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## Evaluation of the UNFPA Capacity in Humanitarian Action

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### THEMATIC PAPER: Human Resources



*UNFPA. Global emergency surge roster information brochure. 2018.*

**UNFPA Evaluation Office**  
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**UNFPA Evaluation Office:** Hicham Daoudi (Evaluation manager)  
Patrick Duerst (Evaluation Analyst)

**Evaluation Team:** Brian O Callaghan  
Jeanne Ward  
Judith Helzner  
Katie Tong

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Any enquiries about this report should be addressed to [evaluation.office@unfpa.org](mailto:evaluation.office@unfpa.org)

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## Table of Contents

Acronyms and Initialisms	iii
Executive Summary	
Introduction	1
Methodological approach for the Human Resources thematic paper	1
Background	4
General humanitarian human resource capacity	4
Surge capacity	5
Roving Team	8
Findings	9
EQ 1: Relevance/Appropriateness: Aligned with changing needs of population.	9
EQ 2: Relevance/Appropriateness: Aligned with international law and principles.	14
EQ 3: Relevance/Appropriateness: Accountability to Affected Populations.	16
EQ 4: Effectiveness.	19
EQ 5: Coverage.	23
EQ 6: Efficiency.	28
EQ 7: Coordination	34
EQ 8: Connectedness	37
Conclusions	41
Suggestions for Recommendations	43
Annex I: Key Informant List	46
Annex II: Bibliography	48
Annex III: Evaluation matrix	49

## List of Figures

- Figure 1. Breakdown of deployment by profile, 2018
- Figure 2. Deployments by type
- Figure 3. Breakdown of new HO positions, OR/ RR.
- Figure 4. Cost of surge modalities
- Figure 5. Syria Regional Response Hub % allocation of mobilized funds
- Figure 6. UNFPA preparedness, DRR, and resilience programming

## Acronyms and Initialisms

AAP	Accountability to affected populations	LPAC	Leadership pool assessment centre
AoR	Area of responsibility	MISP	Minimum initial service package for reproductive health in crisis situations
APRO	Asia Pacific regional office	NGO	Non-governmental organization
ASRO	Arab States regional office	NRC	Norwegian refugee council
CERF	Centralized emergency response funds	NWoW	New way of working
CLA	Cluster lead agency	OR	Other resources
CMR	Clinical management of rape	PSEA	Prevention of sexual exploitation and abuse
CO	Country office	REGA	Regional emergency GBV advisers
DHR	Division of human resources	RO	Regional office
DRC	Danish refugee council	RR	Regular resources
DRR	Disaster Risk Reduction	SBP	Stand-by partner
EDR	Extended desk review	SC	Subcluster
EECARO	Eastern Europe and Central Asia regional office	SOP	Standard operating procedure
ERG	Evaluation reference group	SRHR	Sexual and reproductive health and rights
ESARO	East and Southern Africa regional office	SPRINT	Sexual and Reproductive health in humanitarian settings
FTA	Fixed term appointment	TA	Temporary appointment
FTP	Fast-track procedure	ToR	Terms of reference
GBV	Gender-based violence	UNDP	United Nations Development Programme
GBViE	Gender-based violence in emergencies	UNEG	United Nations evaluation group
HFCB	Humanitarian and fragile context branch	UNFPA	United Nations Population Fund
HO	Humanitarian office	UNICEF	United Nations Children Fund
HRB	Humanitarian response branch	UNLP	United Nations Laissez-Passer
IASC	Interagency standing committee	UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
IAWG	Inter-agency working group on reproductive health in crises	UNOPS	United Nations Office for Project Services
IB	Integrated budget	UNV	United Nations volunteer
IHL	International humanitarian law	WCARO	West and Central Africa regional office
IHRL	International human rights law	WASH	Water, sanitation, and hygiene
INFORM	Index for Risk Management	WHO	World Health Organization
IPPF	International planned parenthood federation	WHS	World humanitarian summit
IRL	International refugee law		
JPO	Junior professional officer		
LACRO	Latin America and Caribbean regional office		

## Executive Summary

### Introduction

The number of people affected worldwide by humanitarian crises continues to rise as both the frequency and severity of natural disasters and protracted, complex emergencies increase. The United Nations has calculated global humanitarian requirements for 2019 of 21.9 billion United States Dollars (US\$) to reach 93.6 million people out of a total of 131.7 million people in need.<sup>1</sup>

Against this background, UNFPA has commissioned a global evaluation assessing the UNFPA capacity in humanitarian action. The overall evaluation comprises four country visits, extended (remote) desk reviews of a further eleven countries and two standalone thematic papers, the first of which is a paper on supply chain management for humanitarian commodities and the second of which is this paper on human resources.

UNFPA humanitarian resource capacity consists of **general capacity** within regular staffing resources. In relations to this evaluation, general capacity relates to *humanitarian* human resource capacity (personnel on any type of contractual modality including staff, consultants, junior professional officers, volunteers, etc.). This includes humanitarian experts within the general staffing pool, development personnel and also **surge and roving team** capacity.

For general humanitarian human resources the UNFPA corporate approach to building humanitarian capacity has been evolving since 2007 when funding from Sweden supported initial regional humanitarian capacity development workshops between 2007 and 2009. While some regions have continued to invest in such trainings, follow-up capacity building beyond these initial workshops has been limited. UNFPA subsequently recommenced more systematic humanitarian capacity building at the global level for UNFPA regular personnel in 2018.

UNFPA also manages surge capacity for humanitarian response - humanitarian expert personnel who can immediately respond ('surge') to a humanitarian crisis. Surge capacity within UNFPA has existed in different formats since 2005 with standby partners. Surge training or investment in training UNFPA staff for surge mechanism started in a more coherent and systematized manner after the introduction of the UNFPA second generation humanitarian strategy in 2012.

In 2017, UNFPA established a specific gender-based violence and clinical management of rape (CMR) roving team which was under the Canadem standby partnership until 2019 when it transitioned to UNFPA.

### Findings

1. The general internal human resource capacity of UNFPA for humanitarian response has improved significantly within the last decade but lags behind increasing humanitarian needs and the global commitments of UNFPA as an effective humanitarian response agency.
2. The UNFPA surge capacity (including internal and external roster members and standby partners) has significantly evolved over time to align with the increasing humanitarian commitments of UNFPA.
3. The surge mechanism is often over-utilized due to the mismatch in experience and capacity between the UNFPA surge and roving teams and the humanitarian capacity in general staffing. This results in country operations relying on surge deployments longer than the function was designed for, and in lieu of properly resourcing in-country positions necessary to manage responses to protracted crises.
4. The level of humanitarian knowledge, understanding, and commitment amongst non-humanitarian personnel within UNFPA is increasing but is not yet commensurate with need. This has undermined the ability and credibility of the UNFPA humanitarian response.
5. Surge and roving team deployees are perceived by internal and external stakeholders as highly knowledgeable in humanitarian principles and humanitarian architecture.

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<sup>1</sup> UNOCHA. Global Humanitarian Overview, 2019. 2019.

6. There is inconsistent but increasing understanding of accountability to affected populations (AAP), including both conceptual awareness and more pragmatic capacity to establish feedback mechanisms which allows UNFPA to apply AAP principles established by the Inter-Agency Standing Committee (IASC) in some contexts but not consistently across all crises.
7. There is a basic understanding of the principles of protection from sexual exploitation and abuse (PSEA) within both surge and regular staffing positions within UNFPA. However, even when knowledge of the issue exists, systems and structure within country offices do not allow for surge or other humanitarian specialists to establish comprehensive PSEA mechanisms within UNFPA and partners.
8. Human resource capacity within UNFPA has improved in the past five years but as an organization, UNFPA is externally perceived to have a level of humanitarian expertise which is still emerging compared to other agencies which engage in humanitarian response. UNFPA internally considers itself as an agency which can “do more with less” but the effectiveness of this approach within humanitarian action is increasingly being questioned both internally and externally.
9. There is mixed evidence of the effectiveness of surge and roving team deployees. Effectiveness depends on a number of factors, including (a) the experience, interpersonal skills, and attitude of deployed personnel; (b) the support provided by country senior management and existing staff; (c) the ability of the surge deployee to remain dedicated to the specific role rather than being viewed as an extra resource for the country office across a number of areas; and (d) contract modality.
10. It remains challenging for UNFPA to target investment at the level (i.e. headquarter, regional, or country level) required for optimum humanitarian outcomes.
11. UNFPA country offices struggle with the balance of national versus international staff for humanitarian deployment (both surge and non-surge), with benefits and challenges to both. Further, achieving the optimum balance between a surge deployee fulfilling a role and transferring relevant skills to local staff is an ongoing and frequent challenge.
12. An over-reliance on surge deployments for essential humanitarian functions (programming, operational and coordination) in protracted crises suggests UNFPA still fails to prioritize securing adequate, reliable and predictable funding for humanitarian commitments.
13. The move of the surge function from the Humanitarian and Fragile Contexts Branch (HFCB) to the Department of Human Resources is perceived across UNFPA to have been a benefit, but there are still improvements to be made.
14. There is an inconsistent corporate approach to duty of care for humanitarian personnel in general.
15. Fast-track procedures adequately allow for rapid recruitment (outside of surge) but are not always utilized when they could be, due to both a low appetite for risk within UNFPA and a low level of familiarity with such recruitment processes.
16. Surge stand-by partnerships have significantly increased the effectiveness of UNFPA surge capacity.
17. The gender-based violence (GBV) Area of Responsibility (AoR) at the global level, for which UNFPA assumed sole leadership in 2016, is currently adequately resourced. However, this has not been based on core resource commitment from UNFPA to date although increased positions were, at the time of research, planned within the Humanitarian Office organizational structure.
18. GBV subclusters across different contexts remain under-resourced, with double-hatting coordinators and an over-reliance on surge.
19. Sexual and reproductive health and rights (SRHR) coordination, when activated, is generally better managed at country level than GBV coordination due to more SRHR experience than GBV experience within UNFPA development programming.
20. UNFPA investment in youth coordination at country level does not align with UNFPA youth coordination accountabilities at the global level.
21. UNFPA is slowly increasing capacity to work across the humanitarian-development continuum.

# Conclusions

*Note: As a human resources focussed thematic paper, all findings ultimately lead to the same overarching conclusion, articulated as conclusion A. Conclusions B to E explore the nuances within this overarching conclusion linked to (b) general (non-surge) capacity, (c) duty of care issues, (d) over-utilization of surge, and (e) Accountability to affected populations and protection from sexual exploitation and abuse considerations.*

1. UNFPA has increased its humanitarian human resource expertise significantly in the ten years preceding this evaluation. However, this has not kept pace with increased humanitarian needs and an increased UNFPA profile and responsibility for humanitarian response. The surge capacity and the creation of the roving team has been critical to effective UNFPA response but remains a short-term solution to a longer-term challenge - the need to increase humanitarian expertise across all levels. This need must be addressed if UNFPA is to become a fully effective agency at the same level of other United Nations agencies working across development and humanitarian spheres. UNFPA has reached a stage where an internal change in approach is required to sustain momentum towards becoming an effective humanitarian response agency with a dual mandate across both development and humanitarian spheres. This analysis concludes that this change in attitude is a prerequisite to ensuring that humanitarian action will have appropriate human resources for the future.

2. UNFPA has limited human resource capacity to respond to humanitarian crises; increase levels of emergency preparedness and resilience; recover from humanitarian crises; and enhance working across the humanitarian-development nexus. UNFPA relies on a cadre of experienced humanitarians that are deployed from one complex crisis to another which then leads to shortages and challenges in the original duty postings. These are addressed with short-term fixes such as surge. Given limited resources, UNFPA lacks the capacity to immediately and substantially scale up humanitarian expertise. Efforts to do so have been disparate and short-term, without the benefit of an overarching long-term humanitarian human resource strategy.

3. UNFPA has an informal organizational culture that seeks to do more with less. Laudable as this may be (in that it appears to embody the principles of efficiency and value for money), it can lead to negative impacts on the reputation of UNFPA across many humanitarian settings. This may transpire through inadequate or ineffective programming when UNFPA cannot resource all responsibilities it has assumed. It also harms women, girls, and youth in humanitarian settings. Further it undermines UNFPA staff and humanitarian personnel who consistently work longer and harder hours in challenging contexts, often without contractual security and an overall lack of duty of care.

4. UNFPA has had significant and progressive success with both the surge mechanism since 2013 and the creation of the roving team in 2017. These currently constitute the backbone of UNFPA humanitarian *expertise* (with the backbone of humanitarian response being UNFPA national staff). Without surge and the roving team, UNFPA would be unlikely to engender the respect that it does among its peers as a humanitarian response agency. However, surge is not always utilized in the manner for which it was designed. The internal roster is used sub-optimally when managers refuse to allow deployment of internal roster members due to an absence of clear backfilling options. This is notable when only experienced internal humanitarian staff are eligible to surge and (see Conclusion A and B) the shortage of such staff across the organization makes them critical to the operations within which they work full-time. It is **overused** when country offices – for reasons of funding, limited commitment, or misunderstanding on transitioning surge into alternate staffing modalities – rely on surge for too long.

5. Knowledge of, and mechanisms for AAP and PSEA are inconsistent in humanitarian settings. There is limited guidance from UNFPA headquarters on global best practice, albeit with ongoing efforts for both. Online training of personnel with access to affected communities is an important first step but it does not constitute an adequate response. Within UNFPA, this online training is not rolled out to all implementing partners (those with the most day-to-day contact with vulnerable women and girls, and therefore the highest risk) across all contexts. Where surge staff may have comprehensive PSEA knowledge and capacity, the hierarchy within country offices and existing systems and structures make it challenging to rapidly establish comprehensive PSEA mechanisms within UNFPA and partners, if there is no prior foundation upon which they can build.



## Recommendations

1. UNFPA should develop a long-term (five-year) humanitarian human resources strategy for increasing general (non-surge) humanitarian expertise within the agency and allocate the necessary budget for it. This should be based on a clear pre-baseline (from 2012), a current baseline (2019) and an ambitious but realistic (based on a global capacity assessment) goal (2025). The strategy should include a clear three-pronged approach including:

The strategy should include a clear approach as follows:

- **New personnel:** Ensure significant humanitarian expertise is required in all (relevant) job profiles for incoming staff by:
  - a. Inserting humanitarian requirements into relevant job profiles, including senior management
  - b. Developing humanitarian test materials for relevant job interview processes
  - c. Systematically ensuring humanitarian colleagues with requisite experience and expertise are included in all interview panels.
- **Existing personnel:**
  - a. Fund a continuation of the regional humanitarian capacity-building workshops training initiative which started in 2018 on an ongoing basis;
  - b. Launch an organization-wide, country-level humanitarian workshop training initiative, focusing on the countries which are most at risk according to the INFORM index
  - c. Develop a specific senior-level intense training/awareness-raising/support plan targeted at different experience/skill cohorts, i.e., those with robust humanitarian experience; those with limited such experience but interest; those with minimal relevant experience. Consider a mentoring programme, linking those within the first cohort to those within the third cohort
  - d. Pilot a “shadow-surge” roster for those in lower-level positions who have limited experience but high interest in learning, to gain exposure in protracted crises
  - e. Systematically utilize surge/roster deployees to transfer skills when appropriate, for example:
    - i. First-wave personnel (surge or roving team) staff transferring humanitarian skills **where and if possible** (noting that humanitarian response remains at the core function of the deployment)
    - ii. Second-wave personnel (surge or contracted) staff consistently being **required** to transfer skills
    - iii. Longer-term or later deployed humanitarian personnel having a **core responsibility** within their ToR to transfer humanitarian skills

This should complement UNFPA efforts to sensitize all country management on the purpose of surge and the support required for surge deployees via a systematic process of training.

**Department of Human Resources staff:** Build a core team with responsibility for humanitarian staff to ensure speed, consistency, quality and follow-up (including return) of humanitarian personnel identification, recruitment and deployment.

2. UNFPA should develop *a comprehensive duty of care policy* to cover all humanitarian personnel (both international and national, roving team members, surge staff, junior professional officers, UN volunteers, and consultants). This should ensure that ‘doing more with less’ does not inadvertently result in causing harm to UNFPA staff.



This duty of care framework should operationalize the definition and vision of duty of care in line with the existing interagency high-level committee on management (HLCM) definition and define its responsibilities at different levels to ensure clear mechanisms for accountability.

This includes as a minimum:

- Outlining and communicating UNFPA minimum standards of duty of care for all
- Embedding and incorporating responsibilities around duty of care as part of managers terms of reference and incorporate into humanitarian competency framework and Performance Appraisal and Development system
- Remaining mindful that in high-risk environments, further issues around harassment that affect women are highlighted.

Additional issues which affect junior or other vulnerable staff should also be considered. UNFPA should commit to better understanding and responding to the gender-specific aspects around duty of care in high risk-situations. Here, appropriate accommodation, transportation, focused and contextualize training, policies, procedures that ensure women's safety and security are addressed.

Further, the stress upon staff working on a daily basis with highly traumatised survivors of sexual violence should be accounted for within a duty of care policy, relevant strategies and/or annual duty of care workplans. UNFPA should continue the duty of care sub-group and incorporate regional humanitarian staff. Addition measures to promote duty of care include:

- Developing an annual duty of care workplan and reporting annually on progress
- Holding regular meetings dedicated to the subject
- Promoting the use of duty of care working groups at regional levels
- Ensuring HR strategic partners and regional humanitarian advisors and coordinators, as well as regional directors and deputy regional directors are fully sensitized on HLCM recommendations and duty of care in high risk duty at stations
- Ensuring regions and country offices meet regularly to review work plans and emerging priorities
- Soliciting staff and personnel concerns on duty of care via staff care engagement surveys
- Sensitizing humanitarian donors on the need to progressively allocate resources for staff care
- Promoting better understanding of the advantages and returns in investment in duty of care by country teams through dedicated studies and assessments
- Ensuring staff care budget and priorities are included in new/renewed letters of agreement with implementing partners.<sup>2</sup>

3. UNFPA should revisit leadership of the compact for working for and with young people in humanitarian contexts. This is essential in the context of a consistent lack of resources at country level and limited resources at global level to lead a coordinated effort to include youth in humanitarian response.

4. UNFPA should tighten/reinforce its organizational policies in the use of roving teams and surge. This should be complemented by investment of regular resources into humanitarian positions. It should further include:

- (a) Internal development/dissemination of a red, amber, green chart of countries vis à vis recurrent use of surge across time – green for any position that has surge for less than 6 months before finding longer-term solutions; amber for any country which uses surge for 6-12 months; and red for any country which repeatedly uses surge for the same position for more than 12 months. UNFPA DHR and humanitarian office, in conjunction with regional humanitarian advisors and specialists, should use this as a live tracking board to target countries experiencing the most challenges
- (b) Systematic support from DHR, the Humanitarian Office and Regional Offices to country offices within the first 14 days of a humanitarian crisis to draft a sequenced human resources plan, anticipating needs and contracting options (roving team, surge, other longer-term contracting modalities)<sup>3</sup>

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<sup>2</sup> Note these recommendations stem from the Bangladesh Mission Duty of Care reports undertaken by the Surge Manager, 2019.

<sup>3</sup> This should be preceded by DHR, HO, and RO support to countries for humanitarian human resource planning through the MPA process before a crisis occurs.

- (c) Reinforcement within surge training and with surge roster members that denials of surge requests should be reported to DHR in an appropriate manner<sup>4</sup>
- (d) Strengthened communication from senior levels in UNFPA that managers of surge deployees are required to allow staff members to deploy
- (e) Promotion of recognition of the ultimate benefit to surge host country offices in terms of increased humanitarian expertise when the surge member returns, based on increased exposure to different contexts
- (f) Reviewing standard operating procedures to address issues related to Country Representative lines of accountability
- (g) Framing roving team and/or internal surge deployments as four to six week assignments only to address backfilling concerns – and plan for sequencing surge as internal (with *laizzes-passer*, to overcome visa issues), followed by immediate sourcing of external three to six months surge to take over.

5. UNFPA should engage systematically and consistently (i.e. the role added to the profile of one or two specific staff members within the new Humanitarian Office) with the AAP/PSEA task force in Geneva, chaired by the United Nations High Commissioner for Refugees (UNHCR). Ensure that global best practice emanating from this task force is cascaded to regional offices and country offices. UNFPA should develop an AAP and PSEA framework and workplan over a two to four-year period as to how to roll out best practice and use this as a live monitoring / tracking tool. This should include tracking in which contexts UNFPA is at a below minimum global standard level, meeting minimum global standard level, and above – best practice – minimum global standard level. Best practice examples should be collated with the view to developing UNFPA specific AAP and PSEA practical field guidance and trainings.

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<sup>4</sup> Note that DHR maintain a list of non-compliant surge Representatives – DHR key informant.

