping sustainable and prosperous societies.</td></tr>
<tr><td>Remarks: The Global Strategy 2016-20 is aligned with the Sustainable Development Goals (SDGs). It is much broader than its predecessor. It puts an additional focus on safeguarding women, children and adolescents in humanitarian and fragile settings and upholding their human rights to the highest attainable standard of health. The Strategy puts forward 3 Actions in humanitarian and fragile settings: (1) Support use of health</td></tr>
</table>

[15] The Strategy did not formulate an explicit overall goal. This goal formulation is suggested based on the consultant's reading of the Strategy (please see foreword by the UN Secretary General).
[16] For affiliated targets, see Annex 2: *THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016-2030)*.

risk assessments, human rights and gender-based programming to better protect the specific needs of women, children and adolescents in humanitarian settings; (2) Fully integrate emergency response into health plans and provide essential health interventions; and (3) Address gaps in the transition from humanitarian settings to sustainable development.[17]

Hyogo Framework for Action 2005-15
Main Objectives
3 Strategic Goals… • Disaster risk considerations are integrated more effectively into sustainable development policies, planning and programming at all levels, with a special emphasis on disaster prevention, mitigation, preparedness and vulnerability reduction • Institutions, mechanisms and capacities are developed and strengthened at all levels, in particular at the community level, to contribute to building resilience to hazards • Risk reduction approaches are systematically incorporated into the design and implementation of emergency preparedness, response and recovery programmes in the reconstruction of affected communities …and 1 Expected Outcome: Disaster losses in lives and in the social, economic and environmental assets of communities and countries are substantially reduced.
Remarks: The Hyogo Framework lists 5 Priorities for Action. Identifying, assessing and monitoring disaster risks is one of those priorities. Another priority – reducing the underlying risk factors, calls for integrating disaster risk reduction (DRR) into the health sector and safe hospitals.[18]

Sendai Framework for Disaster Risk Reduction 2015-30
Main Objectives
7 Targets… • Global disaster mortality is substantially reduced by 2030, aiming to lower average per 100,000 global mortality between 2020-2030 compared to 2005-2015 • The number of affected people globally is substantially reduced by 2030, aiming to lower the average global figure per 100,000 between 2020-2030 compared to 2005-2015 • Direct disaster economic loss is reduced in relation to global gross domestic product (GDP) by 2030 • Disaster damage to critical infrastructure and disruption of basic services, among them health and educational facilities, is substantially reduced, including through developing their resilience by 2030 • The number of countries with national and local disaster risk reduction strategies is substantially increased by 2020 • International cooperation to developing countries is substantially enhanced through adequate and sustainable support to complement their national actions for implementation of this framework by 2030 • The availability of and access to multi-hazard early warning systems and disaster risk information and assessments to people is substantially increased by 2030 …and 1 Expected Outcome: Disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries are substantially reduced
Remarks: A significant shift compared to the Hyogo Framework is the strong emphasis on disaster risk management as opposed to disaster management[19]. Also, health resilience is strongly promoted throughout

[17] Global Strategy 2016-20, p64-65.
[18] Hyogo Framework, p11.
[19] The Sendai Framework defines “disaster” as natural and man-made hazards and related environmental, technological and biological hazards and risks.

the Sendai Framework. Health is explicitly mentioned in the Outcome and the fourth target: "Disaster damage to critical infrastructure and disruption of basic services, among them health and educational facilities, is substantially reduced, including through developing their resilience by 2030". Health-related actions appear under all four priorities for action. References to data and analysis are also found throughout the document.

3.3 Funding architecture

18. There are currently two types of pooled humanitarian funds: the **Central Emergency Response Fund** (CERF) and the **country-based pooled funds** CBPFs.
    - The CERF is an international multilateral funding instrument, which is managed by the Emergency Relief Coordinator (ERC) and receives year-round voluntary contributions from donors. This money is set aside for immediate use at the onset of emergencies, in rapidly deteriorating situations and in protracted crises that fail to attract sufficient resources. In 2015, CERF has reinforced the capacity of the humanitarian system by allocating more than $450 million to over 40 countries.
    - The **CBPFs** are multi-donor financing instruments established by the Emergency Relief Coordinator. CBPFs allow donors to pool their contributions to specific emergencies and can finance the relief activities of a broad range of partners, including national and international non-governmental organizations (NGOs). CBPFs are managed by Office for the Coordination of Humanitarian Affairs (OCHA) at the country level, under the humanitarian coordinator's leadership. Donor contributions to each CBPF are un-earmarked and allocated by the HC through an in-country consultative process. To avoid duplication and ensure a complementary use of available CBPF funding, allocations are made taking into account other funding sources, including bilateral contributions. As of 2016, CBPFs operate in 18 countries.
19. In 2015, UNFPA continued to strengthen its engagement in crises and emergencies and received $ 116.2 million from donors in support of its humanitarian response, up from $ 101 million the previous year. This constitutes a 15 per cent increase in contribution revenue in 2015 compared to 2014. The breakdown of contributions by type of sources shows a growth in bilateral contributions from 57 per cent in 2014 to 72 per cent in 2015. For instance, the breakdown of contributions by donor in 2014 and 2015 shows that the United Kingdom and the United States rose on the list of UNFPA top humanitarian contributors. Their contributions together amount almost to 50 per cent of the funds for humanitarian programmes in 2015:
20. In 2015, the top contributors supported UNFPA with:
    - United Kingdom: $29,419,263
    - USA: $26,524,539
21. UNFPA received through the CERF $16,086, 989 and $15,179,497 in 2015 and 2014 respectively.
22. Besides pool funds and bilateral contributions from donors, an emergency fund (EF) and a humanitarian response reserve (HRR) [20] have been established by the UNFPA Executive Board as two special mechanisms for UNFPA field offices to access resources specifically for humanitarian-related interventions.[21] They are overseen by the Humanitarian and Fragile Contexts Branch (HFCB) in the Programme Division (PD). Each has its own procedures to follow for access, along with specific eligibility requirements. However, both are to be utilized for humanitarian

[20] Not in use as of May 2016.
[21] DP/FPA/2000/12

programmes where serious and immediate population and reproductive health needs are identified. In January 2015, the Executive Board approved an annual allocation of $10 million of regular resources for the emergency fund.[22] UNFPA disbursed $4,760,000 through the emergency fund in 2015.[23]. *More information can be found on this section in Annex III.*

4. UNFPA engagement in highly-vulnerable contexts

23. Chapter 4 suggests a vision for preparedness, response and resilience. It zooms in on vulnerability in UNFPA strategic plans and integrated results frameworks and references implementation guidance for programme managers.

4.1 UNFPA vision for preparedness, response and resilience

24. The following visual from the *State of the World Population 2015* was selected to visualize the UNFPA vision for preparedness, response and resilience in highly-vulnerable contexts.[24]
25. Thus, the UNFPA vision is to empower women, girls and other disadvantaged population groups and build their resilience by putting sexual and reproductive health at the centre of humanitarian action. This lays down the foundation for sustainable development, not only during and in the aftermath of crises but also, importantly, before an emergency strikes.

4.2 Vulnerability in UNFPA strategic plans

26. The UNFPA strategic plan (SP) occupies the highest level of strategic orientation within UNFPA. Neither the mid-term review (MTR) of the UNFPA SP 2008-2013 nor the strategic plan 2014-2017, both falling within the scope of the CCPE, explicitly alludes to vulnerable contexts. However, alongside references to humanitarian assistance, post-conflict situations and transition from emergency to development, they do address emergency preparedness.

[22] DP/FPA/2015/2
[23] Analysis in Cognos, i.e UNFPA internal source (May 2016)
[24] State of the World Population 2015, p11.

27. Since 2013, the UNFPA overarching goal (also called the "bull's eye") is to achieve universal access to sexual and reproductive health, realize reproductive rights and reduce maternal mortality to accelerate progress on the ICPD agenda. It is focused on improving the lives of adolescents, youth and women.
28. Three outputs of the mid-term review of the UNFPA strategic plan 2008-2013 reflect the UNFPA humanitarian mandate: output 7 anticipates increased capacity to implement the minimum initial service package (MISP) in humanitarian settings; output 13 expects UNFPA to strengthen national capacity for addressing gender-based violence and providing quality services in humanitarian settings; and output 17 envisages enhanced national capacity for producing, utilizing and disseminating quality statistical data on population dynamics, youth, gender equality and sexual and reproductive health in humanitarian settings.
29. Three of the strategic plan 2014-2017 outcomes[25] specifically relate to UNFPA engagement in vulnerable settings. There, UNFPA country offices are expected to deliver four outputs in connection with strengthening emergency preparedness. They are:
    - Humanitarian contingency plans include elements for addressing the sexual and reproductive health needs of women, adolescents and youth, including services for survivors of sexual violence in crises (*SP 2014-2017 Outcome 1, Output 5, Indicator 5.2*)
    - National capacities are enhanced to implement the Minimum Initial Services Package (MISP) at the onset of a crisis (*SP 2014-2017 Outcome 1, Output 5, Indicator 5.1*)
    - Provisions are in place for the establishment of a UNFPA-guided and led inter-agency gender-based violence coordination body in anticipation of crises (*SP 2014-2017 Outcome 3, Output 10, Indicator 10.2*)[26]
    - National capacity is enhanced to collect and use quality disaggregated population-related data for appropriate preparedness and response to emergency situations (*SP 2014-2017 Outcome 4, Output 12*)[27]
30. In addition, organizational effectiveness and efficiency enable the achievement of outputs. The strategic plan 2014-2017 requires UNFPA in "high risk" countries to have up-to-date humanitarian preparedness plans (*SP 2014-2017 Output 1, Indicator 1.8*).
31. Annex 4 of the strategic plan 2014-2017 on funding arrangements is also helpful for understanding the UNFPA approach to highly-vulnerable contexts. It argues that *"the world in which UNFPA works is highly unpredictable. Earthquakes or hurricanes can strike suddenly in areas that were previously calm and untroubled, while armed conflict can arise with little warning in countries that had been considered stable…"*[28] Consequently, the new set of six indicators for allocating regular resources to UNFPA programme countries were supplemented by two other topics, one of which was "risk_for humanitarian crises", later on in Annex 4 called "fragility and risk for humanitarian crises". Risk for humanitarian crises was included *"because it is a factor that influences the ability of UNFPA to achieve impact, both by shifting the nature of the work that the organization carries out and by increasing the challenges (and thereby the costs) of delivering interventions; it is*

