

# GLOBAL 20 HUMANITARIAN 16 OVERVIEW

A CONSOLIDATED APPEAL  
TO SUPPORT PEOPLE AFFECTED  
BY DISASTER AND CONFLICT



## Acknowledgements

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[fts.unocha.org](http://fts.unocha.org)  
[www.humanitarianresponse.info/appeals](http://www.humanitarianresponse.info/appeals)  
[www.unocha.org/2016appeal](http://www.unocha.org/2016appeal)



Seated on a rug atop the dirt ground, girls complete homework outside their tent home, in the Kawergosk camp for Syrian refugees, just west of Erbil, the capital of Kurdistan Region.

UNICEF/ROMENZI

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## Foreword

Devastating natural disasters struck Nepal and Vanuatu this year, and debilitating drought affected Guatemala and Honduras. However, armed conflicts have been the greatest driver of prolonged humanitarian need. As we approach 2016, the global humanitarian appeal requires US\$20.1 billion to provide life-saving humanitarian assistance to over 87.6 million people across 37 countries, most of which are in conflict. Crises are becoming more protracted and displacement levels are unprecedented due to the lack of durable political solutions. Nearly 60 million people, half of them children, have had to flee their homes due to conflict and violence. The brutal, extended conflicts in Iraq, South Sudan, Syria and Yemen continue to affect staggering numbers of people and put extraordinary strain on the humanitarian system.

Now in its fifth year, the crisis in Syria continues to propel one of the largest refugee exoduses since the Second World War. More than 830,000 refugees and migrants found their way into Europe in 2015. Over 50 per cent of these people are fleeing the Syrian conflict, in which an estimated 250,000 people have been killed and more than 1.2 million injured since. It is incumbent on the international community to restore people's dignity and humanity and intensify efforts to find concrete, sustainable solutions to such conflicts but we must meanwhile provide critical assistance to those in need.

The level of violence is unspeakable. Millions of people are trapped in conflict zones and subjected to flagrant human rights abuses. In Yemen, some 4,500 civilians were reportedly killed or injured by explosive weapons in the first seven months of this year – more than in any other country or crisis during that period. And in Ukraine, the number of casualties from landmines and unexploded ordnance along the contact line has increased alarmingly, as civilians without reliable gas or electricity leave relatively safe areas to seek firewood for fuel.

Violence in north-eastern Nigeria and neighbouring countries has prompted the Governments of the Lake Chad Basin to engage in counter-insurgency military activities. Insecurity has caused mass internal displacement (over 2 million people in Nigeria) and a refugee influx into Cameroon, Chad and Niger – countries that are already fragile.

Humanitarian workers have not been spared this violence. Yet, resilient and determined, humanitarian workers are reaching more people in more places than ever before. I have the most profound respect and admiration for their courage and sacrifice. Despite heightened insecurity and severe access constraints in Syria this year, nearly 6 million people received

monthly food assistance and 4.4 million people received and other assistance and shelter support. Over 9 million people received medical care, and more than 5 million children benefited from education support.

In October, Somalia was declared polio-free. All the countries hosting South Sudanese refugees (Ethiopia, Kenya, Uganda and Sudan) are close to providing the standard of 15 litres per person per day in refugee camps. And in Mali, the humanitarian community has delivered food to 1.6 million people, and provided health care for 1.3 million people.

We could not have achieved this, and carried out other life-saving interventions, without donors' record generosity. Amid pressing, unique and escalating global challenges, donors have remained committed to helping us restore people's dignity and humanity and protect them from harm. Despite this generosity, underfunding has forced aid agencies to scale back or shut down operations. In Syria for example, food agencies have reduced food aid, and hundreds of thousands of people may lose access to health services. In Somalia, low and late funding continues to undermine humanitarian partners' ability to respond to floods, with health partners struggling to provide adequate life-saving health services. For 2016, humanitarian partners have prioritized the needs outlined in the response plans. We are contending with the complex, multidimensional and extended reality of crises that force humanitarian organizations to become the default providers of essential services: water and sanitation, health care and education. To address these challenges, we are finding ways to make funds go further, such as by increasing cash assistance.

Looking ahead, humanitarian needs are expected to increase, especially given the ongoing El Niño weather pattern. This is already causing severe hardship in East Africa, notably in Ethiopia, where around 10 million people currently need food assistance. It has also caused one of the most severe droughts in Central America: in Guatemala, Honduras and El Salvador, agricultural production has been disrupted, and 2.8 million people need immediate food assistance, health care and livelihood support.

We count on your usual generous support for our work to meet these urgent life-saving needs and restore dignity and humanity to millions of people.

**Stephen O'Brien**

*United Nations Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator*

# GLOBAL HUMANITARIAN RESPONSE

# 2016 AT A GLANCE



**125.3 million**  
TOTAL PEOPLE IN NEED



**87.6 million**  
TOTAL PEOPLE TO RECEIVE AID



**\$20.1 billion**  
TOTAL REQUIREMENTS

## AFGHANISTAN

8.1 M 3.5 M



## BURKINA FASO

1.6 M 830,000



## BURUNDI RRP

330,000 330,000



## CAMEROON\*

2.9 M 1.1 M



## CAR\*

2.4 M 1.9 M



## CAR RRP

1.3 M 765,397



## CHAD

2.3 M 1.8 M



## DRC

7.5 M 6 M



## HAITI\*

1.6 M 687,619



## HONDURAS

1.4 M 252,925



## IRAQ

11 M 7.3 M



## SOUTH SUDAN\*

6 M 5 M



● 200,000 PEOPLE IN NEED  
● 200,000 PEOPLE TO RECEIVE AID

\* Estimates as of 30 November 2015.

# Executive Summary

The outlook for 2016 is grim. Millions of civilians, uprooted from their homes by violent and prolonged conflict, will remain in desperate need of protection and humanitarian assistance. About 60 million people are displaced around the world, and more than a quarter of these displacements are due to the conflicts in Iraq, South Sudan and Syria. Conflict has scarred people's lives, robbed them of dignity, and shattered economies, livelihoods and vital infrastructure, including health facilities and schools. Humanitarian partners require \$20.1 billion to meet the needs of over 87.6 million people in 37 countries around the world.

In Syria, an estimated 13.5 million people need humanitarian assistance, including food, health care and shelter, and 70 per cent of the population remains without regular access to safe drinking water. Of the Palestinian refugees in Syria, 62 per cent are displaced and almost all depend on aid for their basic needs. In Iraq, the number of people who need protection and humanitarian assistance has doubled in the past year to 11 million. More than 3 million people living in ISIL-controlled territory are in need of assistance, yet humanitarian access in Iraq remains severely restricted by insecurity. In Libya, 2 million people need health assistance, but at least 20 per cent of all hospitals are closed, and up to 60 per cent of hospitals in conflict areas have been inaccessible or closed over the last six months.

In Yemen, grave violations and human rights abuses continue to be committed by all parties to the conflict. By mid-October, health facilities had reported over 32,300 casualties, including more than 5,600 deaths – an average of 153 injuries or deaths every day. Child deaths and injuries have increased fivefold compared with last year. With more than 12 million internally displaced persons (IDPs), refugees, stranded migrants and food-insecure people, Yemen is a flashpoint for migration worldwide. But despite this, people are still willing to make the risky journey to Yemen: over 11,000 people arrived in October.

In South Sudan, food insecurity has reached its highest level since the conflict began. About 3.9 million people, or 34 per cent of the population, are severely food insecure – an 80 per cent increase from 2014. For the first time, catastrophic-level food insecurity at the household level was reported for 40,000 people in the areas worst affected by fighting, where humanitarian workers' access is limited. If access does not improve, the outlook for 2016 is bleak.

In CAR, some 2.3 million people (more than half of the population) require immediate humanitarian assistance. A quarter of the population remains displaced, with an estimated 480,000 IDPs and close to 450,000 refugees in neighbouring countries. CAR has one of the world's most serious protection crises: human rights violations occur on a daily basis, especially against children, women, IDPs and minority groups. In neighbouring Democratic Republic of the Congo (DRC), at least 8.2 million people are affected by the crisis.

Cameroon continues to host 323,000 refugees from CAR and Nigeria. This is in addition to the 92,000 people displaced following the violence perpetrated by Boko Haram. The number of food-insecure people has now more than doubled since June 2015 to 2 million

people, 250,000 of whom require immediate food assistance to survive.

The current crisis in north-eastern Nigeria, precipitated by Boko Haram-related violence, is affecting some 14.6 million people. The situation in the Sahel countries shows no improvement. Seven of Mauritania's 13 regions have excessive levels of malnutrition. In neighbouring Senegal, one in six people is food insecure. In Gambia, wasting among children under age 5 has significantly increased from 6.4 per cent in 2005 to 11.5 per cent today. Humanitarian funding urgently needs to be scaled up.

Despite the extreme challenges and severe access restrictions, humanitarian organizations continue to reach more people than ever. During 2015, humanitarian partners in Sudan assisted more than 2 million people with health services and some 3.1 million people with food and agricultural inputs. Over 25,000 newly displaced households and 120,000 South Sudanese refugees received shelter materials and essential household supplies. Some 83,000 children under age 5 were treated for severe acute malnutrition, and 1.6 million people were given access to improved drinking water. But despite donors' generosity, the gap between needs and funding has continued to grow, and there is no quick fix. The funding gap means that 1.2 million sick and injured people in Libya will not be able to access health care. Nearly 100,000 children will miss out on an education, and millions will continue to be exposed to threats to their safety and dignity. In Afghanistan, the funding gap means a further reduction in reach to the estimated 1 million malnourished children (current treatment reaches fewer than 30 per cent of children in need).

Underfunding also means that more children die before their fifth birthday and suffer stunting due to malnutrition. More women die in childbirth; more people suffer from preventable diseases; more children lose the opportunity to build a future through education; and less protection is given to the most vulnerable displaced people, increasing the risk of sexual abuse and exploitation, especially for girls and women. It also means that more farmers are forced to use their seeds for food instead of crops, starting another cycle of poverty and deprivation.

Addressing underfunding requires a range of measures. It will mean adjusting the approach to protracted crises and disasters, including those in middle-income countries. Potential solutions include leveraging diverse funding sources; using the right mix of financial instruments for each situation and investing more in preparedness. Funding mechanisms, such as the Central Emergency Response Fund and the country-based pooled funds, can effectively support a rapid humanitarian response and underfunded emergencies. The use of cash programming will ensure an efficient, cost-effective response that gives people dignity and choice.

Faced with ever-growing needs, we rely on the international community, Governments and the public to give their support and resources – financially and in kind – to allow us to continue humanitarian action. Our shared aims are to end suffering, meet the immediate needs of crisis-affected people, keep them safe from harm and enable them to live in dignity.



A Nigerian woman (IDP) from Borno state with bottles of water supplied by a local charity in Kuchingoro village outside Abuja.

# Inside

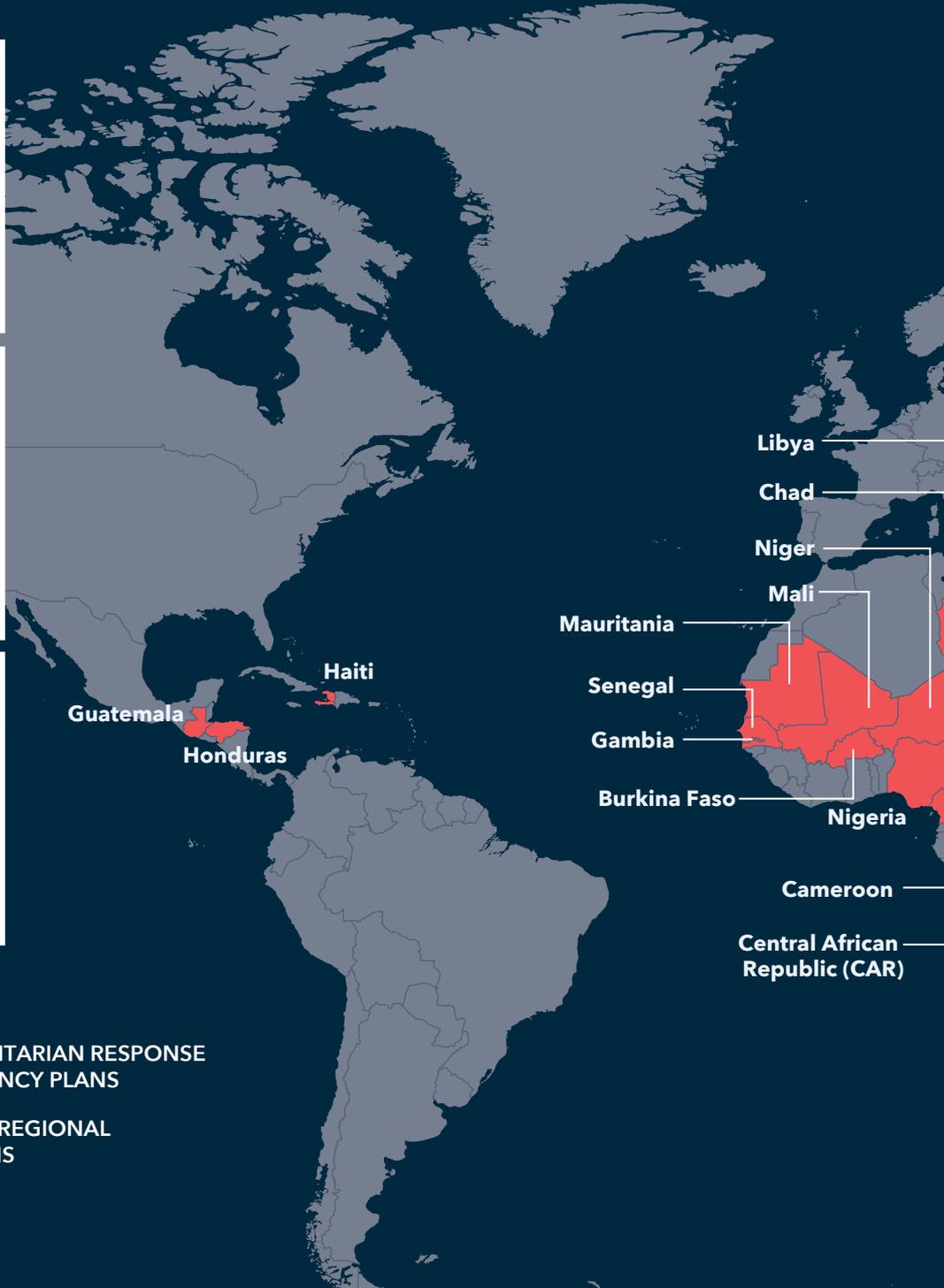
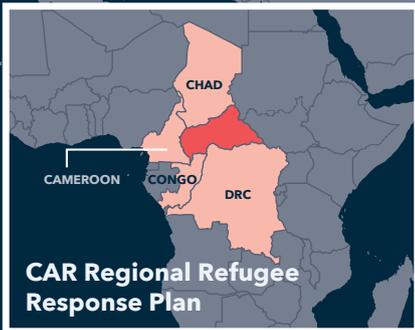
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# RESPONSE PLANS ARO