## Introduction

The number of people affected worldwide by humanitarian crises continues to rise as both the frequency and severity of natural disasters and protracted, complex emergencies increase. The United Nations has calculated global humanitarian requirements for 2019 of US\$ 21.9 billion to reach 93.6 million people out of a total of 131.7 million people in need.<sup>5</sup>

Challenges of refugee and migration issues – with root causes in complex humanitarian emergencies – have already become a defining feature of the twenty-first century, and how they are addressed will reflect critically on the future of humanity. Both the *scale* and *nature* of displacement have changed, with the latter becoming more protracted and with multiple waves over time. Displacement is also increasingly manifested within urban and host community settings, as opposed to traditional camp settings. Cyclical disasters – particularly those which are climate-change driven – are increasing in frequency and scale, and old-standing conflicts are re-emerging with new dimensions. Against this background, UNFPA has commissioned a global evaluation assessing the UNFPA capacity in humanitarian action.

The design and implementation of this evaluation is governed by an evaluation matrix, presented in Annex III. The overall evaluation comprises four country visits and extended (remote) desk reviews (EDRs) of a further eleven countries and two standalone thematic papers, the first of which is a paper on supply chain management for humanitarian commodities and the second of which is this paper on human resources.

Selection of the themes for the thematic papers was undertaken by the evaluation reference group (ERG) by means of a majority vote. This was a detailed consultative process by which the ERG was provided a selection of six individual themes which could be the focus of a detailed thematic review. The themes included:

- Funding of humanitarian action;
- Leadership of the GBV area of responsibility;
- Significance of contribution to the health cluster/working group etc;
- Extent to which UNFPA humanitarian interventions support long-term development processes;
- Extent of UNFPA humanitarian contributions to the Compact for Young People in Humanitarian Action,
- **Procurement/supply chain management for humanitarian commodities; and**
- **Human resources for humanitarian response and surge capacity.**

The final ERG vote resulted in the selection of the latter two items for thematic review.

## Methodology

The evidence (both qualitative and quantitative) on which for evaluation findings and conclusions are based was collected through a range of methodologies, including:

- Data and evidence collected through the four country visits and eleven EDRs. Over 400 individuals were interviewed for the overall global evaluation. The details of these interviews and the country-specific document review details can be found in annexes for each of the individual country notes and EDRs and in the final report;
- Additional global-level key informant interviews (see Annex I);
- Document and literature review (see Annex II);
- Round-table discussion held with DHR colleagues in New York, May 2019 (with participants included in the list of key informants in Annex I).

The evaluation research was conducted in accordance with the United Nations Evaluation Group (UNEG) *Norms and Standards for Evaluations*, the UNEG *Ethical Guidelines for Evaluations*, the UNFPA *Country Programme Evaluation Handbook*, and the World Health Organization (WHO) *Ethical and safety*

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<sup>5</sup> UNOCHA. Global Humanitarian Overview, 2019. 2019.

recommendations for researching, documenting and monitoring sexual violence in emergencies, and with adherence to the following principles:

- **Consultation** with, and participation by, key stakeholders
- **Methodological rigor** to ensure that the most appropriate sources of evidence for answering the evaluation questions are used in a technically appropriate manner
- **Technical expertise and expert knowledge** to ensure that the assignment benefits from knowledge and experience in the fields of gender-based violence in emergencies (GBViE) and sexual and reproductive health and rights in emergencies (SRHRiE)
- **Independence** to ensure that the findings stand solely on an impartial and objective analysis of the evidence.

This thematic paper reviews overall humanitarian human resources for humanitarian action at all levels, including special mechanisms such as surge; and for UNFPA programming positions and coordination positions. It has been framed within the overall evaluation matrix, with specific human resources-related questions formed under each of the evaluation questions as below:

Evaluation Question	Human Resources-specific areas of inquiry
<b>Relevance / Appropriateness</b>	
<b>EQ1.</b> To what extent does UNFPA humanitarian programming correspond to the changing needs of affected populations, while remaining aligned internally with UNFPA mandate and strategic direction?	<ul style="list-style-type: none"> <li>● How does UNFPA ascertain level of resources (# and expertise level) for initial and changing needs in emergencies?</li> </ul>
<b>EQ2.</b> To what extent does UNFPA humanitarian programming align with humanitarian principles, IHL, IHRL, IRL, and external direction of humanitarian action as framed by the Grand Bargain and the New Way of Working (NWoW)?	<ul style="list-style-type: none"> <li>● How knowledgeable and up to date are UNFPA humanitarian deployed personnel (UNFPA contracted, consultants, internal and external surge roster members) with regard to:               <ul style="list-style-type: none"> <li>○ Humanitarian principles</li> <li>○ International Humanitarian Law (IHL), International Human Rights Law (IHRL), International Refugee Law (IRL)</li> <li>○ World Humanitarian Summit, associated initiatives (the Grand Bargain etc);</li> <li>○ Sustainable Development Goals (SDGs) and the link between humanitarian and development within the NWoW.</li> </ul> </li> </ul>
<b>EQ3.</b> To what extent does UNFPA humanitarian programming ensure affected people (particularly women, adolescents, and youth) are active agents in the design, implementation, and monitoring of UNFPA and partners' activities and ensure that there is effective community engagement for the dissemination of information, participation, feedback, and functioning complaints mechanisms, including for PSEA?	<ul style="list-style-type: none"> <li>● How knowledgeable and up to date are UNFPA humanitarian deployed personnel (UNFPA contracted, consultants, internal and external surge roster members) with regard to AAP and PSEA?</li> </ul>
<b>Effectiveness</b>	
<b>EQ4:</b> To what extent is UNFPA achieving its objectives in terms of humanitarian action?	<ul style="list-style-type: none"> <li>● Are UNFPA humanitarian personnel levels (at global, regional, country and sub-national level) adequate for effective response?</li> </ul>
<b>Coverage</b>	
<b>EQ5:</b> To what extent does UNFPA humanitarian programming achieve both geographic and demographic coverage?	<p><i>Geographic coverage</i></p> <ul style="list-style-type: none"> <li>● Are UNFPA humanitarian personnel in the right locations?</li> </ul> <p><i>Demographic coverage</i></p> <ul style="list-style-type: none"> <li>● Do UNFPA humanitarian personnel represent diverse backgrounds?</li> </ul>
<b>Efficiency</b>	
<b>EQ6:</b> To what extent does UNFPA inputs (financial and human resources) and internal systems, processes, policies and procedures support efficient and effective humanitarian response?	<ul style="list-style-type: none"> <li>● Efficiency of surge roster – is the surge function used as intended, for immediate short-term deployment, or is it over-used and over-relied upon instead of filling longer-term humanitarian positions?</li> </ul>

	<ul style="list-style-type: none"> <li>○ # deployments / length of deployment / type of deployment (including how many positions repeatedly filled by 3-6-month surge cover);</li> <li>○ Typology of roster members (internal versus external, # years of experience and expertise etc.)</li> <li>○ Responsible department for surge (HFCB or human resources)</li> <li>○ Training / induction provided</li> <li>○ Follow-up support provided</li> <li>○ Feedback from countries – as to how useful surge deployments are.</li> <li>● Efficiency of non-surge roster humanitarian staffing: <ul style="list-style-type: none"> <li>○ Use of fast-track procedures used for hiring positions in humanitarian crises</li> <li>○ Overall level of double / triple-hatting positions</li> <li>○ Overall level of development staff acting in humanitarian roles</li> <li>○ Training provision on humanitarian action: <ul style="list-style-type: none"> <li>▪ For development staff to undertake humanitarian duties</li> <li>▪ For country representatives</li> <li>▪ For senior management in global and regional positions.</li> </ul> </li> </ul> </li> </ul>
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**Coordination**

<p><b>EQ7:</b> To what extent does UNFPA formal leadership of the GBV AoR (at international, hub, and country levels) and informal leadership of RH WGs (at hub and country levels) and youth WGs (at hub and country levels) contributed to an improved SRH, GBV, and youth-inclusive response?</p>	<p><i>GBV AoR / Sub-Cluster (SC):</i></p> <ul style="list-style-type: none"> <li>● How adequately is the GBV AoR at global level resourced by UNFPA compared to other clusters?</li> <li>● How many GBV SC positions are filled by surge rather than contracted humanitarian personnel?</li> <li>● How many GBV SC positions are double-hatting across cluster and programming responsibilities?</li> <li>● How many GBV SC have information management position? (and is this double-hatting or not?)</li> <li>● How does UNFPA surge coordinate with GBV AoR Regional Emergency GBV Advisors (REGA) deployments?</li> </ul> <p><i>SRHR in emergencies programming / Reproductive Health (RH) Working Group (WG):</i></p> <ul style="list-style-type: none"> <li>● How adequately does UNFPA staffing support the Inter-Agency Working Group (IAWG) and global SRHR in emergencies initiatives?</li> <li>● How many RH WG positions are filled by surge rather than contracted humanitarian personnel?</li> <li>● How many RH WG positions are double-hatting across cluster and programming responsibilities?</li> <li>● How many RH WG have information management positions (and is this double-hatting or not?)</li> </ul> <p><i>Youth:</i></p> <ul style="list-style-type: none"> <li>● How adequately is UNFPA responsibility for young people in emergencies resourced at the global level?</li> <li>● How many youth task force positions are double-hatting across cluster and programming responsibilities?</li> </ul>
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**Connectedness**

<p><b>EQ8:</b> To what extent does UNFPA humanitarian programming take account of and align with longer-term needs and root causes of crises and development and peace programming (both by UNFPA and partners and other actors) and work to enhance the capacity of national and local actors (particularly women and youth civil society organizations)?</p>	<ul style="list-style-type: none"> <li>● How do UNFPA increase connectedness through training and exposure of staffing? – including <ul style="list-style-type: none"> <li>○ UNFPA personnel</li> <li>○ Implementing partner staff</li> </ul> </li> </ul>
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## Background

*“Humanitarian emergencies require global organizations to rapidly increase their resources – people, money and materials. Staff are considered one of UNFPA greatest assets, and in order to ensure our corporate response to emergencies is rapid, predictable and meets the highest standard of quality expected from UNFPA, the effective management of human resources during these times is vital. Surge capacity – the immediate and temporary scale up (and scale down) of human resources – is key to fulfilling UNFPA humanitarian mandate, and ensuring we use scarce humanitarian resources effectively and efficiently.”<sup>6</sup>*

UNFPA humanitarian human resource capacity consists of:

- **General capacity** within regular staffing resources. Within this paper, general capacity relates to humanitarian human resource capacity (personnel on any type of contractual modality including staff, consultants, junior professional officers (JPOs<sup>7</sup>), UN volunteers (UNVs<sup>8</sup>) etc.) which includes humanitarian experts within the general staffing pool and development personnel
- Specific **surge** and **roving team** capacity.

### General humanitarian human resource capacity

For general humanitarian human resources, the UNFPA approach to building humanitarian capacity has been evolving since 2007 when funding from the Government of Sweden supported initial regional humanitarian capacity development workshops between 2007 and 2009. Workshops were held in Panama, Cairo, Nairobi, Senegal and Bangkok and covered the UNFPA humanitarian mandate; humanitarian coordination structures, the minimum initial service package (MISP), and resource mobilization. The workshops were primarily for country-based UNFPA staff although some regional staff also attended,<sup>9</sup> with UNFPA having just at that time undertaken a decentralization process and established regional offices.<sup>10</sup> These workshops were supported by the Humanitarian Response Branch (HRB) – the predecessor to the HFCB which in 2019, became the Humanitarian Office (HO).<sup>11</sup> However, follow-up capacity building beyond these initial workshops was absent.<sup>12</sup>

UNFPA subsequently commenced more systematic humanitarian capacity building for UNFPA regular personnel in 2018.<sup>13</sup> Six regional humanitarian workshops were held in 2018 and 2019, with the last Eastern Europe and Central Asia Regional Office (EECARO) and the Arab States Regional Office (ASRO)

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<sup>6</sup> UNFPA. Surge Brochure. 2018.

<sup>7</sup> “The JPO Programme recruits Junior Professional Officers (formerly known as Associate Experts) for the United Nations Secretariat. JPOs are recruited under bilateral agreements between the UN and donor countries. JPOs are generally nationals of donor countries, however some donors also finance nationals of developing countries. Candidates are young professionals, usually with an advanced university degree and minimum two years of professional experience. JPO positions are generally on the P1 or P2 level.”

<https://www.un.org/development/desa/jpo/about/>

<sup>8</sup> “The United Nations Volunteers (UNV) programme contributes to peace and development through volunteerism worldwide. We work with partners to integrate qualified, highly motivated and well supported UNVs into development programming and promote the value and global recognition of volunteerism. UNV is administered by the United Nations Development Programme (UNDP) and reports to the UNDP/UNFPA/United Nations Office for Project Services (UNOPS) Executive Board.”

<https://www.unv.org/about-unv/who-we-are>

<sup>9</sup> UNFPA headquarters and regional key informants. No further information was available with regard to the number or nature of these workshops, or the impact of these workshops.

<sup>10</sup> DFID. Multilateral Aid Review. Assessment of the United Nations Population Fund (UNFPA). 2011.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/267152/UNFPA-1.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/267152/UNFPA-1.pdf)

<sup>11</sup> Note that to maintain historical factual accuracy, this paper will reference HFCB as this was the branch involved in all activities referenced within this paper. The evaluation team acknowledges that in 2019 HFCB has been upgraded to a full Humanitarian Office (HO) and this is discussed within the findings but is not relevant to analysis of UNFPA humanitarian human resource capacity pre-2019 which is the temporal scope of this thematic paper.

<sup>12</sup> UNFPA regional key informants.

<sup>13</sup> Previous to this, the Asia Pacific Regional Office (APRO) initiated regional humanitarian trainings from 2009 onwards, but as a regional initiative, not as an institutionalized UNFPA initiative.

workshops held in March 2019.<sup>14</sup> DHR report no further funding to continue this initiative. The curriculum and workshop development and roll-out was organized jointly between HFCB and DHR.

There is no specific requirement for any country office to have a humanitarian expert as a standard staffing position within a country (either in a non-emergency context or when an emergency occurs).<sup>15</sup> Different countries therefore vary between:

- Having no humanitarian technical experience
- Having a humanitarian focal point (either with or without experience or training) or
- Having a dedicated humanitarian expert – but with no consistency of adequate levels of humanitarian resources (depending on contextual needs) across countries.<sup>16</sup>

The evaluation noted varied humanitarian positions across regions. The Latin America and Caribbean Regional Office (LACRO) was the only UNFPA regional office without a full-time dedicated humanitarian position. The APRO,EECARO, ) and West & Central Africa Regional Office (WCARO) had, at the time of research, two or more regional humanitarian positions, with other regions having only one. As of mid-2019, APRO (the best-resourced region) had five full-time humanitarian staff: a P5 regional humanitarian advisor; a P3 humanitarian project coordinator; two P2 humanitarian analysts; and a regional humanitarian logistician: all Other Resources (OR)-funded except for the regional humanitarian advisor.<sup>17</sup>

Regional advisers reported that when UNFPA regionalized in 2008 the new organizational structures had either no or very junior humanitarian positions as UNFPA at that time did not consider core humanitarian functions a strategic priority. Over time, different regional offices added humanitarian positions on an ad-hoc basis according to regional need rather than a global strategic review of humanitarian human resource capacity and need.<sup>18</sup>

At the global level, across divisions in headquarters, no systematic requirement for a humanitarian staff member was noted, although most divisions do have humanitarian focal points. There is no specific requirement for humanitarian experience in any (non-emergency focussed) senior management position.

### Surge capacity

UNFPA manages a surge capacity for humanitarian response - humanitarian expert personnel who can immediately respond ('surge') to a humanitarian crisis. UNFPA defines surge as:

*"...the rapid scale up of humanitarian professionals and resources in emergency settings. Over the last few years, UNFPA has become very active in surging qualified personnel due to growing humanitarian needs. These needs are met by using UNFPA Global Emergency Roster which is a staffing modality that provides technical experts to surge."<sup>19</sup>*

Surge capacity within UNFPA has existed in different formats since 2005 with staff, standby partners<sup>20</sup> and more recently with UN volunteers.<sup>21</sup> Surge assessment and training or investment in training UNFPA staff for the surge mechanism started in a more coherent and systematized manner after the introduction of

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<sup>14</sup> Regional UNFPA key informants.

<sup>15</sup> Ibid.

<sup>16</sup> Ibid.

<sup>17</sup> Ibid.

<sup>18</sup> Ibid.

<sup>19</sup> UNFPA. Surge Brochure. 2018.

<sup>20</sup> The standby partnership, of which UNFPA is a member, is a "network of bilateral agreements" between non-governmental organizations and UN agencies which "comprises a range of partners which provide support to UN agencies responding to humanitarian emergencies throughout the world via the secondment of gratis personnel. Each Standby Partner maintains its own roster of humanitarian experts who are called upon to fill staffing needs and gaps in UN operations. The collaboration between UN agencies and partners is an integral component to any rapid response mechanism."

<https://www.standbypartnership.org/about>

<sup>21</sup> Global key informant. However, no further evidence is available to substantiate this and, furthermore, this time period is outside the scope of this thematic paper and therefore no findings are related to surge capacity pre-2012.



the second generation UNFPA humanitarian strategy in 2012.<sup>22</sup>

Surge was further institutionalized in 2015 with subsequent global surge and the first surge training held for thematic GBV surge deployees, including both internal personnel and external partners.<sup>23</sup> This comprises the start of surge as it is currently configured within UNFPA – involving both internal and external deployees.

In 2018 management of the surge function moved from HFCB to the talent management branch within DHR. UNFPA global surge capacity currently consists of internal personnel, external independent professionals, and stand-by partner support.<sup>24</sup>

- *Internal deployments*
  - UNFPA staff are viewed as the organization’s “*first line of defence*” when needing immediate human resources during an emergency. Suitable, interested and available staff members (fixed term, continuing and temporary appointments) are identified and pre-approved for emergency deployments.
- *External deployments*
  - In existence since 2016, the UNFPA external roster includes external candidates (retirees, previous staff, consultants, or other qualified persons) that are identified, trained and assessed before being deployed as consultants or temporary staff.
- *Stand-by Partners (SBP)*
  - UNFPA maintains partnership agreements with SBPs who can provide highly qualified humanitarian personnel to be deployed on short notice. Up to 50 per cent of deployees come from SPBs who provide salaries, duty of care conditions and insurance for their roster members. Current SBPs are CANADEM, Norwegian Refugee Council (NRC), Danish Refugee Council (DRC), and RedR Australia.

Each year UNFPA launches an official call to surge which is released on the UNFPA website and relevant social media outlets.<sup>25</sup> Shortlisted candidates are invited to attend a five-day surge assessment workshop. The surge workshop includes a learning component with a strong focus on preventing and responding to GBV in emergencies, as well as providing SRH services; and an assessment and simulation component where candidates are assessed according to the profile for which he/she is being considered for surge assignment. The surge training includes communications and operations in emergencies, needs assessments, humanitarian standard operating procedures, and humanitarian financing together with soft-skills sessions.<sup>26</sup>

In preparation for the workshop, selected candidates are also asked to complete up to 40 hours of pre-learning exercises that consist of relevant e-learning course(s), webinars and associated readings. Candidates who successfully complete the learning and assessment component and are technically cleared by the attending assessors during the in-person training and simulation exercise are added to the global emergency roster and considered for surge deployment in an emergency setting.

The roles defined within surge capacity include:

- **GBV Specialist.** There are three main sub-profiles in the GBV Specialist role:
  - *GBV Programme Specialist:* for UNFPA GBV humanitarian programming
  - *GBV Interagency Coordinator:* for GBV sub-cluster coordination functions
  - *GBV Information Management Officer:* for information management across either or both UNFPA GBV programming and GBV sub-cluster

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<sup>22</sup> UNFPA. Humanitarian Response Strategy “Second Generation”. 2012.

<sup>23</sup> DHR key informants.