[25] While output 5 is directly tied to SP outcome 1 on sexual and reproductive health, in reality it contributes to outcomes 1, 2 and 3. Therefore, it can be said that all outcomes have emergency preparedness dimensions.
[26] According to the UNFPA Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (GBVIE), 2015, "UNFPA is responsible to ensure that GBV coordination mechanisms are in place and functional and, where needed, to act as the inter-agency lead/co-lead of the GBV sub-cluster (often in partnership with the Government or an NGO)". The GBVIE provide further guidance for GBV-related emergency preparedness.
[27] See also the UNFPA Guidelines on Data Issues in Humanitarian Crisis Situations referred to in UNFPA Humanitarian Response Reference Guide.
[28] SP 2014-17 Annex 4 para 62.

assessed through the OCHA Global Focus Model, which assesses the hazards facing countries, their vulnerability, and the capacity of populations to cope with risks".[29] The eight indicators for regular resource allocation, including the one for fragility and risk for humanitarian crises, were consequently assigned points. Countries considered to face the highest risks in the OCHA global focus model (GFM)[30] received an extra ten points, those facing high risk, six points, and those with a medium risk, three points.[31] A consequence of this is that a higher share of UNFPA regular resources should be allocated to countries in vulnerable contexts. At the time, all six countries covered by the CCPE were identified as at risk.[32]

32. UNFPA business model determined four modes of engagement for country-level interventions depending on the country's particular needs and ability to finance – i.e. advocacy and policy dialogue, capacity development, knowledge management and service delivery. The modes of engagement also lend themselves to emergency preparedness and response. The following are some examples[33]:

<u>Advocacy and policy</u>

- Advocate for and involve young people in emergency, contingency and preparedness plans
- Advocate for integrating sexual and reproductive health in emergency preparedness plans
- Advocate for life-saving attention to gender-based violence in the earliest stages of humanitarian response by a wide range of humanitarian actors

<u>Capacity development</u>

- Provide technical assistance to integrate sexual and reproductive health, including clinical management of gender-based violence, in disaster risk reduction, contingency, response, recovery and rehabilitation plans
- Implement a wide-reaching, multi-faceted capacity development strategy for significantly increasing the pool of available actors who can effectively address gender-based violence in humanitarian contexts

<u>Knowledge management</u>

- Significantly augment the evidence base for addressing gender-based violence in conflict, post-conflict, disaster and recovery contexts
- Support the development and/or roll-out of technical guidance on gender-based violence in humanitarian contexts

<u>Service Delivery</u>

- Supply/provide emergency reproductive health kits in order to implement MISP

[29] SP 2014-17 Annex 4 para 78. The other is income inequality.
[30] OCHA Global Focus Model, published from 2006 to 2013, no longer exists. It was replaced by the above-mentioned INFORM Index.
[31] SP 2014-17 Annex 4 para 87.
[32] Source: INDICATORS METADATA UNFPA Strategic Plan, 2014-2017: Integrated Results Framework, Version of 12 September 2014.
[33] Adapted from SP 2014-17 Annex 2.

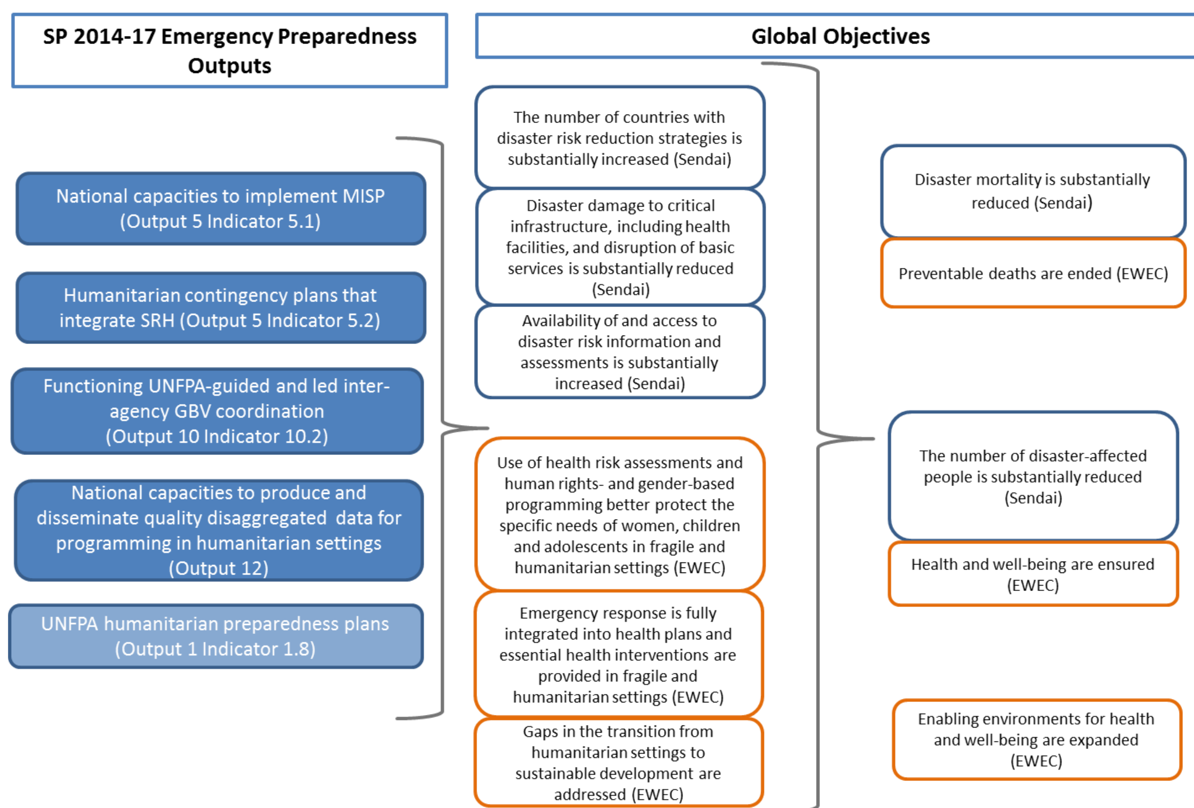
4.3 Implementation guidance

33. UNFPA has (co-)produced further-going guidance on the emergency preparedness and response dimensions of its work, including as regards the strategic plan outputs listed above. Without going into details, attention is drawn to:
    - *Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings (2009)*[34]
    - *Inter-agency Field Manual on Reproductive Health in Humanitarian Settings (2010)*[35]
    - *UNFPA Second Generation Humanitarian Response Strategy (2012)*[36]
    - *Guidance Note on Minimum Preparedness (2014)*[37]
    - *UNFPA Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (2015)*[38]
    - *Standards Operating Procedures (SOPs)*
    - *UNFPA Fast-Track Policies and Procedures (FTPs)*[39] to speed up financial, human resources, procurement and programme procedures during an emergency

5. Theory of Change: UNFPA contribution to resilience

34. At the heart of chapter 5 is a reconstructed theory of change, visualizing UNFPA intended contributions to global resilience goals.
35. The following theory of change attempts to depict UNFPA contributions to reducing vulnerability: i.e. to building resilience in highly-vulnerable contexts where there is a high risk of a humanitarian crisis occurring. The diagramme visualizes connections between UNFPA strategic plan 2014-17 outputs and those global objectives contained in the above-mentioned and more recent *Global Strategy for Women's, Children's and Adolescents' Health 2016-20* and the *Sendai Framework for Disaster Risk Reduction 2015-30* that fall within the UNFPA mandate.

[34] http://www.unfpa.org/publications/adolescent-sexual-and-reproductive-health-toolkit-humanitarian-settings.
[35] http://eeca.unfpa.org/publications/inter-agency-field-manual-reproductive-health-humanitarian-settings.
[36] The Strategy is linked to the Development Results Framework 2012-13 and has not been adjusted to the Strategic Plan 2014-17. http://www.unfpa.org/resources/humanitarian-response-strategy.
[37] UNFPA internal document
[38] http://www.unfpa.org/featured-publication/gbvie-standards.
[39] http://www.unfpa.org/sites/default/files/admin-resource/PROG_FTP.pdf.



36. Hence, in the first instance, UNFPA outputs delivered in highly-vulnerable contexts, and in particular those related to preparing countries and populations for potential emergencies, should contribute to:

    a. Increased availability and access to disaster risk information and assessments, including health risk assessments
    b. Disaster risk reduction strategies that integrate sexual and reproductive health
    c. Health plans that integrate emergency response
    d. Upholding the human rights of women, children and adolescents in emergency preparedness and response
    e. Ensuring gender-sensitive emergency preparedness and response
    f. Continued delivery: i.e. reduced disruption of essential commodities and services
    g. Reduced damage to critical infrastructure such as health facilities
    h. A smooth transition from humanitarian action to sustainable development

37. In turn, lives are saved and less people directly and severely affected by crises. Enabling environments for health, well-being and sustainable development are built.

