

# Humanitarian Response Strategy "Second Generation"

RESULTS MAINSTREAMING EFFECTIVENESS YOUTH HEALTH  
AFFECTED POPULATIONS GIRLS PREPAREDNESS NEEDS  
ROLES COORDINATION EVALUATION CAPACITY  
WOMEN





When a crisis strikes, humanitarian response must be swift and adaptable to the needs of affected populations. Women and young people may especially require targeted support, and aid must be sustained from the onset of an emergency until recovery and reconstruction.

UNFPA's Second Generation Humanitarian Strategy is designed to strengthen the organization's humanitarian preparedness, response and capacity to support recovery. The strategy puts emphasis on integrating humanitarian programming within all aspects of our work, and it delineates roles and responsibilities to ensure effective response at country and regional level.

The new humanitarian strategy is a key component of strengthening UNFPA's accountability throughout the organization and capacity to deliver within the international humanitarian cluster system. Working in close collaboration with partners in the Inter-Agency Standing Committee (IASC), UNFPA has a crucial

role in providing expertise on sexual and reproductive health, gender-based violence, and population data during crisis. The strategy is also fully aligned with IASC's recently adopted transformative agenda to improve delivery of humanitarian aid.

Targeted support to women is one of the best ways to ensure the health, security and well-being of families and entire communities. That is why UNFPA is leading efforts to ensure that the specific needs of women and girls are factored into humanitarian response.

In times of crisis, recovery and beyond, UNFPA is committed to focus our efforts towards delivering a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled.

A handwritten signature in black ink, appearing to read 'B. Osotimehin'.

Dr. Babatunde Osotimehin  
UNFPA Executive Director

## Acronyms

ASRH	Adolescent Sexual and Reproductive Health	GBV AoR	Gender-Based Violence Area of Responsibility	MISP	Minimum Initial Service Package	UNHCR	United Nations High Commissioner for Refugees
AWP	Annual Work Plan	GBVIMS	Gender-Based Violence Management Information System	MoU	Memorandum of Understanding	UNHRD	United Nations Humanitarian Response Depot
AYC	Adolescents and Youth Cluster	GCHRB	Gender Culture and Human Rights Branch	OCHA	Office for the Coordination of Humanitarian Assistance	UNICEF	United Nations Children Fund
CCA	Common Country Assessment	GenCap	Gender Capacity	OMP	Office Management Plan	WFP	World Food Programme
CERF	Central Emergency Response Team	GNA	Global Needs Assessment	PAD	Personal Appraisal and Development Plan	WHO	World Health Organization
COAR	Country Office Annual Report	GPRHCS	Global Programme to Enhance Reproductive Health Commodity Security	PCNA	Post-Conflict Needs Assessment		
CRT	Crisis Response Team	HAB	HIV/AIDS Branch	PDNA	Post-Disaster Needs Assessment		
CSB	Commodities Security Branch	HIV	Human immunodeficiency virus	PSB	Procurement Support Branch		
DHR	Division of Human Resources	HRB	Humanitarian Response Branch	PoA	Programme of Action		
DMS	Division of Management Services	IASC	Inter-Agency Standing Committee	SOP	Standard Operating Procedure		
DOS	Division of Oversight Services	IAWG	Inter-Agency Working Group	SPRINT	Sexual and Reproductive Health Programme in Humanitarian Settings.		
DPKO	Department of Peacekeeping Operations	ICPD	International Conference on Population and Development	SRH	Sexual and Reproductive Health		
ECHO	European Community Humanitarian Office	IERD	Internal and External Relations Division	SRHB	Sexual and Reproductive Health Branch		
ESPB	Environmental Scanning and Planning Branch	IDP	Internally Displaced Person	STI	Sexually Transmitted Infection		
FTP	Fast Tracking Procedures	LTA	Long-Term Agreement	UNCT	United Nations Country Team		
GBV	Gender-Based Violence			UNDP	United Nations Development Programme		
				UNFPA	United Nations Population Fund		

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## Introduction

The International Conference on Population and Development (ICPD) Programme of Action (PoA) placed women's rights, empowerment and health at the center of development efforts. It also affirmed that the right to sexual and reproductive health (SRH) and the right to live free of sexual and other forms of gender-based violence apply to all people at all times, including populations affected by or recovering from emergencies. Multiple international agreements and conventions, special sessions of the United Nations General Assembly, and Security Council Resolutions reaffirm these rights and emphasize the central role of women in peace-building efforts and post-conflict reconstruction.

Implementing the UNFPA mandate in emergency situations helps to ensure these rights are met, and decreases the risks of maternal and infant mortality and morbidity, HIV infection, unwanted pregnancy, sexual violence and exploitation, and other reproductive health-related conditions.





## Building on successes and challenges

The UNFPA Executive Board endorsed a strategy for emergency preparedness, humanitarian response, and transition at its second regular session in September 2006. The 2007 – 2009 strategy sought to integrate gender and SRH issues into humanitarian programming by increasing awareness and commitment, enhancing capacity, and strengthening partnerships with national entities, civil society, regional institutions and the international humanitarian system. The strategy noted the importance of timely and reliable data for planning an effective and appropriate humanitarian response.

The first strategy succeeded by: incorporating the ICPD agenda into inter-agency fora, leading to increased funding for ICPD issues in humanitarian response<sup>1</sup>; advocating for reproductive health as a key component of life saving activities; and demonstrating UNFPA's leadership in linking the ICPD agenda to humanitarian settings through the use of several advocacy tools<sup>2</sup>. These achievements were made through engagement with the Inter-Agency Standing Committee (IASC).

UNFPA has developed key partnerships to address surge capacity and support, including with the Norwegian Refugee Council to deploy gender experts through the Gender Capacity (GenCap) roster and the Sexual and Reproductive Health Programme in Humanitarian Settings (SPRINT) training initiative. The 2007-2009 Strategy also aimed to improve Fund-wide humanitarian capacity, and since 2007, 400 UNFPA staff have successfully completed training on ICPD issues in humanitarian settings.

There is currently a need to better mainstream emergency preparedness and humanitarian response. The Second Generation Humanitarian Response Strategy builds on previous achievements

in the Fund's humanitarian work, while reflecting recommendations of the 2009 Division of Oversight Services (DOS) Thematic evaluation of the Fund's humanitarian work<sup>3</sup>. It has benefitted from: formal and informal Executive Board discussions and decisions on UNFPA's humanitarian work; discussions in the UNFPA interdivisional working group on mainstreaming humanitarian response; and discussions at the retreats of the Humanitarian Response Branch (HRB); responses to the August 2010 humanitarian field survey and workshop; the UNFPA After Action Review of the Haiti earthquake; and, wide consultations with staff and managers at UNFPA headquarters, regional, sub-regional and country Offices.

<sup>1</sup> Central Emergency Response Fund (CERF) support to UNFPA increased from USD 5,430,020 in 2007 to USD 10,369,339 in 2010 representing a 91% increase in funding. (UNFPA, Resource Mobilization Branch data)

<sup>2</sup> Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings, Guideline on Data Issues in Humanitarian Crisis Situations, Guidelines on Gender-Based Violence in Humanitarian Situations, Gender Handbook and Adolescent Sexual and Reproductive Health Toolkit.

<sup>3</sup> DOS thematic evaluation made six key recommendations: develop UNFPA Humanitarian strategy and results framework; finalize Standard Operation Procedures (SOP); develop medium-term capacity building plan; roll out the surge capacity roster; review the responsibilities and structure of HRB by Programme/Technical Division working group, and provide a guidance note on programming in insecure environments.



## Second generation humanitarian response strategy

Overall, the second generation strategy seeks to ensure Fund-wide accountability for effective humanitarian preparedness, response and recovery. It does so by refining policies and processes that support humanitarian operations within the organization (Finance, Human Resources, Logistics, Media and Communications, and Management Information Systems); and by strengthening the advocacy, preparedness and response capability of the Fund's partners. This is critical as the frequency, severity, and complexity of humanitarian emergencies increase.

The strategy takes into account on-going changes in the humanitarian reform system, its processes and funding, and reflects internal changes in the Fund that enable regional and country offices to take the lead in humanitarian operations according to their technical and management capacity. The second

generation strategy builds on the UNFPA Strategic Plan Mid Term Review of 2011 (DP/FPA/2011/11). As with all of UNFPA's work, the new strategy will be implemented within an overall set of principles that respects human rights, is based on gender equality, ensures participation of the affected population, and is delivered in a culturally sensitive manner through national ownership.

### Vision

The strategy envisions Fund-wide mainstreaming of humanitarian mechanisms built on existing UNFPA programmes and operations. This will enable a coherent, well-coordinated, effective and sustainable response to the growing demands from country offices. The process of transferring responsibilities from headquarters to regional, sub-regional and country offices began with the adoption of the strategy by the UNFPA Executive Committee in January 2012. Within twelve months, operational functions will be transferred to country offices and support functions to regional and sub-regional offices. Headquarters will retain various strategic functions related to policies, guidelines, standards-setting, global coordination and advocacy.