<sup>24</sup> UNFPA DHR. Surge Mechanism Presentation 10-12 April 2019. 2019

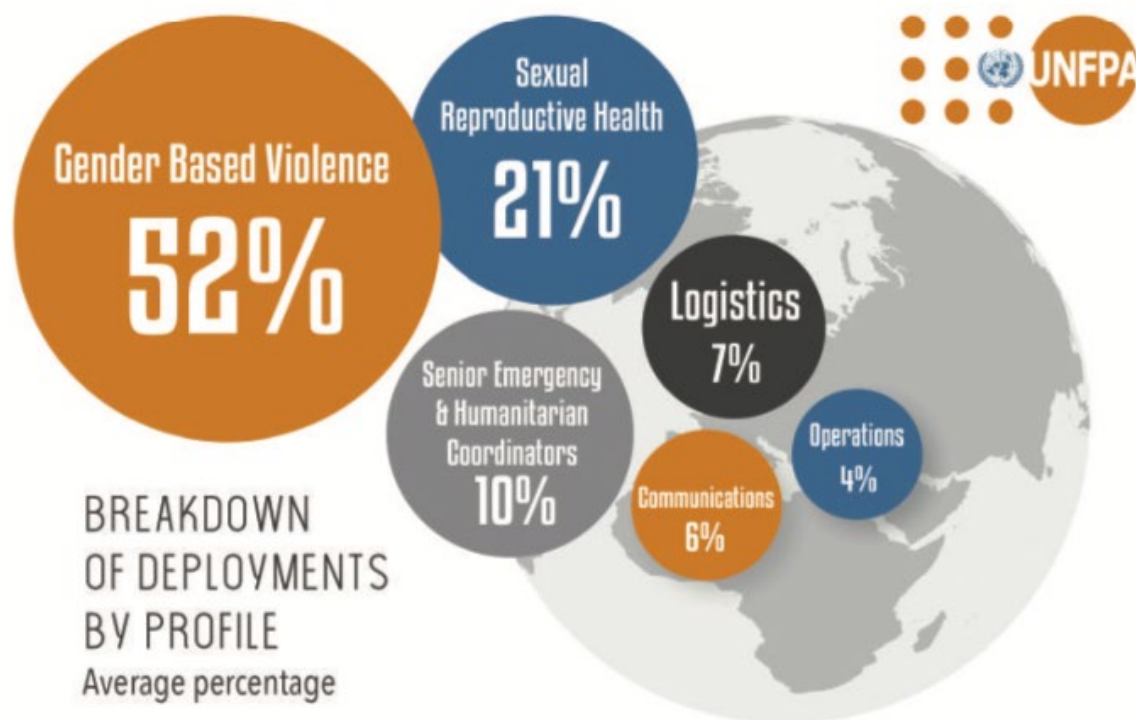
<sup>25</sup> Ibid.

<sup>26</sup> UNFPA DHR key informant.

- **SRH Specialist.** One profile for SRHR in emergencies activities including both UNFPA SRHR humanitarian programming and SRHR coordination functions within RH working groups under the health cluster, where established
- **Senior Emergency Coordinator.** This role reports directly to HFCB, Chief and oversees all aspects of a UNFPA humanitarian response, and works in ‘consultation’ with the Regional Director and the Country Representative
- **Humanitarian Coordinator.** This role reports directly to the Country Representative or his / her designated delegate to manage the humanitarian response within the country office management team
- **Communications Officer.** This role works across all internal and external aspects of communications for a humanitarian response.

Additionally, other profiles (not included within the UNFPA surge brochure) have been added to the roster including Human Resources Specialist, Operations Manager, Logistics Officer, and Monitoring and Reporting Specialist.<sup>27</sup>

**Figure 1. Breakdown of deployment by profile, 2018<sup>28</sup>**



In 2018 UNFPA completed a meta-analysis of the engagement of UNFPA in highly vulnerable contexts.<sup>29</sup> It found that in 2015 there was 96 current UNFPA staff on the internal roster, out of which 13 were deployed during 2015.<sup>30</sup>

In 2018 there were 355 individuals on UNFPA rosters. DHR report that research suggests that a roster of this type requires an average of five candidates per deployment request received. Therefore, the current roster is not at optimum robustness, with 355 available candidates for 100 deployments in 2018.<sup>31</sup>

<sup>27</sup> DHR and regional UNFPA key informants.

<sup>28</sup> UNFPA. Surge Brochure. 2018. Note that while the breakdown of deployments highlights logistics and operations deployments, these profiles are not included within the 2018 Surge Brochure.

<sup>29</sup> UNFPA. Meta-Analysis of the engagement of UNFPA in highly vulnerable contexts. 2018

<sup>30</sup> Ibid.

<sup>31</sup> UNFPA DHR key informants.

## Roving Team

In response to the fact that GBV profiles were most requested surge profiles<sup>32</sup> UNFPA established a specific GBV and CMR roving team:

*“To establish and improve UNFPA GBV programming and mainstreaming in humanitarian response, in 2017 the specialized three-member GBV and CMR roving team provided 230 mission days across ten countries. The roving team trained over 800 humanitarian actors and assessed 31 health facilities and safe houses.”<sup>33</sup>*

This GBV roving team consists of home-based individuals to be deployed up to 70 per cent of their time to either support an existing GBV humanitarian response or to initiate a new GBV humanitarian response. GBV team members can be deployed to support with either UNFPA GBV programming functions or interagency coordination functions.<sup>34</sup>

In 2017 this was a three-person team; by 2018 it had become an eight-person team with greater depth in skillsets.<sup>35</sup> The team consisted of a humanitarian coordinator, three SRH specialists, three GBV specialists, and one CMR specialist. Due to lack of continued funding into 2019 the humanitarian coordinator position could not be sustained and was eliminated. The new regionalized roving team will consist of two person teams across three regions with a GBV specialist and SRH specialist / humanitarian coordinator for EASRO; a GBV specialist and an SRH specialist for WCARO; and a GBV / psychosocial support (PSS) specialist and a CMR specialist for ASRO).<sup>36</sup>

Until 2019 because of the inability to rapidly provide staff contracts, this roving team was sub-contracted by the Canadem SBP. However, in 2019 UNFPA secured three-year funding from the Government of Denmark to allow this roving team to transition into staffing posts and which will be regularized into three priority regions (ASRO, ESARO, and WCARO).<sup>37</sup> The surge team under DHR took on the coordination of the roving team in 2018.<sup>38</sup>

*Note that, as a relatively new mechanism, there is limited evidence collected through this evaluation relating directly to the roving team differentiated from the surge deployments as a modality of response. The evaluation team considers the evidence relating to relevance (particularly with regard to knowledge of humanitarian principles, and AAP and PSEA), effectiveness, and efficiency applies equally to roving team deployed personnel as to surge deployed personnel. This is because to date, the roving team has been contracted through an SBP much as one component of the surge mechanism is and therefore at country level, respondents do not always differentiate between roving team members and surge deployees. However, at the level of conclusions and recommendations this thematic paper has sought to differentiate between the two modalities.*

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<sup>32</sup> 48% of 2016 surge deployments; 52% of 2017 surge deployments; and 48% of 2018 surge deployments were GBV profiles. UNFPA. UNFPA DHR. Surge Mechanism Presentation 10-12 April 2019. 2019

<sup>33</sup> UNFPA. 2018 Humanitarian Action Overview. 2018.

<sup>34</sup> UNFPA. Job Advert for International Consultant, HFCB, Roving Specialists. 2016.

<https://www.unfpa.org/jobs/international-consultant-humanitarian-fragile-contexts-branch-roving-specialists-emergencies>

<sup>35</sup> UNFPA headquarters and regional key informants.

<sup>36</sup> UNFPA DHR key informants.

<sup>37</sup> While these three regions are prioritized, the roving team can still be deployed to support other regions if necessary.

<sup>38</sup> UNFPA DHR. Surge Mechanism Presentation 10-12 April 2019. 2019.

## Findings

### EQ 1: Relevance/Appropriateness: Aligned with changing needs of population.

To what extent does UNFPA humanitarian programming correspond to the changing needs of affected populations, while remaining aligned internally with UNFPA mandate and strategic direction? [How does UNFPA ascertain level of resources (# and expertise level) for initial and changing needs in emergencies?]

#### Findings

1. The general internal human resource capacity of UNFPA for humanitarian response has improved significantly within the last decade but lags humanitarian needs and the global commitments of UNFPA as an effective humanitarian response agency.
2. The surge mechanism capacity (including internal and external roster members and standby partners) within UNFPA has significantly evolved over time to align with the increasing humanitarian commitments of UNFPA.
3. The surge mechanism is often over-utilized due to the mismatch in experience and capacity between the UNFPA surge and roving teams and the humanitarian capacity in general staffing. This results in country operations relying on surge deployments longer than the function was designed for, and in lieu of properly resourcing positions necessary to manage responses to protracted crises.

**1. The general internal human resource capacity of UNFPA for humanitarian response has improved significantly within the last decade but lags increasing humanitarian needs and the global commitments of UNFPA as an effective humanitarian response agency.**

*“The UNFPA of 10 years ago is nothing compared to today, we are moving in the right direction”<sup>39</sup>*

*“I wanted to emphasise that it is not all bad, since I joined UNFPA 10 years ago there has been a massive improvement”<sup>40</sup>*

*“We have come a long way since 10 years ago but humanitarian needs have also increased. We have been fairly successful for making a name for ourselves with RH kits and GBV stuff, so we have more responsibility”<sup>41</sup>*

*“We’ve become stronger, over the past 15 years we have seen a lot of improvement. We are not being questioned anymore as to whether we should be humanitarian, generally speaking we are on board with this across UNFPA.”<sup>42</sup>*

UNFPA has shifted from a purely development agency to one working across development and humanitarian spheres. This evolution has included increasing visibility of humanitarian action, increasing leadership commitment, particularly for GBV AoR and associated sub-clusters, and increasing humanitarian funding and resources, including human resources.<sup>43</sup>

However, the evolution of the staffing capacity of UNFPA in humanitarian action has not kept pace with both increasing humanitarian needs and an increasing recognition of both GBV and SRHR (UNFPA mandated responsibilities) as life-saving humanitarian responses.

The number of people affected worldwide by humanitarian crises continues to rise as both the frequency and severity of natural disasters and protracted, complex emergencies increase. The United Nations has calculated global humanitarian requirements for 2019 of US\$21.9 billion to reach 93.6 million people out

<sup>39</sup> UNFPA regional key informants

<sup>40</sup> UNFPA country key informant.

<sup>41</sup> UNFPA regional key informant.

<sup>42</sup> UNFPA headquarters key informant.

<sup>43</sup> For a full analysis of the evolution of the humanitarian capacity of UNFPA, please see the global humanitarian capacity synthesis report.

of a total of 131.7 million people in need.<sup>44</sup> This compares to the 2012 overview which indicated a humanitarian aid volume of US\$12.7 billion reaching 54 million people.<sup>45</sup>

There is a clear consensus from evaluation respondents across country, regional, and global levels, both internally and externally, that UNFPA humanitarian capacity has exponentially improved within the last decade.<sup>46</sup> In 2018 UNFPA received US\$172,625,466 in humanitarian funding<sup>47</sup> which accounted for 31 per cent of total 2018 spend.<sup>48</sup> In 2015 (the earliest year for which humanitarian spend data was fully available) UNFPA humanitarian spend was US\$82,386,133,<sup>49</sup> showing a near doubling of humanitarian activity. However, while UNFPA has significantly increased humanitarian resourcing, the consensus among UNFPA stakeholders is that this remains inadequate at all levels.<sup>50</sup>

At the global level, UNFPA has undertaken an internal reform process and in 2019 the HFCB was fully upgraded to a Humanitarian Office with an incoming director at D2 level and with nine new posts being created, bringing the total number of posts within the new Humanitarian Office to 33 across New York and Geneva. This move is broadly welcomed within UNFPA.<sup>51</sup> However, as of May 2019, five of these positions were completely unfunded with a further six only partially funded.<sup>52</sup> The evaluation identified some confusion amongst UNFPA staff as to how the final organizational structure was developed with multiple UNFPA respondents reporting limited engagement in, and transparency of, the development of the new HO structure.<sup>53</sup> At regional level, there is inconsistency of humanitarian personnel resourcing, which is reflected again at country level.<sup>54</sup> See evaluation question (EQ) 5 on coverage for more information about geographical coverage of UNFPA humanitarian expertise.

UNFPA has an oft-cited informal organizational approach of ‘doing more with less’, i.e. being able to respond to significant needs across both development and humanitarian arenas with a smaller number of staff than sister United Nations agencies. This approach was particularly useful on the abrupt cessation of United States government funding in 2017. While many respondents report that UNFPA is in fact as “financially healthy as ever”<sup>55</sup> due to increasing donations from other governments more supportive of the UNFPA mandate, the approach risks making a virtue of insufficiency. This is despite clear acknowledgement from UNFPA that having adequate (by number and by experience) humanitarian personnel is essential to ensure quality UNFPA humanitarian response.

*“Humanitarian emergencies require global organizations to rapidly increase their resources – people, money and materials. Staff are considered one of UNFPA’s greatest assets, and in order to ensure our corporate response to emergencies is rapid, predictable and meets the highest standard of quality expected from UNFPA, the effective management of human resources during these times is vital.”<sup>56</sup>*

However, UNFPA has, to date (and notwithstanding planned changes within the Humanitarian Office) addressed humanitarian staffing commitments through a significant reliance on the surge mechanism.

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<sup>44</sup> UNOCHA. Global Humanitarian Overview, 2019. 2018.

<sup>45</sup> UNOCHA. 2012 Annual Report. 2012.

<sup>46</sup> Multiple UNFPA, other UN agency, NGO, and government key informants. For further information refer to the full final evaluation report evidence matrix annex EQ1.

<sup>47</sup> <https://www.unfpa.org/data/dashboard/emergencies>

<sup>48</sup> The UNFPA 2018 spend is reported at \$550,052,707: <https://www.unfpa.org/data>

<sup>49</sup> UNFPA. Humanitarian Action 2016 Overview. 2016. [https://www.unfpa.org/sites/default/files/pub-pdf/16-150\\_UNFPA\\_Humanitarian\\_2016\\_Overview\\_Final\\_Sheet\\_Final\\_Web\\_version.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/16-150_UNFPA_Humanitarian_2016_Overview_Final_Sheet_Final_Web_version.pdf)

<sup>50</sup> Multiple UNFPA key informants. For further information refer to the full final evaluation report evidence matrix database EQ1 and EQ6.

<sup>51</sup> Multiple UNFPA key informants at global, regional, and country levels.

<sup>52</sup> UNFPA. Humanitarian Office Organogram. Final. 21 March 2019. 2019.

<sup>53</sup> Multiple UNFPA key informants at global and regional levels.

<sup>54</sup> See EQ5 on coverage for more in-depth analysis of UNFPA humanitarian expertise targeted to global, regional, and country levels.

<sup>55</sup> UNFPA key informant.

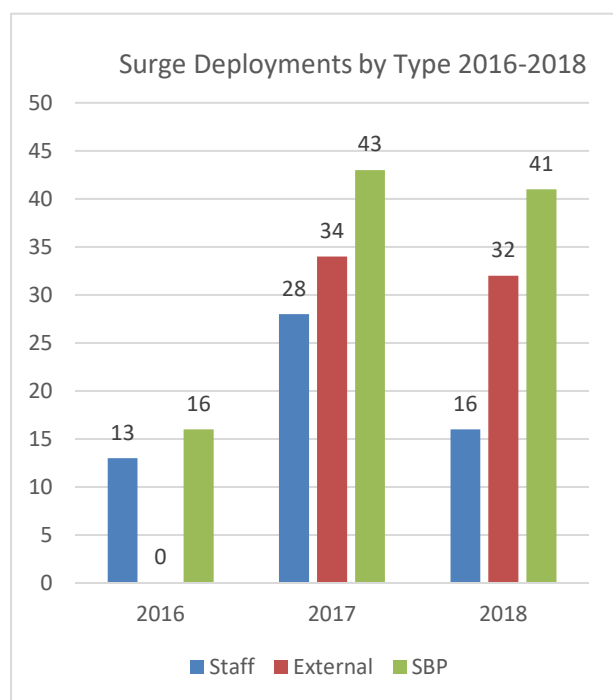
<sup>56</sup> UNFPA. Standard Operating Procedures (SOP) for the management of emergency surge deployments from UNFPA’s global emergency roster. 2017

**2. The surge mechanism capacity (including internal and external roster members and standby partners) within UNFPA has significantly evolved over time to align with the increasing humanitarian commitments of UNFPA.** Evaluation respondents – both internal and external to UNFPA – universally praised the surge function and various aspects within this function.<sup>57</sup>

The expansion of surge from the initial internal roster in 2014 including both an external roster and standby partnerships in 2016 is considered by all stakeholders as an effective change. This is notable given the difficulties of some internal surge roster members to be released from existing responsibilities, but also due to the high level of humanitarian knowledge, experience, and skillsets that external surge deployees bring to UNFPA.<sup>58</sup>

The surge mechanism presentation for the Oversight Advisory Committee<sup>59</sup> in April 2019 highlights a 67 per cent roster growth rate between 2016 and 2018, with a 50 per cent increase in deployments across the same period. Since the external roster was launched in 2016, external roster deployments became increasingly popular, with 43 per cent of deployments coming from the external roster in 2018. External roster members are generally those who surge repeatedly.<sup>60</sup> There is also a reported increase of French and Spanish speaking roster members,<sup>61</sup> although evaluation respondents from the LACRO region reported few Spanish speaking roster members. Further, the absence of surge training workshops in the Spanish language was noted as a hindrance to effectively sourcing human resources for humanitarian response within that region.<sup>62</sup>

**Figure 2. Deployments by type<sup>63</sup>**



Information gathered through the meta-analysis revealed that the process to develop surge capacity for responding to humanitarian situations has been very useful, but clearly not sufficient or relevant to filling long-term capacity gaps, for example, in protracted crisis situations. Of those 13 country offices participating in the survey, 10 had received surge personnel for responding to humanitarian situations, mainly humanitarian coordinators, GBV and SRHR specialists and health coordinators. Experiences were overall positive. Interviews and surveys also suggested that surge is not sufficient (and was not intended for) in ensuring continuity in protracted crises for sustainability of response.<sup>64</sup> Respondents at global and regional level report limited knowledge at the country office level of human resources planning for emergencies.<sup>65</sup> It was also reported as less than ideal when deployed surge personnel remained in charge of their regular

<sup>57</sup> Multiple UNFPA, other UN agency, and NGO key informants. For further information, refer to the full final evaluation report evidence matrix annex EQ6.

<sup>58</sup> Ibid.

<sup>59</sup> The primary function of the Oversight Advisory Committee is to provide advice and guidance to the UNFPA Executive Director. <https://www.unfpa.org/admin-resource/oversight-advisory-committee>

<sup>60</sup> UNFPA DHR. Surge Mechanism Presentation 10-12 April 2019. 2019.

<sup>61</sup> Ibid.

<sup>62</sup> LACRO regional and country key informants.

<sup>63</sup> Data from UNFPA DHR. Surge Mechanism Presentation 10-12 April 2019. 2019

<sup>64</sup> Multiple UNFPA key informants at global, regional, and country levels.

<sup>65</sup> UNFPA DHR and regional key informants.



work and were obliged to handle two jobs at the same time.<sup>66</sup>

Internal surge personnel have the advantage of being more familiar with UNFPA procedures (as opposed to external personnel). The meta-analysis suggested that, especially in the case of external surge personnel, care should be taken to bring them properly on board. This could be achieved by providing extra coaching—for example, on procurement rules in emergencies in order to be audit compliant—or by introducing twinning arrangements.

Overall, the meta-analysis identified several human resource challenges that prevent surge from being as relevant as it should be vis à vis humanitarian action:

- Country office staff are overburdened and stressed by the psychological and time demands of implementing country programmes and participating in coordination mechanisms in highly vulnerable contexts. Work-life balance can be a serious issue causing burn-out and high turnover
- Inconsistent staffing is a challenge, in terms of available competences—humanitarian programming and upstream engagement
- Reliance on short-term local contractors, instead of being able to recruit fixed-term staff, threatens stability and sustainability
- While highly valued, surge personnel are not deployed sufficiently long-term for protracted emergencies.<sup>67</sup> In acute emergencies, it has taken too long for their deployment. Neither are they always sufficiently familiar with UNFPA or the subject matter
- Time is needed to fulfil a plethora of corporate headquarter requirements. This takes the time away from saving lives.
- Levels of staff in regional offices for emergency preparedness and response are not commensurate with providing expected support for country offices, engaging in regional coordination and networking, and managing level 2 emergency responses.

With regard to the support provided by the surge team, respondents particularly praised the surge training, reporting it as being practical, including a simulated response exercise which is useful.<sup>68</sup>

Surge training has evolved from the first systematized workshop in 2015. It now includes additional discrete elements – such as the inclusion of a communications component from April 2017 onwards<sup>69</sup> and increased utilization of participatory methodologies to ensure engagement with and retention of the knowledge gained within the training. Other additional components include an expanded operational component, PSEA, duty of care, giving and receiving feedback, and communications.<sup>70</sup> Interestingly, the evidence indicates that surge training has consistently been utilized across the years by staff members who have no intention of surging, but have clear needs for humanitarian training which was not offered through any other modality within UNFPA until 2018 (see next finding).

**3. The surge mechanism is often over-utilized due to the mismatch in experience and capacity between the UNFPA surge and roving teams and the humanitarian capacity in general staffing, This results in country operations relying on surge deployments longer than the function was designed for, and in lieu of properly resourcing positions necessary to manage responses to protracted crises.** This also applies to the over utilization of surge training by UNFPA staff members with no clear desire to surge, but a clear

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<sup>66</sup> Multiple UNFPA key informants at global, regional, and country levels.

<sup>67</sup> The meta-analysis states ‘contracted emergencies’ which is a typographical error and, within context, should be ‘protracted’ emergencies.

<sup>68</sup> UNFPA key informants who have undertaken surge training. For further information refer to the full final evaluation report evidence matrix annex.