**37** COUNTRIES  
AFFECTED

**27** HRPs/  
EMERGENCY PLANS

**6** REGIONAL REFUGEE  
RESPONSE PLANS



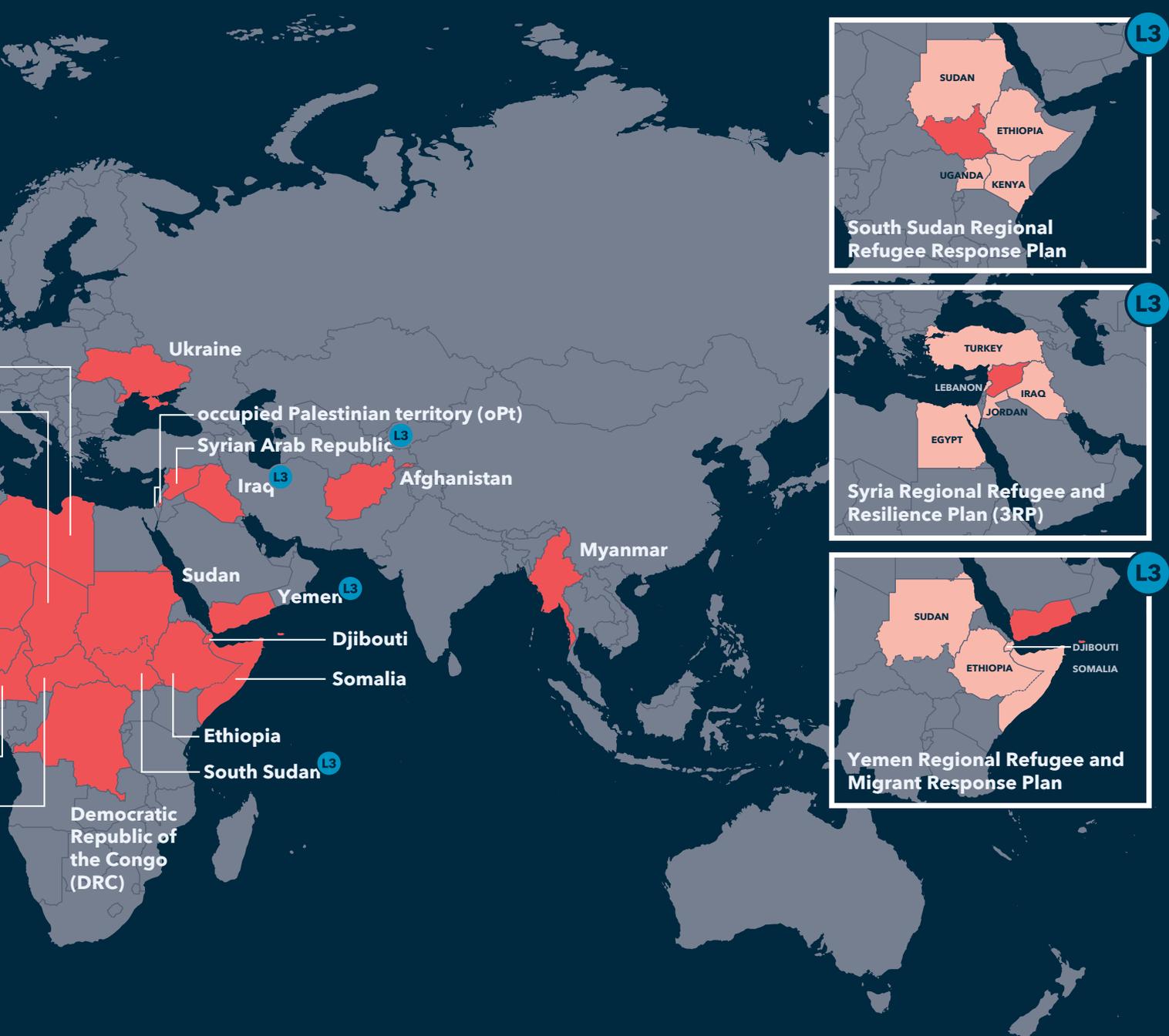
**●** COUNTRIES WITH HUMANITARIAN RESPONSE PLANS (HRPs) OR EMERGENCY PLANS

**●** COUNTRIES INCLUDED IN REGIONAL REFUGEE RESPONSE PLANS

**L3** L3 EMERGENCIES

# OUND THE GLOBE

## 4 L3 EMERGENCIES



L3

L3

L3



Zubeir came to get water from this water point in Musaik, a neighbourhood of Sana'a. In this neighbourhood, more than 30,000 people are dependent on water distribution, according to GIZ, the German Cooperation Agency. Every day, three trucks of 3,000 liters each are scheduled to serve a few distribution points in the neighbourhood. The project is a cooperation between GIZ and UNICEF.

Because of the restrictions on commercial imports and the lack of fuel, most water pumps are not able to function and people rely on water trucking.



## The Added Value of HRP's

The Humanitarian Response Plan (HRP) is the final outcome of an inclusive planning process at the country level. It builds on the analysis of needs through the Humanitarian Needs Overview (HNO) and is at the core of the Humanitarian Programme Cycle. In countries affected by a crisis or disaster, the HRP brings all the key actors together to jointly map out the most urgent priorities and the funds required to respond to humanitarian needs. As the key reference document for humanitarian activities in each country, the HRP serves multiple purposes:

For humanitarian partners, the HRP acts as a response management and advocacy tool. It clearly identifies the joint strategy and priorities for the response and provides a basis for resource mobilization.

Local and national authorities participate throughout the planning process, not only through emergency management bodies, but also through line ministries in the various emergency clusters. Joint planning among local, national and international partners improves collaboration and increases the predictability of humanitarian assistance.

For the donor community, the HRP improves the transparency of humanitarian work. The plan gives a comprehensive picture of all financial requirements and active partners involved in the emergency response.



The HRP empowers and guides these various actors as they work together towards the common goal: serving affected people through the evidence-based prioritization of needs, built on inclusive assessment and planning processes. In identifying key objectives and indicators, the HRP also lays the foundation for the monitoring of humanitarian activities. The Response Monitoring Framework helps point out shortcomings in the response, capacity and/or funding, and it thus helps to ensure that the response keeps pace with changing needs. In doing so, the HRP increases the accountability of humanitarian actors to affected people, the host Government and the international community.

## Growing Interest in Cash Programming

Globally, there is a growing interest in using cash as a response modality that may make humanitarian response increasingly effective and accountable. The emergencies in Nepal and Ukraine in 2015 have seen cash working groups formed to develop a more coherent approach to how cash is used to meet the basic needs of affected people. In Ukraine, with a predominantly urban-based population in a dynamic environment, cash presents a natural opportunity for allowing flexibility and choice. In this context, cash may also be a less visible form of assistance and therefore safer. More work is needed to understand how this potential could be further harnessed to reach the most vulnerable people who cannot easily access any forms of assistance.

To harness the full potential of cash-based interventions, more work is needed during the preparatory phase.

The role of Governments and the private sector in these programmes is also crucial, as cash can build on and provide a link to existing social safety-net systems. With innovations in the delivery of cash-based assistance, the role and capacity of private sector partners is also becoming a crucial factor in planning.

More work is needed prior to and at the early stages of a response to understand partners' capacity and the feasibility of response options, including cash. With evaluations showing the substantial efficiency gains that can be made when cash is chosen appropriately, more humanitarian actors are being asked: "Why not cash?" The recent responses in Nepal and Ukraine have also seen the use of multipurpose cash, with a focus on how the system must strengthen its focus on achieving joined-up objectives across individual sectoral-focus areas.

CREDITS (TOP TO BOTTOM):

1 A woman receives lentil seeds as part of the pre-monsoon assistance in Nepal; OCHA/TILAK POKHAREL

2 A child refugee fills plastic gallons with water at Baharka Camp in Kurdistan, Iraq; OCHA/GWEN MCCLURE

3 In Bambari, CAR, every child who arrives at health centres is weighed and measured. The circumference of the upper arm is taken as an indicator for malnutrition - less than 115 millimeters indicates severe acute malnutrition; OCHA/GEMMA CORTES

# FUNDING OVERVIEW A

As of 30 November 2015



## \$20.1 BILLION

2016 FINANCIAL REQUIREMENTS

In 2016, humanitarian partners will require \$20.1 billion to respond to the needs of 87.6 million people across 37 countries. These include preliminary estimates of some countries subject to change within the next couple of weeks with the finalisation of the humanitarian response plans (HRPs) processes. Of the 33 appeals covered, two are new namely: the humanitarian requirements document (HRD) for Ethiopia seeking \$1.4 billion and the Yemen regional refugee and migrant response plan (RRMRP) for \$94.1 million. As compared with 2015,

requirements for 16 of the appeals have slightly decreased. In contrast, twelve of the appeals requirements have increased, including: Burundi RRP, Cameroon, CAR RRP, Guatemala, Haiti, Honduras, Iraq, Libya, Nigeria, Nigeria RRP, Syria HRP and Syria 3RP. Requirements for Guatemala and Honduras have more than doubled due to the adverse effects of the El Niño pattern on the populations of these countries. Moreover, Haiti for its part is facing multiple risks including the effects of El Niño.



\* Estimates as of 30 November 2015.  
<sup>1</sup> Includes \$4.9 million Sahel regional requirements.  
<sup>2</sup> Planning process not yet completed. Figures to be provided in 2016.  
<sup>3</sup> Includes Lebanon government requirements.

### FUNDING TREND FOR HUMANITARIAN APPEALS (2004-2015, YEAR-END FIGURES)



### OVERALL GLOBAL HUMANITARIAN FUNDING 2015



Figures are as reported by donors and recipient organizations to the Financial Tracking Service. All financial data is continuously updated on [fts.unocha.org](http://fts.unocha.org). Dollar signs in this document denote United States dollars.