6. The CCPE countries

38. This chapter briefly profiles the six CCPE country programmes (Section 6.1) and explores in a preliminary manner their expected contributions to reducing vulnerabilities/increasing resilience in highly-vulnerable contexts by preparing for and, where applicable, responding to humanitarian crises (Section 6.2).

6.1 CCPE country profiles

39. All country programme documents (CPDs), approved by the UNFPA Executive Board, were developed under the mid-term review of the UNFPA strategic plan 2008-13 and its integrated results framework. They cover the timeframe 2012/2013-2016/2017. At the time, all programme countries were included in the A category, - i.e. the group of countries to receive the highest amount of UNFPA programme resources, given that they were furthest away from achieving the ICPD goals. Indicative regular resource allocations for the four-year country programmes range from $7.5m for Liberia, $12m for Haiti, $16.5m for Myanmar and $23m for Nepal to $32.3m for DRC and $40m for Bangladesh. Since 2013, all but Myanmar (orange) figure in the red quadrant where needs are highest and the countries' abilities to finance are lowest.
40. According to the INFORM Index, DRC and Myanmar face a very high overall risk of humanitarian crises occurring. Bangladesh, Haiti and Nepal face a high risk and Liberia a medium risk (but very high risk for two out of the three risk dimensions). In Bangladesh, Myanmar and Nepal, risks have been on the increase, while decreasing in DRC and Haiti. They have remained stable in Liberia.

Country	Cycle	Category	Indicative budget	Programme components
Bangladesh	2012-16	A "Red"	$70 million: $40 million from regular resources and $30 million through co-financing modalities and/or other, including regular, resources	Reproductive health and rights Population and development Gender equality

<table>
<tr><td>2016 INFORM Index[40]</td><td>High and increasing risk (rank 20)</td><td rowspan="4">The Bangladesh country programme document was developed under the mid-term review of the UNFPA strategic plan 2008-2013. Bangladesh was included in category A Since 2013, it figures in the red quadrant.
INFORM ranks low-income Bangladesh in Southern Asia as high risk. Bangladesh is among the 12 countries with the highest values in the hazard & exposure dimension. Its top five risks relate to physical exposure to floods, tsunami and tropical cyclones (hazards) as well as access to health care (lack of coping capacity). The level of risk has been increasing.</td></tr>
<tr><td>Hazard & exposure</td><td>Very high risk (rank 12)</td></tr>
<tr><td>Vulnerability</td><td>High risk (rank 53)</td></tr>
<tr><td>Lack of coping capacity</td><td>Medium risk (rank 60)</td></tr>
</table>

Country	Cycle	Category	Indicative budget	Programme components
DRC	2013-17	A "Red"	$125.5 million: $32.3 million from regular resources and $93.2 million through co-financing modalities and/or other, including regular resources	Maternal and new born health Family planning. Youth and adolescent issues Prevention services for HIV and sexually transmitted infections Gender equality and reproductive rights Data availability and analysis

2016 INFORM Index[41]	**Very high but decreasing risk (rank 8)**	DRC is in a state of protracted conflict. The DRC country programme document was developed under the mid-term review of the UNFPA strategic plan 2008-

[40] See INFORM Results Report 2016. Also http://www.inform-index.org/Portals/0/InfoRM/2016/Country_Profiles/BGD.pdf.
[41] See INFORM Results Report 2016. Also http://www.inform-index.org/Portals/0/InfoRM/2016/Country_Profiles/COD.pdf.

<table>
<tr><td>Hazard & exposure</td><td>High risk (rank 34)</td><td rowspan="3">2013. DRC was included in category A. Since 2013, it figures in the red quadrant.
Low-income DRC in Central Africa figures among the 12 countries found in the INFORM very high risk category and those with the highest values in the vulnerability and lack of coping capacity dimensions. DRC is particularly at risk because of its projected conflict risk (hazards), but also because of the number of uprooted people (vulnerability) and food insecurity (vulnerability) as well as inadequate physical infrastructure (lack of coping capacity). Access to health care (lack of coping capacity) also figures as a very high risk. On the bright side, the level of risk has been decreasing.</td></tr>
<tr><td>Vulnerability</td><td>Very high risk (rank 4)</td></tr>
<tr><td>Lack of coping capacity</td><td>Very high risk (rank 5)</td></tr>
</table>

Country	Cycle	Category	Indicative budget	Programme components
Haiti	2013-16	A “Red”	$26 million: $12 million from regular resources and $14 million through co-financing modalities and/or other resources, including regular resources	Maternal and new born health Family planning Data availability and analysis Gender equality and reproductive rights

<table>
<tr><td>2016 INFORM Index[42]</td><td>High but decreasing risk (rank 18)</td><td rowspan="4">Haiti is the poorest country in the Western Hemisphere. In 2010 a catastrophic earthquake happened. The Haiti country programme document was developed under the mid-term review of the UNFPA strategic plan 2008-2013. Haiti was included in category A. Since 2013, it figures in the red quadrant.
Haiti in the Caribbean is a high-risk country according to INFORM, particularly because of its lack of coping capacity (very high risk), in particular lack of access to health care. Its population also suffers from food insecurity (vulnerability) and the country is at very high risk of tropical cyclones, earthquakes and tsunamis (hazards). Its level of risk has been decreasing.</td></tr>
<tr><td>Hazard & exposure</td><td>High risk (rank 38)</td></tr>
<tr><td>Vulnerability</td><td>High risk (rank 19)</td></tr>
<tr><td>Lack of coping capacity</td><td>Very high risk (rank 15)</td></tr>
</table>

Country	Cycle	Category	Indicative budget	Programme components
Liberia	2013-17	A “Red”	$32.5 million: $7.5 million from regular resources and $25 million through co-financing modalities and/or other, including regular, resources	Maternal and new born health Family planning Gender equality and reproductive rights Young people’s sexual and reproductive health and sexuality education Data availability and analysis

<table>
<tr><td>2016 INFORM Index[43]</td><td>Medium and stable risk (rank 70)</td><td rowspan="4">In 2014-15, Liberia suffered from a devastating Ebola epidemic. The Liberia country programme document was developed under the mid-term review of the UNFPA strategic plan 2008-2013. Liberia was included in category A. Since 2013, it figures in the red quadrant.
Liberia in Western Africa is the only CCPE country ranked as “medium risk”, but only because of its very low risk of hazards and exposure. The other two INFORM dimensions, vulnerability and coping capacity, are at high risk resulting from, inter alia, the country’s high aid dependency (vulnerability) and inadequate access to health care (coping capacity). Liberia is among the 12 countries with the highest values in the vulnerability and lack of coping capacity dimensions.</td></tr>
<tr><td>Hazard & exposure</td><td>Very low risk (rank 161)</td></tr>
<tr><td>Vulnerability</td><td>Very high risk (rank 10)</td></tr>
<tr><td>Lack of coping capacity</td><td>Very high risk (rank 12)</td></tr>
</table>

[42] See INFORM Results Report 2016. Also http://www.inform-index.org/Portals/0/Inform/2016/country_profiles/HTI.pdf.
[43] See INFORM Results Report 2016. Also http://www.inform-index.org/Portals/0/Inform/2016/country_profiles/LBR.pdf.

Country	Cycle	Category	Indicative budget	Programme components
Myanmar	2012-15/17[44]	A "Orange"	$29.5 million: $16.5 million from regular resources and $13 million through co-financing modalities and/or other, including regular, resources	Reproductive health and rights Population and development Gender equality

2016 INFORM Index[45]	**Very high and increasing risk (rank 9)**	The Myanmar country programme document was developed under the mid-term review of the UNFPA strategic plan 2008-2013. Myanmar was included in category A. Since 2013, it figures in the orange quadrant. Myanmar in Eastern Asia is among the 12 countries found in the INFORM very high risk category, mainly because of its combined very high risk of natural hazards occurring and exposing people and assets (floods, earthquakes and tsunamis), but also projected conflicts. Access to health care figures as a high risk. Myanmar is among the 12 countries with the highest overall risk and with the highest values in the hazard and exposure dimension. Besides already being considered at high risk, the level of risk has been increasing.
Hazard & exposure	Very high risk (rank 9)	
Vulnerability	High risk (rank 29)	
Lack of coping capacity	High risk (rank 30)	

Country	Cycle	Category	Indicative budget	Programme components
Nepal	2013-17	A "Red"	$30.5 million: $23 million from regular resources and $7.5 million through co-financing modalities and/or other resources, including regular resources	Young people's sexual and reproductive health and sexuality education Gender equality and reproductive rights Population dynamics

2016 INFORM Index[46]	**High and increasing risk (rank 29)**	In 2015, Nepal experienced a devastating earthquake. The Nepal country programme document was developed under the mid-term review of the UNFPA strategic plan 2008-2013. Nepal was included in category A. Since 2013, it figures in the red quadrant. Nepal faces a high risk overall, with a very high risk of natural hazards (exposure to earthquakes) and existence of vulnerable groups due to recent shocks. Access to health care is rated high risk.
Hazard & exposure	High risk (rank 48)	
Vulnerability	High risk (rank 48)	
Lack of coping capacity	High risk (rank 53)	

6.2 Country level results frameworks

41. This section explores in a preliminary manner the contributions of UNFPA country programmes covered by the CCPE[47] to reducing vulnerabilities/increasing resilience by preparing for and, where applicable, responding to humanitarian crises (at times simultaneously). The following logical diagrammes do not cover the entire country programme logics, but extract those parts relevant to the assessment of UNFPA engagement in highly-vulnerable contexts. They are based on the country programme action plans (CPAPs) and, to the extent available, strategic plan 2014-17 alignment documentation.

[44] Extended to 2017. Source: DP/FPA/2015/4.
[45] See INFORM Results Report 2016. Also http://www.inform-index.org/Portals/0/Inform/2016/country_profiles/MMR.pdf.
[46] See INFORM Results Report 2016. Also http://www.inform-index.org/Portals/0/Inform/2016/country_profiles/NPL.pdf.
[47] This analysis does not cover Bangladesh or Haiti as the CPEs were already underway.