<sup>69</sup> UNFPA headquarters key informant.

<sup>70</sup> UNFPA DHR key informants.



desire to understand more about humanitarian architecture and the UNFPA humanitarian accountabilities and programming modalities.<sup>71</sup>

*“When we had surge workshops we had Country Representatives coming to workshops: they had no intention to surge but there were no other training opportunities.”<sup>72</sup>*

In 2018 UNFPA hosted six non-surge humanitarian training workshops, rolled out across regions. These workshops were in response to the over-subscription to surge workshops by non-genuine surge deployees and a recognition of limited other training opportunities within UNFPA for staff to increase their humanitarian experience. The non-surge humanitarian workshops built on the experiences of the surge workshops since 2015 and were generally perceived as effective and extremely worthwhile.<sup>73</sup> However, DHR reported no further funding to continue these workshops in 2019.<sup>74</sup> The discontinuation of this training, together with the reluctance of managers to allow internal surge roster members to deploy and gain experience, results in UNFPA struggling to build sufficient and timely internal capacity for humanitarian action.

Over-utilization of surge is partly due to contractual modalities. DHR reported that lack of funding for key positions at the level of the country office is a key reason why surge is relied upon so heavily. However, limited understanding of humanitarian action at country senior management level contributes to reduced commitment to secure funds for key humanitarian positions that should be fulfilled through a Temporary Appointment (TA) or even a Fixed-Term Appointment (FTA) contractual modality. One example provided by the DHR team highlighted the continuous requests from L1<sup>75</sup> protracted emergency contexts, for surge personnel. This is ultimately detrimental both to (a) an over-stretched surge roster of experts who, when deploying to protracted crises, are as a result unavailable for immediate onset L3 crises (for which the surge mechanism was designed) and (b) the overall reputation of UNFPA and the effectiveness of a UNFPA response within L1 protracted emergencies with a “revolving door” succession of temporary personnel fulfilling roles that require longer-term commitments.

*“So, we have an unexpected crisis – and that crisis becomes a protracted crisis. We have many such cases and how come we still need to give surge support to Iraq, Bangladesh, Syria and Yemen? When we know it’s not a crisis that will end in two years. Why don’t we create full time positions in UNFPA? Shows you we are not thinking things through strategically”<sup>76</sup>*

Protracted crises require different staffing mechanisms from rapid onset however UNFPA is reactive to all crises and lacks a proactive approach for staffing within protracted crises.

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<sup>71</sup> There is no clear data on how many participants of surge workshops attended without any intention of surging, but this practice has been reported by numerous respondents across all levels of UNFPA.

<sup>72</sup> UNFPA headquarters key informant.

<sup>73</sup> Multiple headquarters and regional UNFPA key informants.

<sup>74</sup> UNFPA DHR key informants.

<sup>75</sup> The 2012 Transformative Agenda process included agreement around the concept of classifying emergencies as Levels 1, 2, and 3, with a Level 3 emergency requiring a system-wide emergency activation.

See <https://interagencystandingcommittee.org/iasc-transformative-agenda>

<sup>76</sup> UNFPA country-level key informant.

## EQ 2: Relevance/Appropriateness: Aligned with international law and principles.

**EQ2.** To what extent does UNFPA humanitarian programming align with humanitarian principles, IHL, IHRL, IRL, and external direction of humanitarian action as framed by the Grand Bargain and the NWoW? [How knowledgeable and up-to-date are UNFPA humanitarian deployed staff (UNFPA contracted, consultants, internal and external surge roster members) with regard to: (a) humanitarian principles; (b) IHL, IHRL, IRL; (c) WHS and associated initiatives and workstreams (the Grand Bargain etc.); and (d) SDGs and the link between humanitarian and development within the NWoW?]

### Findings

4. The level of humanitarian knowledge, understanding, and commitment amongst non-humanitarian personnel within UNFPA is increasing but is not yet commensurate with need. This has undermined the ability and credibility of UNFPA for humanitarian response.

5. Surge and roving team deployees are perceived by internal and external stakeholders as highly knowledgeable in humanitarian principles and humanitarian architecture.

#### **4. The level of humanitarian knowledge, understanding, and commitment amongst non-humanitarian personnel within UNFPA is increasing but is not commensurate with need. This has undermined the ability and credibility of UNFPA for humanitarian response.**

In line with the overall improvement in UNFPA humanitarian staffing capacity since 2009/2010, the level of knowledge, understanding of, and commitment to humanitarian action, architecture, and principles is increasing. However, it is still not at a level that allows UNFPA humanitarian response to function without challenges. As previously mentioned, many senior staff, including Country Representatives, reportedly accessed surge training without any intention to participate in surge but simply due to an absence of other options to gain knowledge and skills for humanitarian action.<sup>77</sup>

In 2018 and 2019 UNFPA rolled out regional humanitarian capacity building workshops.<sup>78</sup> This initiative was well received and considered useful by UNFPA humanitarian staff at regional and country office levels, but there is no continuation of funding.<sup>79</sup> However, evidence from stakeholders indicates many staff at both senior and middle-management level across country, regional, and headquarters with little knowledge of humanitarian architecture or principles. In 2015 UNFPA started to assess humanitarian competencies in the leadership pool assessment centre (LPAC)<sup>80</sup> but despite this, respondents report that there remains some Country Representatives with limited humanitarian knowledge.<sup>81</sup> One respondent noted a Country Representative in an emerging humanitarian context who was unsure of the difference between central emergency funds (CERF) and surge in 2018.<sup>82</sup>

*“Even at the senior country office level, I feel the senior staff don’t understand their role. I believe this, they don’t understand UNFPA humanitarian strategy – SRH in emergencies and GBV in emergencies, is all very new to UNFPA.”<sup>83</sup>*

*“Senior management don’t understand the cluster lead agency role; we are still very weak here”<sup>84</sup>*

*“A problem is that Country Representatives don’t understand clusters, nor have interest.”<sup>85</sup>*

<sup>77</sup> Multiple UNFPA key informants but there is no specific quantitative data available to substantiate how many UNFPA senior managers have accessed surge training in lieu of any other way of increasing knowledge and capacity for humanitarian action.

<sup>78</sup> UNFPA headquarter key informants.

<sup>79</sup> Ibid.

<sup>80</sup> UNFPA headquarter key informants.

<sup>81</sup> Country and regional UNFPA, and other UN agency key informants.

<sup>82</sup> UNFPA headquarters key informant.

<sup>83</sup> UNFPA key informant.

<sup>84</sup> UNFPA key informant.

<sup>85</sup> UNFPA key informant.

Many UNFPA humanitarian staff expressed that this shortage of basic knowledge across the organization impedes the effectiveness of UNFPA as a humanitarian actor. Respondents reported that UNFPA is not always considered a serious humanitarian partner based on minimal humanitarian knowledge at the most senior country levels<sup>86</sup> and internally UNFPA staff report senior country-level management in high-risk locations with no humanitarian knowledge or experience.<sup>87</sup>

Not all staff need to be humanitarian specialists, but all staff at senior levels need to have a sufficient understanding of humanitarian architecture, the areas of responsibility for UNFPA in humanitarian action, and humanitarian principles. Knowledge of humanitarian principles is particularly relevant for UNFPA given the close relationships UNFPA has with host governments globally – a significant value-add for UNFPA in both development and humanitarian spheres, but something that can become challenging with regard to the principles of neutrality, impartiality and/or independence when the host government is not adhering to humanitarian, human rights, or refugee law or when UNFPA does not have enough resources to work independently of the authorities.<sup>88</sup>

**5. Surge and roving team deployees are perceived by internal and external stakeholders as highly knowledgeable in humanitarian principles and humanitarian architecture.** Across the board, surge and roving team personnel are perceived to be highly knowledgeable with respect to humanitarian architecture, humanitarian response, humanitarian thematic global standards (for SRHR or GBV, respectively), and humanitarian principles.<sup>89</sup> However, respondents reported mixed perspectives on the soft skills of surge and roving team personnel, and how much they were able to work under Country Representatives who were not well-versed in humanitarian action (a challenge common to all organizations and agencies that combine both types of work). This is reported as being more pronounced when the surge function is for coordination, when country office senior management do not understand cluster lead agency (CLA) responsibilities and therefore do not understand why a ‘UNFPA staff member’ is seemingly acting on behalf of other agencies. While it is not incumbent upon the surge deployee to train country office senior management, some respondents report that it would be beneficial to ensure that surge deployees have the requisite level of awareness around the potential challenges and some key strategies to mitigate these challenges.<sup>90</sup>

HFCB (now the HO) and DHR systematically consult with Country Representatives when deploying surge or roving team personnel.<sup>91</sup> Additionally, the GBV AoR has, in 2019, instigated a practice of reaching out to Country Representatives whenever a new GBV sub-cluster coordinator (surge, roving team, or other contractual modality) is recruited, requesting a discussion about the coordinator’s responsibilities. The GBV AoR also ensures REGAs<sup>92</sup> are connected to GBV sub-cluster coordinators to provide further support.<sup>93</sup> AoR stakeholders report that only since 2019 have AoR staff felt confident to reach out directly to UNFPA Country Representatives. Prior to the reform process of transitioning the HFCB from New York to Geneva and New York, communication with Country Representatives was only via HFCB.<sup>94</sup> While it is too early for this evaluation to provide an analysis of the benefit of this new way of communication, the AoR reports it has been positive to date.<sup>95</sup>

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<sup>86</sup> UNFPA country-level key informants. For further information, refer to the final evaluation report evidence matrix annex – EQ2.

<sup>87</sup> UNFPA DHR/regional key informants. For further information, refer to the final evaluation report evidence matrix annex – EQ2.

<sup>88</sup> Multiple UNFPA key informants. For further information, refer to the final evaluation report evidence matrix annex – EQ2. Please also see a more in-depth analysis of this issue within the final evaluation report.

<sup>89</sup> Multiple key informants. For further information, refer to the final evaluation report evidence matrix annex – EQ2.

<sup>90</sup> Ibid.

<sup>91</sup> UNFPA DHR key informants.

<sup>92</sup> REGAs are regionally-based, rapidly deployable senior technical experts used to strengthen country-level humanitarian responses to GBV and managed by the GBV AoR. <https://gbvaor.net/about-us>

<sup>93</sup> GBV AoR key informants.

<sup>94</sup> Ibid.

<sup>95</sup> Ibid.

### EQ 3: Relevance/Appropriateness: Accountability to Affected Populations.

**EQ3.** To what extent does UNFPA humanitarian programming ensure affected people (particularly women, adolescents, and youth) are active agents in the design, implementation, and monitoring of UNFPA and partners' activities and ensure that there is effective community engagement for the dissemination of information, participation, feedback, and functioning complaints mechanisms, including for PSEA? *[How knowledge and up-to-date are UNFPA humanitarian deployed staff (UNFPA contracted, consultants, internal and external surge roster members) with regard to AAP and PSEA?]*

#### Findings

6. There is inconsistent but increasing understanding of AAP, including both conceptual awareness and more pragmatic capacity to establish feedback mechanisms which allows UNFPA to apply AAP principles established by the IASC in some contexts but not consistently across all crises.

7. There is a basic understanding of the principles of PSEA within both surge and regular staffing positions within UNFPA which remains at a basic level, noting even when knowledge of the issue exists, systems and structure within country offices do not allow for surge or other humanitarian specialists to establish comprehensive PSEA mechanisms within UNFPA and partners.

**6. There is inconsistent but increasing understanding of AAP, including both conceptual awareness and more pragmatic capacity to establish feedback mechanisms which allows UNFPA to apply AAP principles established by the IASC in some contexts but not consistently across all crises.** At the country level, there is no minimum standard of knowledge of the principles of AAP or standardized partner support methodologies. Neither is there any clear understanding of the role of UNFPA particularly with regard to ensuring feedback by and participation of women and girls specifically. There are many anecdotal examples across countries of UNFPA personnel at an individual level trying to ensure that feedback from communities, and particularly women and girls, is incorporated into programme design, implementation, and monitoring, but there is no systematic support from UNFPA to staff members to achieve this.

In **Yemen**, additional attention has been given to AAP and PSEA within 2018 across the humanitarian response but this is still nascent. UNFPA has been tasked with the lead on AAP by the Humanitarian Country Team. Funds raised for these activities enhance the opportunities to consult with beneficiaries, and alternative low-cost strategies exist as well.

In **South Sudan** UNFPA seeks to engage beneficiary populations to provide feedback on programmes and commodities, and to enhance community investment in programme delivery. However, lack of targeted community engagement as part of project development has been posited as one explanation for the limited uptake of the one-stop centre services.

In **Turkey**, accountability feedback mechanisms, including a systematic way of collating and analysing feedback and changing programming based on that feedback, have been established from the very beginning of the key refugee population project.

In **Haiti**, and within a context of United Nations system-wide absence of functional feedback mechanisms, there is some limited evidence of increased attention to systematic feedback mechanisms for UNFPA since mid-2018 but results from this have not yet been realized.

In **Indonesia**, UNFPA undertakes regular activities to solicit input from affected populations. However, it is not clear that feedback from beneficiaries reliably results in action on the part of humanitarian responders.

At the global level, there is no consistent UNFPA engagement with the IASC task team on AAP and PSEA.<sup>96</sup> Minutes of task team meetings (available online) show no record of UNFPA attendance.<sup>97</sup>

**7. There is a basic understanding of the principles of PSEA within both surge and regular staffing positions within UNFPA but knowledge remains at a basic level, noting even when knowledge of the issue exists, systems and structure within country offices do not allow for surge or other humanitarian specialists to establish comprehensive PSEA mechanisms within UNFPA and partners.**

UNFPA introduced mandatory online training for PSEA in 2017, which is a requirement for all staff and directly-contracted consultants, but not for other individuals working on behalf of UNFPA and with access to affected communities.<sup>98</sup> Not all countries roll out this training to their implementing partners. Implementing partners have a high level of direct access to affected communities, including vulnerable women and girls, and so represent a high SEA risk. Furthermore, mandatory training is the basic minimum that is required. It is a foundation to build upon with additional knowledge, systems for reporting (such as whistleblowing policies for staff, and confidential and safe feedback and complaints mechanisms for community members), and a systematic method of responding to cases of SEA including survivor support, investigation, and disciplinary action.

Regional respondents report that even the current surge and humanitarian capacity development workshop training curricula do not include sessions on PSEA. Such trainings can

provide skills and tools for UNFPA country staff at all levels to both advocate for and support interagency initiatives for PSEA mechanisms, and to ensure that the agency-specific responsibilities of UNFPA for PSEA (prevention, response, investigations, disciplinary action, and survivor-support) are fully in place.<sup>99</sup>

UNFPA is covered by the 2018 joint segment of UNDP/UNFPA/UNOPS Executive Board approach to SEA and sexual harassment within the workplace<sup>100</sup> which references the 2002 Secretary General's Bulletin

In **Bangladesh**, UNFPA is not currently cascading PSEA training to all implementing partners (who have most day-to-day contact with community members most vulnerable to sexual exploitation and abuse).

In **Nigeria**, additional attention has been given to rolling out of PSEA among national partners, including, importantly, the military and police in the northeast during 2018.

UNFPA **Colombia** has a clear understanding of the needs of a successful PSEA approach (for example, the establishment of confidential complaint mechanisms) and it recognizes both the overlaps and the differences between PSEA and GBV strategies.

In **Somalia** there are no systematic PSEA complaint mechanisms in operation.

In **Uganda** PSEA has not been prioritized by UNFPA outside of the implementation of trainings.

In **Indonesia**, UNFPA has recently taken on the leadership of the PSEA focal point network.

In **South Sudan** UNFPA has shown significant leadership on PSEA, working with the HCT to support a system-wide approach to prevention, complaints and services.

In **Yemen**, UNFPA leads the PSEA Task Force and has supported increased awareness and action on PSEA within the humanitarian response; however, complaints mechanisms have yet to be established across all operational areas.

<sup>96</sup> <https://interagencystandingcommittee.org/accountability-affected-populations-including-protection-sexual-exploitation-and-abuse>

<sup>97</sup> Task team meeting minutes, various - <https://interagencystandingcommittee.org/accountability-affected-populations-including-protection-sexual-exploitation-and-abuse>

<sup>98</sup> For example, the evaluation team (as institutional consultants rather than individual consultants) was not asked to undertake the PSEA training, despite having direct access to women and girls in a number of contexts.

<sup>99</sup> UNFPA regional key informants.

<sup>100</sup> Addressing Sexual Exploitation and Abuse, and Sexual Harassment at Workplace. An Update. Joint Segment of UNDP/UNFPA/UNOPS Executive Board, 4 June 2018. 2018.

[https://www.unfpa.org/sites/default/files/admin-resource/EB\\_4\\_June\\_18\\_UNFPA\\_-\\_PSEA\\_SH\\_Update\\_ExBrd\\_Joint\\_Segment\\_Presentation-FIN.pdf](https://www.unfpa.org/sites/default/files/admin-resource/EB_4_June_18_UNFPA_-_PSEA_SH_Update_ExBrd_Joint_Segment_Presentation-FIN.pdf)

and outlines the areas of prevention, detection, communication, and addressing incidences, but there is no evidence that this has been effectively operationalized within UNFPA at any level.

UNFPA respondents report a face-to-face training for PSEA being implemented in 2019 which is intended to address this gap.<sup>101</sup> PSEA has been included within surge training since 2017. However, surge deployees are not responsible for the mechanisms within a country office to prevent, detect, and address SEA. Therefore – while important that this remains a core component of surge training – it does not allow UNFPA to properly address the issue. Further work being undertaken on PSEA within UNFPA includes an inter-agency study by the surge team, in conjunction with the Duty of Care working group within the standby partner mechanism.<sup>102</sup> This aims to better understand the needs and standards necessary to build a surge PSEA coordinator profile.<sup>103</sup>

Where UNFPA does take the lead on PSEA at country level, it is critical that all staff members understand the distinction between PSEA and GBV and are aware of the global guidance stating that GBV coordinators should never take up leadership of PSEA response. GBV is a programmatic area; PSEA is a management accountability and the responsibility lies with the Resident Coordinator/Humanitarian Coordinator for the overall response, and with the Country Representative within UNFPA. There are examples where UNFPA staff understand this, but equally, some respondents reported limited understanding of this distinction among senior UNFPA staff.<sup>104</sup>

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<sup>101</sup> UNFPA headquarter key informants.

<sup>102</sup> <https://www.standbypartnership.org>

<sup>103</sup> UNFPA DHR key informant.

<sup>104</sup> Multiple UNFPA key informants. For further information, refer to the full final evaluation report evidence matrix annex – EQ3.



## EQ 4: Effectiveness.

**EQ4:** To what extent is UNFPA achieving its objectives in terms of humanitarian action? [Are UNFPA humanitarian staff levels (at global, regional, country and field level) adequate for effective response?]

### Findings

8. Human resource capacity within UNFPA has improved in the past five years but as an organization, UNFPA is externally perceived to have a level of humanitarian expertise which is still emerging compared to other agencies which engage in humanitarian response. UNFPA internally considers itself as an agency which can “do more with less” but the effectiveness of this approach within humanitarian action is increasingly being questioned both internally and externally.

9. There is mixed evidence of the effectiveness of surge and roving team deployees. Effectiveness depends on a number of factors, including (a) the experience, interpersonal skills, and attitude of deployed personnel; (b) the support provided by country senior management and existing staff; (c) the ability of the surge deployee to remain dedicated to the specific role rather than being viewed as an extra resource for the country office across a number of areas; and (d) contract modality.

**8. Human resource capacity within UNFPA has improved in the past five years but as an organization, UNFPA is externally perceived to have a level of humanitarian expertise which is still emerging compared to other agencies which engage in humanitarian response. UNFPA internally considers itself as an agency which can “do more with less” but the effectiveness of this approach within humanitarian action is increasingly being questioned both internally and externally.**

Even though human resource capacity has improved in the past five years, UNFPA is still perceived as an organization with limited humanitarian expertise (limited in the sense of number of positions rather than the competence of UNFPA humanitarian personnel) compared to both sister United Nations humanitarian response agencies and the responsibilities UNFPA has for programming and coordination within humanitarian contexts. That said, comparisons made only on the number of staff within UNFPA with other agencies of differing sizes are not valid, given the different mandates and levels of resources of even those agencies with which UNFPA works closest. For example, UNICEF is appealing for \$3.9 billion for humanitarian action in 2019.<sup>105</sup> UNFPA is appealing for \$530 million.<sup>106</sup> UNICEF lead on WASH, education, nutrition, and child protection which require different resourcing levels (human resources, materials, and supplies) compared to UNFPA areas of SRHR and GBV. Notwithstanding the limitations of comparisons between these organizations, more important is the broad consensus that UNFPA does not currently have enough humanitarian personnel (at all levels, global, regional, or country) to fulfil its own obligations for both programming and coordination.<sup>107</sup>

*“The third key message highlighted the fact that UNFPA staff in highly vulnerable contexts are frequently thinly stretched. This impacts on their well-being and performance as well as on the reputation of UNFPA as a humanitarian actor.”<sup>108</sup>*

The UNFPA surge capacity has increased in the last two years through the introduction of an external roster and increased focus and augmentation of standby partnership agreements. However, an over-reliance on surge itself highlights the shortage of regular humanitarian staff or the limited skills required for humanitarian response by staff recruited for more long-term development-oriented objectives within UNFPA.

