

# 7

## ADVOCACY AND RESOURCE MOBILIZATION

### **Key points:**

- ✓ The CLA and HCC must advocate for overall health sector priorities and needs using all available opportunities, including humanitarian/IASC country team meetings and donor meetings, to highlight the health situation and needs and, within the framework of the agreed health crisis response strategy, the funding needs of all partners.
- ✓ The health sector components of joint appeals – notably flash appeals and consolidated appeals – should be prepared through collaborative processes, led by the HCC, involving as many health cluster partners as possible.
- ✓ All health cluster partners should advocate for agreed health-sector priorities and present their own activities in the context of the overall health sector effort – and the agreed health crisis response strategy – whenever possible and appropriate.
- ✓ The CLA should: request the Humanitarian Coordinator to activate the CERF rapid response window if/when indicators show that the health situation is deteriorating and there is a need for emergency intervention; and consolidate health cluster inputs for applications to the CERF underfunded emergencies window when critical gaps exist and no other resources can be mobilized quickly.
- ✓ Where critical gaps persist in spite of concerted efforts to address them, the CLA is responsible for working with the national authorities, the Humanitarian Coordinator and donors to advocate for appropriate action to be taken by the relevant parties and to mobilize the necessary resources for an adequate and appropriate response. (See *Provider of last resort* at the end of section 1.4)

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## Expected Health Cluster outputs

- ✓ Agreed health sector elements in joint appeals and CERF applications; agreed priorities for allocation of pooled resources
- ✓ A common advocacy strategy and plan

Examples of CERF applications, flash appeals and CAP project sheets are included on the CD-ROM.

Common “gaps” in relation to resources Findings from 10 country case studies (2004-07)	
Examples	Proposed remedies
Inadequate resources to implement essential actions to minimize avoidable mortality and morbidity. In the acute phase, compounded by inflexibility of emergency funding, and lack of transparency in disbursement to NGOs. Resource gaps often reported when moving from emergency to early recovery phase.	<p>Advocate with donors and national governments for greater, more transparent resource allocation. Improve the evidence-base for advocacy such as through joint assessment or evaluation, and disseminate results. Encourage popular media coverage, including by high profile personalities as ‘roving ambassadors’.</p> <p>Avoid the introduction of user fees, which in most settings will not liberate adequate funds to improve quality and coverage and will disproportionately affect the poor.</p>

## 7.1 PREPARING HEALTH INPUTS TO A “FLASH” APPEAL

The flash appeal is a tool for structuring a coordinated humanitarian response for the first three to six months of an emergency and mobilizing the necessary resources from donors. The Humanitarian Coordinator (HC) triggers a flash appeal in consultation with all stakeholders and defines the time frame for preparation.

Normally, the HC and humanitarian country team should complete a draft within 5 to 7 days of the onset of a crisis. The appeal is then issued by OCHA in Geneva about 48 hours later. Usually, there is a scheduled revision about a month later based on additional information and including more early recovery projects. (The flash appeal may be developed

into a consolidated appeal if an inter-agency response is needed beyond six months.)

### Some basic principles

- ✓ The CLA/HCC is responsible for submitting to the HC an initial response plan for the health sector that is prepared in collaboration with health partners and in consultation with the MoH.
- ✓ The response plan should include an initial health crisis response strategy, a statement on roles and responsibilities, and outlines of specific proposed projects – all based on available information, early estimates and best guesses.
- ✓ The initial response plan should focus on urgent life-saving needs plus whatever early recovery projects can be identified, planned and implemented within the first few months.
- ✓ Appeals and projects (including budgetary requirements) can be updated online through FTS at any time.

The Flash Appeal may include projects from UN agencies, international organizations, and NGOs. It may include project partnerships with the national Red Cross or Red Crescent Society. Government ministries cannot appeal for funds directly in a flash appeal, but can be partners in UN or NGO projects.