6.2.1 Democratic Republic of Congo

42. The country programme action plan 2013-2017 addresses the difficult economic and financial situation, in which the country found itself. It draws attention to its fragility as a post-conflict country, working towards reconstruction and consolidation of peace. The country programme focuses, *inter alia,* on conflict zones, women survivors of violence, internally-displaced persons and men in uniform. Humanitarian action (both preparedness and response) is evident in all programme components.
43. Country programme outputs ("produits") are linked to the mid-term review of the UNFPA strategic plan 2008-2013 outcomes. Indicators serve to measure the extent to which outputs have been achieved. Outputs are achieved through strategies ("stratégies") and interventions ("actions").

Maternal health
Produit: d'ici 2017, les services des accouchements assistés par un personnel qualifié et des soins obstétriques et néonatals d'urgence dans les zones d'intervention du programme, y compris dans les situations de crises humanitaires, sont améliorés
Stratégie: prise en charge médicale des victimes de violences sexuelles. Actions : Former les prestataires de santé en PEC médicale post viols ; assurer la prise en charge médicale de victimes de violences sexuelles ; assurer l'approvisionnement des structures de prise en charge médicale des survivants de violences sexuelles en intrants kits post viol et kits SR. Stratégie: renforcement des structures nationales pour la mise en œuvre du Dispositif Minimum d'Urgence (DMU) Actions: renforcer les capacités techniques des prestataires et des structures pour la mise en place du DMU; renforcer le plaidoyer pour la participation de l'UNFPA dans les différents fora de mobilisation des ressources pour la mise en place du DMU dans le cadre humanitaire; renforcer la coordination de la mise en place du DMU dans les zones en situation de crise humanitaire aigue; appuyer la mise en œuvre du plan de contingence

Family planning
Produit: d'ici 2017, les capacités techniques et institutionnelles du système national d'approvisionnement en médicaments essentiels sont renforcées pour la sécurisation des produits
Stratégie: approvisionnement régulier en produits PF/VIH/kits d'urgence et SONU des structures de santé appuyées y compris les zones en situation humanitaire Action: approvisionner les structures en produits SR conformément au plan national d'approvisionnement en produits PF/VIH/kits d'urgence et SONU

Prevention services for HIV and sexually transmitted infections
Produit: d'ici 2017, les capacités des institutions et organisations communautaires sont renforcées en matière de prévention du VIH, en particulier chez les femmes enceintes, les jeunes, les camionneurs, les hommes en uniforme, les travailleurs de sexe et les déplacés internes
Stratégie: offre des services de prévention du VIH et IST aux populations les plus à risque, y compris dans les situations humanitaires

Actions: former les prestataires sur l'offre des services à base communautaires en milieux des jeunes; organiser les services conviviaux pour les jeunes dans les centres de santé et les centres des jeunes ciblées; organiser les activités de suivi et coordination des interventions ciblant les jeunes Stratégie: prévention des IST et du VIH/sida et la prise en charge des IST y compris en situations humanitaires Actions: faire le plaidoyer pour améliorer la prise en charge des IST chez les personnes les plus à risques; appuyer les réseaux des PS et HSH pour la lutte contre le VIH; assurer la disponibilité des préservatifs masculins et féminins dans les zones en crises humanitaires; former les prestataires en précautions standards contre le VIH en milieu de soins; former les prestataires en prise en charge syndromique des IST; approvisionner les structures en intrants de PEC des IST; fournir aux formations sanitaires du matériel pour garantir les précautions standards contre le VIH; fournir aux hôpitaux de référence des kits de sécurité transfusionnelles; assurer l'information et l'offre des services de lutte contre le VIH/sida au profit des jeunes et adolescents en contexte humanitaire

Gender Equality and Reproductive Rights
Produit: d'ici 2017, les capacités des institutions, des organisations à base communautaire et de réseaux et organisations communautaires pour la mise en œuvre de l'égalité de genre et des droits reproductifs sont renforcées
Stratégie: plaidoyer auprès des leaders d'opinions et des hommes en uniformes pour la protection des femmes dans les zones affectées par les conflits Actions: renforcer les capacités des hommes en uniformes sur la protection des femmes dans les zones affectées par les conflits; faire le plaidoyer auprès des leaders communautaires pour la protection des femmes dans les zones affectées par les conflits; assurer la confection, le pré positionnement et la distribution des kits de dignité culturellement adaptés aux femmes en âge de procréer affectées par les conflits

Data Availability and Analysis
Produit: les capacités du système statistique national sont renforcées pour l'analyse, la dissémination et l'utilisation des données sociodémographiques de qualité désagrégées pour la planification et le suivi
Stratégie: renforcement des capacités de coordination du Ministère en charge du Genre pour la collecte des données SGBV Actions: renforcer les capacités institutionnelles du Ministère en charge du Genre dans la gestion des données SGBV; renforcer les capacités des intervenants dans la collecte des données sur les violences basées sur le genre; appuyer la production et l'utilisation des données SGBV Stratégie: appui à la collecte des données en situation de crises humanitaires Actions: renforcer les capacités dans la coordination des données du ministère ayant en charge les affaires humanitaires; appuyer la collecte et l'utilisation des données en situation de crise humanitaire

44. The DRC country programme action plan results and resource framework was aligned to the strategic plan 2014-2017 integrated results framework. Overall, seven CPAP outputs are expected to contribute to the four strategic plan outcomes. Four outputs in the sexual and reproductive health and gender equality programme components are explicitly oriented towards preparing for and responding to humanitarian crises and their effects, past and future.

Produit: d’ici 2017, les capacités techniques et opérationnelles des partenaires nationaux sont renforcées pour accroître la demande, fournir des services de planification familiale de qualité, et renforcer la sécurisation des produits de santé de reproduction, y compris dans les situations de crises humanitaires
Produit: d’ici 2017, les accouchements assistés par du personnel formé et les soins obstétricaux et néonatals d'urgence sont améliorés dans les zones ciblées, y compris dans les situations de crises humanitaires
Produit: d’ici 2017, les capacités des institutions et des organisations communautaires sont renforcées dans la prévention du VIH, en particulier chez les femmes enceintes, les jeunes, les travailleurs du sexe, les services en uniforme, les chauffeurs de camion et les personnes déplacées conformément aux droits humains
Produit: d'ici 2017, les capacités opérationnelles et institutionnelles des partenaires nationaux sont renforcées pour la prévention des violences basées sur le genre et l’assistance aux survivants

The sexual and gender-based violence data component includes a web-based SGBV database. It is developed for mapping the occurrences and interventions of sexual and gender-based violence and to support the Ministry of Gender in the coordination of SGBV interventions, as well as evidence-based advocacy and policy dialogue. The database enables stakeholders to access real-time, updated information.

The alignment resulted in the addition of an output on gender-based violence to the results framework with the following indicators:

- A database on sexual and gender-based violence that is up-to-date and accessible
- A number of sexual and gender-based violence survivors provided with medical care
- A number of sexual and gender-based violence survivors provided with psychosocial care

6.2.2 Liberia

45. There is no country programme action plan for Liberia. The relevant programming documents are the country programme document 2013-2017 and the updated/aligned results and resource framework. In its situation analysis the country programme document notes that “Liberia is moving towards sustainable development after 14 years of conflict. Despite experiencing a remarkable recovery since 2005, the country remains fragile and lacks basic social services”. It mentions that youth and young ex-combatants face formidable challenges, including issues related to sexual and reproductive health. Programme management considerations determine that activities may be reprogrammed in the event of an emergency to ensure life-saving measures. Of the seven outputs under five outcome areas, one explicitly reflects Liberia’s high risk of a humanitarian crisis occurring: “strengthened national capacity to address gender-based violence through a multi-sectoral approach and through the provision of high-quality services to survivors, including in humanitarian situations”. The aligned results and resource framework highlights the following humanitarian aspects, under strategic plan 2014-2017 Outcome 1 (SRH):

Output: strengthened capacity for the provision of MISP, including training for skilled birth attendants and midwives in emergency and post recovery Indicator: number of health facilities equipped with life-saving reproductive health kits and drugs Indicator: number of health facilities supplied with infection prevention and control materials

Indicator: number of facilities equipped to provide sexual and gender-based violence services

Indicator: number of skilled birth attendants trained on MISP

Output: enhanced national capacity for disease surveillance and data availability during humanitarian situations

Indicator: number and percent of disease suspects traced and monitored during the incubation period of a disease

Indicator: number of disease contact tracers/case searchers mobilized, trained, deployed, incentivized and equipped with data collection and processing tools

46. The updated results framework confirmed the original intention to strengthen national capacities to ensure that gender-based violence is addressed in humanitarian settings. It added that national laws, policies and programmes should respond to adolescent and youth needs and rights in humanitarian situations:

Output: strengthened national capacity to address gender-based violence through a multi-sectoral approach and through the provision of high-quality services to survivors, including in humanitarian settings

Indicator: number of people trained to manage and prevent gender-based violence

Indicator: number of gender-based violence survivors accessing support services in "safe homes/one stop centres"

Indicator: number of community-based organizations and networks supported to advocate against female genital mutilation/cutting and gender-based violence

Output: strengthened national capacity to conduct evidence-based advocacy for incorporating adolescents and youth and their human rights/needs in national laws, policies, programmes, including in humanitarian settings

Indicator: Number of policies, programmes, planning frameworks/strategies developed/reviewed that incorporate adolescent and youth human rights and needs

6.2.3 Myanmar

47. The country programme action plan 2012-2015 (extended to 2017) remarks that Myanmar is prone to natural disasters. In terms of vulnerabilities, it states that women are the most vulnerable group in crisis situations as was experienced in connection with the cyclone Nargis in 2008.
48. Under the previous country programme, UNFPA provided life-saving reproductive health services and supported women's protection interventions in the aftermath of cyclones Nargis and Giri (2010). It strengthened disaster preparedness through development of contingency plans, MISP training for health personnel and humanitarian actors and the establishment of rapid response teams. A lesson learnt was that well-designed humanitarian response programmes, for example the UNFPA-supported women's friendly spaces, can provide a viable basis for development initiatives.
49. The country programme action plan has three expected outcomes and four outputs in the areas of reproductive health and rights, population and development and gender equality. One of the criteria for selecting states and regions for decentralized interventions was vulnerability to natural disasters and remoteness, including areas with mobile populations and ethnic minorities. It is therefore suggested that the country programme as a whole has a certain focus on risk

components and mitigating risks. However, only outcome 1 on reproductive health and rights and the affiliated output 1 explicitly support emergency preparedness and response through activities at both the national and local levels.