<sup>105</sup> UNICEF. Humanitarian Action for Children. 2019.

<https://reliefweb.int/sites/reliefweb.int/files/resources/Humanitarian-action-for-children-2019-eng.pdf>

<sup>106</sup> UNFPA. Humanitarian Action Overview. 2018.

[https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA\\_HumanitAction\\_2019\\_PDF\\_Online\\_Version\\_16\\_Jan\\_2019.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_HumanitAction_2019_PDF_Online_Version_16_Jan_2019.pdf)

<sup>107</sup> Multiple UNFPA, other UN agency, and NGO key informants at global, regional, and country levels. For further information, refer to the full final evaluation report

<sup>108</sup> UNFPA. Meta-analysis of engagement of UNFPA in vulnerable contexts. 2018.



This over-reliance on surge has been noted within UNFPA internally.<sup>109</sup> Another significant challenge is the inability of UNFPA to meet IASC system-wide response standards of adequate numbers of humanitarian personnel on the ground within 72 hours for L3 emergencies (and within 21 days for non-L3 emergencies). In 2018 only 24 per cent of surge deployments were on the ground within 21 days. Delays included country office administrative delays, and visa delays.<sup>110</sup> This impacts negatively on the reputation and credibility of UNFPA at country level and is exacerbated by the typically pre-existing shortage of humanitarian human resources within country offices.

*“Human resources – this is a burning issue and UNFPA is lagging behind in terms of staffing. We used to have roving staff and they were used for some time where people can be deployed for three to six months and not really effective. And people deployed and sometimes for three weeks...come and go.”*

*“I don’t think we have enough support for staffing. Maybe in our settlements we have some with team leaders only (one or two officers) and you get volunteer support staff on the ground. But in terms of staffing, this is not enough for us and we have a lot of data to be entered and cannot do so.”*

*“We are a live refugee situation going through ongoing influx over many years, so this is no longer a temporary situation needing temporary solutions rather a more semi-permanent situation needing semi- permanent solutions.”*

*“In protracted emergencies we should look at permanent staff. Dependence on consultants that long is not good, as there are risks and institutional memory loss, etc...”<sup>111</sup>*

UNFPA has an internal informal culture and pride in of doing “more with less”, with a self-identify of being the agency that is able to respond to significant needs across both development and humanitarian arenas with a smaller number of staff than other agencies. Surge is a mechanism that has evolved to fill the gaps that this internal culture inevitably creates. However, surge is not a long-term solution for the clear humanitarian human resource needs. The changing and increasing nature of humanitarian crises, with more protracted and complex crises, increased numbers of people displaced and in acute humanitarian need year on year, coupled with the more formalized responsibilities of UNFPA – and the increased role of SRHR, GBV, and gender equality within humanitarian response, all suggest that the surge mechanism will no longer be able to fulfil the gaps in humanitarian resources.

**9. There is mixed evidence of the effectiveness of surge and roving team deployees. Effectiveness depends on a number of factors, including (a) the experience, interpersonal skills, and attitude of deployed personnel; (b) the support provided by country senior management and existing staff; (c) the ability of the surge deployee to remain dedicated to the specific role rather than being viewed as an extra resource for the country office across a number of areas; and (d) contract modality.**

The evidence from country offices is of mixed experience with surge deployees. Many report surge deployments being extremely worthwhile. This is substantiated by the 2018 UNFPA meta-analysis report:

*“Of those 13 country offices participating in the survey, 10 had received surge personnel for responding to humanitarian situations, mainly humanitarian coordinators, gender-based violence and sexual and reproductive health and reproductive rights specialists and health coordinators. Experiences were overall positive—examples of comments include “extremely important”, “mostly very knowledgeable”, “emboldened the country office response”, “invaluable”, “filling important staffing gaps”, “good mechanism”.”<sup>112</sup>*

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<sup>109</sup> UNFPA DHR. Surge Mechanism Presentation 10-12 April 2019. 2019.

<sup>110</sup> UNFPA DHR. Surge Mechanism Presentation 10-12 April 2019. 2019. No further information available relating to 2017 or 2016.

<sup>111</sup> Different UNFPA key informants, all from humanitarian context countries.

<sup>112</sup> UNFPA. Meta-analysis of engagement of UNFPA in vulnerable contexts. 2018.

However, there were also limited reports of difficulty integrating surge or roving team personnel into a country office response, for example: *“We had quite a good number of surge and a few surge were not good quality, having said that there has also been some really good surge people.”*<sup>113</sup>

This mixed review can be attributed to a variety of factors, one of which is the interpersonal skills of surge roster members. Respondents overwhelmingly confirm the technical skills and knowledge of surge deployees.<sup>114</sup> No respondents reported a shortage of technical skill or knowledge of surge and roving team deployees which indicates that the current selection process is effective (limitation of this evaluation to 15 countries notwithstanding).

However, surge roster members can deploy to a UNFPA country office which lacks humanitarian response experience within its staffing. Further, country level senior management may be unfamiliar with humanitarian architecture and principles and reluctant to fully commit to the humanitarian action necessary.<sup>115</sup> The reticence of senior management in some country offices to fully engage with a humanitarian response results in a challenging work environment for surge deployees, and attitude and ‘soft skills’ for working within this context are as important as technical skills. UNFPA senior emergency coordinators deployed to L3 crises can report directly to the humanitarian office.<sup>116</sup> For other emergency responses (levels 1 and 2) all country staff, including all humanitarian surge staff, report directly to the Country Representative. UNFPA does not have a clear ‘step-aside’ policy for Country Representatives who find themselves in charge of a humanitarian response without the requisite experience or knowledge.

Equally, it is not the responsibility of the surge or roving team deployee to manage country office senior staff. UNFPA has a responsibility to equip deployees with required soft-skills to ensure work occurs within a country office in the most efficient manner and with effective use of their time. However, there is an additional responsibility to ensure that country office management are sensitized to the purpose, goal, and value of humanitarian deployed expertise and that surge and roving team deployees are provided with all the support they require.

Equipping surge and roving team deployees with skills to mitigate any difficulties vis à vis country office management is a symptomatic measure only. The evaluation notes that the surge training includes some discussion of the potential difficulties of contexts where senior management are not supportive. However, the only sustainable and systematic response to this is to ensure all Country Representatives, Deputy Representatives, and Assistant Representatives are fully aware of and committed to humanitarian action, UNFPA humanitarian obligations, and humanitarian principles.

This is also part of the third factor which contributes to the effectiveness of surge deployments: the ability of the surge deployee to remain dedicated to the role they have surged for rather than being viewed as an extra resource for the country office across general functions.

In addition to communication between the HO and DHR before a surge or roving team member deploys to a crisis, in 2019 the GBV AoR instigated a process of ensuring that the AoR coordinator communicate with the Country Representative when any coordinator (surge or otherwise) is deployed to a country office (as referenced in Finding 5). The purpose of this communication is to explain the cluster responsibilities of UNFPA in respect of the GBV sub-cluster and what the coordinator’s role should (and should not) consist of. While this is a laudable initiative, it is only for GBV coordination surge positions and

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<sup>113</sup> UNFPA country level key informant.

<sup>114</sup> Those key informants across the fifteen countries within this from UNFPA and other UN agencies, NGO partners, and government partners who had engaged with UNFPA surge deployees.

<sup>115</sup> Multiple UNFPA global, regional, and country key informants. For further information, refer to the full final evaluation report evidence matrix annex – human resources dataset.

<sup>116</sup> Note that the evaluation team received contradictory reports from UNFPA headquarter staff (humanitarian office and DHR) with regard to actual reporting lines for surge emergency coordinators. The surge brochure specifies that a senior emergency coordinator reports directly to HFCB and oversees all aspects of a UNFPA humanitarian response, working only in ‘consultation’ with the Regional Director and the Country Representative. However, regional respondents report that the reality on the ground is different, with senior emergency coordinators normally reporting directly to the Country Representative.

has been led by the AoR in response to challenges repeatedly highlighted by GBV sub-cluster coordinators. It does not cover SRHR coordination positions or any programming positions.<sup>117</sup> GBV sub-cluster coordinators do not have a direct reporting line to the AoR. Therefore, when the AoR becomes involved in resolving issues it is on the basis of providing support without any direct line of supervision.

A concluding factor relates to contract modalities of surge and the roving team. Surge deployees are either internal (on a variety of contracts), external, on a consulting or TA contract, or through a standby partner contract. The roving team were initially on UNFPA FTA contracts and then moved to be on standby partner contracts.<sup>118</sup>

Issues reported by UNFPA respondents with regard to standby partner contracts for the roving team include:

- Lack of recognition by UNFPA of the critical role the roving team have within the organization
- Lack of UNLP which can impact of timeliness of deployment due to visa issues
- Reduced benefits compared to UNFPA contracted staff
- Lack of access to many of UNFPA internal systems (such as ATLAS).<sup>119</sup>

These issues all impact on the ability of the roving team to effectively fulfil their role.

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<sup>117</sup> UNFPA HO key informants report that SRH advisors and specialists at HQ level orient SRH surge deployees and continue to support them during the mission.

<sup>118</sup> UNFPA DHR and regional key informants.

<sup>119</sup> Ibid.

## EQ 5: Coverage.

**EQ5:** To what extent is UNFPA achieving its objectives in terms of humanitarian action? To what extent does UNFPA humanitarian programming achieve both geographic and demographic coverage? [Are UNFPA humanitarian staff in the right geographical locations? Are UNFPA humanitarian staff globally representative of diverse backgrounds?]

### Findings

10. It remains challenging for UNFPA to target investment at the level (i.e. headquarter, regional, or country level) required for optimum humanitarian outcomes.

11. UNFPA country offices struggle with the balance of national versus international staff for humanitarian deployment (both surge and non-surge), with benefits and challenges to both. Further, achieving the optimum balance between a surge deployee fulfilling a role and transferring relevant skills to local staff is an ongoing and frequent challenge.

**10. It remains challenging for UNFPA to target investment at the level (i.e. headquarter, regional, or country level) required for optimum humanitarian outcomes.** At the *global level* UNFPA has, in 2019, significantly increased the humanitarian function, upgrading HFCB to a full humanitarian office with an incoming Director at D2 level and with nine new posts being created. While this will likely enhance the capacity of UNFPA in humanitarian action, some remaining challenges are as follows:

Firstly, out of the planned 33 positions, just over half are core-funded (18 IB/RR posts, with 16 posts) with. Eleven of the 16 OR posts are currently unfunded or only partially funded.<sup>120</sup> The response and technical unit – responsible for the quality and effectiveness of UNFPA humanitarian programming – has the most OR-funded positions.

**Figure 3. Breakdown of new HO positions, OR/RR.**<sup>121</sup>

Function	Level	Funding	
		RR	OR
<b>Management</b>			
Humanitarian Director	D2	X	
Advocacy & Communications Specialist	P4		X
Personal Assistant	G6	X	
<b>Liaison, policy, and advocacy unit</b>			
Coordination Adviser	P5		
Programme Associate	G6	X	
Data Specialist	P4	X	
GBV Specialist	P4	X	
Advocacy and Communications Adviser	P5	X	
SRH Specialist	P3	X	
Programme Outreach Specialist	Not specified	X	
Programme Criticality Specialist	P3	X	
GBV Specialist	P4		X
HR Specialist / Surge	P4		X
<b>Financing and Operations Unit</b>			
Trust Fund / Finance Manager	P5	X	
M&E and Reports Specialist	P3		X
Resource Mobilization and Partnerships Specialist	P4		X
Operations Analyst		X	
Finance & Administrative Associate	G8	X	
Administrative & Finance Associate	G6	X	

<sup>120</sup> UNFPA. HO final organogram 21March2019. 2019.

<sup>121</sup> Ibid.

Inter-Agency & External Coordination Unit			
Coordination Adviser	P5	X	
Inter-Agency Coordination Specialist	P4	X	
Global Coordinator GBV AoR	P5	X	
Deputy Global Coordinator, GBV AOR	P4		X
GBV Specialist, IM	P3	X	
Programme Analyst	P2		X
Programme Analyst	P2 / JPO		X
Response and Technical Support Unit			
Programme Technical Adviser	P5	X	
Programme Associate	G3		X
SRH Specialist	P4		X
Programme Specialist, Youth	P3		X
GBViE Adviser	P5		X
GBV Specialist, IMS	P3		X
GBViE Analyst	P2/JPO		X
Humanitarian Data Adviser	P5	X	
Technical Adviser, cash-based interventions	P5		X

Secondly, there is no core or guaranteed funding for the surge management team within DHR. The surge manager is under a one-year TA from 2018, due to expire in late 2019. Additional support equalling 1.5 full-time equivalent employees across two team members were both consultancy contracts. Respondents to this evaluation have reported “opacity” with regard to the humanitarian structure reform, and how decisions have been made vis à vis the organizational structure and the separation of functions between New York and Geneva.<sup>122</sup> While many see a move for the majority of the team to Geneva as positive, this is not a universal perception and it was noted within an internal UNFPA presentation that “[t]he recent restructure and transition to the Geneva office of the humanitarian office failed to consider the funding implications needed to sustain this important support function.”<sup>123</sup>

Thirdly, the GBV team in particular has been downsized.<sup>124</sup> In 2017 the headquarters GBV team within HFCB was eight people. Out of these, only one (P4) post was core funded, with the remainder funded through OR. As of mid-2019, there were two GBV staff contracted at UNFPA headquarters level, and per the new organizational structure, only three positions - all of which are OR-funded.<sup>125</sup> The non-replacement of the GBV capacity development specialist P4 is also of key concern. The role was integral to building the GBV roster and ensuring a life-cycle approach to rostering and which was viewed as best practice by several partners and other agencies wanting to deploy GBV practitioners. This also impacts ongoing quality control of GBV surge and roving responders as there is no coherent and systemic technical oversight of their work.<sup>126</sup>

Other issues reported by UNFPA respondents include the resource manager level being P4 rather than P5 and no dedicated PSEA specialist.<sup>127</sup>

At the *regional level*, there is inconsistency across the regions,<sup>128</sup> with (as of mid-2019) LACRO being the least resourced, with no core-resourced humanitarian position,<sup>129</sup> and APRO being the most resourced, with currently three full-time humanitarian positions (primarily funded through other resources).<sup>130</sup>

<sup>122</sup> UNFPA DHR key informants.

<sup>123</sup> UNFPA DHR. Surge Mechanism Presentation 10-12 April 2019. 2019

<sup>124</sup> UNFPA global and regional key informants.

<sup>125</sup> key informant interviews and UNFPA. Humanitarian Office Organogram. Final. 21 March 2019. 2019.

<sup>126</sup> UNFPA DHR key informants.

<sup>127</sup> UNFPA regional key informants.

<sup>128</sup> Various UNFPA key informants.

<sup>129</sup> The current regional programme adviser is also the double-hatting regional humanitarian adviser and is currently, due to the escalating Venezuela crisis, indefinitely acting as regional humanitarian adviser full-time, with no cover for the programme adviser function.

<sup>130</sup> APRO have just, in June 2019, appointed a third full-time humanitarian staff position.

EECARO has two positions including the regional humanitarian coordinator and a double-hatting humanitarian analyst and regional gender analyst. WCARO has a regional humanitarian coordinator position and a humanitarian information management specialist.<sup>131</sup> All other regions have one full-time, dedicated regional humanitarian coordinator position. Regional positions are not urgently filled, with both WACARO and ESARO currently having detail assignment or other modalities of acting regional advisers.

*“And for this whole region there is only one acting humanitarian specialist offering 23 countries support! Can you imagine one person looking at 23 countries? And that one is not even permanent, it is acting.”<sup>132</sup>*

Where the regional offices have one dedicated humanitarian position (but none in LACRO as noted above), that function necessarily becomes purely reactive to ‘hotspots’ as they occur. There is likely insufficient time to fully develop and roll out regional and sub-regional strategies, plan for training, share learning across regions, attend regional humanitarian coordination meetings, and proactively support the maturation of UNFPA to the next level of being a humanitarian response agency.

Regional advisers support countries for minimum preparedness action plans (MPAs) and manage to produce a number of regional strategies. For example, ASRO has a regional resilience framework which was developed in 2016; WCARO has a 2016 regional strategy based around five pillars of the MISP, GBV, data, preparedness, and resilience; and in 2019 LACRO released a regional strategy on visibility, inclusion, and participation of people with disabilities.<sup>133</sup> EECARO led a regional initiative to increase the level of the MISP readiness in all countries of the EECA region.

All these initiatives are laudable, but development, implementation, monitoring, and understanding of their impact is impeded by the limitations of humanitarian human resources at regional level.

The 2018 meta-analysis of UNFPA in highly vulnerable contexts concluded:

*“[The] levels of staff in regional offices for emergency preparedness and response are not commensurate with providing expected support for country offices, engaging in regional coordination and networking, and managing level 2 emergency responses.”<sup>134</sup>*

Furthermore, in regions of mainly middle-income countries (for example, Latin America or Eastern Europe) where humanitarian resources are limited due to the typology of the countries, rapid scale-up when required is hampered, for example with the L3 Venezuela response. This is because UNFPA and its typical partners are limited in both humanitarian experience and expertise and direct service experience. As pink quadrant countries, the experience of UNFPA is to provide more support to government services rather than manage direct service delivery and therefore scale-up of direct humanitarian services is challenging.<sup>135</sup>

At *country level*, there is no specific requirement for key, core, permanent humanitarian positions and humanitarian capacity varies widely across contexts. It is also mostly dependent on other resources.<sup>136</sup> As one respondent commented: *“humanitarian work is labour intensive and the more people you have close to the ground are critical.”<sup>137</sup>* In this regard, evidence indicates that UNFPA has an inconsistent approach to human resources: *“we have to define what staffing for humanitarian response is required, what is the minimum. What I am seeing right now, it just depends on Country Representatives and this causes*

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<sup>131</sup> Regional UNFPA key informants.

<sup>132</sup> UNFPA key informant.

<sup>133</sup> UNFPA. Visibility, inclusion, participation VIP strategy, APRO 2019-2021. 2019.

<https://lac.unfpa.org/sites/default/files/pub-pdf/UNFPA-Info-Discapacidad%20ING%20110319%20%281%29.pdf>

<sup>134</sup> UNFPA. Meta-analysis of engagement of UNFPA in vulnerable contexts. 2018.

<sup>135</sup> UNFPA LACRO regional and country key informants.

<sup>136</sup> Multiple UNFPA global and regional key informants. For further information, refer to the full final evaluation report evidence matrix annex – EQ6. Please also refer to the UNFPA evaluation of the UNFPA response to the Syria Crisis. 2018.

<https://www.unfpa.org/admin-resource/evaluation-unfpa-response-syria-crisis-2011-2018>

<sup>137</sup> UNFPA regional key informant.



gaps.”<sup>138</sup> All country offices have a humanitarian focal point (also referred to as an emergency response and preparedness (ERP) focal point. However, the level of expertise of these focal points varies, as does the level of dedicated humanitarian human resources across countries.<sup>139</sup>

Therefore, while the planned increase in resources at global level is acknowledged (although it is recognized many of the positions are from other resources and not currently funded), respondents within UNFPA question the operational-level targeting of this investment.<sup>140</sup>

*“We need to think how to strengthen capacity at country level. There is a lot of emphasis put on strengthening headquarter capacity and we need to balance that.”<sup>141</sup>*

**11. UNFPA country offices struggle with the balance of national versus international staff for humanitarian deployment (both surge and non-surge), with benefits and challenges to both. Further, achieving the optimum balance between a surge deployee fulfilling a role and transferring relevant skills to local staff is an ongoing and frequent challenge.** This is not a challenge unique to UNFPA. Within the surge roster, there is clear and planned diversity across languages and regions.<sup>142</sup> The majority (70 per cent) of surge deployees are female from the global south – these are the candidates who are most interested in surging and gaining experience from other contexts, which enable them in the future to apply for subsequent contracts as international staff, with international experience.

Several UNFPA country offices included within this evaluation have been praised by government partners (for example Haiti and the Philippines) for having a higher proportion of national staff than other United Nations agencies.<sup>143</sup> For many host governments, this is seen as a genuine value-add of UNFPA across both development and humanitarian spheres and also supports the localization agenda.<sup>144</sup>

This is itself a phenomenon that is increasing across host governments when disasters hit. For example, after the 2018 earthquake in Lombok the Government of Indonesia denied access to most international staff of response agencies to the affected areas. Haiti, Ukraine, the Philippines, and others have, for various reasons (language barriers or previous experiences with responses that side-lined national authorities), become more reluctant to allow unrestricted international staff access.