The full realization of this vision will require a period of transition, as capacities of regional, sub-regional and country offices are strengthened, responsibilities are transferred, and new procedures are developed and adopted. However, during a level three humanitarian response<sup>4</sup>, a Fund-wide effort will be required to ensure an effective and coordinated response at all levels. Coordination at Headquarters will be led by the Office of the Executive Director, supported by the Programme Division through the existing Crisis Response Team (CRT) mechanism.

<sup>4</sup> "Level Three Emergency Response" denotes mobilization of global support and is defined by IASC, based on five criteria: scale, urgency, complexity, combined national and international capacity to respond and reputational risk. Examples: Indian Ocean tsunami (2004), Pakistan Floods (2010) and Haiti earthquake (2010)

## Strategic priorities

UNFPA's mandate and comparative advantage in humanitarian settings is well defined: the provision of emergency SRH services is a key component of essential life saving activities. Gender issues, particularly sexual violence and other forms of gender-based violence often become more acute in humanitarian settings. UNFPA humanitarian support will continue to target the most vulnerable, mainly women, adolescents and young people. Cross-cutting themes of gender and age will be considered through all areas of intervention. The new strategy is not a radical departure from UNFPA's past efforts in emergency preparedness, response and recovery, but it does represent a substantial shift in business practices.

### Mainstreaming

The new strategy supports an operational shift in the leadership of humanitarian programming from headquarters to regional, sub-regional and country offices to increase the efficiency and effectiveness of UNFPA humanitarian preparedness, response and recovery programmes. The strategy provides an overall framework to further develop regional and country work plans to reflect their specific needs, priorities, and risk levels and capacity to respond to emergencies. Responsibility for normative items of work

(gender, SRH, data, and management support functions) in emergency preparedness and response will be devolved to organizational units in headquarters, including Technical Division, Division of Management Services (DMS) and the Division of Human Resources (DHR).

Mainstreaming will require the concerned organizational units and staff to undertake the necessary humanitarian work related to their core functions, and include it in results frameworks, Office Management Plans (OMP) and Personal Appraisal and Development Plans (PAD). Mainstreaming will call for regional, sub-regional and country offices to further commit to capacity development, including with partners at all levels.

### Focus on mandate

For UNFPA to focus on its comparative technical advantage (reproductive health, gender-based violence, population dynamics); staff and partners must have the capacity to deliver and an understanding of UNFPA's commitment in humanitarian settings. UNFPA response must be focused within its mandate to ensure predictability and quality of support. The humanitarian response strategy will be supported by key guidance documents (Fast Tracking Policies and Procedures, and the Standard Operating

Procedures in humanitarian settings) outlining how the Fund can better prepare and respond to humanitarian crisis.

**The Standard Operating Procedures (SOP)** will be used as a guide to identify the roles and responsibilities of all headquarter units, Regional, Sub-regional and Country Offices in responding to a humanitarian crisis. Within the SOP a key section on "UNFPA Commitments in Humanitarian Settings" will form the foundation for internal and external communication on UNFPA's role in humanitarian settings. Additionally, a "Strategy on Programming in Fragile Contexts" will provide an operational framework for contexts characterized by weak governance, contested legitimacy and protracted conflict.

### Prioritizing preparedness

The humanitarian response strategy aims to strengthen disaster preparedness within development programming at country level. Country Programmes and Country Programme Annual Work plans of countries at high risk<sup>5</sup> of humanitarian crisis will include contingency planning and preparedness components to better assist the country to respond in the event of an emergency. Wherever possible, emergency commodities will be prepositioned and staff trained on essentials of United Nations reform (Funding,

Humanitarian Coordination and Cluster System), disaster risk reduction and advocacy. Additionally, partners for emergency situations will be mapped, implementation partnerships signed, Long-term Agreements (LTA) for procurement approved, and staffing priorities mapped before a crisis. The Fund will carry out humanitarian capacity assessment to determine needs and priorities for capacity development at headquarters, regional, sub-regional and country offices.

### Advocacy, communication and accountability for results

In line with the UNFPA's proposed communication strategy, advocacy and communication activities will be key components of all humanitarian programming. At headquarters level, the Programme Division will work closely with the Internal and External Relations Division (IERD) to ensure that UNFPA humanitarian activities and priority areas gain visibility in a wide range of media outlets and online platforms. The two divisions will coordinate to ensure the humanitarian response strategy is widely disseminated and understood within the organization. Headquarters will support regional, sub-regional and country offices to ensure UNFPA's engagement at regional and field levels is made visible.



UNFPA will continue advocacy efforts to the IASC and the wider humanitarian system, specifically for its mandate to co-lead the GBV Area of Responsibility (GBV AoR) and the Reproductive Health working group. There is an urgent need to strengthen the Fund's ability to fulfill its IASC responsibility and be accountable for coordination of GBV and Reproductive Health in crisis situations. This can be done by developing the capacity of country office staff and coordinating more effectively with partners. UNFPA will continue to advocate and collaborate with partners to incorporate data collection into national emergency planning; and to strengthen national capacity to collect and use sex and age disaggregated data needed for appropriate responses to emergency situations. In order for UNFPA to showcase excellence in humanitarian action, mainstreaming and humanitarian response will be based on achievement of humanitarian results. Where lack of progress is noted, remedial actions will be taken by responsible headquarter units, regional, sub-regional and country offices.

### Systems optimization

To accelerate time critical and lifesaving humanitarian operations, UNFPA's humanitarian response strategy relies on systems optimization within the Fund. The business practices of Human Resources, Finance, Information Technology and Procurement will have the possibility to move from a standard approach to a context specific, flexible approach for country offices operating in fragile contexts or responding to emergency situations. Support to regional, sub-regional and country offices will be driven by a holistic approach and synchronized business process support from headquarters units, Regional and Sub-regional Offices anchored in the **Fast Track Policies and Procedures (FTP)**<sup>6</sup>.

<sup>5</sup> As ranked by Regional Offices in coordination with Country Offices and in reference to global focus model and the Global Needs Assessment (GNA). The GNA is done in two stages. The first uses a vulnerability index to identify the most vulnerable countries, where humanitarian needs are likely to be greater in the event of a disaster; the second stage uses a crisis index to identify countries that are effectively in a humanitarian crisis situation. The GNA is used by European Community Humanitarian Office (ECHO) and Office for the Coordination of Humanitarian Affairs (OCHA) to prioritize support to country programmes.

<sup>6</sup> The Fast Track Procedures are a set of procedures that offer UNFPA country offices in a fragile context or emergency situation greater delegation of authority and flexibility in specific programme and operational areas for a time-bound period. They represent a modification to the standard policies and procedures and are designed to facilitate a rapid response to country demands.



## Humanitarian results

The strategy provides a results framework with outcomes, outputs, output indicators with baseline and targets linked to the UNFPA Development Results Framework (2012-2013). The stated goal of the second generation humanitarian strategy is:

**Goal: Mainstreamed humanitarian programming that contributes to UNFPA's overarching goal of achieving universal access to SRH (including family planning, to promote reproductive rights; to reduce maternal mortality; and to accelerate progress on the ICPD agenda and MDG 5 (A and B), in order to empower and improve the lives of underserved populations, especially women and young people (including adolescents).**

Humanitarian contribution to the achievement of the goal will be through five outcomes and seven outputs as listed below. The Headquarters units, Regional, Sub-regional and Country Offices will be accountable for achieving outputs with contribution from partners.

<sup>7</sup> Outcome 2 in SP DRF (2012-13)

### Access to and utilization of quality maternal health services in humanitarian settings

**Outcome 1: Increased access to and utilization of quality maternal and newborn health services<sup>7</sup>**

Response to reproductive health in crisis is a priority area for intervention within UNFPA's Reproductive Rights and Sexual and Reproductive Health Framework (2008), which calls for organizational commitment to investment in SRH services in humanitarian crises. UNFPA is committed to coordinating and supporting the provision of basic and essential SRH services in acute crisis while also setting foundation for the provision of comprehensive set of SRH services in the transition phase. Alignment of this strategy with the Global Programme to enhance Reproductive Health Commodity Security (GPRHCS) will facilitate prepositioning of reproductive health commodities during preparedness, enhanced logistics support for timely delivery of commodities during crisis and sustainable comprehensive services in post crisis situations.

**Output 1** Increased capacity of UNFPA regional, sub-regional, country offices and partners to implement the Minimum Initial Service Package (MISP) in humanitarian settings.<sup>8</sup>

Representative output indicator: Number of personnel trained on MISP through UNFPA support.