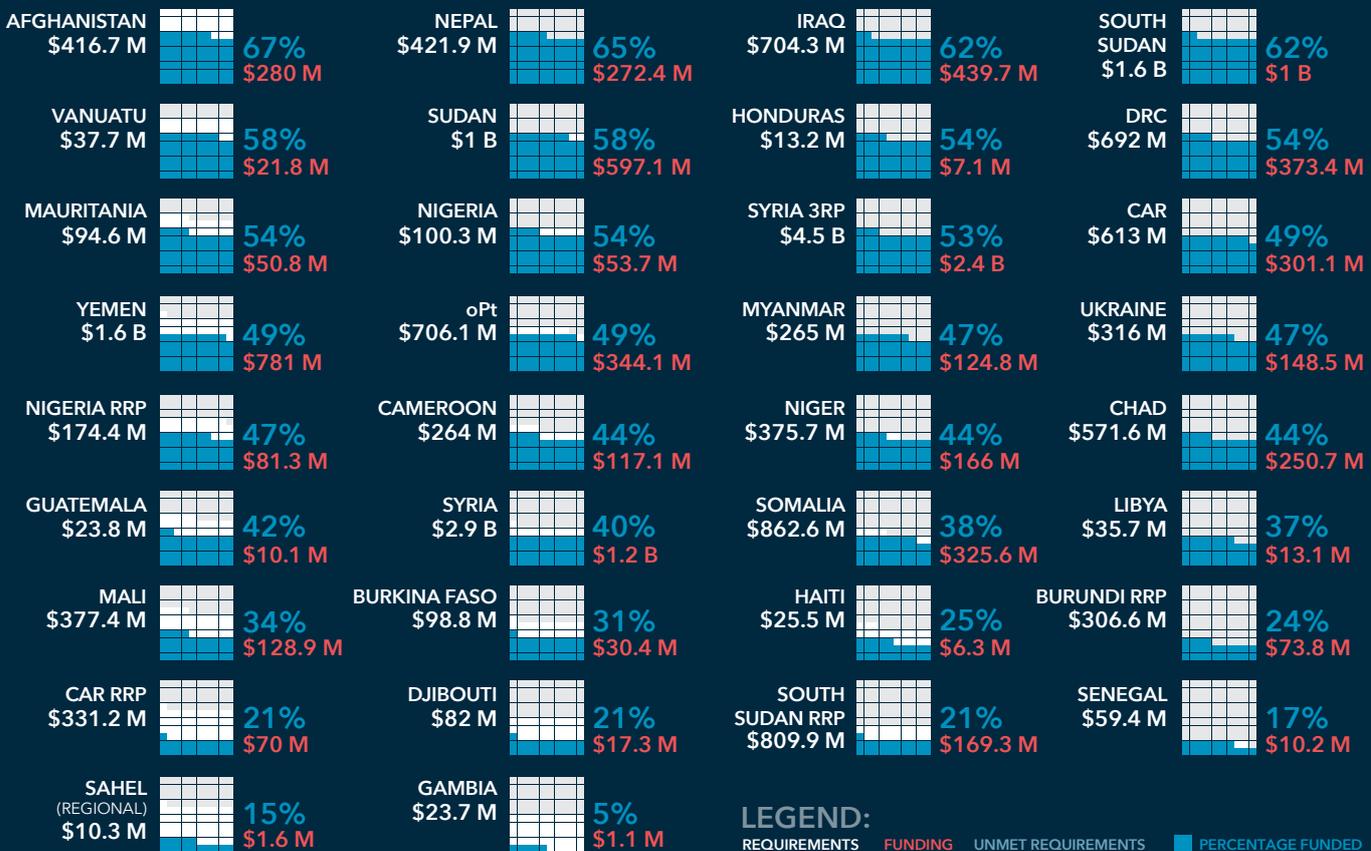
# AND ANALYSIS

**\$19.9 BILLION**  
2015 FINANCIAL REQUIREMENTS

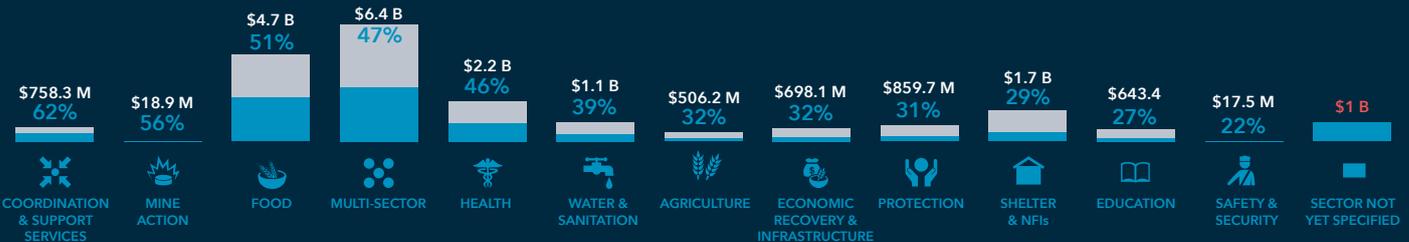
In 2015, overall global funding for humanitarian activities as reported to FTS reached \$17 billion. This global sum included funding allocated to the HRPs amounting to \$9.7 billion as well as \$7.3 billion attributed to activities or actors outside these plans. In direct correlation, requirements (\$19.9 billion) have increased dramatically

with a concurrent and increasing funding gap. As of 30 November, HRP requirements were only 49 per cent covered. Additionally, only 2 per cent of funding for HRPs covered the five most underfunded emergencies - Gambia, Sahel regional, Senegal, South Sudan RRP and Djibouti.

**49% COVERED** UNMET REQUIREMENTS \$10.2 BILLION  
**FUNDED \$9.7 BILLION**



## 2015 APPEAL FUNDING & REQUIREMENTS BY SECTOR



**2015 POOLED FUNDING**



**\$420 MILLION**  
CERF ALLOCATIONS

**41 COUNTRIES**  
WITH HUMANITARIAN OPERATIONS SUPPORTED



**\$411 MILLION**  
CBPF ALLOCATIONS

**18 COUNTRIES**  
WITH HUMANITARIAN OPERATIONS SUPPORTED

The global figures in this document (125.3 million people in need, 87.6 million people to receive aid, \$20.1 billion 2016 requirements and \$19.9 billion 2015 requirements) do not include RRP country chapters already covered in corresponding HRPs.

Examples of people reached in 2015  
a glance at humanitarian aid delivered around the globe



**4.4 MILLION**  
PEOPLE AFFECTED BY THE **SYRIAN CRISIS** RECEIVED NON-FOOD ITEMS & SHELTER SUPPORT



**285,543**  
EMERGENCY-AFFECTED CHILDREN IN **UKRAINE** PROVIDED ACCESS TO MINE RISK EDUCATION (MRE)



**243,000**  
IDPs PROVIDED WITH FOOD ASSISTANCE OVER 6 MONTHS PERIOD IN **LIBYA**



**3,150**  
DISPLACED & FLOOD VICTIMS IN **NIGER** RECEIVED IN KIND & SHELTER SUPPORT



**100%**  
REPORTED CASES OF GBV RECEIVED MEDICAL, PSYCHOSOCIAL & LEGAL ASSISTANCE IN **CAR**



**875**  
KILOMETERS OF ROADS & 77 BRIDGES REHABILITATED IN **DRC**



**10,000** CHILDREN UNDER FIVE & PREGNANT/LACTATING WOMEN TREATED FOR ACUTE MALNUTRITION IN **GUATEMALA**



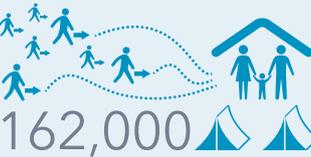
**428,750**  
PEOPLE BENEFITED FROM OVER \$9 MILLION IN MULTI-PURPOSE CASH GRANTS IN **NEPAL**



**30,544**  
6-59 MONTH-OLD CHILDREN WITH MODERATE ACUTE MALNUTRITION ADMITTED IN TSFP (TARGETED SUPPLEMENTARY FEEDING PROGRAMMES) IN **CAMEROON**



**13.2 MILLION** SCHOOL MEALS DISTRIBUTED IN **GAMBIA**



**162,000**  
IDPs PROVIDED WITH TEMPORARY SHELTERS IN ACCORDANCE WITH MINIMUM STANDARDS IN **MYANMAR**



**3,850** HEALTH CENTRES NOW IMPLEMENTING NUTRITIONAL ACTIVITIES IN **NIGERIA**



**4 MILLION+**  
PEOPLE REACHED BY WELL-COORDINATED POLIO VACCINATION CAMPAIGNS IN **SOMALIA**



**48,857**  
CHILDREN & ADOLESCENTS BENEFITED FROM PSYCHOSOCIAL SUPPORT SERVICES IN **oPt**



**304,883**  
CHILDREN AGED 9 MONTHS TO 15 YEARS VACCINATED AGAINST MEASLES IN **DJIBOUTI**



**283,000**  
CHILDREN & WOMEN BENEFITED FROM EMERGENCY HEALTH CARE SERVICES & SUPPLIES IN **oPt**



**316**  
HOUSES BUILT FOR THOSE MOST VULNERABLE IN **MALI**



**161,896**  
PEOPLE PROVIDED WITH A MINIMUM WASH PACKAGE IN **BURKINA FASO**



**3.1 MILLION**  
PEOPLE BENEFITED FROM FOOD & AGRICULTURAL INPUTS IN **SUDAN**



**5,200**  
CHILDREN UNDER 5 WITH SEVERE ACUTE MALNUTRITION ADMITTED INTO THERAPEUTIC FEEDING PROGRAMME IN **HAITI**



**8,972**  
PASSENGERS SERVED BY UNHAS PER MONTH IN **SOUTH SUDAN**



**7.8 MILLION**  
PEOPLE RECEIVED EMERGENCY FOOD OR CASH ASSISTANCE IN **YEMEN**



**837,694**  
STUDENTS IN **CHAD** RECEIVED SCHOOL MEANS



**17,644**  
FAMILIES IN **AFGHANISTAN** RECEIVED INITIAL LIFE-SAVING NON FOOD ITEMS OR CASH ASSISTANCE



**10,029**  
HOUSEHOLDS RECEIVED KITCHEN SETS IN **VANUATU**



**85,000+**  
PEOPLE RECEIVED AGRICULTURAL TOOLS IN **VANUATU**



**9,323**  
CHILDREN BETWEEN THE AGE OF 6-59 MONTH-OLD WITH SEVERE ACUTE MALNUTRITION CURED IN **SENEGAL**



**345,000**  
PEOPLE PROVIDED WITH ACCESS TO SUFFICIENT QUALITY OF SAFE DRINKING & DOMESTIC WATER IN **MYANMAR**



**46** COMMUNITY OUTREACH CENTRES ESTABLISHED PROVIDING SAFE PLACES FOR ABOUT 22,000 YOUTH TO PARTICIPATE IN RECREATIONAL ACTIVITIES, RECEIVE VOCATIONAL TRAINING, AND PURSUE OTHER OPPORTUNITIES IN **HONDURAS**



**3,500**  
HOUSEHOLDS RECEIVED LIVESTOCK SUPPORT IN **MAURITANIA**



**24,042**  
ITEMS OF UNEXPLODED ORDNANCE (UXO) DESTROYED IN **SOUTH SUDAN**

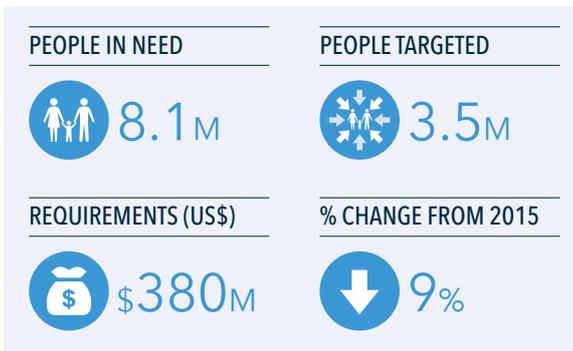


**1,550**  
HUMANITARIAN RESPONDERS SUPPORTED BY COMMUNICATION SERVICES IN **NEPAL**

# Response plans in focus

AFGHANISTAN  
BURKINA FASO  
BURUNDI RRP  
CAMEROON  
CENTRAL AFRICAN REPUBLIC (CAR)  
CAR RRP  
CHAD  
DEMOCRATIC REPUBLIC OF THE CONGO (DRC)  
DJIBOUTI  
ETHIOPIA  
GAMBIA  
GUATEMALA  
HAITI  
HONDURAS  
IRAQ  
LIBYA  
MALI  
MAURITANIA  
MYANMAR  
NIGER  
NIGERIA  
NIGERIA RRP  
OCCUPIED PALESTINIAN TERRITORY (oPt)  
SENEGAL  
SOMALIA  
SOUTH SUDAN  
SOUTH SUDAN RRP  
SUDAN  
SYRIA  
SYRIA 3RP  
UKRAINE  
YEMEN  
YEMEN RRM RP

## Afghanistan



Afghanistan is one of the world's poorest and least developed countries. In 2015, continued violence and uncertainty, coupled with recurrent natural disasters, have exacerbated suffering and caused humanitarian needs to become more intense and widespread.

Despite a decade of international assistance, as well as recent progress towards an Afghan peace process, poverty remains entrenched, intensifying a humanitarian crisis characterised by pervasive displacement, increased insecurity and widespread acute malnutrition. As such, vital life-saving needs are critically underfunded.

High levels of violence throughout the year have reportedly affected over 7.4 million civilians, greatly increasing the risk of severe food insecurity, malnutrition with over 1.2 million children acutely malnourished but treatment reaches fewer than 30 per cent of people in need. Due to this violence, Afghanistan now has the world's largest number of mine victims, with an average of 25 civilians killed or injured per month this year. International humanitarian law and protection violations continue to be widely reported, including targeted killings and the forced recruitment of children. Conflict-induced displacement has reportedly increased by over 70 per cent.

Rising numbers of vulnerable Afghan refugees returning home have been widely recorded throughout the year. In addition, some 225,000 people who fled North Waziristan in 2014 remain in the east of the country in what is becoming a protracted crisis. Moreover, access to basic health services continues to decline, with coverage reaching less than two thirds of the population.

## Burkina Faso



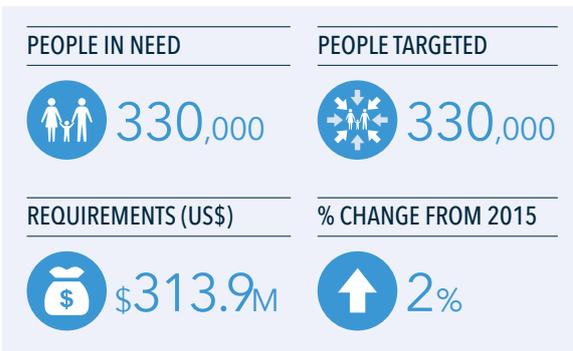
The 2016 outlook indicates that 638,000 people in Burkina Faso will need emergency food aid. Food insecurity is a structural problem related to low agricultural productivity, poor and inconsistent rainfall, poor water management, and limited access to credit for purchasing agricultural equipment and inputs.

Acute malnutrition currently affects 510,000 children out of which 150,000 suffer from severe acute malnutrition. Consequently, there are chronic problems related to poor infant and young-child feeding practices at home, insufficient access to health services, and poor access to water and sanitation. These factors continue to expose the most vulnerable children in Burkina Faso to risks affecting their nutritional status. While three quarters of the population have access to potable water, only 18 per cent have access to improved sanitation facilities.

An estimated 350,000 children under age 5 suffer from moderate acute malnutrition and some 149,000 new cases of children with severe acute malnutrition were expected for treatment in 2015, of whom roughly half had received treatment by the end of September 2015.

Burkina Faso is also sheltering up to 34,000 Malian refugees who are heavily dependent on humanitarian assistance, including for protection, education, health, water and sanitation.

## Burundi RRP



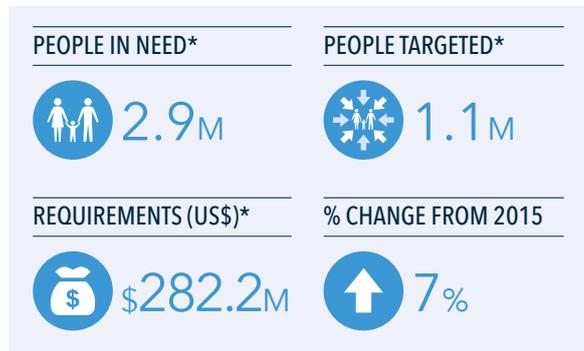
DRC, Rwanda, Tanzania, Uganda

Since April 2015, the civil unrest in Burundi following President Nkurunziza's disputed re-election bid for a third term has led to an outflow of over 210,000 refugees to neighbouring DRC, Rwanda and Tanzania, and as far away as Uganda and Zambia. Inside Burundi, a tense political crisis and a climate of fear and intimidation have spread throughout the country. Border monitoring will be instrumental to ensuring the non-refoulement of all those fleeing for their lives, while providing valuable information on any spontaneous return.