The benefit of having a strong national staff presence is clear: understanding of context and commitment to long-term solutions within the country. However, in times of emergencies the benefit of international staff with experience from other contexts, experience of the cluster system, centralized pooled funding mechanisms, and global minimum standards is equally critical. International staff are also often less subject to partisanship and thus may be better positioned to guarantee the implementation of all humanitarian principles. Respondents report that UNFPA does not always get this balance right. This is often due to funding constraints, but at times according to evaluation respondents, it is due to the culture of ‘doing more with less’ within UNFPA. Where this impacts on the ability of UNFPA to effectively manage coordination functions or interact within inter-cluster and interagency humanitarian systems, it has adversely affected the reputation of UNFPA.<sup>145</sup>

Opinions are divided within UNFPA as to how much time, if any, experienced surge and roving teams deployees should dedicate to knowledge and skills transfer to national counterparts while on deployment to country office staff. While some believe this to be the most effective long-term solution for increasing

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<sup>138</sup> UNFPA key informant.

<sup>139</sup> UNFPA regional key informants. The evaluation team was unable to obtain clear information from country offices within this evaluation as to levels of humanitarian personnel across the timeframe of the evaluation (2012-2019). However, currently country level humanitarian personnel range for 0 – for example, Haiti, to up to 60 responding to the Rohingya refugee crisis in Cox’s Bazaar in Bangladesh.

<sup>140</sup> Multiple UNFPA global and regional key informants. For further information, refer to the full final evaluation report evidence matrix annex – EQ6 and human resources dataset.

<sup>141</sup> UNFPA key informant.

<sup>142</sup> Although it should be noted that LACRO report a gap in Spanish speaking roster members.

<sup>143</sup> Please refer to relevant country notes for further information.

<sup>144</sup> Multiple key informants within UNFPA, government counterparts, and implementing partners at country level.

<sup>145</sup> Multiple UNFPA key informants. For further information, refer to the full final evaluation report evidence matrix annex – EQ7.



national-level humanitarian expertise within UNFPA, others consider the role of first-line responders to be one of response, not capacity building.<sup>146</sup> A sequenced approach is likely the best fit (see recommendations). A related strategy being considered by UNFPA is facilitating country office staff who have some experience in humanitarian response to surge to other contexts. When they return to their original position they bring increased knowledge and skills.<sup>147</sup> The necessity for comprehensive knowledge of global minimum standards is imperative: many respondents reported national staff being able to adapt standards to the context, but without a clear understanding of what the standards are and why they exist, “adaptation” may potentially result in not genuinely adhering to those standards.

At the inter-agency level, there is a push towards localization and the transfer of skills. At the time of the evaluation, DHR was working on the development of a new surge request form which will have integration of skills transfer as a standard part of the terms of reference for surge deployees. However, until now the balance between doing the job function required and building capacity of country office staff has been inconsistent across contexts: *“some people do it really well, the top surge deployees focus on building capacity but it is not systemised or standardized.”*<sup>148</sup>

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<sup>146</sup> Multiple UNFPA global and regional key informants. For further information, refer to the full final evaluation report evidence matrix database – EQ8 and the human resources dataset.

<sup>147</sup> UNFPA regional key informants

<sup>148</sup> UNFPA headquarters key informant.

## EQ 6: Efficiency.

**EQ6:** To what extent does UNFPA inputs (financial and human resources) and internal systems, processes, policies and procedures support efficient and effective humanitarian response? *[Efficiency of surge roster – is the surge function used as intended, for immediate short-term deployment, or is it over-used and over-relied upon instead of filling longer-term humanitarian positions? Efficiency of non-surge roster humanitarian staffing: use of fast-track procedures used for hiring positions in humanitarian crises; overall level of double / triple-hatting positions; overall level of development staff acting in humanitarian roles; training provision on humanitarian action?]*

### Findings

12. An over-reliance on surge deployments for essential humanitarian functions (programming, operational and coordination) in protracted crises suggests UNFPA still fails to prioritize securing adequate, reliable and predictable funding for humanitarian commitments.
13. The move of the surge function from the HFCB to the DHR is perceived across UNFPA to have been a benefit, but there are still improvements to be made.
14. There is an inconsistent corporate approach to duty of care for humanitarian personnel in general.
15. Fast-track procedures adequately allow for rapid recruitment (outside of surge) but are not always utilized when they could be, due to both a low appetite for risk within UNFPA and a low level of familiarity with such recruitment processes.
16. Surge stand-by partnerships have significantly increased the effectiveness of UNFPA surge capacity.

### **12. An over-reliance on surge deployments for essential humanitarian functions (programming, operational and coordination) in protracted crises suggests UNFPA still fails to prioritize securing adequate, reliable and predictable funding for humanitarian commitments.**

The UNFPA 2019-2021 strategic plan allocates resourcing to countries based on pre-defined indicators which include a humanitarian risk factor, based on Index for Risk Management (INFORM) data.<sup>149, 150</sup> However, there is clear consensus across all internal and external respondents that UNFPA systematically relies on surge rather than securing the funding for the longer-term positions necessary.<sup>151</sup> Many respondents, on reflecting that surge is over-used, reported that this was due to the internal funding structure within UNFPA, whereby “humanitarian funds are almost entirely OR, and there isn’t funding available to support contract modalities to move away from surge.”<sup>152</sup> Surge is, by nature, short-term, and furthermore, the cost of surge deployees is never as expensive for country offices as non-surge options.

**Figure 4. Cost of surge modalities<sup>153, 154</sup>**

#### Internal Surge Roster

UNFPA internal surge mechanism is made up of some 140 staff from a range of functional areas. All staff on the internal roster has agreed to be on standby for a mission deployment within 72 hours if requested further to a L2/L3 emergency.

#### COST:

Free to requesting CO.  
Backfill funding to releasing office may be requested to through Emergency Fund, Flash or CERF.

<sup>149</sup> UNFPA. Meta-analysis of engagement of UNFPA in vulnerable contexts. 2018.

<sup>150</sup> INFORM is a global, open-source risk assessment for humanitarian crises and disasters. It can support decisions about prevention, preparedness and response. <http://www.inform-index.org>

<sup>151</sup> Multiple UNFPA global, regional, and country key informants. For further information, please see the final evaluation report evidence matrix annex – EQ6 and the human resources dataset.

<sup>152</sup> UNFPA regional key informant.

<sup>153</sup> UNFPA. Standard Operating Procedures (SOP) for the management of emergency surge deployments from UNFPA’s global emergency roster. 2017

<sup>154</sup> Note that Flash appeals and CERF funding as referenced in the Cost column are external funding sources. See <https://cerf.un.org>

<p><b>External Surge Roster</b>  UNFPA external surge roster was developed to complement its internal surge deployments, particularly focusing on functional areas with shallow internal talent such as GBV.  The people may be recruited through SSA's, TAs or RLA's via an SBP.</p>	<p><b>COST:</b>  Requesting CO must typically pay full cost associated with request. Funding may be available through Emergency Fund, Flash or CERF.</p>
<p><b>Standby Partners (SBPs)</b>  UNFPA maintains agreements with the following partners: DRC, NRC, RedR Australia, MSB and CANADEM. Negotiations are currently taking place with other agencies. These agencies provide us with highly skilled personnel (3-6-month missions) for emergency needs.</p>	<p><b>COST:</b>  Dependent on availability of funding with the SBP arrangement. SBP can often provide personnel on a gratis basis, but this is not guaranteed and dependent on their own functional interests and countries of focus.</p>

An internal surge mechanism presentation reported on its overuse, in several countries (notably Burundi, Sudan, DRC, Cameroon, and Nigeria). Examples cited included utilization beyond the recommended length of stay, in non-scale up contexts, and when other modalities were clearly necessary. This places an unnecessary burden on surge responsiveness for large-scale, immediate onset crises (for which the surge mechanism was designed). It further damages the UNFPA response in protracted crises by having a succession of different people fulfil a role which is a longer-term function.<sup>155</sup>

In some contexts, the situation may be more complex, For example in Sudan, a surge deployee under the NRC standby partnership agreement stayed longer-term but under a changed modality of reimbursable loan agreement contract, at which point the Sudan country office considered the person to no longer be surge. The NRC reimbursable loan agreement contract was still significantly cheaper than an FTA or TA position.<sup>156</sup>

However, UNFPA has clear examples where proper resourcing of humanitarian positions led to an increase in funding for those positions, more positions, and expanded humanitarian programming. For example, the Whole of Syria hub<sup>157</sup> was established initially in 2012 with ASRO contributions for the regional humanitarian coordinator position and office costs absorbed by the Iraq country office (then based in Amman). It then received continued (but reduced) ASRO support and EECARO support in 2013.<sup>158</sup> In 2013 the hub secured a US\$ 5 million two-year grant from Kuwait and secured country office agreement to use country office donor funds to also support the hub. Over the period of the Syria crisis humanitarian response, the hub has directly raised resources or contributed to raising resources from Canada, Denmark, Finland, Kuwait, Sweden, Switzerland, and the United Kingdom, and the United States.

The hub has retained 3 per cent or less as running costs of resources mobilized per year. The multi-year nature of the funding has allowed some senior staff to be in position for more than two years which has been highly beneficial to the response, and unlike many UNFPA humanitarian responses which rely on a succession of surge and short-term contract staff, a dynamic inimical to retention of institutional memory and maintenance of relationships with national-level actors (such as NGO partners, service providers and government stakeholders).

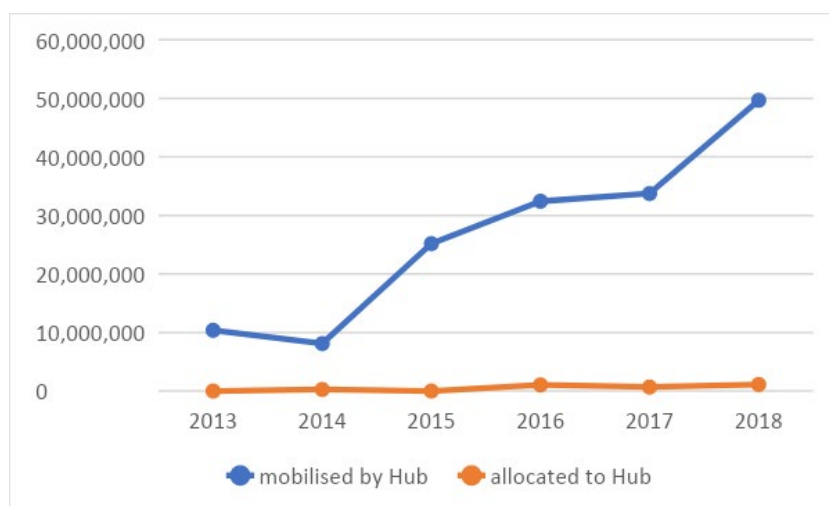
<sup>155</sup> UNFPA DHR. Surge Mechanism Presentation 10-12 April 2019. 2019.

<sup>156</sup> UNFPA regional key informants.

<sup>157</sup> Note that Whole of Syria was not included within this humanitarian evaluation, but this information has been extracted from the 2018 Syria regional response evaluation.

<sup>158</sup> UNFPA key informant, but not recorded in Atlas financial data.

**Figure 5. Syria Regional Response Hub % allocation of mobilized funds<sup>159</sup>**



While few responses require a hub, and not all crises have the donor attention of Syria, all responses need effective, properly contracted humanitarian personnel who can raise further resources (and manage them effectively). This approach shows a clear return on investment, allows for clear results to be demonstrated, and therefore results in donor confidence to continue providing funding to UNFPA for ongoing humanitarian response.

**13. The move of the surge function from the HFCB to the DHR is perceived across UNFPA to have been a benefit, but there are still improvements to be made.**

The surge mechanism within UNFPA moved from HFCB to DHR in January 2018. Surge is a humanitarian resources function and encapsulates not just assessment of expertise and skill of potential deployees, but duty of care and support for those deployees (regardless of whether they are internal, external, or standby partnerships). Therefore, the move to DHR is viewed across UNFPA as logical. Without providing specific examples, many respondents agreed that the move to DHR has professionalized the roster and increased the level of support given to deployees and receiving country offices.<sup>160</sup>

However, when surge moved from HFCB to DHR the financial support from HFCB ceased, and DHR did not have any allocated core funding to fully take over. Further, the surge manager is on a temporary appointment, ending in September 2019, and a consultant position supporting the roving team was moved to another project due to the funding constraints.

**14. There is an inconsistent corporate approach to duty of care for humanitarian personnel in general.**

A benefit of surge moving from HFCB to DHR is a greater focus on duty of care for deployees. However, the approach to duty of care for UNFPA personnel within humanitarian situations is inconsistent.

One example of the increased focus on duty of care was provided by the Rohingya refugee crisis response in Bangladesh, which coincided with the move from HFCB to DHR. Respondents expressed that the improved access to human resources resulted in an increasing willingness of staff (surge, consultants, all on different short-term contracting modalities, with different benefits) to report burn-out and exhaustion – including panic and anxiety, depression, and dangerous levels of psychosocial stress.<sup>161</sup>

<sup>159</sup> UNFPA. UNFPA evaluation of the UNFPA response to the Syria Crisis. 2018. <https://www.unfpa.org/admin-resource/evaluation-unfpa-response-syria-crisis-2011-2018>

<sup>160</sup> Multiple UNFPA global and regional key informants. For further information, refer to the full final evaluation report evidence matrix annex – EQ6.

<sup>161</sup> UNFPA DHR key informant.

A 2015 United Nations global health wellbeing survey highlighted that approximately 50 per cent of United Nations staff will suffer from mental health issues at some point, but the provision of support is inconsistent across UN agencies.<sup>162</sup> In 2018 the United Nations Secretary-General launched a United Nations Workplace Mental Health and Wellbeing Strategy.<sup>163</sup>

Within UNFPA, work is ongoing regarding duty of care issues. The surge mechanism provided the first indications that duty of care considerations are inconsistent within UNFPA. The very nature of surge results in increased duty of care needs for such responders, so duty of care focus has often been a knee jerk reaction after surge mechanism highlights weaknesses. Without an institutional framework around it, UNFPA struggles to ensure adequate proactive support:

*“Currently, it appears that UNFPA runs a real risk of overwhelming country office staff. Work-life balance is an issue. Interviews called for more dedicated humanitarian aid staff capacities in order to credibly engage with other humanitarian actors.”<sup>164</sup>*

#### **Bangladesh case study**

The Bangladesh crises represents the largest surge response ever experienced by UNFPA and the task of hiring, selecting, on-boarding, supervising and supporting this large number of persons, from different contract modalities was a significant task. Forty-two surge deployments (including extensions) were made to the emergency from the announcement of the L3 to January 2019. By January 2019 several posts that were once in surge transitioned to staff posts, or as the crises moves into a protracted situation were progressively phased out.

The perception amongst surge staff is that working long hours and adopting unhealthy practices (such as postponing rest and recuperation (R&R) or losing leave days and coming in sick to work) is the norm. For surge (or others) on consultancy contracts, benefits and entitlements are perceived to be the key area of concern around duty of care, including inability to take R&R whilst on assignment. International consultancy (IC) contracts also make significant demands on the country office to administer in emergencies. Proactive moves to transition surge deployed on ICs to SBP contracts has been supported by CMT so they can avail of R&R, optimal insurance, counselling if necessary.

The absence of an appropriate UNFPA duty of care definition and framework has resulted in surge host countries finding a lack of appropriate guidance, policies, and induction which has severely detrimental effects for delivery of duty of care to staff. In UNFPA this is exacerbated for all staff who provide critical care to GBV survivors, adding an additional high-stress and traumatic context daily.

*Information from UNFPA. Mission Report, Surge Manager, Bangladesh Mission 18 January to 30 January 2019. 2019*

There is an interagency initiative around duty of care of which UNFPA is an engaged member, and which is this year moving towards including affiliate workforces (such as external and SBP roster members).

In addition to the general need for a comprehensive duty of care approach, it is noted that GBV staff who interact on a regular basis with GBV survivors and witness / are exposed to high levels of traumatic situations require specific support for their continued well-being.

**15. Fast-track procedures adequately allow for rapid recruitment (outside of surge) but are not always utilized when they could be, due to both a low appetite for risk within UNFPA and a low level of familiarity with such recruitment processes.**

UNFPA fast track procedures cover human resources in respect of:

- Recruitment of personnel under TAs
- Recruitment of personnel under FTAs
- Recruitment of vetted candidates from rosters for TAs and FTAs
- Reduced turnaround time for staff administrative services.<sup>165</sup>

<sup>162</sup> United Nations. The 2015 UN Global Health Wellbeing Survey. 2015. <https://hr.un.org/page/healthy-workforce-better-world>

<sup>163</sup> <https://hr.un.org/article/launch-un-system-workplace-mental-health-and-well-being-strategy>

<sup>164</sup> UNFPA. Meta-analysis of engagement of UNFPA in vulnerable contexts. 2018

<sup>165</sup> UNFPA. Fast Track Policies and Procedures. 2015.

The delegation of authority under the FTPs includes creation of posts, shortening of vacancy announcement time for both TAs and FTAs, waiving of competitive selection process for both TAs and FTAs, reassignment of staff on FTAs, and reassignment of staff from rosters.<sup>166</sup>

The 2018 meta-analysis report concluded that the revised UNFPA fast-track procedures provide operational flexibility but that *“there appears to be room to further increase operational flexibility in protracted emergencies, fragile contexts and high-security settings.”*<sup>167</sup>

The meta-analysis report’s conclusion that *“[n]imbler procedures”* were required is supported by this evaluation which finds that (a) procedures could be revised for more speed, but also, (b) FTPs are simply not utilized when necessary.

Respondents across a number of countries reported FTPs not being activated when they are available and would have been useful.<sup>168</sup> FTPs cover programme management, financial management, human resources, and procurement. There is no specific evidence from key informant responses on which of these areas are most under-utilized. Some respondents report that with financial management and procurement in particular, operational staff have a fear of acting outside of their authority. They articulated concerns that future audits might not agree that they were allowed to ‘skip’ the standard procedures.<sup>169</sup> However, for human resources, respondents believe the recruitment FTPs are not activated as some countries struggle with the overarching concept of how to transition out of surge into more appropriate modalities for protracted crises. This is typically blamed on lack of funding. However, the Whole of Syria Hub example (outlined above) shows that when longer-term investment is made in humanitarian human resource expertise, the return on this investment vis à vis further funding is high. However, with short-term surge as an available – and cheap, for the country – option, there is not always the motivation for seeking this longer-term funding at country level and therefore surge is the default backstop.<sup>170</sup>

Some respondents also reported significant delays even when FTPs for recruitment were activated: *“even with FTPs activated and funding available our requests for TAs get stuck in the system – for example, we’ve had vacancy a humanitarian P5 TA for almost a year.”*<sup>171</sup> Respondents across countries gave multiple examples of significant delays in recruitment, impacting significantly on the ability of UNFPA to respond, as well as the reputation of UNFPA with donors vis à vis capacity to spend humanitarian funds within project time periods.

**16. Surge stand-by partnerships have significantly increased the effectiveness of UNFPA surge capacity.** In 2012, UNFPA had started to develop key partnerships to address surge capacity and support. These partnerships included NRC to deploy gender capacity (GenCap) personnel, and the International Planned Parenthood Federation (IPPF) Sexual and Reproductive Health Programme in Humanitarian Settings (SPRINT) training initiative.<sup>172</sup>

The internal surge roster was established in 2014, institutionalized in 2015, and then strengthened by the addition of external rosters in 2016. Initially, UNFPA considered that immediate humanitarian human resources needs *“can most easily be met by the rapid deployment of UNFPA staff, through internal surge capacity roster”*<sup>173</sup> This roster was strengthened considerably between 2014 and 2016 but UNFPA HFCB increasingly recognized that it was simply not enough to meet humanitarian human resource needs across

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<sup>166</sup> Ibid.

<sup>167</sup> UNFPA. Meta-Analysis of the engagement of UNFPA in highly vulnerable contexts. 2018.

<sup>168</sup> Multiple UNFPA country-level key informants. For further information, refer to the full final evaluation report evidence matrix annex – EQ6.

<sup>169</sup> Ibid.

<sup>170</sup> Note that this is a similar issue to the misuse / over-reliance on RH kits long after the time period for which RH kits were designed has passed. This is discussed in the commodities thematic paper.

<sup>171</sup> UNFPA key informant.

<sup>172</sup> UNFPA. Humanitarian Response Strategy “Second Generation”. 2012.

<sup>173</sup> Ibid.



all country offices.<sup>174</sup> Further, the experienced humanitarian personnel on the roster (which only accepts staff with significant humanitarian experience) were often crucially required within their normal role, which then suffered when they were deployed elsewhere. Some respondents suggested this led to a cascade of movement with no net benefit – “*we ask colleagues from Yemen to go to Gaziantep, then the Gaziantep person has to go to Cameroon etc.*”<sup>175</sup> In general, many respondents saw this as a ‘robbing Peter to pay Paul’ approach.<sup>176</sup> This lack of a backfilling mechanism for deployees also contributed to a reluctance on behalf of managers to let their roster members surge. With limited humanitarian resources across the organization, managers were rightly concerned about how to fulfil their own humanitarian commitments when surge staff are deployed for three months or more.