**Key activities:** Ensuring the availability of MISP in emergencies; ensuring commodity security in emergencies by immediate shipment of emergency SRH kits, strengthening the capacity of regional, sub-regional and country offices to meet their SRH coordination responsibilities under the IASC health cluster; and, advocating for the accessibility of SRH information and services for adolescents, youth, people living with HIV and AIDS, persons with disabilities, ageing men and women. UNFPA will maintain key partnerships with the Inter-Agency Working Group (IAWG) and World Health Organization (WHO) through the health cluster to provide global guidance on implementation of MISP while maintaining oversight on quality MISP programming. Regional institutions, host governments and national partners will lead the implementation of Reproductive Health programmes.

<sup>8</sup> Output 7 in SP DRF (2012-13)

<sup>9</sup> Outcome 4 in SP DRF (2012-13)

<sup>10</sup> Output 10 in SP DRF (2012-13)

### Access to and utilization of HIV and STI services in humanitarian settings

Coordinated efforts by the United Nations system to respond to the HIV epidemic under the leadership of UNAIDS have identified the need to strengthen HIV response in the context of security, uniformed services and humanitarian crises. UNFPA is uniquely placed to increase access to HIV and STI services by populations affected by emergencies, including young people, sex workers, uniformed services and demobilized personnel.

**Outcome 2: Increased access to and utilization of quality HIV and STI prevention services especially for young people (including adolescents) and other key populations at risk<sup>9</sup>**

**Output 2:** Enhanced capacity of country offices for planning, implementation and monitoring of prevention programmes to reduce the transmission of STIs and HIV in humanitarian settings.<sup>10</sup>

**Key activities:** Scaling-up the provision of SRH services including information on HIV prevention to uniformed personnel, women associated with armed groups,

demobilized personnel and United Nations peacekeeping missions. As an integral part of SRH, UNFPA will support provision of STI and HIV services to Internally Displaced Persons (IDP) and refugees; support procurement and provision of condoms to United Nations High Commissioner for Refugees (UNHCR) managed camps and to Peacekeeping operations through the Department of Peacekeeping Operations (DPKO). Activities will also focus on capacity building of reproductive health workers on universal precaution, raising awareness and development of guidance on integrating HIV in Demobilization Disarmament and Rehabilitation.

### Gender equality and reproductive rights

In natural disasters, as well as post-crisis and security compromised situations, gender-based violence, and discrimination against women and girls intensifies, and other human rights violations increase as the normal fabric of society falls apart. How UNFPA engages men and boys in gender equality efforts within humanitarian settings will be incorporated into emergency preparedness and response in ways that respect existing cultural values and beliefs.

<sup>11</sup> Outcome 5 in SP DRF (2012-13)

<sup>12</sup> Output 12 in SP DRF (2012-13)

### Outcome 3: Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy<sup>11</sup>

**Output 3:** Strengthened country office capacity for implementation of international agreements, national legislation and policies in support of gender equality and reproductive rights in humanitarian settings.<sup>12</sup>

**Key activities:** Strengthening evidence-based advocacy on gender issues to ensure all actors engaged in humanitarian response are designing and delivering gender and age sensitive responses; supporting the GenCap initiative; building national capacity to mainstream gender issues throughout all aspects of humanitarian programming; enabling the procurement and distribution of culturally appropriate dignity kits; and, strengthening the capacity of UNFPA to effectively advance gender in humanitarian settings, as well as take into account other variables such as age.

To accomplish this, UNFPA will work to strengthen strategic and operational links with UN Women at the global level, and will collaborate at the regional and country office level on policy and advocacy issues.

**Output 4:** Strengthened national capacity for addressing gender-based violence and provision of quality services, including in humanitarian settings

Representative output indicator: Number of persons trained through UNFPA support in programming for GBV in humanitarian settings.<sup>13</sup>

UNFPA and UNICEF are **mandated by the IASC** with the co-leadership of GBV Area of Responsibility (GBV AoR) under the Protection cluster including leadership at the field level.

**Key activities:** Strengthening advocacy to ensure minimum actions for GBV prevention and response are taken throughout the humanitarian response system and across clusters; ensuring the availability of trained GBV coordinators for deployment in emergencies; providing support for information, services and referral systems for GBV survivors; developing the capacity of national partners to effectively design, manage, and evaluate GBV programmes in emergencies; strengthening the capacity of country offices to coordinate GBV protection sub-cluster; and continued roll out of the Gender-Based Violence Management Information System (GBVIMS).

<sup>13</sup> Output 13 in SP DRF (2012-13)

<sup>14</sup> Outcome 6 in SP DRF (2012-13)

### Access to SRH in humanitarian settings for young people including adolescents

### Outcome 4: Improved access to SRH services and sexuality education for young people (including adolescents)<sup>14</sup>

In line with the new Fund-wide direction on expanding and improving access to SRH services for young people, priority will be given to responding to the needs of adolescents and youth in humanitarian settings. Strategic priorities in this area will be aligned with the upcoming revised UNFPA Adolescent and Youth Strategy as outlined by UNFPA's Adolescent & Youth Cluster (AYC). In order to contribute to more comprehensive programming and delivery at the country level, SRH services for young people will be provided through a continuum of interventions interlinking humanitarian, transition and development programming. Three key strategic approaches will be given priority:

- Enabling access by adolescents and young people to youth-friendly SRH services and information.
- Fostering participation of adolescents and young people in humanitarian policy dialogue and programming, so that

they are recognized as key actors in the recovery of their communities.

- Promoting a cross-cutting focus on age and a life cycle approach through all humanitarian, transition and recovery interventions.

**Output 5:** Strengthened programming for essential sexual and reproductive health services to marginalized adolescents and young people in humanitarian settings.<sup>15</sup>

**Key activities:** Advocacy for the incorporation of Adolescent Sexual and Reproductive Health (ASRH) as a vital component of humanitarian programming, knowledge management on provision of SRH services to adolescents, policy formulation, and dissemination of guidelines on ASRH and youth participation. Strengthening internal and partners' capacity on ASRH programming, peer education approaches and youth participation through trainings, technical support and financing.

<sup>15</sup> Output 15 in SP DRF (2012-13)

<sup>16</sup> Outcome 7 in SP DRF (2012-13)

<sup>17</sup> Output 17 in SP DRF (2012-13)

## Population dynamics

**Outcome 5: Improved data availability and analysis around population dynamics, SRH (including family planning) and gender equality<sup>16</sup>**

Demographic, gender and health data, disaggregated by sex and age, are essential for preparedness, contingency planning, emergency response and recovery. Timely and reliable data is essential for efficient targeting of relief, accountability and for realistic estimation of funding requests. Such data requirements need to be better integrated into humanitarian planning for more effective response.

**Output 6:** Enhanced capacity of regional, sub-regional and country offices to produce, utilize and disseminate quality demographic data on population dynamics, youth, gender and SRH, in humanitarian programming.<sup>17</sup>

Representative output indicator: Number of persons trained through UNFPA support in the production, analysis, dissemination of census surveys and other statistical data including in humanitarian settings.

**Key activities:** Strengthening national capacity to collect and use sex and age disaggregated data for appropriate preparedness and response to emergency situations, including on SRH needs, gender equality, and GBV; adapting or developing standards and guidelines for data collection, analysis and management in emergencies; and, strengthening national and regional demographic institutions to provide technical assistance in these areas.

OCHA and WHO will continue to be key partners for advancing UNFPA's engagement in: production, analysis, dissemination of Population Dynamics data, and eventual utilization in humanitarian programming. UNFPA will work closely with the Needs Assessment Task Force to prepare common operational data sets in selected vulnerable countries as part of data preparedness. Collaboration with WHO under the health cluster will ensure that interventions in the area of SRH are based on ascertained needs. UNFPA input in data collection and analysis including the Post-Disaster Needs Assessment (PDNA) and Post-Conflict Needs Assessment (PCNA) will enable United Nations agencies to design programmes that address GBV issues, and reproductive health needs of women, men, and young people.

## Strengthening disaster preparedness response capacity and systems optimization

For country offices to provide timely and effective humanitarian assistance, the Fund's systems (policies, procedures, and organizational structures) must adapt to humanitarian situations when they arise. Failure to adapt leads to delayed programming, loss of lives, and damages the Fund's reputation with partners and community. Country driven support will be founded on: strengthening disaster preparedness and response capacity, deployment of humanitarian surge capacity, operationalization of SOP in humanitarian settings and enabling flexibility in programming through the **Fast Tracking Policies and Procedures**.

**Output 7:** Disaster preparedness, partnerships, and contingency planning owned and led by country offices are adopted as the basis for effective and efficient humanitarian response, and where needed complemented with Surge Capacity.