In 2016, humanitarian actors will assist new arrivals with shelter and non-food items, and old stocks must be replaced. Strengthening national systems is important to enable refugees to access basic services, such as health and education. School-age children make up half the refugee population, and national schools need support to increase their capacity so that these children can attend school. School-feeding programmes will combat malnutrition and help keep children in school. Expensive water trucking is still necessary until more semi-permanent water structures are ready. Waste-water removal and solid-waste disposal mechanisms must be upgraded and maintained to prevent the outbreak of water-borne diseases.

Similarly, vaccines and immunization campaigns will help prevent infectious-disease outbreaks. Sustainable energy sources are needed for cooking and lighting in order to preserve the environment, as well as provide safety for women and girls. Opportunities for small-scale livelihoods projects will enable refugees to be self-reliant, especially in Uganda, where the Government promotes a no-camp policy. The hilly terrain poses particular challenges for delivering protection and assistance swiftly to refugees. To prevent the rapid depletion of resources and foster positive relationships among refugees and host communities, it is essential to provide support for the establishment of livelihoods opportunities, including small-scale vegetable and crop production. These activities will allow refugees to generate income to cover urgent needs and other household expenses, while additionally benefiting the host communities' local economy. Appropriate means of transport, fleet management and communication tools remain fundamental to a safe and dignified refugee response.

## Cameroon



\* Estimates as of 30 November 2015.

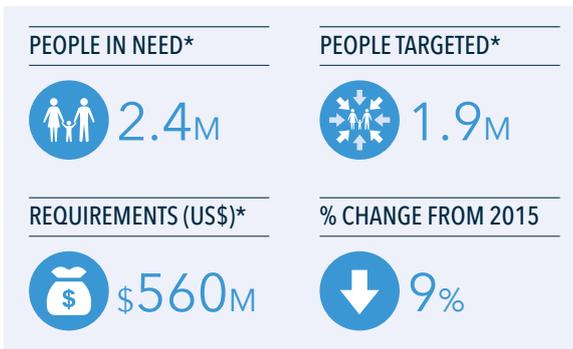
Cameroon continues to face a complex and multilayered humanitarian crisis. Boko Haram-related violence has led to the internal displacement of 92,000 Cameroonians and the influx of some 65,000 Nigerians who have sought refuge in the Far North region. Boko Haram's attacks on civilians are posing serious threats to the protection and functioning of basic social services. Throughout Cameroon, some 2.4 million people need humanitarian and protection assistance. A total of 138 schools were closed this year, affecting about 38,000 children.

Some 253,000 Central African refugees have also sought refuge in Cameroon, spread across the east, Adamawa and north regions. In addition, the humanitarian crisis is characterized by widespread food insecurity and malnutrition, mostly due to structural vulnerabilities that have been exacerbated by population movements and general insecurity.

Cameroon is also affected by an ongoing nutrition crisis. The number of food-insecure people has more than doubled since June 2015 to 2 million. 250,000 of these people require immediate food assistance to survive. More than 67,000 children under age 5 are suffering from severe acute malnutrition. Given the high levels of poverty that affect much of northern Cameroon, it is essential that refugees, IDPs and host communities receive continued, equal assistance, to avoid further tensions between communities already under stress owing to the pressure on limited resources.

The Humanitarian Country Team's priority is to address immediate humanitarian needs, while taking early action to prevent further deterioration in the socioeconomic environment, particularly in the regions affected by conflict and displacement.

## Central African Republic



\* Estimates as of 30 November 2015.

The scale of the CAR crisis is unprecedented, and the lives of all Central Africans are affected. The outlook for 2016 is worrisome: the humanitarian situation is predicted to deteriorate, and access to people in need could be restricted by election-related violence. More than half the population 2.3 million people require immediate humanitarian assistance and a quarter of the population is displaced (480,000 IDPs and almost 450,000 refugees in neighbouring countries).

CAR is experiencing one of the world's most serious crises: clashes between armed groups and the criminal activities of armed elements acting with impunity are causing persistent insecurity throughout the country. Large quantities of obsolete ammunition and explosive remnants of war have severely increased armed violence. The protection of civilians is paramount in the response. High levels of insecurity and looting of humanitarian actors jeopardize access to people in need.

Serious human rights violations are reported, especially against children, women, IDPs and minority groups. Armed groups have committed widespread violations affecting girls and boys under age 18, including killing, maiming, recruitment and abuse of children, and sexual and gender-based violence. An estimated 6,000 to 10,000 children have been associated with armed groups. Numerous schools and hospitals have been attacked or used by armed parties to the conflict. Nearly a third of schools have been destroyed or damaged by fighting. 36,000 people are trapped in enclaves with little or no freedom of movement and often prevented from accessing aid.

The collapse of the public administration has further aggravated the humanitarian effects of the crisis. Urgent life-saving assistance and access to basic services are seriously disrupted due to the poor security. Over 23 per cent of CAR's health facilities have been destroyed, and humanitarian actors provide more than 70 per cent of the health services. CAR has the world's fourth-highest child-mortality rate and the third-worst maternal-mortality rate. Food insecurity has emerged as a growing concern, with children at an increased risk of malnutrition. Over 1.2 million people in CAR will face serious food insecurity as already over 28 per cent of the population is food insecure.

## CAR RRP



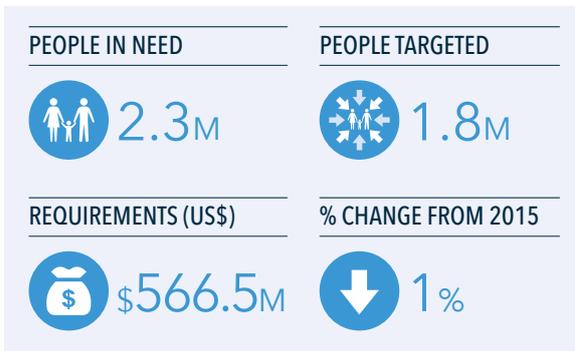
Cameroon, Chad, Congo, DRC

The 2016 CAR Regional Refugee Response Plan (RRRP) targets the needs of 765,397 CAR refugees hosted inside and outside camps in Cameroon, DRC and the Republic of Congo, as well as the needs of affected host communities. 2015 has again seen eruptions of massive violence, instability and displacement in CAR, leading to an increased refugee influx into these asylum countries. This may continue unless peaceful elections take place, allowing people to return and restart their lives.

In 2016, humanitarian actors under the RRRP framework will focus on sustaining the achievements made in 2015 while addressing increased needs mainly in protection, health and nutrition, water and sanitation, education, shelter and non-food items.

Biometric registration will make it possible to provide more targeted assistance for specific needs and vulnerabilities. To decrease dependency on humanitarian assistance, the livelihoods of CAR refugees will be supported, including by advocating for their access to land and financial loans for small-business start-ups, mainly for women. Agricultural and other income-generating projects, as well as vocational training, will be supported in order to provide self-reliance opportunities that would allow refugees to live their lives in dignity. Host Governments' capacity will continue to be strengthened in order to respond to the situation.

## Chad



Four major crises – food insecurity and malnutrition, population movements, health emergencies and natural disasters have left about 2.3 million people in need of humanitarian assistance. Of these 663,000 people urgently require food aid. More than 320,000 children, with severe acute malnutrition will require urgent nutritional support in 2016.

Chad hosts one of the highest numbers of displaced people on the continent. More than 550,000 people (refugees, returnees and IDPs) in displacement situations due to conflict at home and in neighbouring Sudan, CAR and Nigeria are living in camps or sites or with host communities. IDPs in the Lake Chad region are the most vulnerable and need urgent multi-sectoral relief. Elsewhere, sustainable solutions are needed to empower and facilitate the integration of long-term refugees and Chadian returnees from CAR. An estimated 638,000 people among host communities need support as they face untenable pressure on their already meagre resources. Frequent disease outbreaks and natural disasters compound vulnerability. In 2016, one in four Chadians could be affected by shocks due to natural disasters (flooding, drought, pests) and require emergency assistance.

Chad remains a crucial island of stability in a troubled region. But faced with multiple crises in a pivotal election year, Chad cannot carry alone the huge burden of assisting the most vulnerable people. Without timely humanitarian assistance, communities' fragile livelihoods will be further damaged. Hunger, malnutrition and high unemployment rates make fertile ground for grievance and radicalization, especially among youths, who are most affected by the crisis.

## Democratic Republic of Congo



In DRC, a complex and protracted crisis of massive proportions has created humanitarian needs for 7.5 million people, or 9 per cent of the population. Decades of successive shocks have intensified humanitarian needs, leaving a higher proportion of the population vulnerable to the multiple shocks caused by conflicts, epidemics, malnutrition and natural disasters. At least 8.2 million people are affected. Approximately 5 million people are food insecure, and almost half the children under age 5 are chronically malnourished.

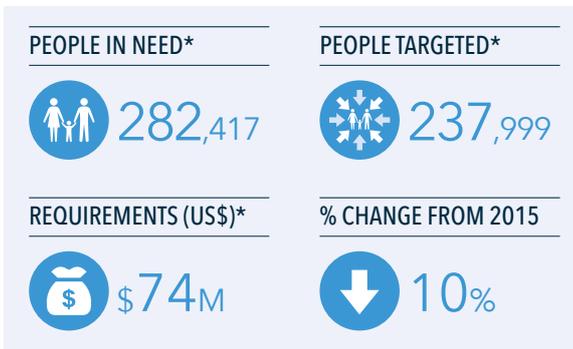
Acute malnutrition is estimated at 8 per cent, which is above the emergency threshold. Some 2.5 million children under age 5 are severely malnourished. Measles and cholera outbreaks are ongoing and particularly affect children, who are already weakened by high rates of malaria and malnutrition. Eastern DRC continues to be the theatre of a complex and protracted humanitarian crisis affecting at least 1.6 million IDPs, 90 per cent of whom are displaced due to armed attacks and violence. Only 22 per cent of the population has access to drinking water.

Protection concerns remain high, with civilians regularly falling victim to a myriad of armed groups and explosive remnants of war contamination. The rise in human rights violations in the run-up to the forthcoming elections raises concern that the security situation could deteriorate if the political crisis deepens, worsening the already dire humanitarian needs.

While serious insecurity continues to prevail in some areas of DRC, the country is also suffering the consequences of instability in the broader Great Lakes region. In the past two years, DRC saw the influx of 100,000 people uprooted by violence in CAR and 18,000 people who fled electoral-related violence in Burundi. As a result, there are now approximately 250,000 refugees and asylum seekers in DRC. The population movements from outside DRC combined with those inside the country greatly increases host communities' vulnerability.

In 2016, DRC is likely to continue receiving refugees and asylum seekers from neighbouring countries, while also facing internal pressures.

## Djibouti



\* Estimates as of 30 November 2015.

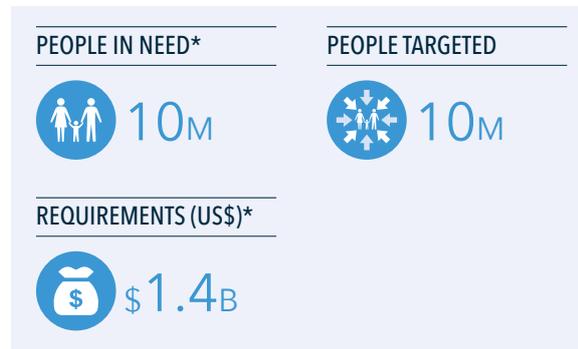
Recurrent drought conditions induced by climate change over the past two decades have led to a significant deterioration in Djibouti's humanitarian situation. The climate is already one of the harshest in the world. Heat and arid conditions have left only 0.01 per cent of the land arable with minimal annual rainfall.

The population's coping capacities have gradually eroded, and people are increasingly unable to generate sufficient household income to provide for even basic necessities. More than 58 per cent of the rural population is food insecure and about 23 per cent live in extreme poverty. Forty-two per cent of the population live in absolute poverty, and 35 per cent of the rural population have no access to water. Malnutrition has reached extremely high levels, with global acute malnutrition rate probably higher than the 17.8 per cent reported in 2013.

Additional pressure resulting from the presence of refugees and migrants are increasing food insecurity and malnutrition. The affected include long-term refugees from southern Somalia and new refugees from Yemen, who are themselves highly vulnerable. The humanitarian situation is exacerbated by chronic stressors, such as a lack of basic water and sanitation services and health care, the limited provision of safety nets, high food prices and structural poverty.

Over, 282,000 people will require humanitarian assistance in 2016, including Djiboutians living in extreme poverty, refugees, asylum seekers and migrants. The 2016 HRP focuses on providing life-saving assistance in food security, nutrition, water and sanitation, health and protection. The plan also includes resilience-building activities intended to reduce long-term reliance on humanitarian assistance.

## Ethiopia



\* Estimates as of 30 November 2015.

The current El Niño wreaked havoc on Ethiopia's summer rains in 2015. This comes on the heels of failed spring rains, and it has led to food insecurity, malnutrition and water shortages throughout the country.

A countrywide, Government-led inter-agency assessment concluded that over 8 million people will need humanitarian food assistance in 2016. When combined with the 7.9 million Ethiopians slated to receive emergency food and cash transfers, through the Government Productive Safety Net Programme, the total number of people receiving emergency food aid will be in excess of 15 million.