Therefore, the two external rosters – one of individual surge consultants, and the SPB mechanism were developed. Many UNFPA staff admitted confusion across these three rosters.<sup>177</sup> However, the management of the rosters at headquarters level – previously under HFCB, and now under DHR since 2018 – is extremely effective, with candidates from the different rosters being selected for any particular context based on needs of the country office, funding, length of deployment, and experience of the roster member.

Some issues have arisen in the past with external roster members who, while technically capable, are unfamiliar with UNFPA systems and processes and that therefore becomes a weakness. However, the surge team has absorbed feedback on this, and ensures that external roster members are not deployed in either logistics or operational positions (where extensive knowledge of the systems and procedures within UNFPA is critical). However, the majority of external surge candidates deployed in technical capacities – SRHR, GBV and coordination – have been extremely well received and praised for their knowledge, capacity, and commitment.<sup>178</sup> This also eases the pressure on the internal roster considerably.

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<sup>174</sup> UNFPA DHR key informants.

<sup>175</sup> UNFPA country key informant.

<sup>176</sup> Multiple UNFPA regional and country key informants. For further information, refer to the full final evaluation report evidence matrix annex – EQ6.

<sup>177</sup> Ibid.

<sup>178</sup> Multiple UNFPA regional and country key informants. For further information, refer to the full final evaluation report evidence matrix annex – EQ2 and human resources dataset.

## EQ 7: Coordination

**EQ7:** To what extent does UNFPA formal leadership of the GBV AoR and informal leadership of RH WGs and youth WGs contributed to an improved SRH, GBV, and youth-inclusive response? [How adequately is the GB AoR at global level and GBV subcluster at country levels resourced by UNFPA compared to other clusters? How adequately is UNFPA SRHR in emergencies accountability at global level and RH working groups at country level resourced by UNFPA? How adequately is UNFPA responsibility for young people in emergencies resourced at the global and country levels?]

### Findings

17. The GBV AoR at the global level, for which UNFPA assumed sole leadership in 2016, is currently adequately resourced. However, this has not been based on core resource commitment from UNFPA to date although increased positions are planned **within the new Humanitarian Office organizational structure.**

18. GBV sub-clusters across different contexts remain under-resourced, with double-hatting coordinators and an over-reliance on surge.

19. SRHR coordination when activated is generally better managed at country level than GBV coordination due to more SRHR experience than GBV experience within UNFPA development programming.

20. UNFPA investment in youth coordination at country level does not align with UNFPA youth coordination accountabilities at the global level.

**17. The GBV AoR at the global level, for which UNFPA assumed sole leadership in 2016, is currently adequately resourced. However, this has not been based on core resource commitment from UNFPA to date although increased positions are planned within the new Humanitarian Office organizational structure.** Since 2016 the AoR has progressed very positively, with a 2018-2020 strategy which operates under a vision of eliminating GBV in all humanitarian crises via collective action and efforts to address underlying gender inequality.<sup>179</sup>

Since UNFPA assumed sole leadership, the GBV AoR has been engaged in:

- Facilitating the direction for the 2019 Oslo Global GBV meeting, a conference held in May 2019 focussed on various aspects of SGBV and conflict-related sexual violence aiming to mobilize political commitment and financial resources for SGBV in conflict and highlight good practice<sup>180</sup>
- Developing a revised GBV coordination handbook<sup>181</sup>
- Developing global minimum standards for GBV.

The AoR is also strongly engaged with the Call to Action on protection from GBViE - a multi-stakeholder initiative launched in 2013 to ensure that comprehensive protection from GBV is included in all emergency responses.<sup>182</sup>

The AoR has also been working on improving GBV data and information management, taking this from a narrow focus on GBV information management system data to a broader understanding of the data required for humanitarian needs assessments, response plans, dashboards, and reporting. However, this has been done – to date – with limited resource support from UNFPA.

The GBV AoR is hosted in the UNFPA Geneva office. Currently, the AoR has a team of six staff members. This compares equally to other global AoRs / clusters. For example, the child protection AoR has six team members<sup>183</sup> whilst the global protection cluster has seven team members. However, UNFPA only directly funds the coordinator position in the GBV AoR from core funds, and despite taking on responsibility of the AoR in 2016, this position did not become core-funded or a P5 position (aligned with all other AoR and

<sup>179</sup> GBV AoR. Strategy 2018-2020. 2018. [https://gbvaor.net/search?search\\_api\\_fulltext=strategy](https://gbvaor.net/search?search_api_fulltext=strategy)

<sup>180</sup> <https://www.endsgbvoslo.no>

<sup>181</sup> Just launched in June 2019: <http://gbvaor.net/handbook-coordinating-gender-based-violence-emergencies-now/>

<sup>182</sup> <https://www.calltoactiongbv.com>

<sup>183</sup> <http://cpaor.net/global-cp-aor-team>

cluster coordinators) until 2018. All other positions are temporarily supported with funds raised directly by the AoR. In the new HO organization structure, five AoR positions are included:

- Coordinator (P5 and core-funded)
- Deputy coordinator (P4, currently funded by other resources but to potentially become core-funded in 2020)
- GBV information management specialist (P3, funded by other resources)
- GBV analyst (P2, funded by other resources)
- GBV analyst (P2, junior professional officer position).<sup>184</sup>

**18. GBV sub-clusters across different contexts remain under-resourced, with double-hatting coordinators and an over-reliance on surge.** Double-hatting for coordinator positions remains the norm for UNFPA, in clear contravention of standard cluster lead agency practice. Across the 15 countries included in this evaluation, only three had sub-cluster coordinators on longer-term contracts (Bangladesh, Indonesia, and Yemen). All other countries had either double-hatting coordinators, or a succession of short-term surge staff which, as one respondent commented, led to *“friction and confusion”*.<sup>185</sup> This means that UNFPA is only adequately resourcing 20 per cent of its cluster commitments globally - this is supported by surge statistics which highlight 80% of coordination roles come from surge. This continues to be a reputational risk to UNFPA and, ultimately, fails women and girls in humanitarian settings.

A double-hatting coordinator can never reasonably manage a coordination role to the same level of all other clusters which are generally resourced with an international dedicated coordinator. This constrains the ability of the GBV sub-cluster as a whole to access centralized funding, to advocate for GBV prevention and response measures, to roll out training and GBV minimum standards, and to have a solid voice within inter-cluster coordination platforms and therefore influence the direction of the response in a way which benefits women and girls.

**19. SRHR coordination, when activated, is generally better managed at country level than GBV coordination due to more SRHR experience than GBV experience within UNFPA development programming.** This is due to a number of factors including:

(a) Core regular staff with more SRH knowledge and expertise. Across all country operations, UNFPA consistently undertakes SRH development programming as a core mandated objective. However, development GBV programming which, where established, is managed under gender equality outcomes, is not consistent across all country offices and is often operationalized through support at policy level rather than the ground-level service provision required within humanitarian settings

(b) Impressive promotion of the MISP across UNFPA and partner staff before, during, and after emergencies. In 2014 a global evaluation of SRHRiE was commissioned by the IAWG which highlighted many positive improvements over the preceding decade. Humanitarian funding for SRHRiE had increased from 2002 to 2013, totalling across the period just over US\$ 2 billion, representing 43 per cent of the actual amount requested. MNH was the best funded component of the MISP, receiving 56 per cent of funding.<sup>186</sup> The MISP itself was much more well-known in 2014 than it was in 2004, and agencies themselves *“self-reported growth in institutional capacity to address RH in crises”*<sup>187</sup>

(c) RH working groups are not a formalized IASC group as RHR is not an IASC-established area of responsibility under the health cluster. As such, SRHR working groups (typically termed ‘RH’ working groups) are established informally by UNFPA at the discretion of the World Health Organization (WHO) which leads the health cluster. As a result, RH working groups are inherently ad-hoc with no mechanism for systematic establishment or resourcing. Across the 15 countries included within this evaluation, only

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<sup>184</sup> UNFPA headquarters key informants.

<sup>185</sup> Country-level cluster member key informant.

<sup>186</sup> IAWG. Taking stock of RH in humanitarian settings – key findings from IAWG 2012-2014. 2015.

<sup>187</sup> Ibid.

Bangladesh and Yemen have dedicated RH working group coordinators – with respondents in both countries highlighting the positive impact of the RH coordination groups on the SRHR response.

**20. UNFPA investment in youth coordination at country level does not align with UNFPA youth coordination accountabilities at the global level.** UNFPA is one of the global lead organizations (together with the International Federation of the Red Cross) for the *Compact for Young People in Humanitarian Settings*.<sup>188</sup> The UNFPA youth leadership role is still internally considered to be an emerging, despite the fact that the Compact was established after the World Humanitarian Summit (WHS) in 2016. UNFPA also has an emerging global leadership role around the United Nations Security Council resolution 2250<sup>189</sup> on youth, peace, and security – to emerge as a clear youth coordination voice at field level.

However, across the 15 countries included within this evaluation, there were no established national humanitarian youth coordination groups. While at different levels (national, and sub-national) and across different contexts UNFPA does some disparate youth programming, there is almost no youth coordination to match with the global commitments UNFPA assumed with the leadership of the Compact for working with and for Young People in Humanitarian Action.

Even at the global level, the work on the Compact is undertaken under the SRH branch rather than managed and funded by humanitarian resources and there is no dedicated youth specialist in the current HFCB (although a P3 position is included in the new HO organogram).<sup>190</sup> This shortage of resourcing at headquarters results in a lack of clarity for country offices as to their responsibility and accountability for youth in humanitarian action at the country level and how to deliver on the commitments to the Compact.<sup>191</sup>

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<sup>188</sup> <https://www.agendaforhumanity.org/initiatives/3829>

<sup>189</sup> <https://www.un.org/press/en/2015/sc12149.doc.htm>

<sup>190</sup> UNFPA global key informant and UNFPA. HO final organogram 21March2019. 2019.

<sup>191</sup> UNFPA global key informants.

## EQ 8: Connectedness

**EQ8:** To what extent does UNFPA humanitarian programming take account of and align with longer-term needs and root causes of crises and development and peace programming (both by UNFPA and partners and other actors) and work to enhance the capacity of national and local actors (particularly women and youth civil society organizations)? *[How do UNFPA increase connectedness through training and exposure of staffing, including UNFPA and implementing partner staff?]*

### Findings

21. UNFPA is slowly increasing capacity to work across the humanitarian-development continuum.

#### **21. UNFPA is slowly increasing capacity to work across the humanitarian-development continuum.**

Work across the humanitarian/development nexus includes:

- Preparedness, disaster risk reduction (DRR), and resilience-building interventions as aspects which impact on future humanitarian action and which are undertaken by development staff with development funding in development settings
- Humanitarian response itself
- An understanding of how humanitarian response should be linked to longer-term (collective) outcomes, and transition through early recovery back to normality and stronger development work.

The challenges UNFPA faces with releasing internal surge staff from one location to surge, together with the limited number of humanitarian specialists across UNFPA at all levels contributes to the struggle to engage effectively across these above-referenced areas.

The NWoW which originated from the World Humanitarian Summit in 2016 aimed to bring a “*new urgency to the long-standing discussion around better connectivity between humanitarian and development efforts*”.<sup>192</sup> The NWoW responds to the need to strengthen the humanitarian-development continuum/nexus, recognizing that inter-agency appeals now last an average of seven years and therefore increased dovetailing of humanitarian and development goals is logical. The NWoW has, at its heart, a notion of “*collective outcomes across silos*”<sup>193</sup> which seek to provide both immediate humanitarian assistance and protection as well as reducing risk and vulnerability. This, therefore will reduce need over the longer term under the framing of the 2030 Agenda for Sustainable Development.

The 2017 UNFPA standard operating procedures for the management of emergency surge deployments states that “[w]hile UNFPA considers its own staff as its “*first line of defence*” during an emergency situation, the unpredictable nature and increasing number of humanitarian disasters has prompted us to think more strategically on how to manage our surge response...”<sup>194</sup> This strategic approach led to an increase in SBP and external roster candidate deployments which, as previously noted within this report, has significantly increased the effectiveness of UNFPA surge capacity. However, it has had limited effect on increasing the internal capacity of UNFPA own staff as ‘*first line of defence*’.

A key challenge is that country offices are responsible for ensuring emergency preparedness within UNFPA country programme design and national development frameworks, in line with the UNFPA Guidance on MPAs and the positioning of UNFPA on DRR. This guidance<sup>195</sup> notes that “[p]reparedness not only ensures more timely and effective emergency aid by both national governments and humanitarian organizations, but can also reduce response costs by over 50 per cent’ (referencing a 2014 UNICEF and World Food Programme - WFP study)<sup>196</sup> and highlights that UNFPA has identified disaster preparedness as a “vital

<sup>192</sup> OCHA. New Way of Working. OCHA. 2017

<sup>193</sup> Ibid

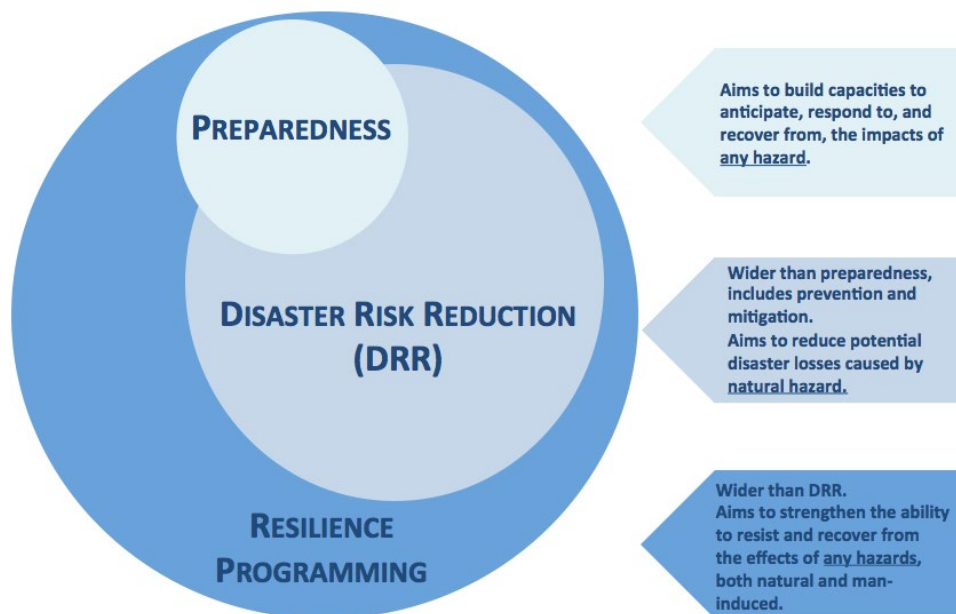
<sup>194</sup> UNFPA. Standard Operating Procedures (SOP) for the management of emergency surge deployments from UNFPA’s global emergency roster. 2017

<sup>195</sup> UNFPA. Guidance Note on Minimum Preparedness. 2016.

<sup>196</sup> UNICEF/WFP. Return on Investment for Emergency Preparedness Study. 2014

component” within the 2014-2017 Strategic Plan,<sup>197</sup> committing UNFPA to scaling up its programmes in humanitarian and fragile contexts “to a significant extent”.<sup>198</sup> UNFPA sees preparedness, DRR, and resilience – as it applies to programming across the nexus – as per the Figure 6.

**Figure 6. UNFPA preparedness, DRR, and resilience programming<sup>199</sup>**



In respect of human resources, the Minimum Preparedness Guidance outlines the resourcing necessary across the levels of country office, regional office, and headquarters.

CO Thematic area 4.3: Human Resources	
MPA 8 – Ensure the availability of human resources able to perform critical functions in emergency	
8.1 - Human resource plan is in place, it accounts for potential needs for surge, and is updated annually.	Minimum Content of a Human Resource Plan
8.2 - UNFPA staff members received at least the minimum briefing/training to perform their functions in emergency.	List of Minimum Trainings for UNFPA Staff Procedures to request staff from the internal surge capacity roster (see UNFPA Preparedness Toolbox)
8.3 - Emergency preparedness is included in the PAD of Preparedness Team Members and, for priority Country Offices, in the PAD of the Representative and Deputy Representative (or Assistant Representative); although the overall responsibility for the UNFPA Country Office preparedness lies with the Country Representative, at least one of the Preparedness Team Members has in his/her (PAD) the responsibility to develop the Country Office’s Annual Preparedness Action Plan and coordinate its implementation.	

<sup>197</sup> UNFPA. Guidance Note on Minimum Preparedness. 2016.

<sup>198</sup> Ibid.

<sup>199</sup> Ibid.



RO Thematic Area 4.3: Human Resources	
MPA 10 – Ensure the availability of human resources able to perform critical functions in emergency	
10.1 - Regional humanitarian (surge) roster is in place and updated.	
10.2 - Each year the RO achieves a 20 per cent increase in the number of staff in the regional surge roster that received the surge training.	
10.3 - RO preparedness and response team members received at least the minimum briefing/training to perform their functions in emergency.	<a href="#">List of Minimum Trainings for UNFPA Staff</a> <a href="#">Standard Operating Procedures</a> <a href="#">Fast Track Policies and Procedures</a>

HQ Thematic Area 4.3: Human Resources	
MPA 10 – Ensure the availability of human resources able to perform critical functions in emergency	
10.1 - Global emergency training package is maintained up-to-date; the need to produce new and/or revise components of the global training package to take into account lessons learned is assessed yearly; demands from staff and new developments in the humanitarian architecture are likewise assessed yearly; components of the training package are produced/revised accordingly.	<a href="#">List of Minimum Trainings for UNFPA Staff</a> <a href="#">Standard Operating Procedures</a> <a href="#">Fast Track Policies and Procedures</a> ;
10.2 - Global humanitarian (surge) roster is in place and updated.	
10.3 - Emergency preparedness is included in the PAD of inter-divisional working group members; at least one of the Preparedness Team Members has in his/her (PAD) the responsibility to develop an Annual Preparedness Action Plan and to coordinate its implementation.	

Currently, UNFPA struggles to meet these commitments across leadership areas of SRHR, GBV, and youth across all countries. The primary issue is the low number of humanitarian-specialized personnel across the organization. Notwithstanding the scale-up of the humanitarian office in 2019 at headquarter level (see EQ5), there is a shortage of sufficient humanitarian expertise across the organization – as highlighted across all previous evaluation questions.<sup>200</sup> This impacts negatively on preparedness, response, and programming across the nexus which then becomes a cyclical issue of challenges in building resilience into early recovery leading to lack of preparedness and to less effective response etc.

UNFPA does not currently have a clear (written) strategy to address this issue, although various initiatives are in place to increase humanitarian human resource capacity. These include:

- Recruiting more humanitarian expertise. This is achievable over the longer-term by way of attrition, although UNFPA currently does not systematically ensure that humanitarian capacity is included in all leadership job profiles and as many other job profiles as possible
- Over the short, medium and longer-term UNFPA has institutionalized the surge mechanism and taken full ownership of the roving team for immediate deployment of humanitarian expertise

<sup>200</sup> The evaluation team has not had access to quantitative data with regard to humanitarian personnel. However, as per the findings under EQ1 (finding 3), EQ 2 (finding 4), EQ 3 (findings 6 and 7), and EQ 4 (finding 8) the available evidence suggests an insufficient level of humanitarian expertise across UNFPA to effectively fully discharge humanitarian responsibilities.

However, in the short to medium-term, working to increase the knowledge and capacity of the existing workforce is important. This includes allowing international surge roster members to surge and benefits both the hosting country office and their own home country office when they return.

Many respondents also highlighted the current absence of systematic training or learning opportunities – which include both institutionalized humanitarian training workshops such as those run in 2018 and highly praised across the organization<sup>201</sup> but discontinued due to lack of funding, and innovative options suggested by respondents such as ‘shadow-surging’ for internal candidates with minimum experience but interest and commitment.<sup>202</sup> This in part is due to the overall reluctance in releasing internal surge staff (who are necessarily those with existing humanitarian experience) which would serve to diffuse increased humanitarian knowledge and experience in a relatively organic manner across the organization. This resistance is reported across the board, both from surge roster members who have been unable to deploy, from surge management, and from requesting country offices.<sup>203</sup>

*“We had a Spanish-speaking SRH person ready for Venezuela, but he reported to someone else that his manager would not let him leave.”<sup>204</sup>*

*“I am registered on surge, but never deployed...the problem is, I know from my manager that he does not let people go on surge.”<sup>205</sup>*

Research respondents reported that the UNFPA Deputy Executive Director had sent memos on various occasions reinforcing the fact that the surge workshops are expensive, surge deployment is essential to an effective response in a rapid onset emergency, and the surge mechanism ultimately benefits all of UNFPA.<sup>206</sup> However, the evidence indicates that this has had limited impact on the internal surge mechanism.