### HCC and Health Cluster action

The CLA/HCC should:

- Bring together all significant health actors and facilitate a process of:
  - analysing available assessment information and agreeing an initial response strategy (see section 5.1);
  - vetting projects proposed by individual organizations; *and*
  - building consensus on the projects to be included in the appeal ensuring that they are all relevant, high-priority, coordinated and feasible.
- Consult with the MoH and keep local donor representatives informed.
- Write up the plan in the required appeal document format.
- Liaise with other clusters – notably nutrition and WASH – to ensure that all public-health-related activities are complementary and appropriately address the priority problems.

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Normally, the health sector draft should be submitted to the HC within 3 or 4 days of the decision to launch a flash appeal; the actual deadline will be specified by the HC in each case.

Activities	Conditions
<i>Criteria: Activities that have an immediate impact on the health of population affected by an emergency.</i>	
Coordination of health aspects in the context of natural disasters and complex emergencies.	As part of a wider initiative (it may be included in overall inter-sectoral coordination).
Disease surveillance and dissemination of critical health information and laboratory reagents for early diagnosis.	Case detection action and epidemiological surveillance through existing early warning systems.
<p>Ensuring equitable and timely access to Emergency Primary Health Care, including: establishment of facilities and support systems, core health staff, complementary pharmaceuticals, basic equipment, waiving user-fees and individual referral to secondary health care.</p> <p>Provision, distribution and replenishment of quick-turnover emergency stockpiles.</p>	All of these in the context of specific emergency response.
SGBV medical and psycho-social support to survivors of rape. Including PEP kits and EC.	
Mass casualty management.	
Addressing life-threatening conditions related to communicable diseases (immunizations, outbreak control).	
Maternal and neonatal risk, reproductive health emergency interventions (including provision of emergency reproductive health kits based on the Minimum Service Package MISp).	
Secondary Level Health Care (only as follow up to natural disasters).	Case-by-case basis
Psychosocial support for survivors of emergencies.	Case-by-case basis
<p>HIV/AIDS emergency awareness and provision of education material/condoms.</p> <p>HIV counselling, testing and treatment for vulnerable groups.</p>	Case by case basis and only in the context of natural disasters or complex emergencies.

## Additional guidance

-  CERF *application form* available from the list of reference documents on the CD ROM.
-  IASC. *CERF life-saving criteria and sectoral activities guidelines*. Inter-Agency Standing Committee, 7 August 2007.
-  IASC. *Revised flash appeal guidance*. Inter-Agency Standing Committee, March 2009.

## 7.2 PROPOSING CERF APPLICATIONS FOR THE HEALTH SECTOR

The Central Emergency Response Fund (CERF) is a stand-by fund established by the United Nations to enable more timely, reliable and equitable humanitarian assistance to victims of natural disasters and other types of emergency. It is intended to complement – not substitute for – flash and consolidated appeals. There are two funding windows:

- Rapid response – CERF may provide seed funds to jump-start critical operations.
- Under-funded emergencies – CERF can fund life-saving projects in an ongoing emergency situation that is under-funded (priority projects that are not yet covered by other donors).

The Fund is intended to support emergency response in general but NGOs are not eligible to access CERF funds directly. Only UN agencies can submit requests for CERF funding. The CLA (or a relevant UN agency if the CLA is not a UN agency) can – and should – compile and submit a proposal incorporating the project funding requirements of other, non-UN cluster partners. The CLA/UN agency is then responsible for ensuring that CERF funds allocated to NGO projects are passed through to the NGOs concerned.

### HCC and Health Cluster action

- Produce a CERF request in parallel with the flash appeal. The appeal serves as the contextual analysis for the CERF application.

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- ☑ Select from the flash appeal the highest-priority projects that have not yet received any clear indications of donors support: the organizations concerned must then prepare concise project summaries in the CERF format.
- ☑ Submit the health package to the HC for inclusion in the overall CERF request.