Based on a review of past El Niño events, it is predicted that 1.5 million children and pregnant or lactating mothers will require supplementary feeding through 2016, and 400,000 children will become severely acutely malnourished. Some 2 million Ethiopians are expected to be without regular access to safe drinking water.

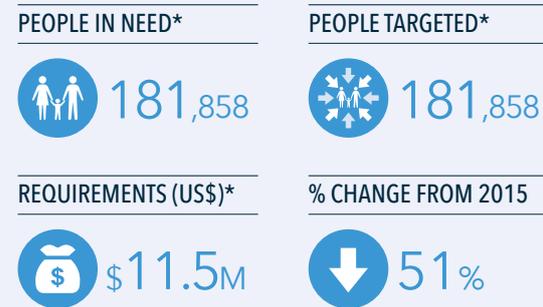
A well-coordinated, Government-led response is under way and expanding rapidly. The Government has allocated over \$200 million of its own resources to emergency food and nutrition interventions, including by reprogramming infrastructure programmes.

The Government and Humanitarian Country Team have jointly reviewed collective needs analysis and projections into next year. This evidence base has been used to develop a response plan and appeal, included in the 2016 Ethiopia Humanitarian Requirements Document (HRD). It has three objectives: to save lives and reduce morbidity caused by drought; protect and restore livelihoods; and to prepare for and respond to other humanitarian shocks, including flooding and displacement.

Ethiopia has achieved impressive economic growth over recent years, building a robust disaster risk management system to respond. Government-managed services are well established and supported by the international community. One of the HRD's stated aims is to strengthen Government services at point of delivery. This means that if the plan is well resourced, it could leave a lasting developmental legacy.

Given the lead time necessary to procure relief items, the Government and its international partners call for immediate action to this slow-onset disaster.

## Gambia



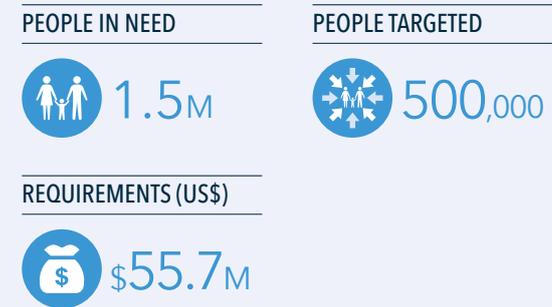
\* Estimates as of 30 November 2015.

Gambia continues to suffer widespread food insecurity, which is affecting an estimated 426,000 people (one fifth of the population). Food insecurity is the result of repeated shocks, whether crop failures or rises in commodity prices. Close to 96,000 people will require immediate emergency assistance, including access to food and agricultural and livestock inputs.

Malnutrition is expected to affect 157,000 children under age 5. Wasting among children under age 5 has significantly increased from 6.4 per cent in 2005 to 11.5 per cent today. This is due to chronic household food insecurity; poor infant-feeding practices; inadequate water and sanitation facilities and services both at health-structure and community/household levels; and caregivers' low awareness of essential nutritional and hygiene practices.

Gambia's population is also exposed to meningitis and malaria, and approximately 65 per cent of the population are at risk of cholera. Owing to its geographical position, the country is vulnerable to the frequent occurrence of several hazards, including drought, floods and locust infestations, all of which can cause large-scale destruction to livelihoods. There is an urgent need to scale up the level of humanitarian funding for Gambia, which has been among the lowest in the Sahel countries.

## Guatemala

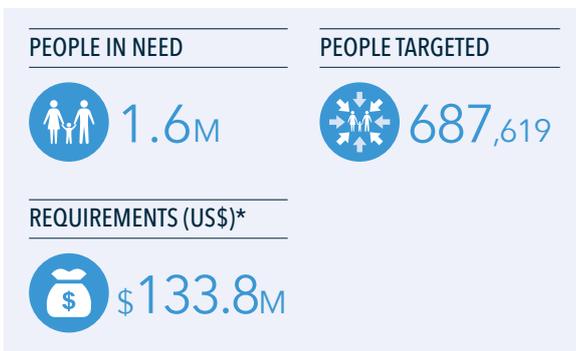


El Niño has exacerbated the cumulative drought-induced damage that affected an estimated 1.5 million people. The rate of severe acute malnutrition in children under age 5 is between 3.3 and 5.7 per cent countrywide, and chronic malnutrition is reportedly increasing due to several years of below-average harvest and food insecurity. On 1 October, Guatemala declared a state of emergency due to drought and food insecurity. Some 500,000 people will experience critical consequences, including moderate-to-severe food insecurity, with the next harvest expected only in August 2016.

The under-registration of malnutrition cases in remote rural areas is hindering the ability to estimate who needs assistance. This is due to the discontinuation of outreach health services previously provided by NGOs for the most remote communities. Guatemala is experiencing its worst political and financial crisis in recent history, with serious implications for the State's capacity to deliver services.

The response strategy aims to save the lives of people most affected, while at the same time supporting the efforts by families and communities to strengthen their resilience and ability to recover from the devastating cumulative effects of this situation. This comprehensive approach meets humanitarian needs, and it will promote significant changes to break the vicious cycle of food insecurity and vulnerability.

## Haiti



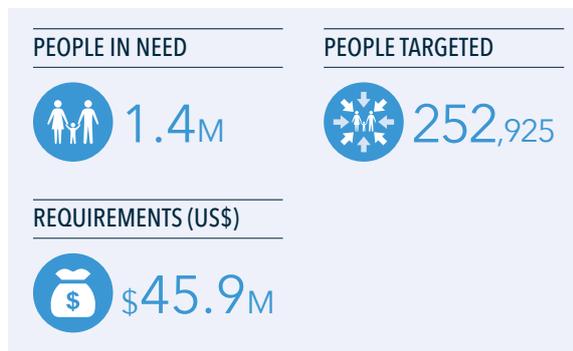
\* Estimates as of 30 November 2015.

Haiti is experiencing a major political and security transition. Elections are set to appoint new political leaders at all Government levels in 2016, including a new president, and the presence of international troops (MINUSTAH) is gradually being downsized. Five years after the earthquake, the country is struggling to get the hundreds of thousands of Haitians living in poverty onto the development path by providing equal access to health, water and sanitation, safe housing and livelihoods.

The humanitarian situation deteriorated in 2015, with governance and development in a fragile situation. This decline is marked by the convergence of multiple humanitarian risks, namely the persistence of cholera, severe food insecurity and malnutrition following an El Niño-induced drought and structural deficits as well as the protection crisis triggered by the forced and voluntary return of tens of thousands of Haitians from the Dominican Republic.

The immediate needs of the 60,000 people who remain displaced since the 2010 earthquake also need to be addressed, and durable solutions are required to secure their futures. Meanwhile, fragility is further compounded by exposure to natural hazards, such as hurricanes and droughts. The population's resilience is extremely low.

## Honduras

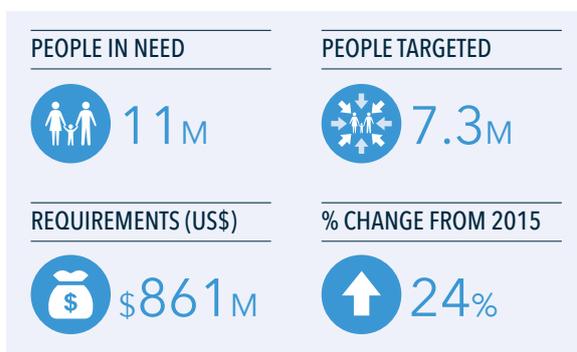


Honduras is facing one of the most severe droughts in its history, affecting more than 1.3 million people. Specifically, 250,000 people are reported to be in immediate need of food assistance. As a result, a state of emergency has been declared in 12 departments. Priorities are food security, water and sanitation and nutrition.

El Niño, which has decreased the amount of precipitation, is expected to continue until early 2016. Humanitarian action is required to support food-insecure households and to mitigate the impact of the impending failure of the next harvest. Drought affects 98 per cent of small producers, representing an average loss in agricultural production of 81 per cent. Beyond this, in the affected areas, the acute malnutrition rate for children under age 5 is three times the national average (1.3 per cent), with 48 per cent of children in these areas suffering from serious levels of chronic malnutrition.

The response strategy calls for immediate action to sustain the lives of some 253,000 drought-affected people. At the same time, integrated actions in health, nutrition, food security, water and sanitation, education, protection and early recovery will be carried out in coordination with strategies to reduce risk and increase the resilience of affected people.

## Iraq



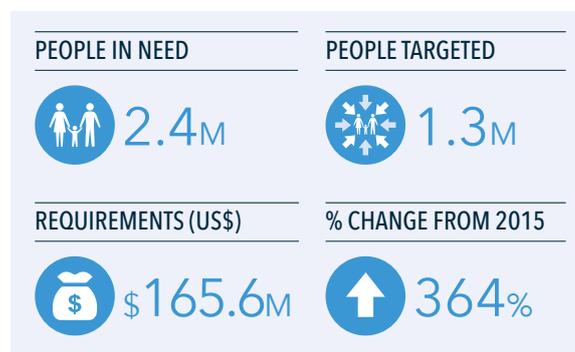
Iraq is facing a complex and expanding crisis. The number of people requiring protection and humanitarian assistance has doubled since last year to 11 million. This figure includes 3.2 million people internally displaced since January 2014, over 440,000 returnees and nearly 250,000 Syrian refugees. Over 3.5 million people live in ISIL-controlled territory and need some form of assistance. Destitute communities hosting a high concentration of IDPs outside of camps are competing for meagre services, which increases the risk of social conflict.

Moreover, Iraq remains a serious protection crisis, with a steep increase of grave child rights violations. Populations have been subjected to mass executions, systematic rape and horrendous acts of violence, including executions and torture. Children have been used as suicide bombers and human shields, and women and girls have been enslaved and subjected to grotesque sexual violence. An estimated 3 million children do not have access to schools.

Consequently, humanitarian needs in Iraq are more critical than ever. New displacements occur wherever fighting breaks out, but fleeing civilians then have fewer options for accessing safer areas in Iraq due to the heavy contamination of explosive remnants of war and improvised explosive devices. Access to humanitarian aid remains greatly restricted by insecurity. Returns to Iraq are increasing, but so are concerns about the poor conditions in many areas. Basic services remain limited, undermined by years of conflict, neglect and budget gaps. An estimated 2.4 million people are food insecure, and malnutrition is emerging.

Furthermore, the health caseload has increased by as much as 50 per cent in areas with large concentrations of IDPs, severely overstressing facilities. Disease outbreaks, including cholera, are occurring. As violence continues unabated at high levels and hope wanes for a quick end to the crisis, Iraqi families are increasingly fleeing to other countries as a last resort in their search for safety and dignity. Failure to meet the growing needs in Iraq would be catastrophic. The impacts would be felt not only in Iraq, but in the region and possibly beyond.

## Libya

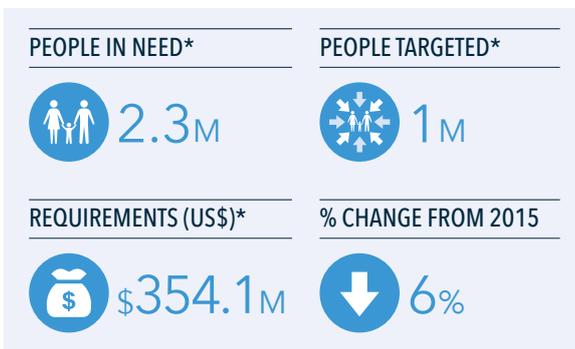


Armed conflict and political instability pervade Libya, with conditions deteriorating significantly since July 2014. The crisis has led to the breakdown of Government institutions and the rule of law, the proliferation of armed groups, the loss of stockpiles of weapons and ammunition, the expansion of violent extremist groups, and looming economic and fiscal crises. Abductions, targeted killings, torture, human trafficking, arbitrary detention, sexual violence and the forced recruitment of children have increased. Clashes are causing significant civilian casualties as fighting breaks out in large urban areas characterized by the use of explosive weapons, with explosive remnants of war contamination hindering voluntary returns. Internal displacement has nearly doubled in a year, affecting 435,000 people.

Access to basic services has diminished. A weakened health system is on the verge of collapse due to insufficient medical personnel and supplies. At least 20 per cent of hospitals are closed, while nearly 2 million people need health assistance. Food insecurity is growing and education enrolment rates in some conflict areas are less than 50 per cent. Large numbers of refugees and migrants continue to flow to and through Libya, due to its porous borders and numerous smuggling rings. These people face enormous threats, both inside Libya and on the Mediterranean Sea, as they seek safety and economic opportunities. Some 250,000 of them need humanitarian assistance.

Failure to provide this assistance will leave millions of people exposed to pervasive threats to their safety and dignity. Some 1.2 million sick and injured people will not be able to access health care, and nearly 100,000 children will miss out on an education. Prospects for a timely recovery from the economic aspects of the crisis will be undermined as the social fabric is further weakened and poverty and vulnerability increase. Over 90,000 refugees, asylum seekers and migrants will not be protected from abuse, marginalization or exploitation by smugglers.

## Mali



\* Estimates as of 30 November 2015.

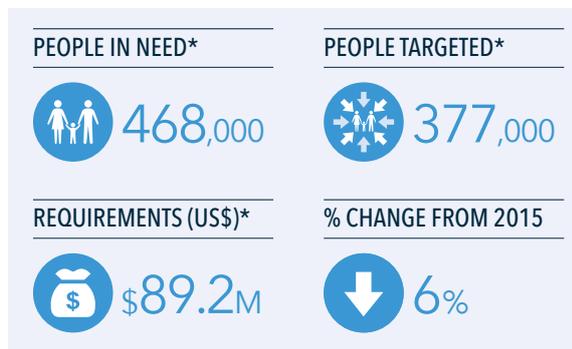
Mali faces a multidimensional crisis characterized by chronic food insecurity, malnutrition and population displacement. Some 1.9 million people are currently food insecure, 294,000 will require immediate food assistance in 2016 to survive. Some 2.2 million people need health services and 840,000 need water and sanitation services. More than 700,000 children under age 5 suffer from acute malnutrition and face a mortality risk between 5 and 20 times higher than normal. As of early October, 96,121 severe malnutrition cases had been reported, which is already an increase of more than 30 per cent from the planning figure for the whole of 2015.