Further, the burden of performing the job role for immediate response on external surge staff is so high that there is often limited time or space for these external surge deployees to transfer knowledge and skills to country office staff. Respondents indicate that some highly experienced surge staff are able to do this in certain contexts, but it is the exception rather than the norm.<sup>207</sup>

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<sup>201</sup> Multiple UNFPA global and regional key informants. For further information refer to the full final evaluation report evidence matrix annex – human resources dataset.

<sup>202</sup> UNFPA regional key informants.

<sup>203</sup> Multiple UNFPA global and regional key informants. For further information refer to the full final evaluation report evidence matrix annex – human resources dataset.

<sup>204</sup> UNFPA key informant.

<sup>205</sup> UNFPA key informant.

<sup>206</sup> UNFPA DHR key informants.

<sup>207</sup> Ibid.

## Conclusions

*Note: As a focussed thematic paper, all findings ultimately lead to the same overarching conclusion, articulated as conclusion A. Conclusions B to E aim to extract the nuances within this overarching conclusion linked to (b) general (non-surge) capacity, (c) duty of care issues, (d) over-utilization of surge, and (e) AAP and PSEA considerations.*

1. UNFPA has increased its humanitarian human resource expertise significantly in the ten years preceding this research. However, this has not kept pace with increased humanitarian needs and an increased UNFPA profile and responsibility for humanitarian response. The surge capacity and the creation of the roving team has been critical to effective UNFPA response but remains a short-term solution to a longer-term challenge - the need to increase humanitarian expertise across all levels. This need must be addressed if UNFPA is to become a fully effective agency at the same level of other United Nations agencies working across development and humanitarian spheres. UNFPA has reached a stage where an internal change in approach is required to sustain momentum towards becoming an effective humanitarian response agency with a dual mandate across both development and humanitarian spheres. This analysis concludes that this change in attitude is a prerequisite to ensuring that humanitarian action will have appropriate human resources for the future.

*links to all findings*

2. UNFPA has limited human resource capacity to respond to humanitarian crises; increase levels of emergency preparedness and resilience; recover from humanitarian crises; and enhance working across the humanitarian-development nexus. UNFPA relies on a cadre of experienced humanitarians that are deployed from one complex crisis to another which then leads to shortages and challenges in the original duty postings. These are then addressed with short-term fixes such as surge. Given limited resources, UNFPA lacks the capacity immediately and substantially scale up humanitarian expertise. Efforts to do so have been disparate and short-term, without the benefit of an overarching long-term humanitarian human resource strategy.

*links to 1,2,3,4 8,12*

3. UNFPA has an informal organizational culture that seeks to do more with less. Laudable as this may be (in that it appears to embody the principles of efficiency and value for money), it can lead to negative impacts on the reputation of UNFPA across many humanitarian settings. This may transpire through inadequate or ineffective programming when UNFPA cannot resource all responsibilities it has assumed. This harms women, girls, and youth in humanitarian settings and undermines UNFPA staff and humanitarian personnel who consistently work harder for longer hours in challenging contexts, often without contractual security and an overall lack of duty of care.

*Links to Findings 8,10,12,14*

4. UNFPA has had significant and progressive success with both the surge mechanism since 2013 and the creation of the roving team in 2017. These currently constitute the backbone of UNFPA humanitarian expertise (with the backbone of humanitarian response being UNFPA national staff). Without surge and the roving team, UNFPA would be unlikely to engender the respect that it does among its peers as a humanitarian response agency. However, surge is not always utilized in the manner for which it was designed. The internal roster is used sub-optimally when managers refuse to allow deployment of internal roster members due to an absence of clear backfilling options. This is notable when only experienced internal humanitarian staff are eligible to surge and (see Conclusion A and B) the shortage of such staff across the organization makes them critical to the operations within which they work full-time. It is **overused** when country offices – for reasons of funding, limited commitment, or misunderstanding on transitioning surge into alternate staffing modalities – rely on surge for too long.

*links to Findings 2,3,4,5,9*

5. Knowledge of, and mechanisms for, accountability to affected populations (AAP) and protection from sexual exploitation and abuse (PSEA) are inconsistent in humanitarian settings. There is limited headquarters guidance on global best practice, albeit with ongoing efforts for both. Online training of personnel with access to affected communities is an important first step but does not constitute an adequate response. Within UNFPA, this online training is not rolled out to all implementing partners (those with the most day-to-day contact with vulnerable women and girls, and therefore the highest risk) across all contexts. Where surge staff may have comprehensive PSEA knowledge and capacity, the hierarchy within country offices and existing systems and structures make it challenging to rapidly establish comprehensive PSEA mechanisms within UNFPA and partners, if there is no prior foundation upon which they can build.

*links to Findings 6,7*

## Suggestions for Recommendations

1. UNFPA should develop a five-year humanitarian human resources strategy for increasing general (non-surge) humanitarian expertise within the agency. This should be based on a clear pre-baseline (from 2012) and a current baseline (2019). Goals should be set based on a global capacity assessment.

The strategy should include a clear approach as follows:

The strategy should include a clear three-pronged approach including:

- **New personnel:** Ensure significant humanitarian expertise is required in all (relevant) job profiles for incoming staff by
  - a. Inserting humanitarian requirements into relevant job profiles, including senior management
  - b. Developing humanitarian test materials for relevant job interview processes
  - c. Systematically ensuring humanitarian colleagues with requisite experience and expertise are included in all interview panels.
- **Existing personnel:**
  - a. Fund a continuation of the regional humanitarian capacity-building workshops training initiative which started in 2018 on an ongoing basis
  - b. Launch an organization-wide, country-level humanitarian workshop training initiative, focusing on the countries which are most at risk according to the INFORM index<sup>208</sup>
  - c. Develop a specific senior-level intense training/awareness-raising/support plan targeted at different experience/skill cohorts, i.e., those with robust humanitarian experience those with limited such experience but interest; those with minimal relevant experience. Consider a mentoring programme, linking those within the first cohort to those within the third cohort
  - d. Pilot a “shadow-surge” roster for those in lower-level positions who have limited experience but high interest in learning, to gain exposure in protracted crises.
  - e. Systematically utilize surge/roster deployees to transfer skills when appropriate, for example:
    - i. First-wave personnel (surge or roving team) staff transferring humanitarian skills **where and if possible** (noting that humanitarian response remains at the core function of the deployment)
    - ii. Second-wave personnel (surge or contracted) staff consistently being **required** to transfer skills
    - iii. Longer-term or later deployed humanitarian personnel having a **core responsibility** within their ToR to transfer humanitarian skills

This should complement UNFPA efforts to sensitize all country management on the purpose of surge and the support required for surge deployees via a systematic process of training.

**DHR staff:** Build a core team with responsibility for humanitarian staff to ensure speed, consistency, quality and follow-up (including return) of humanitarian personnel identification, recruitment and deployment.

*Priority: high*  
*Links to conclusion 2*

*Cost: high*

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<sup>208</sup> Note that this is already underway in APRO with country-level trainings held in Philippines, Bangladesh and Pacific sub-regional office and planned for Myanmar and Indonesia in late 2019/early 2020.

2. UNFPA should develop a *comprehensive duty of care policy* to cover all humanitarian personnel (both international and national, roving team members, surge staff, junior professional officers, United Nations volunteers, and consultants). This should ensure that ‘doing more with less’ does not inadvertently result in causing harm to UNFPA staff.

This duty of care framework should operationalize the definition and vision of duty of care in line with the existing interagency high-level committee on management (HLCM) definition and define its responsibilities at different levels to ensure clear mechanisms for accountability.

This includes as a minimum:

- Outlining and communicating UNFPA minimum standards of duty of care for all
- Embedding and incorporating responsibilities around duty of care as part of managers terms of reference and incorporate into humanitarian competency framework and PAD system
- Remaining mindful that in high-risk environments, further issues around harassment that affect women are highlighted.

Additional issues which affect junior or other vulnerable staff should also be considered. UNFPA should commit to better understanding and responding to the gender-specific aspects around duty of care in high risk-situations. Here, appropriate accommodation, transportation, focused and contextualize training, policies, procedures that work to ensure women’s safety and security are addressed.

Further, the stress upon staff working on a daily basis with highly traumatised survivors of sexual violence should be accounted for within a duty of care policy, relevant strategies and/or annual duty of care workplans. UNFPA should continue the duty of care sub-group and incorporate regional humanitarian staff. Addition measures to promote duty of care include:

- Developing an annual duty of care workplan and reporting annually on progress
- Regular meetings dedicated to the subject
- Promoting the use of duty of care working groups at regional levels
- Ensuring HRSPs and Regional Humanitarian Advisors and Coordinators, as well as Regional Directors and Deputy Regional Directors are fully sensitized on HLCM recommendations and duty of care in high risk duty at stations
- Ensuring regions and country offices meet regularly to review work plans and emerging priorities
- Soliciting staff and personnel concerns on duty of care via staff care engagement surveys
- Sensitization of humanitarian donors on the need to progressively allocate resources for staff care
- Promoting better understanding of the advantages and returns in investment in duty of care by country teams through dedicated studies and assessments.

Ensuring staff care budget and priorities are included in new/renewed letters of agreement with implementing partners.<sup>209</sup>

*Priority: high*

*Cost: high*

*Links to conclusion 3*

3. UNFPA should revisit leadership of the compact for working for and with young people in humanitarian contexts. This is essential in the context of a consistent lack of resources at country level and limited resources at global level to lead a coordinated effort to include youth in humanitarian response.

*Priority: medium*

*Cost: low*

*Links to conclusions 1,2*

4. UNFPA should tighten/reinforce organizational policies in the use of roving teams and surge. This should be complemented by investment of regular resources into humanitarian positions. It should further include:

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<sup>209</sup> Note these recommendations stem from the Bangladesh Mission Duty of Care reports undertaken by the Surge Manager, 2019.



- a. Internal development/dissemination of a red, amber, green chart of countries vis à vis recurrent use of surge across time – green for any position that has surge for less than six months before finding longer-term solutions; amber for any country which uses surge for six to 12 months; and red for any country which repeatedly uses surge for the same position for more than 12 months. UNFPA DHR and humanitarian office, in conjunction with regional humanitarian advisors and specialists, should use this as a live tracking board to target countries experiencing the most challenges;
- b. Systematic support from DHR, the Humanitarian Office and Regional Offices to country offices within the first 14 days of a humanitarian crisis to draft a sequenced human resources plan, anticipating needs and contracting options (roving team, surge, other longer-term contracting modalities).<sup>210</sup>
- c. Reinforcement within surge training and with surge roster members that denials of surge requests should be reported to DHR in an appropriate manner.<sup>211</sup>
- d. Strengthening of communication from senior levels in UNFPA that managers of surge deployees are required to allow these staff members to deploy.
- e. Promoting recognition of the ultimate benefit to surge host country offices in terms of increased humanitarian expertise when the surge member returns, based on increased exposure to different contexts.
- f. Reviewing standard operating procedures to address issues related to Country Representative lines of accountability.
- g. Framing roving team and/or internal surge deployments as four to six week assignments only to address backfilling concerns – and plan for sequencing surge as internal (with UNLP, to overcome visa issues), followed by immediate sourcing of external three to six months surge to take over.

*Priority: medium*

*Cost: low*

*Links to conclusion 4*

5. UNFPA should engage systematically and consistently (i.e. the role added to the profile of one or two specific staff members within the new HO) with the AAP/PSEA task force in Geneva, chaired by UNHCR. Ensure that global best practice emanating from this task force is cascaded to regional offices and country offices. UNFPA should develop an AAP and PSEA framework and workplan over a 2-4-year period as to how to roll out best practice and use this as a live monitoring / tracking tool. This should include tracking in which contexts UNFPA is at a below minimum global standard level, meeting minimum global standard level, and above – best practice – minimum global standard level. Best practice examples should be collated with the view to developing UNFPA specific AAP and PSEA practical field guidance.

*Priority: medium*<sup>212</sup>

*Cost: low*

*Links to conclusion 5*

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<sup>210</sup> This should be preceded by DHR, HO, and RO support to countries for humanitarian human resource planning through the MPA process before a crisis occurs.

<sup>211</sup> Note that DHR maintain a list of non-compliant surge Representatives – DHR key informant.

<sup>212</sup> Note that while this is categorized as medium priority, if UNFPA became embroiled in the type of media attention that has irreparably damaged Oxfam, and badly affected other NGOs / agencies since 2018, then the cost of not doing this would be significant.

## Annex I: Key Informant List

Name (Interviewee)	Job Title	Agency	Duty Station	Country
Jeffrey Bates	Media Specialist	UNFPA	New York	USA
Omar Gharzeddine	Media Specialist	UNFPA	New York	USA
Hanno Ranck	Online Communications Manager	UNFPA	New York	USA
Benoit Kalasa	Director, Technical Division	UNFPA	New York	USA
Sarah Reis	Special Assistant, Technical Division	UNFPA	New York	USA
Iva Goricnik	Chief, Resource Planning and Budgeting Branch	UNFPA	New York	USA
Klaus Simoni-Pederson	Chief, Resource Mobilization Branch	UNFPA	New York	USA
Letizia Montecalvo	Technical Specialist, Resource Mobilization Branch	UNFPA	New York	USA
Daniel Baker	Humanitarian Advisor	UNFPA	New York	USA
Fabrizia Falcione	GBV Capacity Development Specialist	UNFPA	New York	USA
Ramiz Alakbarov	Director, Policy and Strategy Division	UNFPA	New York	USA
Yann Lacayo	Health Financing Specialist, Commodity Security Branch	UNFPA	New York	USA
Dr. Akinyele Eric Dairo	Chief, Non-Core Funds Management Unit, Office of the Executive Director	UNFPA	New York	USA
Tim Sladden	Senior Advisor, HIV and Key Populations	UNFPA	New York	USA
Mira Cuturilo	Surge Manager	UNFPA	New York	USA
Jennifer Chase	GBV AoR Coordinator	UNFPA	Geneva	Switzerland
Astrid Haaland	GBV AoR Deputy Coordinator / REGA Manager	UNFPA	Geneva	Switzerland
Elke Mayrhofer	Regional Humanitarian Adviser, ASRO	UNFPA	Cairo	Egypt
Branwen Millar	Humanitarian Project Coordinator, APRO	UNFPA	Bangkok	Thailand
Emmanuel Roussier	Humanitarian Response Specialist, EECARO	UNFPA	Istanbul	Turkey
James Okara Wanyama	On detail assignment, Humanitarian Unit, ESARO	UNFPA	Johannesburg	South Africa
Jayne Adams	Regional Programme Advisor, LACARO	UNFPA	Panama City	Panama
Klaus Beck	Programme Adviser, APRO	UNFPA	Bangkok	Thailand
Katherine Nichol	Humanitarian Analyst, EECARO	UNFPA	Istanbul	Turkey
Nadine Cornier	Reproductive Health Adviser	UNFPA	Geneva	Switzerland
Emily Krasnor	GBViE Specialist	UNFPA	New York	USA
Sara Tognetti	GBV Programme Analyst	UNFPA	New York	USA
Michael Dahl	Chief, Talent Management	UNFPA	New York	USA

Jennifer Gibbs	Talent Management & Surge Consultant	UNFPA	New York	USA
Luam Mehary	Learning and Training Coordinator	UNFPA	New York	USA
Aturo Pagan	Deputy Director of Human Resources	UNFPA	New York	USA

## Annex II: Bibliography

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- GBV AoR. Strategy 2018-2020. 2018
- IAWG. Taking stock of RH in humanitarian settings – key findings from IAWG 2012-2014. 2015.
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- UN. Addressing Sexual Exploitation and Abuse, and Sexual Harassment at Workplace. An Update. Joint Segment of UNDP/UNFPA/UNOPS Executive Board, 4 June 2018. 2018.
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## Annex III: Evaluation matrix

**EQ1: (Relevance / Appropriateness) To what extent does UNFPA humanitarian programming correspond to the changing needs of affected populations, while remaining aligned internally with UNFPA mandate and strategic direction?**

A1. UNFPA humanitarian response has been based on identified and stated needs of women, adolescents, and youth identified at community, sub-national, and national level, and continually adapts to changing needs, particularly those left furthest behind in humanitarian contexts.

A2. UNFPA humanitarian programming is aligned with the objectives set out in the Second-Generation Humanitarian Strategy, in UNFPA Strategic Plan 2014-2017, and where relevant in the UNFPA Strategic Plan, 2018-2021.

**EQ2: (Relevance/Appropriateness) To what extent does UNFPA humanitarian programming align with humanitarian principles and external direction of humanitarian action as framed by the *Grand Bargain* and the *New Way of Working*?**

A3. UNFPA humanitarian response is aligned with humanitarian principles of humanity, impartiality, neutrality and independence.

A4. UNFPA humanitarian programming is aligned with the SDGs and with Grand Bargain commitments.

A5. UNFPA humanitarian programming is aligned with external minimum standards such as Sphere, IAFM / MISP, and GBV AoR standards.

**EQ3: (Relevance/Appropriateness) To what extent does UNFPA humanitarian programming ensure affected people (particularly women, adolescents, and youth) are active agents in designing, implementing, and monitoring UNFPA and partners' interventions and that there are functioning feedback and complaints mechanisms, including for PSEA?**

A6. UNFPA ensures affected people (particularly women, adolescents and youth) access systematic & participatory feedback for the design, implementation, and monitoring of humanitarian programmes.

A7. UNFPA has effective complaints mechanisms in place, including for PSEA.

**EQ4: (Effectiveness) To what extent is UNFPA achieving its objectives in terms of humanitarian action?**

A8. UNFPA humanitarian programming demonstrably contributes to populations affected by humanitarian crises (all people, but especially women, adolescents, and youth) accessing and utilising sustainable quality SRHR and women and girls accessing GBV services in a timely manner.

A9. UNFPA humanitarian programming demonstrably contributes to increased awareness of GBV and harmful practices among populations affected by humanitarian crises and these populations (especially women, adolescents, and youth) act as agents of change within their communities in a timely manner.

A10. UNFPA has successfully promoted SRHR and GBV as critical life-saving interventions across all sectors of humanitarian action.

A11. UNFPA other humanitarian programmes are evidence-based and using up-to-date population dynamics data to inform programming and responses in a timely manner.

A12. UNFPA programming demonstrably builds resilience through prevention and disaster risk reduction programming.

**EQ5: (Coverage) To what extent does UNFPA humanitarian programming achieve both geographic and demographic coverage?**

A13. UNFPA response systematically reaches all geographical areas in which women, girls and youth are in need and reach the most vulnerable.

A14. UNFPA response systematically reaches demographic populations of vulnerability and marginalization (i.e. women, girls, and youth with disabilities; those of ethnic, religious, or national minority status; LGBT populations etc.).

**EQ6: (Efficiency) To what extent does UNFPA inputs (financial and human resources) and internal systems, processes, policies and procedures support efficient and effective humanitarian response?**

A15. UNFPA (at country, regional, and global levels) is able to mobilize appropriate resources in a timely fashion for humanitarian action including from RR / OR / HFT / multi-year, and pooled resources.

A16. UNFPA has provided the appropriate level of staffing at county, regional and global levels (right people in right positions on right contracts with right support) in a timely manner for humanitarian response (including surge support).

A17. UNFPA has the right fast-track procedure systems in place which are understood and appropriately utilized in a timely manner for humanitarian response, specifically FTP, Surge, Commodity Procurement/Supply, Financial & Reporting.

A18. UNFPA maximizes strategic partnerships at country, regional, and global levels to leverage comparative strengths of different agencies/actors and promotes humanitarian principles across partnerships

**EQ7: (Coordination) To what extent does UNFPA formal leadership of the GBV AoR (at international, hub, and country levels) and informal leadership of RH WGs (at hub and country levels) and youth WGs (at hub and country levels) contributed to an improved SRH, GBV, and youth-inclusive response?**

A19. UNFPA support to and use of coordination within the GBV AoR at global level and the GBV Subclusters at country levels has resulted in improved effectiveness of GBV programming across humanitarian responses.

A20. UNFPA support to and use of coordination within RH WGs at country levels has resulted in improved effectiveness of SRHR programming across humanitarian responses.

A21. UNFPA support to and use of coordination within youth coordination forums at country level has resulted in improved effectiveness of youth engagement and empowerment programming across humanitarian responses.



**EQ8: (Connectedness) To what extent does UNFPA humanitarian programming take account of and align with longer-term needs and root causes of crises and development and peace programming (both by UNFPA and partners and other actors) and work to enhance the capacity of national and local actors (particularly women and youth civil society organizations)?**

A22. UNFPA seeks sustainability in humanitarian programming by linking across the humanitarian-development-peace nexus internally.

A23. UNFPA seeks sustainability in humanitarian programming by connecting with external development and peace actors.

A24. UNFPA seeks sustainability in humanitarian programming by seeking to increase funding and capacity support to local and national actors (particularly women and youth civil society organizations) where possible.