**Preparedness:** A new initiative on humanitarian capacity assessment of regional, sub-regional and country offices will be led by regional offices with support from the Programme Division. Results of the assessment will determine priorities, benchmarks and targets



for humanitarian capacity development. Some key preparedness activities would include; simulation of the SOP and FTP, strengthening capacities of line ministries (along with partners) in disaster preparedness, pre-positioning of emergency Reproductive Health kits, signing of Long-Term Agreements (LTAs) with suppliers, instituting Memorandum of Understanding (MoU) with key partners, and participating in joint inter-agency preparedness exercises. Offices will be expected to develop media and communication plans to ensure visibility of humanitarian needs and UNFPA's response to the needs.

**Response:** For country offices to launch a timely and effective response to emergencies, they often require additional personnel, depending on the severity and geographical extent of the emergency. The initial short-term needs, identified by the UNFPA Representative, can most easily be met by the rapid deployment of UNFPA staff, through internal surge capacity roster managed by DHR. The surge roster will consist of pre-selected and trained UNFPA staff.

**Key activities:** Reviewing job profiles and rolling out the UNFPA surge capacity mechanism; training surge capacity staff on essential humanitarian skills needed in

emergencies, such as negotiation, security and safety, and coordination skills.

**Systems optimization (Finance, Procurement, and Human Resources):** Any procedure or practice that limits the Fund's timely response negatively impacts health and lives. Operating in humanitarian settings entails a higher level of business risk; accordingly safe-guards and accountability mechanisms have been built into the FTP, which provide operational flexibility to country offices operating in Fragile Contexts or responding to emergency situations.

The FTP enable country offices to implement programmes fast by allowing flexibility in critical programme and operational areas that tend to constrain UNFPA country office capacity to deliver timely support. The FTP cover the following areas: Programme Management, Financial Management, and Human Resources.

**Key activities:** Procurement Service Branch (PSB) will provide support to country offices using emergency procurement procedures; build capacity of country office on emergency procurement, inventory management and logistics; support regional, sub-regional and country offices on development of logistics and procurement components of preparedness plans including advice on Long-Term

Agreements; and coordinate with World Food Programme (WFP) and United Nations Humanitarian Response Depot (UNHRD) for international procurement-logistics support.

DHR will provide support to country offices using FTP including facilitating timely deployment of UNFPA Humanitarian Surge Capacity.

The Finance Branch will provide support to country offices using FTP, additionally the Finance Branch will provide guidance to country offices on petty cash management, cash transfer to location without banks, cash management by service contract staff in remote locations, alternatives modes of payment in contexts where payment by checks are not accepted, alternatives to receipts, and use of Atlas in remote programme locations.







## Roles and responsibilities for implementing the strategy

UNFPA's Second Generation Humanitarian Response Strategy has substantial implications across the Fund as many organizational units become more directly responsible areas of humanitarian preparedness and response. To manage and coordinate the work required, the strategy includes a Humanitarian Results Framework (Annex 1) which expands on activities required to achieve each of the seven humanitarian outputs. The Humanitarian Results Framework identifies the responsible organizational unit for each output, along with baselines, indicators, targets, timelines and responsible units. This will clearly indicate the relationship between the Fund's humanitarian work and overall organizational results.

To provide a clear indication of the new

responsibilities of organizational units at headquarters, as well as regional, sub-regional and country offices, a further process will incorporate individual items of work that support the strategy into OMPs and Annual Work Plans (AWPs) of organizational units, and ultimately into the PADs of individual staff members who will be responsible for managing the activities.

<sup>4</sup> "Level Three Emergency Response" denotes mobilization of global support and is defined by IASC, based on five criteria: scale, urgency, complexity, combined national and international capacity to respond and reputational risk. Examples: Indian Ocean tsunami (2004), Pakistan Floods (2010) and Haiti earthquake (2010)

## Country offices

Country offices will be responsible for incorporating emergency preparedness into UNFPA country programme design and national development frameworks. This will require the development of components related to contingency planning, according to the level of risk status of the country, as agreed by United Nations agencies under the leadership of the Resident Coordinator/Humanitarian Coordinator. This will lead to pre-established national and country office mechanisms immediately coming into play when confronted with an emergency, followed by additional support from sub-regional and regional offices, and/or headquarters as required.

Country Offices will continue to take the lead in all humanitarian situations except level three humanitarian responses where headquarters will take lead through the CRT in coordination with the sub regional and regional offices. Humanitarian capacity within country offices vary, hence there will be a transition period for country offices to gradually take on additional responsibilities as per their capacity.

## Regional and sub-regional offices

The Regional and sub-regional offices will be responsible for helping to strengthen humanitarian capacity of regional partners; regional advocacy and knowledge management for humanitarian programming; providing support to country offices to incorporate contingency planning and emergency preparedness into Country Programmes; working with the Programme Division in capacity mapping of high risk countries; providing direct support to country offices during emergencies; coordinating with regional partners and regional inter-governmental bodies; and representing UNFPA in regional IASC and IAWG meetings. Because humanitarian capacities differ between regions, the Programme Division will work with all five regional and sub-regional offices to assess their humanitarian capacities and identify responsibilities to transfer. Regional strategy implementation plans will outline timelines for Programme Division support and required resources.

## Headquarters

Various branches in the Technical Division will take responsibility for many of the components under the Population Dynamics, Data, SRH, and gender outputs identified in the humanitarian results framework. DHR will take the lead role for the work under Human Resources. Information and External Relations Division will contribute in the area of advocacy for funding proposals and channeling reports to donors and media. Division of Management Services (DMS) will take a lead role on the issue of finance, procurement and management information services.

The HRB will focus on; strategy, policy and standards setting, global advocacy within the IASC; representing the Fund in inter-agency mechanisms and task forces; global level appeal coordination; coordinating the development of guides, tools and checklists; knowledge sharing of best practices and case studies; developing and facilitating the implementation of a UNFPA-wide humanitarian capacity development plan based on a humanitarian capacity assessment; managing the emergency fund; and backstopping regional and sub-regional office support to country offices in the development of contingency-preparedness plans.





## Monitoring and evaluation

HRB and Environmental Scanning and Planning Branch (ESPB) jointly will develop an overall monitoring and evaluation plan for the strategy, based on the results framework. To simplify the monitoring process and capture annual progress in implementing the strategy, HRB has coordinated with ESPB to refine the humanitarian related outputs in the Mid-Term Review. Detailed Meta Data has been developed to clearly define the representative output humanitarian indicators (what is being measured, how it will be measured, sources and frequency of data collection). Through the Country Offices Annual Report (COAR), country offices will be able to report on humanitarian capacity building activities implemented through representative outputs 1 (MISP in Reproductive Health in Humanitarian Settings) and 4 (Gender -Based Violence). Lessons learned during the implementation of the Second Generation Humanitarian Response Strategy will be applied to the new UNFPA Strategic Plan for 2014.



## Assumptions and conclusions

Despite current financial constraints, additional funds will be needed to enable regional, sub-regional and country offices to take on additional humanitarian responsibilities. The second generation strategy assumes a continuing leadership role for the Fund in gender and GBV coordination in emergency settings. The strategy thus represents a renewed commitment to a continuing UNFPA priority to ensure that all people in emergencies receive SRH information, services and counseling; that women and girls are afforded gender equality and protection from GBV and sexual violence; and that emergency response is guided by the availability of relevant population and development data.



## ANNEX I: Humanitarian Results Framework

RESULTS	INDICATORS	BASELINE DATA 2010 <sup>18</sup>	TARGET BY 2012	TARGET BY 2013	RESPONSIBILITY	PARTNERS
<b>OUTCOME 1:</b> Increased access to and utilization of quality maternal and newborn health services.	Maternal mortality ratio	Baseline: 290 (2008)	Global level contribution			
<b>Output 1:</b> Increased capacity of UNFPA Regional, Sub-Regional, Country Offices and partners to implement the Minimum Initial Service Package (MISP) in humanitarian settings	Number of personnel trained on MISP through UNFPA support	3,900	4,200	4,500	CO's, SRO's and RO's	HRB, Technical Division, global and Country Office partners.
<b>OUTCOME 2:</b> Increased access to and utilization of quality HIV- and STI-prevention services especially for young people (including adolescents) and other key populations at risk	HIV prevalence in youth (15-24 years) Baseline: 0.3% (male) and 0.6% (female) (2010)		Global level contribution			
<b>Output 2:</b> Enhanced Capacity of Country Offices for planning, implementation and monitoring of prevention programmes to reduce the transmission of STI and HIV/AIDS in Humanitarian Settings	Number and Percentage of countries integrating STI and HIV prevention in humanitarian programming with support from UNFPA (n=8).	5 (60%) <sup>19</sup>	6 (75%)	8 (100%)	HRB	HRB, GCHRB, HIV/AIDS Branch (HAB), Regional and country offices.
<b>OUTCOME 3:</b> Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy	Percentage of countries with mechanisms in place to implement laws and policies advancing gender equality and reproductive rights	Baseline: 61.7% (2008)	Global level contribution			
<b>Output 3:</b> Strengthened country office capacity for implementation of international agreements, national legislation and policies in support of gender equality and reproductive rights in humanitarian settings	Number of countries supported by UNFPA to implement int'l agreements & national legislation for gender equality and reproductive rights in humanitarian settings	5	7	9	HRB	HRB, GCHRB, HAB, Regional and country offices.