In October, there were close to 62,000 IDPs in Mali. The limited access to basic services due to the lack of civil servants, health personnel and infrastructure heightens vulnerability. Some 751,000 people, more than half of whom are returnees living in the north, need protection support. Competition for resources coupled with the absence of the rule of law fuels inter-communal conflict. Close to 139,000 Malian refugees are still hosted in Mauritania, Niger and Burkina Faso.

The humanitarian community delivered food to 1.6 million people, provided 1.3 million people with health care, supported access to drinking water for over 190,000 people and provided nutritional support for over 200,000 people. This was despite the renewed violence and persisting insecurity due to the presence of armed groups who have increasingly targeted humanitarian personnel, assets or facilities, and hampered access to people in need in Gao, Kidal and Timbuktu regions.

With the recent signing of the peace agreement, conflict-affected communities now expect to see the dividends of peace. However, explosive remnants of war, improvised explosive devices and landmines threaten the lives of thousands of people in Gao, Kidal, Mopti and Timbuktu. While awaiting the redeployment of State services and development actors, humanitarian workers must continue to play a vital role in meeting the basic needs of vulnerable people and strengthening their resilience. Failure to support humanitarian action at this important juncture could jeopardize the hopes for a lasting peace.

## Mauritania



\* Estimates as of 30 November 2015.

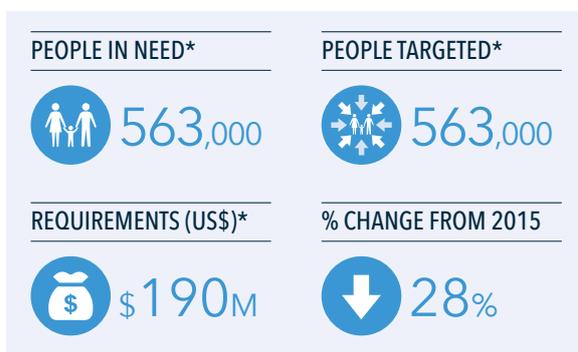
Mauritania is characterized by food insecurity due to prolonged lean season owing to insufficient rainfall; a nutrition crisis resulting to likely high malnutrition rates; and sudden-onset humanitarian situations. The country is already facing an alarming nutrition situation. Testament to this is the increase in severe acute malnutrition admissions in nutrition centres, as well as the nutrition survey results published by the Ministry of Health in July 2015. The situation is the worst in the country's seven southern regions, i.e., Hodh El Chargui, Hodh El Gharbi, Assaba, Guidimakha, Gorgol, Brakna and Tagant.

Some 1.4 million people are predicted to become food insecure, and 370,000 children and pregnant and lactating women need therapeutic treatment for global acute malnutrition. Seven of the country's 13 regions have exceeded the emergency moderate acute malnutrition levels of 15 per cent.

Mauritania's weak health system, with its limited geographical spread of health services and skilled human resources, is poorly equipped to provide assistance to people in need. Vaccine coverage is low and uneven among health districts.

Given the fragile security situation in Mali, no massive return movements by the 50,000 Malian refugees in Mauritania are expected. The prolonged presence of refugees and their livestock in and around the Mbera camp is expected to result in a pasture deficit, which will lead to the early, prolonged movement of livestock.

## Myanmar



\* Estimates as of 30 November 2015.

Major transitions continue in Myanmar. The country's first freely contested elections in a quarter of a century were held in November 2015, and a nationwide ceasefire agreement with eight ethnic armed groups was signed in October 2015.

The humanitarian situation is characterized by a combination of vulnerability to natural disasters, armed conflicts, intercommunal tensions, statelessness, trafficking and migration. Over 240,000 people remain displaced.

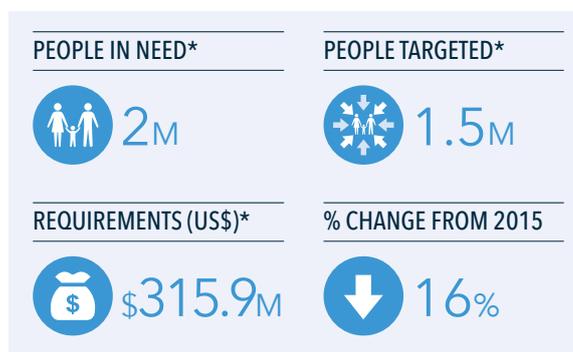
In Rakhine State, intercommunal tensions and restrictive policies and practices continue to affect displaced people in camps and those in surrounding communities. Many Muslims do not have adequate access to health care, education and other basic services due to ongoing restrictions on their freedom of movement. The Government initiated an IDP return programme for some of the displaced people in 2015. However, the majority of these people remain confined to camps and are largely dependent on humanitarian aid.

People departing Rakhine by sea rely on smuggling networks and are vulnerable to human trafficking. In Kachin and Shan states, 96,000 people remain displaced following armed conflict in 2011. Despite a nationwide ceasefire agreement with armed groups signed in October 2015, unresolved conflict has caused some new displacement.

Nationwide floods and landslides in 2015 exacerbated many pre-existing vulnerabilities, affecting 9 million people in 12 of the country's 14 states/regions, and temporarily displacing 1.7 million.

The 2016 HRP is part of a broader engagement by the United Nations and its partners in Myanmar to ensure that civilians are protected, to build peace, and to support recovery and longer-term development. The plan focuses primarily on the three states with the most urgent humanitarian needs: Rakhine, Kachin and Shan. The overarching strategic objectives are to ensure that conflict-affected civilians are protected and assisted, to ensure equitable access to basic services and livelihoods, and to enhance communities' resilience to future conflict and natural disasters. The strategy stresses the importance of linking relief and development; the participation of affected people in decision-making, conflict sensitivity; and ensuring a gender-sensitive approach.

## Niger



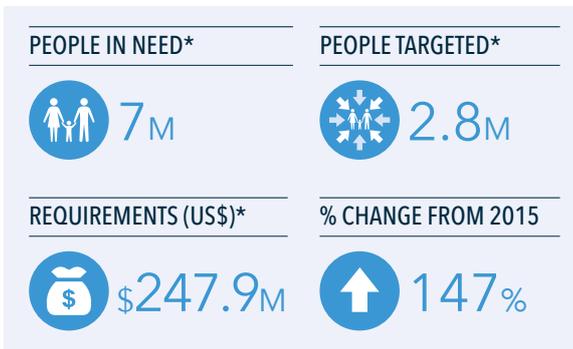
\* Estimates as of 30 November 2015.

Niger, one of the world's least developed countries, faces a combination of chronic food insecurity and malnutrition, recurring floods and epidemics, and population inflows from Mali and Nigeria. Some 2.5 million people are food insecure and 1.3 million people are at risk of malnutrition, 80 per cent of whom are children.

Floods are likely to affect over 100,000 people and will potentially increase the risk of transmission of waterborne diseases. A cholera outbreak could result in up to 6,000 cases, particularly around the Niger River region and the Lake Chad area. There also is a high risk of an outbreak of meningococcal meningitis, potentially with 15,000 cases. Every year, Niger treats between 350,000 and 400,000 children for severe acute malnutrition. All health facilities provide the service, including 45 hospitals offering treatment for children with severe acute malnutrition and medical complications.

Boko Haram attacks in Nigeria and on Niger's territory have displaced over 200,000 people in the Diffa region and affected some 150,000 people from host communities. Insecurity and humanitarian needs have the potential to increase significantly during the year, particularly in the dry season when the Komadougou River, a natural frontier between the two countries, will dry up. At the same time, the number of Malian refugees has reached a record high, as violence in northern Mali continues to drive people to seek refuge in Niger. Some 54,000 Malians have settled in the Tahoua and Tillabéry regions, where tents are gradually being replaced by more permanent shelters. This is a sign that many refugees have no intention of returning to Mali in the near future. It is also estimated that between 80,000 and 120,000 migrants will try to cross the Agadez desert in search of better economic opportunities in Europe.

## Nigeria



\* Estimates as of 30 November 2015.

The crisis in northern Nigeria, precipitated by Boko Haram-related violence, currently affects some 14.6 million people in Adamawa, Borno, Gombe and Yobe states in the north-east. The collapse of basic services, endemic food insecurity, and the destruction of livelihoods, underdevelopment and conflict-induced displacement are likely to persist into 2016. Some 7 million people are suffering from the extreme consequences of the armed conflict and need humanitarian assistance, including 4 million people who are severely food insecure.

2.2 million people have been displaced in what is one of Africa's fastest-growing displacement crises. More than 90 per cent live in host communities whose coping capacity has been significantly overstretched. This is causing tension between host communities and could result in the secondary displacement of IDPs. Nigeria is also home to one of the world's largest number of displaced children. Without timely humanitarian assistance, 1.3 million children will remain displaced, and 600,000 children who have not been able to attend school in 2015 will be more vulnerable to radicalization and forced recruitment by armed groups. Grave human rights violations, exploitation and abuse have been committed against women and children in particular.

Farming, planting and trade in agricultural goods and livestock within north-east Nigeria and across borders have been hindered due to the ongoing conflict, insecurity and large-scale displacements. Levels of food insecurity and malnutrition are high, with 20 per cent of households in Borno and Yobe states facing extreme food-consumption gaps.

The outlook for 2016 is challenging. The security situation remains volatile and the armed conflict is shifting. Most IDPs report wanting to return home but conditions have not been conducive for voluntary, safe and dignified returns. The humanitarian response in 2016 will promote the centrality of protection, and will seek to overcome the challenges of access, where feasible, as approximately 3 million people remain inaccessible.

## Nigeria RRP



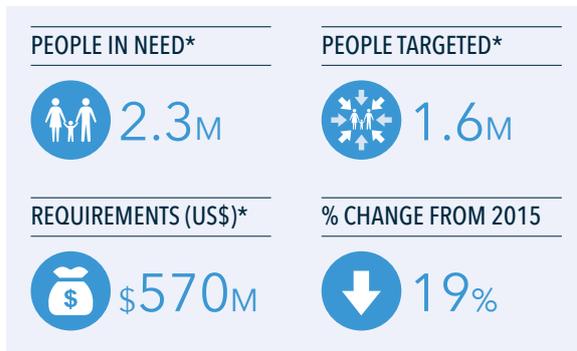
Cameroon, Chad, Niger

The 2016 Nigeria Regional Refugee Response Plan targets the needs of 514,352 refugees hosted inside and outside camps in Cameroon, Chad and Niger, as well as the needs of affected host communities.

2015 has again seen multiple suicide attacks and waves of violence carried out by Boko Haram in north-eastern Nigeria, but also in countries of asylum, prompting the Governments of the Lake Chad Basin to engage in counter-insurgent military activities. This caused mass internal displacements and a refugee influx to Chad, Niger and Cameroon. As the security situation continued to deteriorate, access to populations of concern has become difficult.

The humanitarian actors under the RRRP framework will concentrate on building on the achievements made in 2015 and reinforcing advocacy for protection. Due to the increase of affected displaced populations, needs are expected to rise in the health, food, nutrition, water and sanitation, education, shelter and non-food items sectors.

## occupied Palestinian territory



\* Estimates as of 30 November 2015.

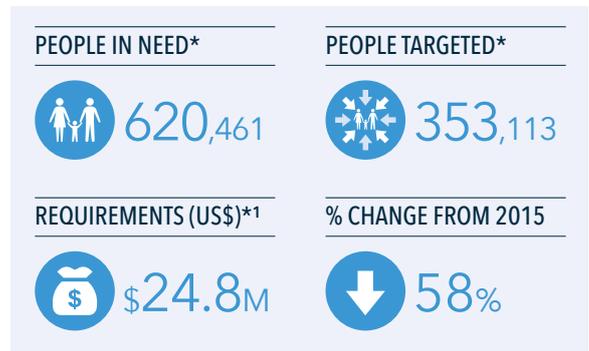
The humanitarian context in oPt remains directly tied to the occupation, which is now in its forty-eighth year. Needs have surged in Gaza since mid-2014 following a 51-day escalation of hostilities, and requirements remain high one year later.

The underlying challenges remain unchanged. Protection measures are needed for at least 1.8 million Palestinians experiencing, or at risk of, threats associated with conflict and violence, displacement, denial of access to livelihoods, administrative detention, psychosocial distress or exposure to explosive remnants of war. The delivery of essential services is required for the most vulnerable households, and repeatedly exposed households need support to better cope with the prolonged nature of the humanitarian crisis and the recurrent cycle of natural and man-made shocks. Stalled Israeli-Palestinian peace negotiations, continuing conflict and a stagnant economy point to another very difficult year for civilians.

These dynamics are significantly magnified in Gaza, given the eight-year blockade that has isolated 1.8 million Palestinians, worsened a faltering economy and contributed to 60 per cent of youth unemployment. Last year's hostilities devastated public infrastructure and compounded a chronic power deficit, although recent efforts to ease restrictions and facilitate reconstruction are beginning to show results. In the West Bank, settler expansion and violence, insufficient accountability and demolitions have contributed to increasing frustration and conflict. Tensions in East Jerusalem escalated in October 2015 with violence spreading to Israel and the wider West Bank, resulting in Israeli and Palestinian fatalities and injuries.

The HRP for 2016 aims to meet their needs by providing protection assistance and access to services to the most vulnerable people, particularly women, children and the elderly, and by bolstering the capacity of exposed households to cope with prolonged and recurrent shocks, especially in Gaza.