Reproductive health and rights
Output 1: strengthen health systems to improve availability of high quality and equitable sexual and reproductive health information and services among target groups, including in emergency settings
National-level strategy: advocacy to integrate reproductive health, HIV and gender components into the existing national emergency preparedness and response plan Cluster activities: support the review of the current Ministry of Health (MOH) plan for emergency management and response; Advocate with Ministry of Health to integrate a package of essential reproductive health, HIV and gender components including MISP into the Ministry of Health emergency response plan
Township-level strategy: strengthening humanitarian preparedness and response Cluster activities: review strategies and plans for emergency preparedness to incorporate reproductive health and gender in each of the regions/states and townships; support training for rapid response teams with pre-and post-training assessment at state and regional level including MISP in UNFPA programme areas and develop a plan for their deployment to other affected areas; pre-position, stockpile and timely distribute supplies in case of emergencies

50. In 2015, a request was submitted and approved to extend the country programme action plan by two years until 2017. On that occasion the results and resource framework was aligned to the strategic plan 2014-2017 integrated results framework. Country programme action plan outputs were newly formulated and connected to strategic plan outcomes. Emergency preparedness work was extended to the gender equality and women's empowerment programme component.

Reproductive health and rights
Output: strengthened health system to deliver integrated sexual and reproductive health services including family planning, maternal health and HIV prevention programmes as well as in humanitarian settings Indicator: number of states/regions that have capacity to implement MISP at the onset of a crisis Indicator: Ministry of Health, United Nations humanitarian country team (HCT) and UNFPA have humanitarian contingency plans that include elements for addressing sexual and reproductive health needs of women, adolescents and youth including services for survivors of sexual violence in crises

Gender equality and women's empowerment
Output: strengthened national capacity and institutional mechanism for advancing reproductive rights, promoting gender equality and addressing gender-based violence, including in humanitarian settings Indicator: number of functioning gender-based violence, gender and women's empowerment coordination bodies as a result of UNFPA guidance and leadership

6.2.4 Nepal

51. The country programme action plan 2013-17 references the peace process, which ended a decade-long internal armed conflict in 2006, and mentions that key issues such as state-restructuring remain unresolved.

52. The country programme was designed to “contribute to consolidating peace and sustaining development”. One of the key strategies to deliver results is “integrate risk reduction strategies in programming”. This strategy is obvious in the programme components “young people’s sexual and reproductive health and sexuality education” and “population dynamics”, but not in the “gender equality and reproductive rights” component.
53. In the logic of the Nepal country programme action plan, outputs are measured by indicators. Strategies to reach targets are implemented by way of key interventions. Later, the country programme action plan results and resource framework was aligned to the strategic plan 2014-17 integrated results framework as well as to the 2015 earthquake response. New output-level performance indicators were added and old ones modified. Outputs remained the same. Merging old and new, the following tables outline the current status of UNFPA humanitarian action in Nepal’s highly-vulnerable context.

Young people’s sexual and reproductive health and sexuality education
Output 1: strengthened capacity of health institutions and service providers to plan, implement and monitor high-quality comprehensive sexual and reproductive health services Indicator: number of UNFPA-supported districts with district contingency plans that incorporate the MISP, responses to gender-based violence and adolescent sexual and reproductive health services Indicator: number of affected districts that have the capacity to implement MISP at the onset of a crisis and during emergencies Indicator: number of persons including women and/or girls reached through reproductive health kits and sexual and reproductive health services Indicator: number of inter-agency reproductive health coordination bodies that are functional as a result of UNFPA guidance and leadership
Key interventions: strengthen humanitarian preparedness and response through: review and endorsement of reproductive health in emergency guideline (MISP), including family planning, to make it user friendly; advocacy to incorporate MISP into existing pre- and in-service training curricula; capacity building of service providers at national, regional and district levels; making available reproductive health kits to continue reproductive health service in the event of a disaster/emergency

Gender equality and reproductive rights
Output 1: strengthened national and subnational health system capacity within the coordinated multi-sectoral response to sexual and gender-based violence Indicator: number of public hospitals in UNFPA-supported districts/earthquake-affected districts, including one-stop crisis management centres, mobile health camps and female-friendly spaces, providing health response/services to survivors of gender-based violence as per national guidelines Indicator: number of inter-agency gender-based violence coordination bodies that are functional as a result of UNFPA guidance and leadership

Population dynamics
Output 1: strengthened capacity of relevant government ministries at national and subnational levels to address population dynamics and its interlinkages in policies, programmes and budgets

Indicator: number of key sectoral ministries that have implemented their annual work plans and budgets responding to population, adolescent sexual and reproductive health, youth and gender-based violence issues, including in emergencies
Strategy: the development of tools and methodologies to integrate indicators on gender, youth and adolescent sexual and reproductive health, as well as humanitarian concerns, into national, sectoral and local plans and budgets
Output 2: improved data availability and analysis for evidence-based decision-making and policy formulation on population dynamics, adolescent sexual and reproductive health, and gender equality
Key intervention: strengthen national capacity in the analysis and dissemination of census, surveys and other statistical data, including in emergency settings
Output 2: improved data availability and analysis for evidence-based decision-making and policy formulation on population dynamics, adolescent sexual and reproductive health, and gender equality Indicator: number of districts experiencing a humanitarian crisis situation in which UNFPA provided technical assistance on the use of population-related data and support for assessments
Strategy: strengthening of information management systems on health and gender-based violence and the sub-national capacity to use data in emergency preparedness and response Key interventions: provide technical support to help government to assess current and future information management systems with regard to health, population and gender-based violence and support improvement of the information management systems including in emergency settings; provide technical support to districts to use data in their vulnerability assessment, disaster planning and response activities; Provide technical support to districts to integrate MISP, gender-based violence and adolescent sexual and reproductive health (ASRH) issues into their district preparedness plans

7. CCPE Evaluation questions and assumptions

54. The CCPE builds on standard country programme evaluations. It adds two standard vulnerability-related evaluation questions, one for relevance and the other for effectiveness, to be applied consistently across all six country programme evaluations of the CCPE. In addition, standard assumptions to be assessed have been formulated for the other evaluation criteria (efficiency, coordination within the UNCT, added value). The two additional evaluation questions are:
    - Relevance evaluation question: how did UNFPA take into account the country’s vulnerability to disasters and emergencies in planning and implementing its interventions?
    - Effectiveness evaluation question: to what extent was (or is) UNFPA, along with its partners, able (or likely) to respond to crises during the period covered by the country programme?
55. Standard evaluation questions and assumptions to be assessed are presented below using the UNFPA evaluation matrix template, along with suggested indicators, sources of information and data collection methods.
56. Evaluation managers and team leaders need to be aware of the additional considerable work required for gathering and analysing evidence for these additional assumptions. To ensure a sufficiently in-depth evaluation of UNFPA engagement in highly-vulnerable contexts, the following measures come to mind: i) make an extra effort to drop non-essential evaluation questions/assumptions usually covered by country programme evaluations and ii) increase the number of evaluation team members to ensure an adequate division of labour.

RELEVANCE

Guidance: This evaluation question explores how UNFPA has positioned itself throughout the duration of the country programme in view of the country's vulnerability to disasters and emergencies. The assessment is primarily meant for lesson learning.

EQ: How did UNFPA take into account the country's vulnerability to disasters and emergencies in planning and implementing its interventions?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
A.1: The UNFPA country programme was influenced by sound risk analyses[48]	I.1.1 Evidence that the country programme document and CPAP build on an assessment of the country's vulnerability I.1.2 Evidence that annual work plans reflect the country's (changing) vulnerability	• Country programme document • Country programme action plan • Minutes of annual reviews • Annual work plans • Risk analyses/needs assessments • UNFPA country office staff • Representatives of implementing partners	• Desk review • Semi-structured interviews
A.2: The country programme results and resource framework was revised to reflect the country's vulnerability following the adoption of the UNFPA strategic plan 2014-17	I.2.1 Evidence that the revised results and resources framework reflects the country's vulnerability, in particular in connection with strategic plan output 5 (indicator 5.1), output 5 (indicator 5.2), output 10 (indicator 10.2), and output 12	• Re-aligned country programme action plan results and resource framework • Risk analyses/needs assessments • UNFPA country office staff • Representatives of implementing partners	• Desk review • Semi-structured interviews

[48] Please note that a risk analysis is not mandatory according to CPD and CPAP guidelines.

EFFECTIVENESS

Guidance: This evaluation question addresses the effectiveness of UNFPA emergency preparedness and response (where applicable) in the country. Assumption 1 addresses UNFPA effectiveness in supporting the country to prepare for a disaster or emergency. Assumption 2 examines UNFPA contribution to humanitarian action where such situations actually occurred.