<sup>18</sup> All baselines are cumulative as of 2010 unless indicated otherwise; furthermore the 2010 baseline data will be updated to 2011 baseline upon validation of COAR by 30th March 2012.

<sup>19</sup> Nepal, Aceh, CDI, Burundi, and Republic of Congo

<sup>20</sup> 2011 baseline data

RESULTS	INDICATORS	BASELINE DATA 2010 <sup>20</sup>	TARGET BY 2012	TARGET BY 2013	RESPONSIBILITY	PARTNERS
<b>Output 4:</b> Strengthened national capacity for addressing gender-based violence (GBV) and provision of quality services, including in humanitarian settings	Number of persons trained through UNFPA support in programming for GBV in humanitarian settings	1,132 <sup>20</sup>	1,500	1,750	CO's, SRO's and RO's	HRB, GHRCB, Regional and country offices.
<b>OUTCOME 4:</b> Improved access to SRH services and sexuality education for young people (including adolescents)	Adolescent birth rate	Baseline: 52 (2007)	Global level contribution			
<b>Output 5:</b> Strengthened programming for essential sexual and reproductive health services to marginalized adolescents and young people in humanitarian settings	Number of persons trained through UNFPA support on the provision of essential ASRH services to young people	65	350	600	CO's, SRO's and RO's	AYC, SRHB, HRB.
<b>OUTCOME 5:</b> Improved data availability and analysis around population dynamics SRH (including family planning) and gender equality	Number of countries that have conducted a national household survey that allows for the estimation of all MDG 5B indicators	91	Global level contribution			
<b>Output 6:</b> Enhanced capacity of Regional, Sub-Regional, Country Offices for the production, utilization and dissemination of quality demographic data on population dynamics, youth, gender and SRH, in humanitarian programming	Number of persons trained through UNFPA support in the production, analysis, dissemination of quality census surveys and other statistical data including in humanitarian settings	120	240	360	HRB	Population Development Branch, <b>Regional, Sub-Regional, Country Offices</b>
<b>Output 7- Management Result:</b> Disaster preparedness, partnerships, and contingency planning owned and led by country offices are adopted as the basis for effective and efficient humanitarian response and where needed complemented with Surge Capacity.	Increased capacities in disaster preparedness and response in 3 regional offices and 6 high risk countries.	36	240	360	SRO/RO and CO	PSB, HRB, DHR, CSB, AYP, HIV/AIDS branch, SRHB, UNICEF, WFP, WHO, and UNHCR

NB: A comprehensive implementation plan with detailed budget will be developed in coordination with the RO's, SRO's and CO's by second quarter of 2012. Headquarters units have already outlined activities from the proposed strategy with a tentative budget of USD 22,613,110 from 2012 to 2013.



# Standard Operating Procedures (SOP) and Fast Track Procedures (FTP)





# Levels of UNFPA Humanitarian Response, Roles and Responsibilities

## Determining Level of Humanitarian Response

The first key decision that is made before a response effort is launched is the level of organizational response. At the outset of each and every crisis situation, a determination of the level of response is made within 72 hours based on identified triggers (as per table 1). ***As per the IASC agreement, the use of the term 'Level', designates or refers to the level of organizational response, not to the level of the emergency.***

This internal system of classifying response will enable UNFPA to:

- **Prioritize humanitarian response:** Headquarters and regional offices will prioritize support to country offices as and when requested. Top management will remain involved in ensuring appropriate follow-up, overseeing operations and providing problem solving capacity.
- **Accountability:** Clarify responsibilities for direction and management of the response.
- **Procedures:** Identify internal procedures that need to take place.
- **Improve internal coordination and communication:** The levels will improve Fund-wide internal humanitarian coordination mechanisms (across offices i.e. from country to region and headquarter; and within offices decision making process.

- **Resource allocation:** Allocation of resources will depend on the level of response.

UNFPA will consider the following triggers when classifying response levels<sup>1</sup>:

- **Urgency of the crisis** - speed of onset, population displacements, number of affected/potentially affected women of reproductive age, women and the youth.
- **Complexity** - multiple affected countries, presence of humanitarian actors, security risk to staff and humanitarian access.
- **National emergency response capacity and request for assistance** - capacity of national, local authorities, national and international agencies including the UN. Request for humanitarian aid by host government or call for international assistance by UNCT or OCHA<sup>2</sup>. UN country team might launch a Flash Appeal and activate the cluster system.
- **Reputational risk**-expectation on UNFPA by donors, the public, national stakeholders and partners responding to the crisis.

Host governments have the primary responsibility of providing humanitarian assistance. For this reason the key determinant for UNFPA's engagement at all levels of humanitarian response will be the capacity of the host government and partners. Capacity will specifically be in reference to, strength of national emergency management architecture, host country ability to finance humanitarian response, available technical expertise and access to reproductive health supplies.

### Description Levels of response<sup>3</sup>

**LEVEL 1:** The Country Office can respond using its own staff, funding, and supplies without additional support from regional office or headquarters. Strategic direction of the response and leadership remains the responsibility of the UNFPA Country Representative.

**LEVEL 2:** Country Office needs additional support from the Regional Office to respond and that the Regional Office must provide leadership and support.

**LEVEL 3:** The capacity of the country office has been severely compromised and response capabilities of the regional office are inadequate. The situation requires Fund-wide response, UNFPA Executive Director declares level 3 and headquarters Crisis Response Team is activated. Level 3 could also be declared by the IASC principals within 48 hours after onset of a crisis.

### Activation procedures

**LEVEL 1:** Response within capacity of country office, proposal for level made by designated Country Humanitarian Focal Point or coordinator and approval made by UNFPA Representative in consultation with Regional Director.

**LEVEL 2:** Response will be proposed by the UNFPA Representative and approved by the Regional Director.

**LEVEL 3** will be proposed by the Chief of HRB for approval by the Executive Director or Designate. Proposal made by Chief HRB must be in consultation with the Programme Division Director, Regional Director(s) of affected region(s), and Representatives of the affected countries. UNFPA level 3 could as well be activated by Executive Director if the Emergency Relief Coordinator (in consultation with IASC principals) categorize a humanitarian support as IASC level 3 response.

Once a response has begun, the designation of category of response can always be upgraded or downgraded as appropriate. At the outset of any crisis situation, the UNFPA Representative<sup>4</sup> will, in the first Situation Report (Sitrep, ref template in annex V), make a proposal to the Regional Director on the category of UNFPA response.

Annex IV summarizes the decision making process on levels of response to support a country office affected by crisis.

<sup>1</sup> Adapted from the UNICEF Simplified Operating Procedures for Level 3 Emergencies, 2011 and The Oxfam Pocket Humanitarian Handbook, 2008.

<sup>2</sup> In most cases specialized UN agencies will not call for humanitarian support unless requested by the government.

<sup>3</sup> Within the humanitarian sector only UNICEF (formally adopted in 2011) and Oxfam from the international organizations have a system of classifying emergencies. OCHA and UNDP have Cooperate emergency procedures but do not classify response levels. <sup>4</sup> In Country Offices that have a UNDP/UNFPA Representative and a UNFPA country director, consultation will be held between the two before UNFPA initiates emergency response mechanisms.