### **Life-saving activities in the health sector that may be considered for CERF funding**

The table on page 150 is reproduced from *CERF Life-saving Criteria and Sectoral Activities*, OCHA August 2007. For any up-date, check: <http://ochaonline.un.org/FundingFinance/CERF/tabid/1109/Default.aspx>



## **7.3 PREPARING, MONITORING AND REVIEWING A CONSOLIDATED APPEAL**

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The consolidated appeal is more than a fund-raising document. It is also intended to be a tool to plan, coordinate, implement and monitor humanitarian activities in response to a major or complex emergency or natural disaster. A consolidated appeal is prepared when the Emergency Relief Coordinator (ERC) and IASC decide, in consultation with the Humanitarian Coordinator and the IASC Country Team that a consolidated approach to resource mobilization is needed.

### **Some basic principles**

- ✓ A consolidated appeal is developed among agencies in the field, led by the HC. The process typically takes about a month.

The CLA, HCC and health cluster partners:

- ✓ contribute to the development (by the HC and OCHA) of the overall, inter-sectoral priorities and response strategy;
- ✓ prepare the health section of the common humanitarian action plan (CHAP) and propose a coherent set of projects corresponding to the agreed priorities and strategy;
- ✓ monitor contributions against the health component of the appeal and conduct a mid-year review.

A mid-year review (MYR) should:

- ✓ *measure* progress made in achieving the goals and objectives of the Common Humanitarian Action Plan (CHAP) and report findings to stakeholders;
- ✓ *determine* whether or not the agreed strategy is having the desired impact, and if necessary *change* the strategy to adapt to new conditions;
- ✓ *update* the portfolio of projects;
- ✓ *reprioritize* humanitarian response activities and projects;
- ✓ *analyse* funding and, on that basis, *advocate* for donor support.

## HCC and Health Cluster action

### **Preparing a consolidated appeal**

- ☑ Convene a health cluster planning meeting – or form a planning group – to prepare specific proposals. The meeting/group should be co-chaired by a UN agency and an NGO.
- ☑ Prepare the health section of the CHAP as described in section 5.2.
- ☑ Agree clear criteria for the selection of projects for inclusion in the appeal.
- ☑ Organizations participating in the appeal prepare one-page *Project Sheets* according to CAP Technical Guidelines and submit them to the Chair and Co-Chair of the planning meeting/group. The projects should address agreed priorities and contribute to achieving specific objectives in the health crisis response strategy.
- ☑ Agree on the projects to be included in the appeal based on the previously-agreed criteria.
- ☑ Liaise with other clusters – notably nutrition and WASH – to ensure that all public-health-related activities are complementary and appropriately address the priority problems.

### **Tracking contributions against an appeal (monitoring)**

- ☑ Use the *Financial Tracking Service* (FTS) database to track contributions against the health component of the appeal.

FTS is a global, on-line, real-time database of humanitarian funding needs and contributions. It provides a series of analytical tables showing humanitarian aid flows to specific crisis and allows users to produce custom tables on demand.

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### ***Conducting a mid-year review (MYR)***

- ☑ Review the CHAP health sector in the light of up-to-date information from assessments and monitoring, and propose adjustment if needed.
- ☑ Review all projects proposed in the CAP and validate that each remains relevant (has not become not redundant), feasible, and is economically budgeted. Project proposals that do not meet these requirements should be deleted, or revised by the proposing organization.
- ☑ Prioritize remaining unfunded or under-funded projects using at least a two-tier system (top priority and medium priority).
- ☑ Ensuring that all relevant proposals and projects are taken into account (including those of NGOs that are relevant although not shown in the original appeal document).<sup>25</sup>

Individual agencies should give their headquarters an early look at their new or revised projects during the MYR process, to minimise misunderstandings and last-minute changes.

### **Additional guidance**

#### *Preparing a consolidated appeal*

- 📖 IASC *Consolidated Appeal Process Guidelines*. Inter-Agency Standing Committee, 2009.
- 📖 IASC. *Guidance for CAP project selection and prioritization*. Inter-Agency Standing Committee, June 2004.