EQ: To what extent is UNFPA, along with its partners, likely to respond to crises during the period covered by the country programme? Where applicable: to what extent was UNFPA, along with its partners, able to respond to crises during the period covered by the country programme?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
A.1: UNFPA has contributed to the country's enhanced emergency preparedness	(Please identify indicators based on the intentions/commitments of the country programme in question. Please keep in mind the following strategic plan outputs to which country programmes should contribute.) [SRH] I.1.1: Evidence that UNFPA has built/enhanced national capacities to implement the Minimum Initial Services Package (MISP) at the onset of a crisis (*SP 2014-17 output 5 indicator 5.1*) [SRH] I.1.2: Evidence that humanitarian contingency plans include elements for addressing sexual and reproductive health needs of women, adolescents and youth, including services for survivors of sexual violence in crises, thanks to UNFPA (*SP 2014-17 output 5 indicator 5.2*)	• Country programme action plan Planning and Tracking Tool • Country office annual reports • Standard progress reports • Project visit reports • Humanitarian contingency plan(s) • UNFPA country office staff • Implementing partners • Representatives of beneficiary institutions • Community-level beneficiaries • Representatives of United Nations agencies • Representatives of other development/humanitarian partners	• Desk review • Semi-structured interviews • Focus group discussions

	[PD] I.1.3: Evidence that UNFPA has contributed to enhanced national capacity to collect and use quality disaggregated population-related data for appropriate preparedness and response to emergency situations (*SP 2014-17 output 12*)		
A.2: Where applicable, UNFPA successfully responded to crises during the period covered by the country programme	(Please select indicators relevant to the individual crisis setting.)	• Country office annual reports • Standard progress reports • UNFPA CO Staff • Representatives of implementing partners • Representatives of United Nations agencies • Representatives of other development/humanitarian partners • Representatives of beneficiary institutions • Community-level beneficiaries	• Desk review • Semi-structured interviews • Focus group discussions

EFFICIENCY

Guidance: this assumption can be assessed both in cases that a crisis actually occurred (in hindsight) and in terms of the likely ability of UNFPA to respond efficiently should one occur.

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
A.1: UNFPA has put in place emergency preparedness measures to deliver at the onset of a crisis	1.1.1 Evidence that emergency preparedness measures are in line with UNFPA minimum preparedness actions (MPAs)[49] I.1.2 Evidence that an up-to-date UNFPA humanitarian preparedness plan is available and being used (*SP 2014-17 MRF output 1 indicator 1.8*)	• CO Humanitarian Preparedness Plan • UNFPA guidance note on minimum preparedness • UN country office staff • Representatives of implementing partners	• Desk review • Semi-structured interviews

[49] Please see UNFPA guidance note on minimum preparedness.

COORDINATION WITHIN THE UNCT

Guidance: the scope of this assumption is limited to the United Nations country team. It speaks to the UNFPA contribution to emergency preparedness and response (where applicable) at the strategic level as well as in UNCT operational activities.

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
A.1: UNFPA has positioned itself well to enhance the UNCT emergency preparedness and response (where applicable)	I.1.1 Evidence that UNFPA has contributed to a strategic focus on preparedness in the UNDAF, especially in its own programmatic areas I.1.2 Evidence that UNFPA is an active contributor to UNCT coordination mechanisms and joint initiatives in the areas of emergency preparedness and response (where applicable)	• UNDAF • UNFPA country office staff • Representatives of United Nation agencies	• Desk review • Semi-structured interviews

ADDED VALUE

Guidance: this assumption specifically assesses the value UNFPA adds to the work of other partners in emergency preparedness and response (where applicable). The intention is to learn about UNFPA strengths and weaknesses in terms of its role in humanitarian coordination mechanisms, in particular on the ground and regarding gender-based violence.

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
A.1: UNFPA adds benefits to the humanitarian interventions of other development/humanitarian partners	I.1.1 Evidence that UNFPA is an active contributor to coordination mechanisms in the areas of emergency preparedness and response (where applicable) [GE] I.1.2: Evidence that provisions are in place for the establishment of a UNFPA-guided and led inter-agency gender-based violence coordination body in anticipation of a crisis (*SP 2014-17 output 10 indicator 10.2*) I.1.3 List of UNFPA comparative strengths and weaknesses in emergency preparedness and response (where applicable) as perceived by stakeholders	• UNFPA country office staff • Representatives of implementing partners • Representatives of United Nations' agencies • Representatives of other development/humanitarian partners • Representatives of beneficiary institutions	• Desk review • Semi-structured interviews

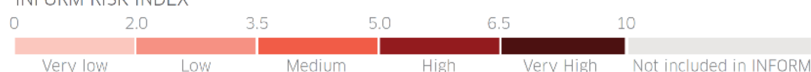
Annex I: Index for Risk management Results 2016, p. 2-3

INFORM 2016

INFORM MEASURES THE RISK OF HUMANITARIAN CRISES AND DISASTERS IN 191 COUNTRIES

COUNTRY	RISK	3 YR TREND
Afghanistan	7.9	→
Albania	2.9	→
Algeria	4.8	→
Angola	4.2	→
Antigua and Barbuda	2.3	→
Argentina	2.4	→
Armenia	3.2	→
Australia	2.3	→
Austria	1.7	→
Azerbaijan	3.8	↘
Bahamas	2.0	→
Bahrain	0.8	→
Bangladesh	5.9	↗
Barbados	1.6	→
Belarus	1.9	→
Belgium	1.2	→
Belize	3.1	→
Benin	3.5	→
Bhutan	2.9	→
Bolivia	3.2	→
Bosnia and Herzegovina	4.0	↗
Botswana	3.1	→
Brazil	3.4	→
Brunei Darussalam	1.1	→
Bulgaria	2.5	→
Burkina Faso	4.8	↗
Burundi	4.6	→
Cabo Verde	2.7	→
Cambodia	4.0	→
Cameroon	4.6	↗
Canada	2.7	→
Central African Republic	8.3	→
Chad	6.0	→
Chile	3.1	→
China	4.3	→
Colombia	5.6	→
Comoros	2.7	→
Congo	3.5	↘
Congo DR	6.9	↘
Costa Rica	3.3	→
Côte d'Ivoire	4.6	→
Croatia	2.4	→
Cuba	2.5	→
Cyprus	2.8	→
Czech Republic	1.6	→
Denmark	0.9	→
Djibouti	4.4	→
Dominica	2.6	→
Dominican Republic	3.6	→
Ecuador	4.3	↗
Egypt	4.6	↘
El Salvador	3.5	→
Equatorial Guinea	2.7	→
Eritrea	4.8	↗
Estonia	1.1	→
Ethiopia	6.4	→
Fiji	3.2	→
Finland	0.6	→
France	2.7	→
Gabon	2.6	→
Gambia	2.9	→
Georgia	3.9	→
Germany	1.9	→
Ghana	3.0	→
Greece	2.6	↗
Grenada	1.9	→
Guatemala	5.1	↗
Guinea	5.1	↗
Guinea-Bissau	4.0	↗
Guyana	2.8	→
Haiti	6.0	↘
Honduras	4.5	↗
Hungary	2.0	→
Iceland	1.2	→
India	5.6	→
Indonesia	4.6	→
Iran	4.6	→
Iraq	7.2	↗
Ireland	1.5	→
Israel	2.5	→
Italy	2.9	→
Jamaica	2.8	→
Japan	2.1	→
Jordan	3.8	→
Kazakhstan	2.1	→
Kenya	6.2	→
Kiribati	4.5	↗
Korea DPR	4.4	→
Korea Republic of	1.7	→
Kuwait	2.0	→
Kyrgyzstan	3.3	↗
Lao PDR	4.2	→
Latvia	1.6	→
Lebanon	5.1	→
Lesotho	3.9	↗
Liberia	4.0	→
Libya	5.9	↗
Liechtenstein	1.1	→
Lithuania	1.4	→
Luxembourg	0.7	→
Macedonia FYR	2.8	↗
Madagascar	4.9	→