TABLE 1: Levels of UNFPA Humanitarian Response

LEVELS	TRIGGERS	WHO DECIDES?	OPERATIONAL IMPLICATIONS
<p><b>LEVEL 1</b> Within CO (Country Office) capacity</p>	<p><b>Urgency of the crisis:</b> Limited to specific locality and not life threatening.</p> <p><b>National emergency response capacity:</b> Government and/or partners can respond without addition support.</p> <p><b>Complexity:</b> No security threat to staff, unlimited access to UN agencies with ongoing programmes.</p> <p><b>Reputational risk:</b> None, as UNFPA active engagement has not been requested either by the government or UN country team.</p>	<p>Country Representative in consultation with Regional Director.</p>	<p>Normal development programmes continue uninterrupted.</p> <p>No additional financial or technical support is needed from the Regional Office or Headquarters.</p> <p>Fast Track Procedure (FTP) or Emergency Procurement Procedure (EPP) not activated.</p> <p>Humanitarian Focal Point or designate monitors the situation and reports to senior management. Level can be elevated if humanitarian situation deteriorates.</p>
<p><b>LEVEL 2</b> Regional office supported</p>	<p><b>Urgency of the crisis:</b> Several regions within country affected, health infrastructure destroyed and populations displaced.</p> <p><b>National emergency response capacity:</b> Host government calls for assistance and response beyond national capacity.</p> <p><b>Complexity:</b> Limited access, security threats and contested legitimacy of host government.</p> <p><b>Reputational risk:</b> Expectations for UNFPA to respond from government and UNCT. UNCT calls for international support. OCHA launches Flash Appeal and clusters activated.</p>	<p>Proposed by Representative and approved by Regional Director.</p>	<p>Scale of needs surpass capacity of CO. RO provides support as requested, HRB maintaining oversight.</p> <p>Activation of Crisis Response Team-Country Office (CRT-CO).</p> <p>Deployment of CO assessment teams depending on access and security.</p> <p>EF released upon request by CO.</p> <p>Request for activation of EPP and FTP by CO with appropriate justification.</p> <p>Surge capacity as requested by CO.</p>

LEVELS	TRIGGERS	WHO DECIDES?	OPERATIONAL IMPLICATIONS
<p><b>LEVEL 3</b> Cooperate Response with support Headquarters</p>	<p><b>Urgency of the crisis:</b> IASC principals and Emergency Relief Coordinator-OCHA calls for international assistance declaring a level 3 response.</p> <p><b>National emergency response capacity:</b> The capacity of the country office has been compromised, UNFPA directly affected with resulting loss in lives. Humanitarian needs surpass the capacity of country and regional office e.g. Indian Ocean Tsunami in 2004 and Haiti Earthquake in 2010.</p> <p><b>Complexity:</b> Limited access, security threats and crisis affecting several countries within a region.</p> <p><b>Reputational risk:</b> Failure by UNFPA to provide leadership and humanitarian assistance within its IASC mandated areas of Reproductive Health and Gender Based Violence Area of Responsibility.</p>	<p>Proposed by Chief HRB (in consultation with Regional Director, Representative) and activated by ED.</p>	<p>Activation of Headquarters CRT Headquarters (CRT-HQ) by ED or designate.</p> <p>Deployment of UNFPA Humanitarian Support Team (HST)<sup>7</sup>.</p> <p>First priority for procurement and supply.</p> <p>First priority for humanitarian fund-raising through HRB, RMB, and Geneva office.</p> <p>Deployment of staff, as and when required, with authority to mobilize staff from any duty station through the UNFPA surge process.</p> <p>Immediate activation of EPP by RD and HRB with follow up documents from CO within one week.</p> <p>Immediate activation of Fast Track Procedure with follow up documentation from CO within one week</p> <p>Immediate allocation of USD 250,000 with follow up documentation from CO within one week.<sup>8</sup></p>

<sup>7</sup> As recommended by the Haiti after Action review, country offices should be provided with support when a crisis reaches a threshold beyond their capacity. The HST will be composed of staff with high experience in humanitarian response, and of senior positions so that they can take decisions and coordinate effectively with other UN agencies. The HST will be composed of Humanitarian Coordinator, Logistics, Finance, RH and Media specialist.

<sup>8</sup> This gives CO assurance of support to make commitments on ground, 10% released immediately and 90% upon submission of emergency funds form.





**TABLE 2: Roles and Responsibilities Level 1 and 2 Humanitarian Response**

The Representative or designate bears the ultimate responsibility in leading and coordinating all UNFPA humanitarian response programmes.

LEVELS	ROLES	KEY RESPONSIBILITIES
<b>LEVEL 1</b> Within CO capacity	<b>Country Office</b>	Country Representative ensures that normal operations are continuing and emergency needs are met within country office and partners capacity. CO humanitarian focal point or designate monitors the situation and updates Senior Management.
<b>LEVEL 2</b> Non-corporate humanitarian response	<b>Country Office</b>	<p><b>Initial Programming:</b> CO takes responsibility in management of the response. All programmes are coordinated with the government and UN agencies or through the cluster system where activated. Resource Mobilization-CO team leads in developing proposals for Flash appeal and mobilizing funds from donors.</p> <p><b>Coordination:</b> Internal coordination will be through the CRT-CO led by the Country rep and composed of key section heads. The CO designates individuals to lead UNFPA mandated areas i.e. GBV AoR within protection cluster, reproductive health in health cluster and Data in Crisis. The CRT-CO activates the contingency plan.</p>
	<b>Regional Office</b>	<p><b>Initial Programming:</b> Regional technical advisors and humanitarian officers should coordinate and provide support in the development of Flash and CAP proposals. Resource Mobilization-review proposals and submissions to CERF for quality assurance; provide emergency funding from regional funds to complement funding from UNFPA Emergency Fund and coordinate with donors at regional level.</p> <p><b>Coordination and external relations:</b> The overall coordination of emergency response at the regional level is the responsibility of Regional Director or designate.</p>
	<b>Headquarters</b>	Maintains oversight through the Humanitarian Response Branch.



## Roles and Responsibilities Level 3 Humanitarian Response

**Activation of CRT-HQ:** The coordination body for Level 3 response will be the headquarters Crisis Response Team (CRT-HQ). The CRT-HQ will automatically be activated once level 3 has been triggered by the ED or designate. The CRT-HQ will facilitate coordination and decision-making between within headquarter divisions and from headquarters to regional and country office. The Deputy Executive Director Programmes (DED) or officer designated by the ED will:

- Chair meetings.
- Mobilize various departments of the funds to engage and deal with the humanitarian crisis as a priority
- Provide necessary guidance and authorizations to facilitate the work of UNFPA in the field.

**Composition of CRT-HQ:** The UNFPA Crisis Response Team will be composed primarily of the following:

- Office of the Executive Director (DED Programmes).
- Office of the Security Coordinator (Security Coordinator/ Deputy Security Coordinator);
- Division for Human Resources;
- Media and Communications Branch,

- Regional Office Director and UNFPA Representative of affected country.
- Humanitarian Response Branch (Secretariat of CRT-HQ)
- Division of Management Services ( Finance and MIS Branch)
- Ad-Hoc members e.g. Facilities management will be invited as determined by the Chair.

**Responsibilities of CRT-HQ members (representatives of organizational units):** Table 3 summarizes what is expected from various organization units. The CRT will be operational on a 24/7 basis as required and can be expected to be engaged for an extended period of time. Both regional and country offices are encouraged to activate Crisis Response Team at coordinate humanitarian response.

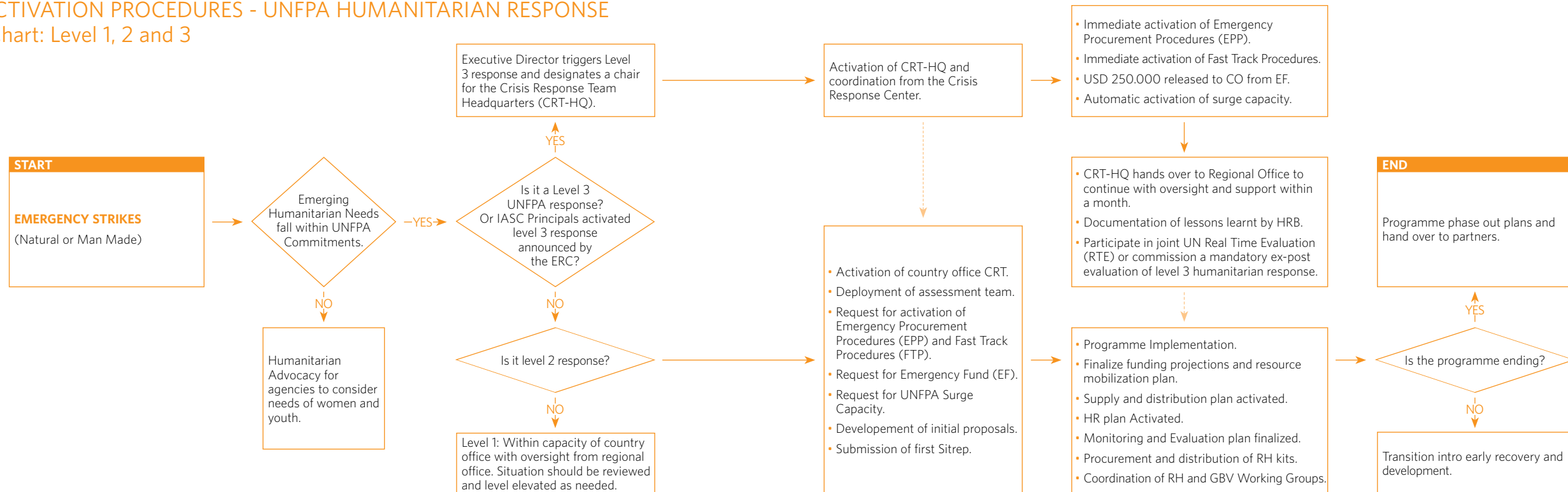
**Deactivation of CRT-HQ:** The corporate trigger will be for 30 days, after which it expires unless extended by the DED Programmes but only upon request by the Regional Director.