#### *Tracking contributions*

- 📖 OCHA. *OCHA field offices and the FTS*.

#### *Conducting a mid-year review*

- 📖 OCHA. *Guidelines for Mid-Year Review*. United Nations Office for the Coordination of Humanitarian Affairs, April 2009.

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<sup>25</sup> Projects already funded but not yet counted in the CAP should be taken into account as part of the MYR (as long as they are consistent with the CHAP), in order to accurately measure funding against need.

## 7.4 WORKING WITH DONORS – ACCESSING FUNDS FROM OTHER SOURCES

### Working with donors

The Cluster Lead and HCC, on behalf of the cluster and health sector as a whole, should:

- ☑ Take initiative to contact local donor representatives, any foundations and potential private-sector donors represented in the country to explain health sector priorities and resource needs. Map their particular interests and keep them informed on a regular basis.
- ☑ Encourage potential donors to participate in cluster coordination meetings and briefings.
- ☑ Invite donors to join assessment missions and project site visits. Support joint donor fact-finding missions.
- ☑ Prepare concise, “donor-friendly” briefing materials and presentations, including graphics. Prepare and provide detailed technical material and presentations only when requested by a particular donor.
- ☑ Link potential donors with specific cluster partners, when appropriate.
- ☑ Establish system to record contacts with donors (proposals given, indications of interest received).

Ideally, joint planning and the coordinated implementation of agreed activities would be followed by *joint reporting back to donors* – the preparation of a joint narrative report to be submitted to all donors together with the separate financial reports of each organization to each donor. The CLA and HCC should propose this to cluster partners and donors and, where agreed, take the lead in preparing an overall narrative report based on the strategy and expected results presented in a flash or consolidated appeal.

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## Accessing funds from other (non-traditional) sources

In certain circumstances, funds for humanitarian and/or early recovery activities may be sought from:

- Common Humanitarian Funds (established for specific countries)
- Multiple Donors Trust Fund
- Community Peace and Stability Fund

For recovery activities, funding may be sought through the mechanism of the UN Development Assistance Framework (UNDAF).

Funds may also be sought from foundations and the private sector.

## Sharing resources

When “pooled” resources are available for health action:





- agree within the cluster – in a cluster meeting – on criteria for the selection of project activities in priority areas and the allocation of resources to individual agencies;
- invite agencies to submit proposals (e.g. using the CERF application format) in accordance with the agreed criteria;
- form a project appraisal group including representatives from each main group of stakeholders (e.g. government, large INGOs, large NNGOs, small INGOs, small NNGOs, other national institutions and donors) to review proposals and select projects to be funded.<sup>26</sup>
- Ensure that the procedures for transferring funds (e.g. from CERF) to the concerned implementing organizations are clear and understood by all concerned.<sup>27</sup>

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<sup>26</sup> The same appraisal group may also screen and select proposals for inclusion in a Flash Appeal or a CAP, and applications for CERF funds.

<sup>27</sup> For example, when WHO is cluster lead, CERF funds will be transferred initially to WHO/HAC in Geneva and from there to the international headquarters of the organizations concerned after signature of a corresponding agreement. (This normally enables the organization concerned to begin operations more quickly than if funds were transferred directly to an account in the country of operations.)

## Additional guidance

-  Development Initiatives. *Review of trust fund mechanisms for transition financing, Phase 2 Report*. Development Initiatives, 28 April 2006.
-  Stoddard A, Salomons D, Haver K, Harmer A. *Common funds for humanitarian action in Sudan and the Democratic Republic of Congo: monitoring and evaluation study*, Draft 1, Center in International Cooperation New York University in collaboration with the Humanitarian Policy Group, Overseas Development Institute, November 2006.
-  UNDP. *Memorandum of Understanding regarding operational aspects of the peacebuilding funds*. United Nations Development Programme, 2007.
-  Multi-donors Trust Fund (MDTF) of the United Nations Development Programme. More details at <http://www.undp.org/mdtf/overview.shtml>

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