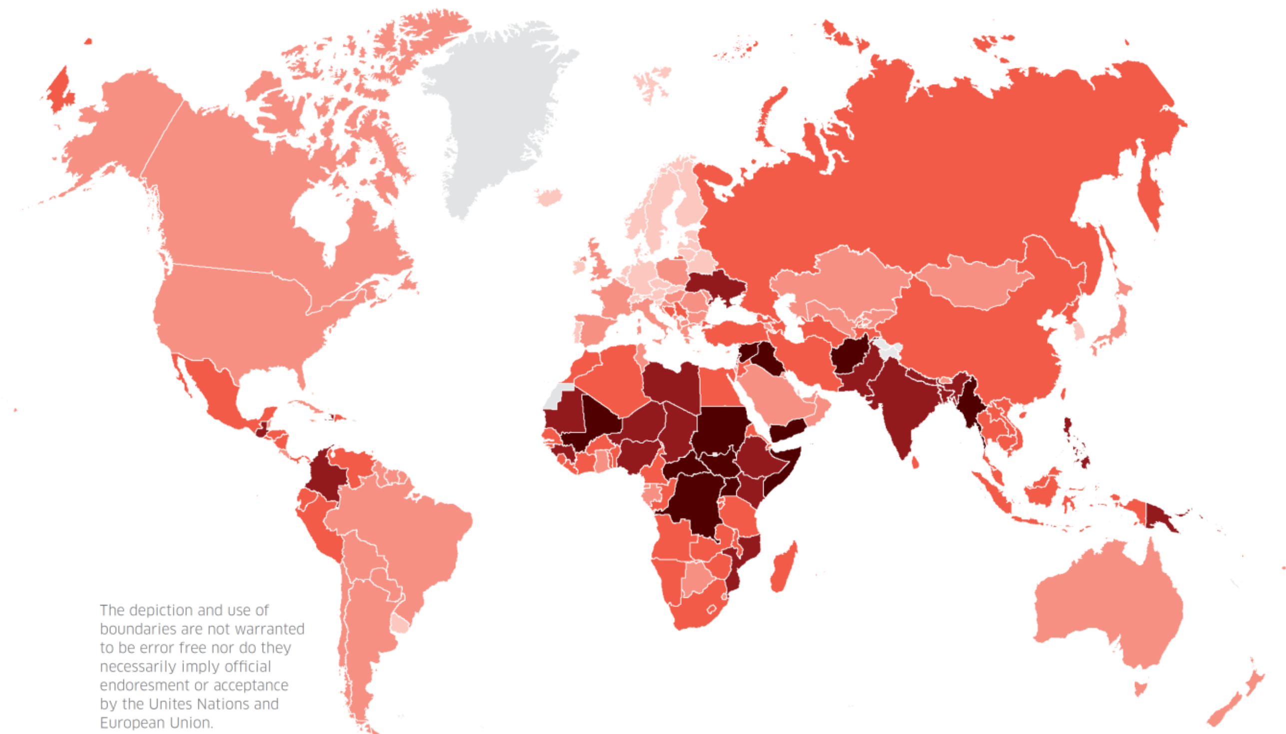
INFORM RISK INDEX



KEY

→ Stable
↗ Increasing risk
↘ Decreasing risk

2



The depiction and use of boundaries are not warranted to be error free nor do they necessarily imply official endorsement or acceptance by the Unites Nations and European Union.

COUNTRY	RISK	3 YR TREND
Malawi	4.2	↗
Malaysia	3.5	↗
Maldives	2.4	→
Mali	6.6	↘
Malta	1.7	→
Marshall Islands	4.2	↗
Mauritania	5.1	↘
Mauritius	2.2	→
Mexico	4.9	→
Micronesia	4.0	→
Moldova Republic of	3.3	→
Mongolia	3.1	→
Montenegro	2.7	→
Morocco	3.5	↗
Mozambique	5.9	→
Myanmar	6.8	↗
Namibia	3.7	→
Nauru	2.6	↗
Nepal	5.1	↗
Netherlands	1.4	→
New Zealand	2.0	→
Nicaragua	4.1	→
Niger	5.7	→
Nigeria	6.3	→
Norway	1.0	→
Oman	2.9	→
Pakistan	6.4	→
Palau	2.7	→
Palestine	6.1	↗
Panama	3.7	→

COUNTRY	RISK	3 YR TREND
Papua New Guinea	5.1	→
Paraguay	2.5	→
Peru	4.4	→
Philippines	5.2	→
Poland	2.1	→
Portugal	1.9	→
Qatar	1.3	→
Romania	2.9	→
Russian Federation	4.7	↗
Rwanda	4.4	→
Saint Kitts and Nevis	2.4	→
Saint Lucia	2.4	→
Saint Vincent and the Grenadines	2.1	→
Samoa	2.3	→
Sao Tome and Principe	1.3	↗
Saudi Arabia	2.4	↘
Senegal	4.3	→
Serbia	4.0	→
Seychelles	2.3	→
Sierra Leone	4.3	→
Singapore	0.4	↗
Slovakia	1.9	→
Slovenia	1.4	→
Solomon Islands	5.6	↗
Somalia	8.7	↘
South Africa	3.8	→
South Sudan	7.9	↗
Spain	2.1	→
Sri Lanka	4.3	↗

COUNTRY	RISK	3 YR TREND
Sudan	7.2	→
Suriname	2.6	→
Swaziland	3.1	↗
Sweden	1.1	→
Switzerland	1.4	→
Syria	6.6	↗
Tajikistan	4.0	→
Tanzania	4.6	→
Thailand	4.3	→
Timor-Leste	4.1	→
Togo	3.9	→
Tonga	3.3	→
Trinidad and Tobago	2.0	→
Tunisia	2.8	↘
Turkey	4.7	→
Turkmenistan	3.6	↗
Tuvalu	3.1	↗
Uganda	6.5	→
Ukraine	5.4	↗
United Arab Emirates	2.0	→
United Kingdom	2.0	→
United States of America	3.2	→
Uruguay	1.8	→
Uzbekistan	3.3	→
Vanuatu	4.6	↗
Venezuela	3.8	→
Viet Nam	3.7	→
Yemen	7.5	↗
Zambia	4.2	→
Zimbabwe	4.2	-

Annex II: The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030), p. 6-7

AT A GLANCE:

THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016-2030)

VISION

By 2030, a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies.

OBJECTIVES AND TARGETS aligned with the Sustainable Development Goals (SDGs)

SURVIVE *End preventable deaths*

- Reduce global maternal mortality to less than 70 per 100,000 live births
- Reduce newborn mortality to at least as low as 12 per 1,000 live births in every country
- Reduce under-five mortality to at least as low as 25 per 1,000 live births in every country
- End epidemics of HIV, tuberculosis, malaria, neglected tropical diseases and other communicable diseases
- Reduce by one third premature mortality from non-communicable diseases and promote mental health and well-being

THRIVE *Ensure health and well-being*

- End all forms of malnutrition and address the nutritional needs of children, adolescent girls, and pregnant and lactating women
- Ensure universal access to sexual and reproductive health-care services (including for family planning) and rights
- Ensure that all girls and boys have access to good-quality early childhood development
- Substantially reduce pollution-related deaths and illnesses
- Achieve universal health coverage,including financial risk protection and access to quality essential services, medicines and vaccines

TRANSFORM *Expand enabling environments*

- Eradicate extreme poverty
- Ensure that all girls and boys complete free, equitable and good-quality primary and secondary education
- Eliminate all harmful practices and all discrimination and violence against women and girls
- Achieve universal and equitable access to safe and affordable drinking water and to adequate and equitable sanitation and hygiene
- Enhance scientific research, upgrade technological capabilities and encourage innovation
- Provide legal identity for all, including birth registration
- Enhance the global partnership for sustainable development

6

HIGH RETURN ON INVESTMENTS

Implementing the *Global Strategy*, with increased and sustained financing, would yield tremendous returns by 2030:

- An end to preventable maternal, newborn, child and adolescent deaths and stillbirths
- At least a 10-fold return on investments through better educational attainments, workforce participation and social contributions
- At least US$100 billion in demographic dividends from investments in early childhood and adolescent health and development
- A "grand convergence" in health, giving all women, children and adolescents an equal chance to survive and thrive

ACTION AREAS

Country leadership

Reinforce leadership and management links and capacities at all levels; promote collective action.

Financing for health

Mobilize resources; ensure value for money; adopt integrative and innovative approaches.

Health system resilience

Provide good-quality care in all settings; prepare for emergencies; ensure universal health coverage.

Individual potential

Invest in individuals' development; support people as agents of change; address barriers with legal frameworks.

Community engagement

Promote enabling laws, policies and norms; strengthen community action; ensure inclusive participation.

Multisector action

Adopt a multisector approach; facilitate cross-sector collaboration; monitor impact.

Humanitarian and fragile settings

Assess risks, human rights and gender needs; integrate emergency response; address gaps in the transition to sustainable development.

Research and innovation

Invest in a range of research and build country capacity; link evidence to policy and practice; test and scale up innovations.

Accountability

Harmonize monitoring and reporting; improve civil registration and vital statistics; promote independent review and multi-stakeholder engagement.

GUIDING PRINCIPLES

- Country-led
- Universal
- Sustainable
- Human rights-based
- Equity-driven
- Gender-responsive
- Evidence-informed
- Partnership-driven
- People-centred
- Community-owned
- Accountable
- Aligned with development effectiveness and humanitarian norms

IMPLEMENTATION

Country-led implementation supported by the Every Woman Every Child movement and an Operational Framework.
The power of partnership harnessed through stakeholder commitments and collective action.
We all have a role to play.

Annex III: Humanitarian Funding Mechanisms

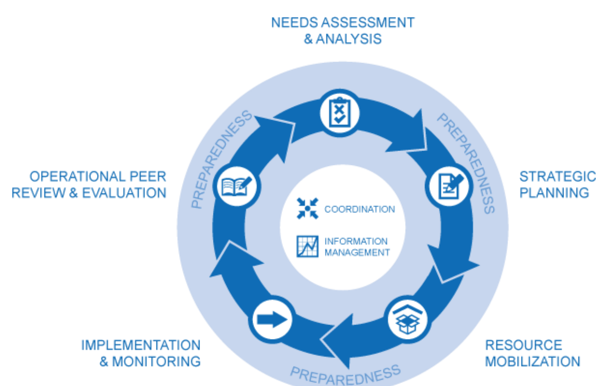
1. Overview

In 2005, the Emergency Relief Coordinator (ERC)[50], together with the Inter-Agency Standing Committee (IASC) initiated the humanitarian reform agenda to improve the effectiveness of humanitarian response through greater predictability, accountability, responsibility and partnership. At an early stage, in an attempt to strengthen humanitarian leadership, the cluster approach was introduced and new financing mechanisms were established. Hence, in late 2005 pooled humanitarian funds were established with the aim of facilitating more timely and efficient funding to crises, in proportion to needs and aligned with priorities articulated through United Nations coordination mechanisms.

In light of the growing recognition of the weaknesses in the multilateral humanitarian response, the IASC initiated the **Transformative Agenda** (TA) in December 2010 to improve the humanitarian reform process. The three pillars of the transformative agenda are leadership, coordination and accountability.

The IASC principals agreed in December 2011 to a set of actions that collectively represent a substantive improvement to the humanitarian response model. It is based on an analysis of challenges to leadership and coordination. In this context, the **humanitarian programme cycle** (HPC)[51] introduced a new way of working, building on what the humanitarian system had learned.