## Senegal



\* Estimates as of 30 November 2015.

Recurrent food and nutritional crises continue to affect Senegal despite continued efforts by the Government and its technical and financial partners. The country is prone to climatic shocks, including droughts in the northern regions and heavy flooding in other parts of the country. Food security has seriously reduced in many communities.

In 2016, 2.4 million people – one sixth of the population – will be food insecure, particularly in the east and north of the country. The incidence of acute malnutrition is expected to increase by 25 per cent, with 400,000 children under age 5 affected.

Additional resources and capacity are still required in 2016 to support the treatment and prevention of malnutrition. As the Ebola outbreak has shown, the epidemiological surveillance system and the health facilities urgently need to be improved. It is also critical to reinforce early warning systems and introduce preventive measures in flood-prone areas. In areas affected by the nutritional crisis, access to water, hygiene and sanitation will be key to avoiding a deterioration of people's health.

<sup>1</sup> Includes \$4.9 million Sahel regional requirements.

## Somalia



\* Estimates as of 30 November 2015.

Somalia has made steady progress with increasing political stability, but humanitarian needs persist owing to climatic variability, armed conflict, insecurity and poor basic services. About 4.9 million people need life-saving and livelihoods support, and malnutrition remains high, with about 308,000 children under age 5 acutely malnourished and 56,000 children severely malnourished. About 1.1 million people are internally displaced and highly vulnerable to natural hazards, disease outbreaks and protection risks. Violence, exacerbated by the use of improvised explosive devices, and exploitation and abuse of children remain widespread. El Niño conditions have led to heavy rains, flash floods and worsened drought conditions in Somaliland. This is exacerbating the dire food and nutrition situation, displacement and disease, and it will further limit humanitarian access.

Poor basic services continue to undermine the resilience of vulnerable people. About 3.2 million Somalis need emergency health services, while 2.8 million people require access to water. Approximately 1.7 million school-age children are still out of school. Moreover, Somalia continues to respond to the continued influx of returnees and refugees fleeing the conflict in Yemen, increasing the burden on already limited basic services.

In 2015, over 189,000 children under age 5 were treated for acute malnutrition. Critical malnutrition rates persist above 15 per cent in five IDP settlements in Baidoa, Dhobley, Doolow, Gaalkacyo and Garowe.

One million people received basic health care, over 2 million children received a polio vaccine, and Somalia was declared polio-free in October. In September, food assistance reached an estimated 421,000 people, and 479,000 people benefited from activities to restore livelihoods. Approximately 826,000 people were provided with access to safe water.

Despite these achievements, low and late funding continued to undermine humanitarian partners' ability to respond. Partners do not have enough funds to respond to floods, health partners are struggling to provide life-saving health services on the scale required, and seven hospitals in South Central Somalia are at risk of closure in the near future if funding is not available.

In 2016, partners will focus on providing life-saving assistance and strengthening livelihoods to build

## Sudan



Sudan continues to face complex humanitarian challenges, and serious protection concerns persist in many areas. In Darfur, at least 100,000 people fled fighting in the first half of 2015, increasing pressure on services in long-established IDP camps that are now home to well over 1 million people. In South Kordofan and Blue Nile states, humanitarian organizations were still unable to reach the people most severely affected by four years of war. By November 2015, the number of South Sudanese refugees who have arrived since December 2013 reached 197,000. This includes an influx of more than 40,000 people between June and July alone.

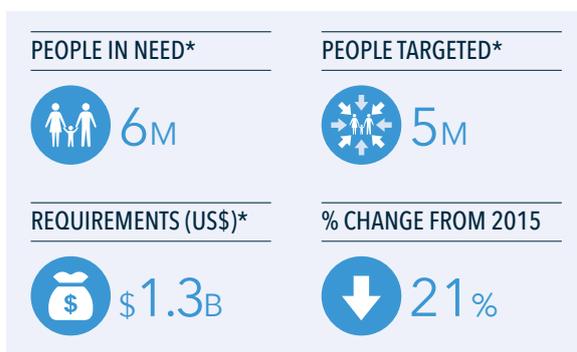
The nutritional status of children remains a country-wide challenge, while a prolonged measles outbreak demonstrated Sudan's continuing vulnerability to public-health emergencies. El Niño brought reduced rainfall in key agricultural areas, reducing yields and the regeneration of pasturelands.

During 2015, humanitarian partners in Sudan reached more than 2 million people with health services and some 3.1 million people with food and agricultural inputs. More than 25,000 newly internally displaced households and 120,000 South Sudanese refugees received shelter materials and essential household supplies. Some 1.6 million people were able to access improved drinking water and 83,000 severely malnourished children under age 5 were treated. However, funding shortfalls forced many NGOs to reduce or suspend projects in IDP camps, particularly in the health sector.

In 2016, humanitarian partners will continue to prioritize life-saving humanitarian assistance. Where possible, operations will be run in a way that contributes to the longer-term recovery of affected people and communities, with greater emphasis on multisectoral approaches and links with development activities. Partners will also seek to work with the Government, local actors and displaced people to achieve sustainable solutions to protracted displacement.

resilience to recurring shocks. Partners will also work to strengthen protection and catalyse lasting and dignified solutions for displaced people.

## South Sudan



\* Estimates as of 30 November 2015.

Despite the signing of a peace agreement in August 2015, conflict in South Sudan has continued to cause deep suffering and humanitarian needs for civilians in large parts of the country. Fighting between armed actors and intercommunal violence continue to spread, forcing people to flee. Disease, economic decline and price hikes exhausted the coping capacity of populations in Unity and Upper Nile, Jonglei, Lakes, Western Equatoria and Central Equatoria states. Overall, nearly 2.3 million people (about 25 per cent of the population) are displaced, of whom more than 1.6 million are displaced within South Sudan. Over 640,000 have sought refuge in neighbouring countries. More than 184,000 people are seeking safety in six overcrowded and under-resourced protection of civilians sites while outside of the sites targeted attacks against civilians and their property continue. Gender-based violence has escalated, with women and girls reporting that rape is a common feature of the conflict.

In 2015, food insecurity reached its highest levels since the conflict began. About 3.9 million people (34 per cent of the population) were severely food insecure in September, which is an 80 per cent increase over the same period in 2014. Catastrophic food insecurity at the household level was reported, for 40,000 people in the areas worst affected by fighting in Unity State who face starvation, death and destitution. The nutrition situation for children remains dire: over 237,000 children are estimated to be suffering from severe acute malnutrition. If access does not improve, the outlook for 2016 is extremely bleak.

Despite a dangerous and difficult operating environment, humanitarian partners reached over 4 million people in 2015 with humanitarian assistance, including in remote and hard-to-access areas. This included food and livelihoods support, shelter and non-food items, health services, emergency education and the treatment of over 1 million cases of malaria. In 2016, humanitarian partners will further prioritize and streamline life-saving humanitarian operations. Efforts will be strengthened to reach affected people cut off from adequate assistance.

## South Sudan RRP



Ethiopia, Kenya, Sudan, Uganda

Despite the Agreement on the Resolution of the Conflict in the Republic of South Sudan, signed by the warring parties in August 2015, reported violations of the ceasefire, deterioration in security and increased vulnerability of the population keep sending South Sudanese across borders seeking international protection. Between December 2013 and the end of October 2015, over 640,000 South Sudanese sought refuge in neighbouring countries. If the peace agreement fails to meet its goals, this number could reach 948,000 by the end of 2016.

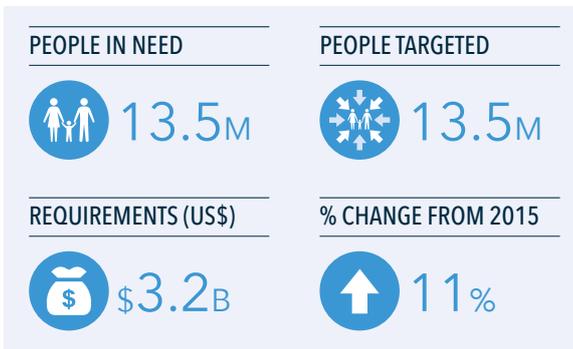
Basic services, including nutrition and health services, water and sanitation and food assistance, will address the significant rate of malnutrition among new arrivals.

Cash-based interventions, when feasible, will increase choices for refugees and improve their dietary diversity. Additional land allocation is needed to decongest camps and settlements. Governments are asked to allow livelihoods and self-reliance activities that benefit host and refugee communities. Clearance of mines and explosive remnants of war is imperative for safe and sustainable returns.

Education is a cornerstone for the promotion of self-reliance and longer-term solutions and a unique entry point for integration and peaceful coexistence. Without help, more than 44 per cent of South Sudanese refugee children will not be enrolled in school and benefit from the education strategies that also target refugee girls.

Support to strengthen child-protection systems will allow for appropriate alternative care arrangements and family-tracing services for over 34,000 unaccompanied or separated children. Similarly, expanded social welfare services, including specialized psychosocial support, will help target 70 per cent of the refugee population who are under age 18. Organizations aim for integrated approaches and policies that benefit refugees and host communities and promote peaceful coexistence.

Syria



Nearly five years into the crisis in Syria, the country's humanitarian situation continues to deteriorate, with a devastating impact on the lives of millions of Syrians. The conflict is estimated to have killed 250,000 people, injured more than 1.2 million, and left extensive contamination with explosive remnants, including improvised explosive devices. Over half of the population has been displaced, including 1.2 million people in 2015, many for the second or third time. Over 4.2 million Syrians are now refugees.

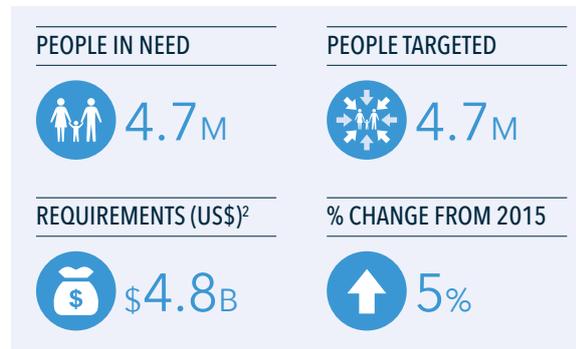
In the absence of a viable political solution, the humanitarian outlook for 2016 remains dire. An estimated 13.5 million people need humanitarian assistance: 11.5 million people require health assistance; 8.7 million people are food insecure; 2.4 million people need shelter; and 70 per cent of the population remain without regular access to safe drinking water.

The health system has been devastated by the conflict: over 3.1 million children under age 5 and pregnant and lactating women are at risk of malnutrition, and nearly two thirds of public hospitals are destroyed or only partly functioning. One out of three children cannot be reached with vaccines. Palestine refugees in Syria are also seriously affected by the crisis: 62 per cent are displaced, and almost the entire Palestine refugee population depends on aid for their basic needs.

Despite the challenging operating environment, the United Nations and its partners continue to reach millions of people in need. In 2015, an average of 6 million people received monthly food assistance, and over 4.8 million people received non-food items and shelter support. Some 8.1 million people were provided with improved access to water and sanitation, while over 6.7 million were reached with life-saving access to clean drinking water.

However, much more is needed. Insecurity and access challenges are among the main constraints to a timely and effective response, but the lack of funding has forced agencies to scale down programmes. Food agencies have reduced food baskets, and hundreds of thousands of people risk not having access to health services.

Syria 3RP



Egypt, Iraq, Jordan, Lebanon, Turkey

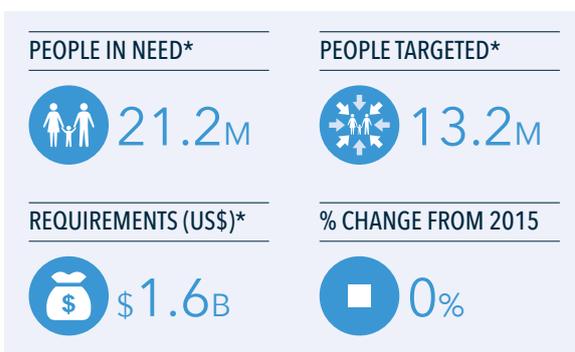
The 2016 Regional Refugee and Resilience Plan (3RP) is a country-driven, regionally coherent plan to address refugee protection and humanitarian needs, but while boosting the resilience of vulnerable people and affected communities, and strengthening the capacity of national delivery systems in Syria's five most affected neighbouring countries.

The plan is nationally led as far as possible. It has a chapter for each country, including the Jordan Response Plan (led by the Government of Jordan), the Lebanon Crisis Response Plan (led by the Government of Lebanon) and country chapters prepared by the UN in coordination with the Governments of Iraq (consistent with the Iraq Strategic Response Plan), Egypt and Turkey. Through a refugee component, the 3RP seeks to address protection and assistance sustainably, in line with humanitarian principles, and it contains a resilience component for supporting local communities and host Governments by strengthening capacity-building and adopting a longer-term approach to extending and upgrading services.

Needs, targets, approaches, objectives and resources are identified and responded to at the country level, yet they are regionally consistent in line with refugee protection, international law and resilience principles. Reinforcing national capacity is an overarching priority to make the collective response more cost-effective and sustainable in the long run, and to reduce the degree to which parallel service delivery systems are established.

<sup>2</sup> Includes Lebanon government requirements.

## Yemen



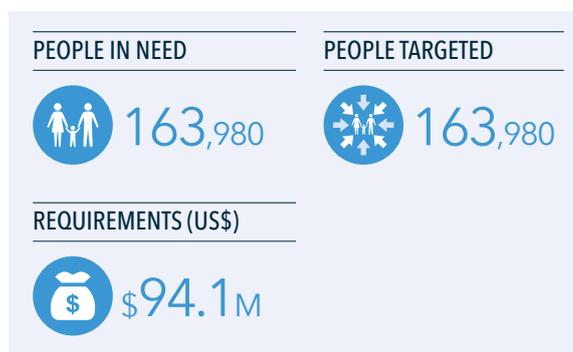
\* Estimates as of 30 November 2015.