TABLE 3: Roles and Responsibilities Level 3 Humanitarian Response

LEVELS	ROLES	KEY RESPONSIBILITIES
<b>LEVEL 3</b> Corporate Humanitarian Response	<b>Country and Regional Office</b>	As stipulated in non-corporate humanitarian response. The only difference is additional “hands on” support from Headquarters. Country office maintains overall management and accountability of the response.
	<b>Headquarters</b>	<p><b>Office of Security Coordinator:</b> Support the Regional Security Advisor in guiding the CO in implementation staff safety and security. Assess needs if deployment of RSA is warranted, either in support of the CO, or in Inter Agency role.</p> <p><b>Programme Division:</b> Through HRB, coordinate headquarters support to regional and country offices, preparing regular briefings to UNFPA high level management and participating in inter-agencies meeting in New York and Geneva.</p> <p><b>Division of Management Services:</b></p> <p><b>Procurement Support Branch:</b> Advise HRB/regional office/country office on the procurement of the reproductive health and non-reproductive health commodities and their management. Facilitate activation of Emergency Procurement Procedures.</p> <p><b>Finance Branch:</b> Maintains oversight and provides support in the implementation Financial Management FTP.</p> <p><b>Management Information Services (MIS):</b> MIS will facilitate the provision of essential communication equipment and systems (networks) to country offices in order to ensure timely and effective communication.</p> <p><b>Division of Human Resources:</b> Assist with the activation of the surge process and maintains oversight in implementation of human resources FTP.</p> <p><b>Information and External Relations Division:</b></p> <p><b>Media and Communication Branch:</b> Prepares and disseminate press releases, arrange press conference/briefings/ interviews with the media and deployment of media advisor to facilitate media related activities as requested by the country office.</p> <p><b>External Relations Branch:</b> Contact and liaise with permanent missions of the affected country as well as with the permanent mission of the donor countries and with neighboring countries if deemed necessary.</p> <p><b>Resource Mobilization Branch:</b> Advise and assist in resource mobilization through CERF, Flash appeal, and CAP; follow-up with donors through Geneva, Brussels and Copenhagen liaison offices on securing funding.</p>

# FLOW CHART ACTIVATION PROCEDURES - UNFPA HUMANITARIAN RESPONSE

## Activation Flow Chart: Level 1, 2 and 3



## COUNTRY OFFICE HUMANITARIAN RESPONSE CHART: Level 1, 2 and 3

### ROLES AND ACTIONS WITHIN THE FIRST 72 HOURS OF HUMANITARIAN CRISIS

TIMING	RESPONSIBILITY	EVENTS / ACTIONS
Within 12 Hours	Deputy Rep or Country Humanitarian Focal Point	<ul style="list-style-type: none"> <li>Advise Country Director or designated representative on emergency with basic facts (type of emergency, areas affected approximate number of people affected and impact on UFPA staff, security and operations).</li> <li>Check facts with relevant National Coordination Committees and UNCT.</li> <li>Advise Rep and Recommend activation of COCRT.</li> <li>Share preliminary findings with Regional Director Regional Humanitarian Coordinator (RHC) and Chief HRB.</li> </ul>
Within 24 Hours	Country Director or designated Representative	<p><b>CRT discuss and decides as follows:</b></p> <ul style="list-style-type: none"> <li>Is a UNFPA <b>response needed</b>?</li> <li>Proposes <b>level</b> of UNFPA response (1,2 or 3).</li> <li>Deployment of country office <b>assessment team</b> upon getting security clearance by UNDSS. Alternatively partners assess and report on situation.</li> <li><b>Check Supply</b>, prepositioned stocks with partners.</li> <li>Prioritize <b>operations support</b>, administration security, and HR to support response.</li> <li>1st Situation Report (<b>Sitrep</b>) Update Regional Director and HRB.</li> </ul>
Within 48 Hours	Country Director or designated Representative	<p><b>Coordination:</b></p> <ul style="list-style-type: none"> <li>Discuss with relevant national coordination committee chairperson on UNFPA's role and decision.</li> <li>Coordinate with RC/HC</li> </ul>
	Deputy Country Director and Country Humanitarian Focal Point	<p><b>Assessments:</b></p> <ul style="list-style-type: none"> <li>Assessment team visits site as part of <b>joint UN assessment</b> team or UNFPA led assessment.</li> <li>Identifies most urgent needs with focus on reproductive health data support and gender based violence programming</li> <li>Identifies potential <b>partners</b></li> <li>Assesses available <b>logistical support / operational</b> arrangements</li> <li>Assessment team <b>reports</b> to Deputy Rep/Rep</li> </ul>

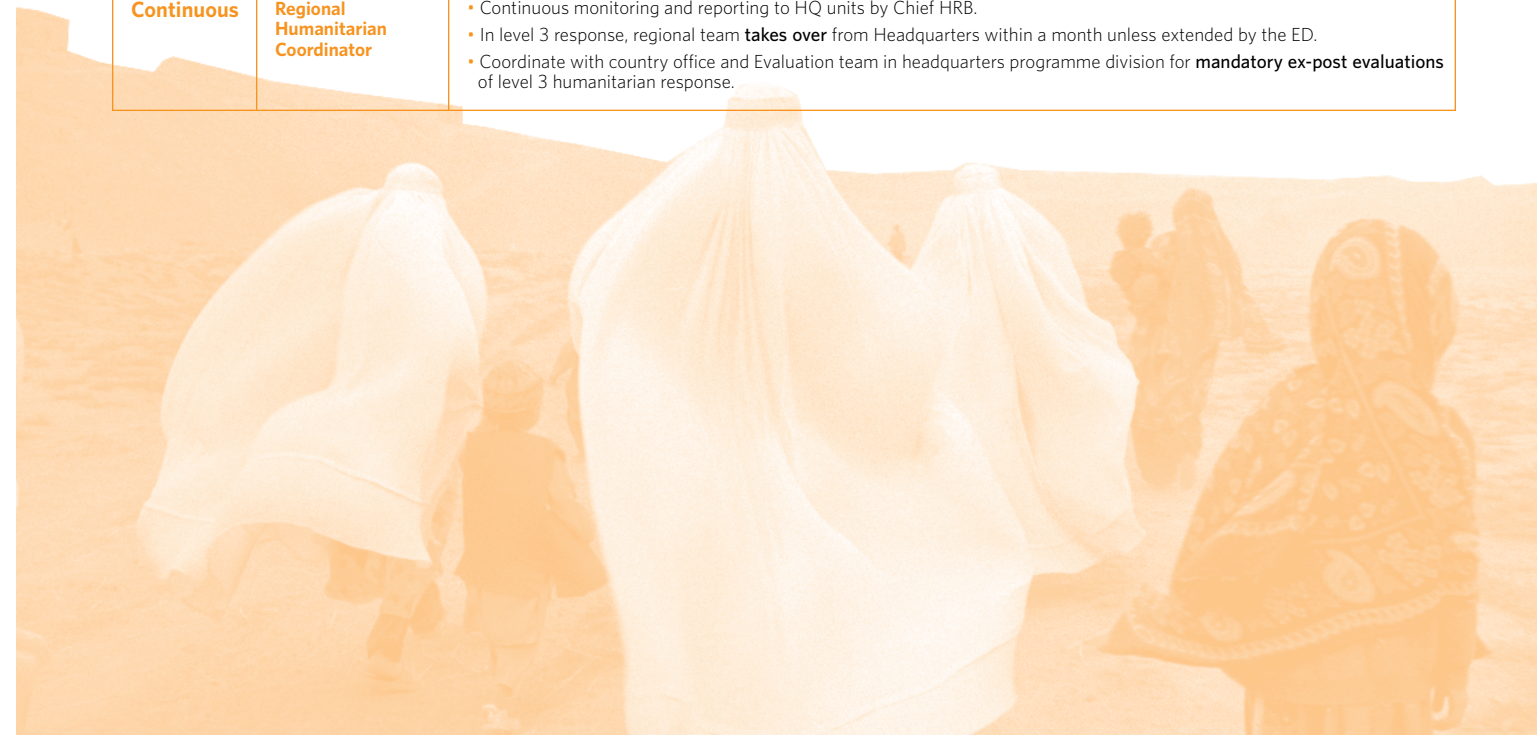
TIMING	RESPONSIBILITY	EVENTS / ACTIONS
Within 72 Hours	Sections Humanitarian Focal Points and Dep Representative	<p><b>Humanitarian Assistance (Coordinated by CRT):</b></p> <ul style="list-style-type: none"> <li><b>Scale and scope</b> of UNFPA response (Direct implementation or indirect implementation coordination of GBV and RH working groups).</li> <li><b>Humanitarian Personnel</b> mapping of gaps and needs</li> <li><b>Funding:</b> Estimates funding requirements and places request for UNFPA Emergency funds</li> <li><b>Procedures</b> Requests for activation of EPP and Fast Tracking Procedures</li> <li>First <b>project proposal</b> developed and submitted</li> <li>Reprogramming funds as required</li> <li>Redeployment of personnel within CO and request for Surge capacity.</li> <li><b>Media and communication</b> activated with updates on needs and UNFPA work to local media regional office and headquarter</li> </ul>
Continuous	CRT Members	<ul style="list-style-type: none"> <li>Monitoring and follow up</li> <li>Sitrep as agreed by RO and Headquarter (Level 2 and 3).</li> <li>Updating regional office and HRB as needed</li> <li>Updating regional office and HQ Crisis Response Team as agreed (<b>ONLY</b> in level 2 and 3 response).</li> </ul>