The HPC consists of six sequential interlinked elements and two key 'enablers', which are ongoing at all times to assist the humanitarian coordinator (HC) and Humanitarian Country Team (HCT)[52] to improve the delivery of humanitarian assistance and protection through better preparing, prioritizing, steering and monitoring the collective response through informed decision-making.



The six key elements

1. Emergency response preparedness
2. Needs assessment and analysis
3. Strategic response planning
4. Implementation and monitoring
5. Resource mobilization
6. Operational peer review and evaluation

The two 'enablers':

1. Coordination
2. Information management

[50] Stephen O'Brien began the role of the OCHA USG/ERC on 1 June 2015. He succeeded Valerie Amos (September 2010 - May 2015)
[51] https://interagencystandingcommittee.org/system/files/hpc_reference_module_2015_final_.pdf

[52] HCTs comprise United Nation agencies, NGOs and other actors.

2. Funds

Within the rubric of the humanitarian programme cycle, resource mobilization consists of fundraising for strategic response plans (SRPs), including the strategic use of country-based pooled funds. Resource mobilization takes place throughout the cycle. However, for direct funding, the top humanitarian donors tend to make their main decision either within 72 hours of sudden-onset emergencies or during the last quarter of the calendar year, for disbursement early in the next year, for protracted crises.

There are two types of pooled humanitarian funds: the **Central Emergency Response Fund** (CERF) and **country-based pooled funds** (CBPFs). These funds have changed the way humanitarian assistance is undertaken: some organisations are able to access more money under different terms, humanitarian coordinators have more room for manoeuvre and new and more diverse donors are enabled to respond to complex situation.

- The CERF is an international multilateral funding instrument, which is managed by the ERC and receives year-round voluntary contributions from donors.[53] This money is set aside for immediate use at the onset of emergencies, in rapidly deteriorating situations and in protracted crises that fail to attract sufficient resources.
  CERF processes are closely aligned with the humanitarian programme cycle and, where applicable, are based on the evidence of needs identified in humanitarian needs overviews and on country/cluster strategies articulated in humanitarian response plans (HRP). United Nation agencies, funds and programmes and the International Organisation for Migration (IOM) are the direct recipients of CERF grants. But also NGOs and Governments access CERF funding as their implementing partners (IPs); and accordingly, every year, about 20 per cent of CERF funding is sub-granted to implementing partners, including some 10 per cent that reaches local NGOs and Governments.[54] In 2015, CERF has reinforced the capacity of the humanitarian system by allocating more than $450 million to over 40 countries.
- The CBPFs are multi-donor financing instruments established by the Emergency Relief Coordinator. CBPFs allow donors to pool their contributions to specific emergencies and can finance the relief activities of a broad range of partners, including national and international NGOs. CBPFs are managed by Office for the Coordination of Humanitarian Affairs (OCHA) at the country level, under the humanitarian coordinator's leadership. Donor contributions to each CBPF are un-earmarked and allocated by the humanitarian coordinator through an in-country consultative process. They provide rapid funding for scaling up humanitarian operations, filling funding gaps and strengthening partnerships with aid organizations, including local and international NGOs. CBPFs are strategically aligned to support the country humanitarian response plan, and use two modalities to allocate funds: standard and reserve allocations. The size of each fund will be determined by the specific country context. To avoid duplication and ensure a complementary use of available CBPF funding, allocations are made taking into account other funding sources, including bilateral contributions. As of 2016, CBPFs operate in 18 countries.

In the past, there were three main types of funds: the CERF, Common humanitarian funds (CHFs) and the country-level emergency response funds (ERFs).[55] Common humanitarian funds provide funding for large, persistent emergencies, while emergency response funds are usually smaller and are used to fill unexpected funding gaps. Thus, common humanitarian funds differed from emergency relief

[53] Funds come from the voluntary contributions of more than 126 countries and private-sector donors.

[54] Global Humanitarian Overview 2016, available at: https://docs.unocha.org/sites/dms/Documents/GHO-2016.pdf

[55] Up until 2010, volumes of funds channeled via the CERF, the ERFs and the CHFs amounted to more than US$3.7 billion. https://ftsbeta.unocha.org/

funds by allocating resources against consolidated appeals. Emergency relief funds were mainly conceived to address unforeseen emergencies beyond the appeals. In some cases, emergency relief funds s were active even in countries without a proper appeal. In 2014, US$1.1 billion was given to these three kinds of pooled funds combined.

Consultations that OCHA held over the past few years with stakeholders as well as the evolution of the humanitarian programme cycle and the systematic introduction of the humanitarian response plan in all countries made the distinction between ERFs and CHFs no longer relevant: the latter two were therefore consolidated into a single CBPF framework.[56] Consequently, all CBPFs systematically support the priorities defined within HRPs as well as unforeseen emergencies that could emerge in a given country.

3. UNFPA

Overview on co-financing contributions revenue for UNFPA humanitarian programmes

In 2015, UNFPA continued to strengthen its engagement in crises and emergencies and received $ 116.2 million from donors in support of its humanitarian response, up from $ 101 million the previous year. This constitutes a 15 per cent increase in contribution revenue in 2015 compared to 2014. The breakdown of contributions by type of source show a growth in bilateral contributions from 57 per cent in 2014 to 72 per cent in 2015.

The tables below provide breakdowns of contributions by donor in 2014 and 2015, showing that the United Kingdom and the United States rose on the list of UNFPA top humanitarian contributors.

2015

	Donor	Contributions revenue in USD	
1	United Kingdom	29,419,263	25%
2	USA	26,524,537	23%
3	OCHA	16,086,989	14%
4	Japan	12,800,000	11%
5	European Commission	9,095,439	8%
6	UNDP	6,519,566	6%
7	Canada	3,580,322	3%
8	Denmark	3,553,155	3%
9	Saudi Arabia	2,517,804	2%
10	Australia	1,941,064	2%
11	Sierra Leone	1,683,500	1%
12	JP - UNFPA as AA	785,568	1%
13	Korea, Rep. of	450,000	0.4%
14	Switzerland	274,262	0.2%
15	Other donors	990,153	1%
	Total	**116,221,622**	

2014

	Donor	Contributions revenue in USD	
1	OCHA	25,718,369	25%
2	USA	15,670,000	15%
3	Sierra Leone	12,701,036	13%
4	Japan	10,357,282	10%
5	UNDP - MPTF Office	9,983,493	10%
6	Australia	5,391,695	3%
7	European Commission	3,397,235	3%
8	Canada	3,241,416	3%
9	Denmark	2,770,697	3%
10	JP - UNFPA as AA	2,150,473	2%
11	Central African Republic	2,144,100	2%
12	Liberia	2,076,163	2%
13	United Kingdom	2,039,134	2%
14	Sweden	1,483,247	1%
15	Other donors	2,001,726	2%
	Total	**101,126,063**	

This included funding for its humanitarian interventions in the Arab States Region, especially with regard to the Syria crisis, crises in East and Southern Africa, interventions in West and Central Africa,

[56] The Global Guidelines for CBPFs introduce the harmonization of ERFs and CHFs under one single type of fund. Available at: http://www.unocha.org/what-we-do/humanitarian-financing/cbpf-global-guidelines

the Asia Pacific region (Nepal, Myanmar, Afghanistan and Pakistan) as well as its response to the migrant crisis in Eastern Europe and humanitarian interventions in Ukraine.

UNFPA received through the CERF $16,086, 989 and $15,179,497 in 2015 and 2014 respectively.

The Emergency Fund

The UNFPA Executive Board established an emergency fund (EF) and humanitarian response reserve (HRR)[57] as two special mechanisms for UNFPA field offices to access resources specifically for humanitarian-related interventions.[58] They are overseen by the Humanitarian and Fragile Contexts Branch (HFCB) in the Programme Division. Each has its own procedures to follow for access, along with specific eligibility requirements, which are detailed in this policy. However, both are to be utilized for humanitarian programmes where serious and immediate population and reproductive health needs are identified and where any one of the following criteria apply:

(a) Regular country programme funds are not available;
(b) Country programme funds are not immediately available but could be used later for reimbursement with the approval of the Government;
(c) Donor support for the UNFPA appeal and/or UNFPA component of flash appeal/humanitarian response plan has been committed but funds are not yet in hand.

Eligibility to access the emergency fund is very specific. At least one of the following activities must form the basis for any request for emergency funds:[59]

(a) Commencing a humanitarian response through rapid needs assessments and monitoring activities, technical activities (i.e. provision of the Minimum Initial Service Package (MISP) for reproductive health care, including emergency reproductive health kits), the establishment of appropriate psychosocial support programmes, the urgent rehabilitation of maternal health facilities and/or support for mobile clinics and the coordination of reproductive health and gender based violence (GBV) training and data collection activities ;
(b) Activities related to programme operations: i.e. transport, distribution and procurement.
(c) Technical and operational support missions, including the deployment of UNFPA staff to support the office in its humanitarian response and preparedness measures;
(d) Preparedness activities;[60]
(e) Activities to facilitate the implementation of funds coming from the Central Emergency Response Fund or other bilateral donor funding;
(f) Communication activities: this covers internal communication within the organization; internal communication within the United Nations system, particularly with regard to Office for the Coordination of Humanitarian Affairs (OCHA) as well as external communication.

In January 2015, the Executive Board approved an annual allocation of $10 million of regular resources for the emergency fund.[61] UNFPA disbursed $4,760,000 through the emergency fund in 2015.[62]

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[57] Not in use as of May 2016
[58] DP/FPA/2000/12
[59] The 2012 Procedures for the Emergency Fund is currently under revision (as of March 2016)
[60] Must be accompanied by a UNFPA response plan
[61] DP/FPA/2015/2
[62] Analysis in COGNOS, i.e UNFPA internal source (May 2016)

UNFPA - Because everyone counts

United Nations Population Fund

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