The conflict in Yemen, which intensified in March 2015, exacerbated an already dire humanitarian crisis in the Arab world's poorest nation. More than 2.3 million people have been forced to flee their homes and violence and import restrictions have accelerated a decline in living conditions and reversed the fragile improvements recorded in late 2014. Urgent support is now needed to ensure that 19.3 million people have access to safe water, 14.1 million people can receive basic health care and 1.8 million children have access to education. Over 14 million people are now food insecure (including 7.6 million severely food insecure), and 2.1 million people are malnourished, including 1.3 million children.

Grave violations and human rights abuses continue to be committed by all parties to the conflict. At the end of October, health facilities had reported over 32,600 casualties (including more than 5,700 deaths), which is an average of 153 injuries or deaths every day. Child deaths and injuries have increased fivefold compared with 2014. Attacks on civilians, contamination by explosive hazards, the destruction of homes and property and large-scale displacement continue unabated.

Despite the challenging operating environment riddled with access and security constraints, humanitarian partners reached over 10.8 million people with various forms of assistance between April and October 2015. Over 8.1 million people received "one-time" general food distribution or cash transfers, while an additional 2.4 million people continue to receive regular monthly food supplies. More than 109,000 severely malnourished children have been treated in therapeutic feeding centres and 3.7 million people have been provided access to potable water. The 2016 HRP for Yemen prioritizes the areas of the country with the highest needs. Assistance will focus on improving access to healthcare and potable water, increasing food security and improving protection services. UN agencies and partners continue to operate out of five hubs in Yemen, with support from offices in Djibouti, Jordan and Saudi Arabia.

## Yemen RRMRP



Djibouti, Ethiopia, Middle East region, Sudan, Somalia

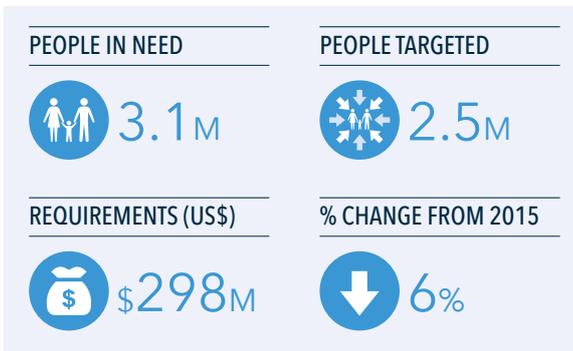
The situation in Yemen has developed into a protracted crisis and the absorption capacity in the region is limited. With more than 12 million IDPs, refugees, stranded migrants and food-insecure people, this is now the flashpoint for migration worldwide. The immediate response for people fleeing to neighbouring countries in the Middle East or across the Gulf of Aden to Djibouti, and onwards to Ethiopia, Somalia and Sudan, meets the basic needs of refugees, returnees and migrants who have to register and provide documentation in order to access essential services.

The lack of freedom of movement on arrival and the need for a sponsor in order to enter some countries are protection concerns. Despite all efforts, the conditions in camps, as well as in urban areas, are still far from adequate. Therefore, refugees lead precarious lives without an adequate dwelling, living on the fringes of society, with no documentation or access to basic services, such as health, education and employment.

The response aims to provide 162,630 refugees, migrants and returnees with essential services, including temporary shelter, food, non-food items and health care. Organizations will also advocate and support access to work to maximize people's self-reliance pending the identification of solutions. Advocacy will continue for refugees to have the choice of settling outside the confinement of a camp and enjoying freedom of movement, while at the same time improving their access to adequate housing and services within camps or settlements. Stranded migrants will receive protection and assistance with returning home.

Despite the ongoing conflict, people are still willing to make the risky journey to Yemen: over 11,000 people arrived in October. Awareness-raising campaigns aim to ensure that people have information on the conditions in Yemen and the danger of embarking on a hazardous journey.

## Ukraine



The conflict in Ukraine is now in its third year. The lack of a political solution means that insecurity, humanitarian and protection needs will probably continue in 2016. As of November, over 8,500 people have been killed and more than 17,900 injured, including civilians, military personnel and members of armed groups. Some 800,000 people live in unacceptable conditions along the contact line, with another 2.7 million people in non-Government-controlled areas with little freedom of movement. These areas lack rule of law and guarantees for human rights protection. In addition, over a million people have now fled to neighbouring countries and another 800,000 million within Ukraine itself. Hopes are pinned on the tenuous ceasefire, in place since September 2015, becoming permanent. Only this and a full resumption of basic services in non-government controlled areas will end the humanitarian situation and restore normal life to the people of Ukraine.

The ceasefire has resulted in fewer casualties and some initial indications of IDP and refugee return. However, there has been an alarming increase in landmine and unexploded ordinance casualties along the contact line, as civilians seek firewood for fuel in the absence of reliable gas or electricity. In 2016, the UN and NGOs will target the 2.9 million people considered to be most in need of assistance and protection. Needs are so great that no one player can address the situation alone. Therefore, the UN and NGOs will work with the Government of Ukraine, the de facto authorities in Donetsk and Luhansk, as well as the Russian Federation and other humanitarian players, including local communities.

For there to be a real reduction in humanitarian needs in 2016, it is crucial for the parties to the conflict to guarantee the UN and NGOs free and unimpeded access to all affected people. It is equally important for the freedom movement of civilians and goods to be guaranteed throughout Ukraine.



## + El Niño: Need for increased preparedness

The current El Niño climatic event is likely to become the strongest on record, surpassing the 1997/98 El Niño which displaced millions of people worldwide. El Niño is projected to reach peak intensity by December 2015 and will continue to have humanitarian impacts throughout 2016. East Africa, Southern Africa, Central America and the Pacific Islands are likely to see the greatest increase in humanitarian needs due especially to drought and flooding.

El Niño has already affected millions of people across Central America

and the Caribbean, Eastern Africa, and parts of Southern Africa, Asia and the Pacific. An urgent response to the humanitarian needs that El Niño has already caused is needed. Meanwhile, there is a small window of time during which concerted early action by governments, development and humanitarian actors can mitigate further impacts of El Niño, save lives and reduce the need for a larger humanitarian response at a later stage. Investments in risk and vulnerability reduction will be critical over the coming months.



## Raising sufficient funds to preserve life and dignity

The finance-linked ambition emerging from the World Humanitarian Summit (WHS) consultation process is to generate sufficient resources to preserve life and dignity. This should be the bottom line, but it is not enough on its own. People need support to emerge from crises so that they are not left behind, repeatedly displaced or left in despair, which only sows the seeds of future insecurity.

But how can this be achieved when there is a widening finance gap? The diagnosis, captured in the Synthesis Report, is that there is no simple fix. A solution requires a range of measures that will first necessitate a shift in how to approach protracted crises, including in middle-income countries and natural disasters. There is a need to remove the traditional divisions between humanitarian action and longer-term development, to base support

on communities' needs and use resilience as an underlying principle. Three sets of measures have emerged:

### Leverage diverse funding sources.

Current international humanitarian finance is only part of the finance available for addressing humanitarian risk. There is a need to understand and use the full range of resources better: domestic budgets, multilateral and bilateral contributions, remittances, insurance, the private sector and the general public, including Islamic social financing. This requires improved transparency, tracking and brokerage.

### Use the right mix of finance instruments for each situation.

This includes focusing international humanitarian finance for where it is most crucially important, increasing development and climate finance to reduce risk and build resilience,

scaling up social protection and risk finance, shifting to longer-term finance in protracted crises, delivering sustained investment for refugee-hosting countries, and increasing direct finance to local actors.

### Make the money go further.

This includes increasing the transparency of operational costs; scaling up cash assistance, focusing more on preparedness, relaxing regulations and remittance transaction costs in crisis situations, and reducing the negative implications of counter-terrorism measures.

These findings and those of the High-Level Panel on Humanitarian Financing will contribute to recommendations for the WHS. The UN Secretary-General will outline the vision for this early next year, ahead of the meeting in Istanbul in May 2016.

## Central Emergency Response Fund (CERF)

The Central Emergency Response Fund (CERF) is one of the fastest and most effective ways to support a rapid humanitarian response for people affected by natural disasters and armed conflict. The fund, which is managed by the Emergency Relief Coordinator, receives year-round voluntary contributions from donors. This money is set aside for immediate use at the onset of emergencies, in rapidly deteriorating situations and in protracted crises that fail to attract sufficient resources.

CERF allocates funds for life-saving activities on the basis of needs identified by humanitarian partners through inclusive country-level prioritization processes. In addition, CERF strengthens the humanitarian response by reinforcing coordination, partnerships and leadership.

In 2015, CERF has reinforced the capacity of the humanitarian system by allocating more than \$450 million to over 40 countries. With the support of CERF funds, humanitarian partners

annually provide food for some 9 million people, emergency shelter for over 1 million people and water and sanitation assistance for some 8 million people.

CERF processes are closely aligned with the Humanitarian Programme Cycle and, where applicable, are based on the evidence of needs identified in humanitarian needs overviews and on country/cluster strategies articulated in humanitarian response plans.

UN agencies, funds and programmes and IOM are the direct recipients of CERF grants, but NGOs also access CERF funding as their implementing partners. Every year, about 20 per cent of CERF funding is sub-granted to implementing partners, including some 10 per cent that reaches local NGOs and Governments. NGOs also play an important role during the prioritization and delivery of assistance and in CERF-supported activities.

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## Country-based Pooled Funds (CBPFs)

Country-based pooled funds (CBPFs) are multi-donor humanitarian financing instruments established by the Emergency Relief Coordinator. These innovative humanitarian funds allow Governments and private donors to pool their contributions for a specific emergency. CBPFs are managed by OCHA at the country level, under the Humanitarian Coordinator's leadership. They complement other sources of funding, and they are field driven and aligned with country humanitarian response plans. This ensures that flexible, more coordinated, inclusive and needs-based funding is available and prioritized at the local level by the relief partners closest to the people in need.

CBPFs provide rapid funding for scaling up humanitarian operations, filling critical gaps and strengthening partnerships with aid organizations, including local and international NGOs. In this way, CBPFs can also be used to complement CERF and permit the implementation of recovery and resilience activities, which could then allow the full range of development instruments to come into play. Of the \$411 million disbursed by CBPFs through the third quarter of 2015, 61 per cent has gone to NGOs, including 17 per cent to local NGOs. OCHA currently manages pooled funds in 18 countries. CBPFs have received more than \$2.2 billion in contributions since 2011.

# FEATURES OF FTS BETA :

## THE NEW FINANCIAL TRACKING SERVICE PLATFORM

The Financial Tracking Service (FTS) has been tracking humanitarian aid flows since 1992. The FTS team is working on a new website with a view to making the data and information more accessible. FTS Beta will run alongside the existing FTS website during the first half of 2016 while its content, functionality and underlying data architecture are developed. Your feedback is crucial in helping us shape the future site and online service – so please do let us know what you think.

### Browse and discover

Navigate a range of downloadable data, charts, FAQs and In Focus articles.

### Pop-ups

Quickly access key data by response plan/appeal, government donor and affected country.

### At-a-glance data and information

Access, re-use and share graphs and charts.



### Responsive Design

View the site on your phone, tablet or computer.

### Interactive Maps

Get a quick overview of current funding for response plans/appeals and overall funding flows.

### Feedback

Provide general comments or feedback on specific items.

### Find out about reporting and get involved!

Go to  
[ftsbeta.unocha.org](http://ftsbeta.unocha.org)  
and let us know what you think!



# Guide to giving

## CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN



To see each country's humanitarian needs overview, humanitarian response plan and monitoring reports, and donate directly to organizations participating to the plan, please visit :

[www.humanitarianresponse.info](http://www.humanitarianresponse.info)

## CONTRIBUTING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)



CERF is one of the fastest and most effective ways to support rapid humanitarian response. The Fund provides immediate funding for life-saving humanitarian action at the onset of emergencies and for crises that have not attracted sufficient funding. Contributions are received year-round, mainly from governments, but also from private companies, foundations, charities and individuals. More information about CERF and how to contribute can be found at:

[www.unocha.org/cerf/donate](http://www.unocha.org/cerf/donate)

## DONATING TO COUNTRY-BASED POOLED FUNDS (CBPFs)



Country-based pooled funds (CBPFs) are innovative humanitarian financing instruments that allow governments and private donors alike to pool their contributions to support a specific emergency. They provide rapid funding to scale up humanitarian operations, fill critical gaps, and strengthen partnerships with aid organizations, including local and international NGOs.

For more information on CBPFs and how to contribute, please visit: [www.unocha.org/what-we-do/humanitarian-financing/country-based-pooled-funds](http://www.unocha.org/what-we-do/humanitarian-financing/country-based-pooled-funds)

or contact Mr. Luke McCallin at: [ocha.donor.relations@un.org](mailto:ocha.donor.relations@un.org); or Mr. Andrea De Domenico at: [dedomenico@un.org](mailto:dedomenico@un.org)

## IN-KIND RELIEF AID

The United Nations urges donors to make cash rather than in-kind donations, for maximum speed and flexibility, and to ensure the aid materials that are most needed are the ones delivered. If you can make only in-kind contributions in response to disasters and emergencies, please contact: [logik@un.org](mailto:logik@un.org)



## REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS



OCHA manages the Financial Tracking Service (FTS), which curates, validates and publishes all reported humanitarian contributions (cash, in-kind, multilateral and bilateral), including to humanitarian and regional response plans. Many donor, recipient and implementing agencies regularly report their contributions through designated reporting focal points. For further details, please visit FTS Beta: [ftsbeta.unocha.org](http://ftsbeta.unocha.org).



**OCHA**

United Nations Office  
for the Coordination of  
Humanitarian Affairs