## REGIONAL OFFICE HUMANITARIAN RESPONSE CHART: Level 2 and 3

### ROLES AND ACTIONS WITHIN THE FIRST 72 HOURS OF HUMANITARIAN CRISIS

TIMING	RESPONSIBILITY	EVENTS / ACTIONS
<b>Within 12 Hours</b>	<b>UNFPA Country Director or designated Representative</b>	<ul style="list-style-type: none"> <li>In coordination with Regional Humanitarian Coordinator (RHC), advise Regional Director (RD) on emergency news with basic facts (staff security, type of emergency, areas affected, approximate number of people affected and impact on UNFPA staff, security and operations).</li> <li>In consultation with RHC advise RD on capacity of country and preliminary projection of support that might be needed.</li> </ul>
<b>Within 24 Hours</b>	<b>Regional Director</b>	<p><b>Discuss and decides as follows:</b></p> <ul style="list-style-type: none"> <li>Review of emerging needs impact on UNFPA operations and staff.</li> <li>First situation Report (<b>Sitrep</b>) submitted to OED, copied to Chief HRB, PD director and humanitarian communication specialist.</li> <li>In consultation with the Representative and RHC RD decides on the <b>level 2</b> response or proposes level 3 to the ED. Prioritize technical support operations, finance, procurement, security, HR to support response from regional office.</li> <li>Informs Chief HRB, PD Director, DED Programmes and OED, of support needed if it is level 3 response.</li> </ul>
<b>Within 48 to 72 hours</b>	<b>Regional Director</b>	<p><b>Coordination:</b></p> <ul style="list-style-type: none"> <li>Coordinates with UN agencies and governments at regional level.</li> </ul>
	<b>Regional Humanitarian Coordinator Operations and Technical Specialists</b>	<p><b>Humanitarian Response</b> (coordinated by Regional or Sub Regional Office-Crisis Response Team):</p> <ul style="list-style-type: none"> <li>Activation of <b>Regional</b> or <b>Sub Regional Office - CRT</b> (level 2 and 3 humanitarian response).</li> <li>Activation of <b>Regional Office Surge Capacity</b>.</li> <li>Support country offices with activation of <b>Fast Track Procedures</b>.</li> <li>Review and clearance of country office request for <b>Emergency Funds</b> from headquarters.</li> <li>Coordinate Regional office and <b>HQ assessment teams</b>.</li> <li>Provide support in joint UN <b>resource mobilization</b> mechanisms e.g. Flash Appeals</li> <li>Provide emergency funding from <b>regional funds</b>.</li> <li>Overall coordination of emergency response at the regional level is the responsibility of Regional Humanitarian Coordinate focal point as designated by the Regional Director.</li> </ul>

TIMING	RESPONSIBILITY	EVENTS / ACTIONS
<b>Continuous</b>	<b>Regional Humanitarian Coordinator</b>	<ul style="list-style-type: none"> <li>Continuous monitoring and reporting to HQ units by Chief HRB.</li> <li>In level 3 response, regional team <b>takes over</b> from Headquarters within a month unless extended by the ED.</li> <li>Coordinate with country office and Evaluation team in headquarters programme division for <b>mandatory ex-post evaluations</b> of level 3 humanitarian response.</li> </ul>



## HEADQUARTERS LEVEL 3 HUMANITARIAN RESPONSE CHART

### ROLES AND ACTIONS WITHIN THE FIRST 72 HOURS OF HUMANITARIAN CRISIS

TIMING	RESPONSIBILITY	EVENTS / ACTIONS
Within 12 Hours	Chief HRB	<ul style="list-style-type: none"> <li>Check facts with Country Director or designated Representative Regional Office (Regional Director and Regional Humanitarian Coordinator), and UN OCHA.</li> </ul>
Within 24 Hours	ED Designate Chairs CR THR	<p><b>CRT discuss and decides as follows:</b></p> <ul style="list-style-type: none"> <li>Based on first Sitrep from Country Office, review emerging needs impact on UNFPA operations and staff.</li> <li>Chief HRB proposes to ED the need to trigger level 3 response. Alternatively level 3 response could be activated by Emergency Relief Coordinator (OCHA) in consultation with Principals.</li> <li>In consultation with the Regional Director and Representative advice DED Programmes and recommend to call for CRTHQ.</li> <li>Agrees on frequency of meetings and setting up of virtual communication channels.</li> <li>Identifying and activation Crisis Response Center (key people as agreed by the CRT-HQ will work from center).</li> </ul>
Within 48 to 72 hours	ED Designate and Chief HRB	<p><b>Coordination:</b></p> <ul style="list-style-type: none"> <li>Attending UN agencies principals meetings</li> <li>Activation of Fast Track Procedures</li> </ul>
	CRT-HQ and Divisional Humanitarian Focal Points	<p><b>Humanitarian Assistance (coordinated by CRT):</b></p> <ul style="list-style-type: none"> <li><b>Office of Security Coordinator</b> assess needs if deployment of RSA is warranted, either in support of the CO, or in Inter Agency role.</li> <li><b>Programme Division:</b> Through HRB, coordinate headquarters support to regional and country offices, preparing regular briefings to UNFPA high level management.</li> <li><b>Division of Management Services:</b> Procurement Support Branch facilitate activation of EPP, deployment of logistics specialist and prioritize procurement from affected CO.</li> <li>Finance Branch: Maintains oversight and support.</li> <li>Management Information Services (MIS): Facilitate the provision of essential communication equipment and systems (networks) to CO.</li> <li><b>Division of Human Resources:</b> Activation of the surge process, support with FTP and maintains oversight on additional HR requirements</li> <li><b>Information and External Relations Division:</b> Media and Communication Branch: Prepares and disseminate press releases.</li> <li>External Relations Branch: Contact and liaise with permanent missions.</li> <li>Resource Mobilization Branch: Advice and assist in resource mobilization through CERF, Flash appeal, and CAP.</li> </ul>

TIMING	RESPONSIBILITY	EVENTS / ACTIONS
1 month	DED Programmes	<ul style="list-style-type: none"> <li>CCRT-HQ term expires unless extended.</li> <li>Continuous monitoring and reporting to HQ units by Chief HRB.</li> <li>Mandatory <b>ex-post evaluations</b> of level 3 humanitarian response</li> </ul>





## What do the Fast Track Procedures cover?

The Fast Track Procedures focus on critical programme and operational areas that have the potential of enhancing the capacity of the country office to deliver support rapidly and with flexibility in special situations. They cover the following areas:

POLICY AND PROCEDURES AREA	ISSUES COVERED
<b>Programme Management:</b>	<ul style="list-style-type: none"> <li>• Authority to divert approved country programme resources to respond to emerging priorities in consultation with the Government</li> <li>• Authority to use direct UNFPA implementation as the default implementing modality provided sufficient capacity is available</li> <li>• Simplification of the process for engaging with implementing partners</li> <li>• Flexibility in annual reporting requirements</li> </ul>
<b>Financial Management:</b>	<ul style="list-style-type: none"> <li>• Single signatory operation of bank accounts</li> <li>• Flexibility in petty cash availability</li> </ul>
<b>Human Resources:</b>	<ul style="list-style-type: none"> <li>• Recruitment of personnel under Temporary Appointments (TAs)</li> <li>• Recruitment of personnel under Fixed-Term Appointments (FTAs)</li> <li>• Recruitment of vetted candidates from rosters for TAs and FTAs</li> <li>• Reduced turnaround time for staff administrative services</li> </ul>
<b>Human Resources:</b>	<p>The EPP are used in reference to other procedures in the Fast Tracking Policies and Procedures and consists of eight sections. Among others, details operation instructions are provided to:</p> <ul style="list-style-type: none"> <li>• Process for obtaining approval to utilize EPP</li> <li>• Emergency procurement methods and thresholds</li> <li>• Evaluation of offers</li> <li>• Contract award</li> <li>• Emergency contract review committee and scope of work</li> <li>• Purchase order and payment</li> <li>• Documentation and filing</li> </ul>

## How will the Fast Track Procedures be activated?





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