

CERF RESULTS

AS REPORTED
BY CERF RECIPIENTS
IN 2016



UNITED NATIONS

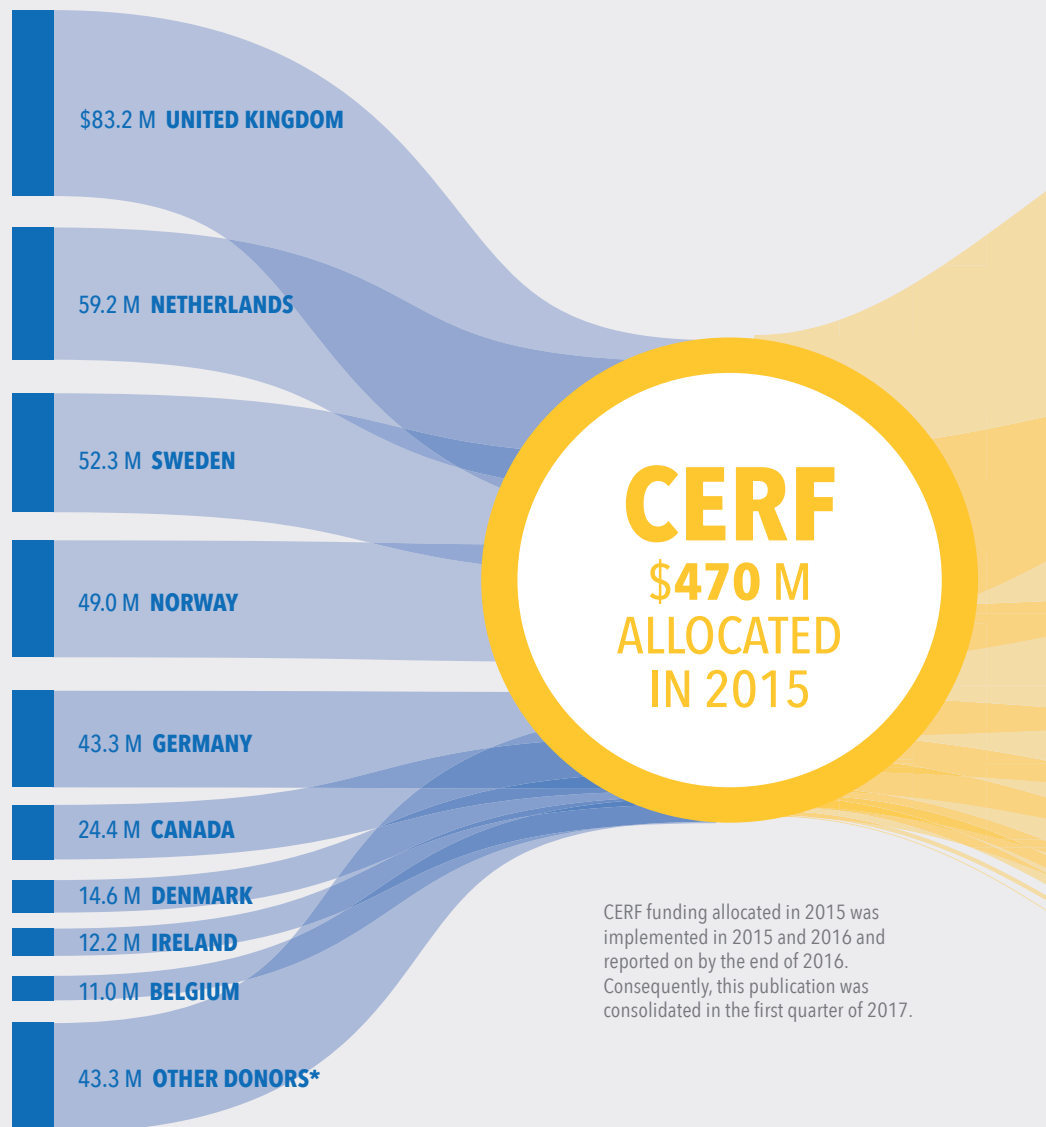


FOR ALL, BY ALL

2015 CERF DONORS

55 MEMBER STATES AND OBSERVERS
2 INTERNATIONAL/REGIONAL ORGANIZATIONS
PRIVATE SECTOR AND INDIVIDUALS

The achievement of results described in this report would not have been possible without the generous donor contributions to CERF, which allowed the Fund to allocate \$470 million in 2015 for life-saving action. This invaluable support benefited millions of people in crisis situations worldwide reflecting the global solidarity of CERF donors, their commitment to saving lives wherever crises strike and their trust in the Fund.



CERF funding allocated in 2015 was implemented in 2015 and 2016 and reported on by the end of 2016. Consequently, this publication was consolidated in the first quarter of 2017.

*Other donors

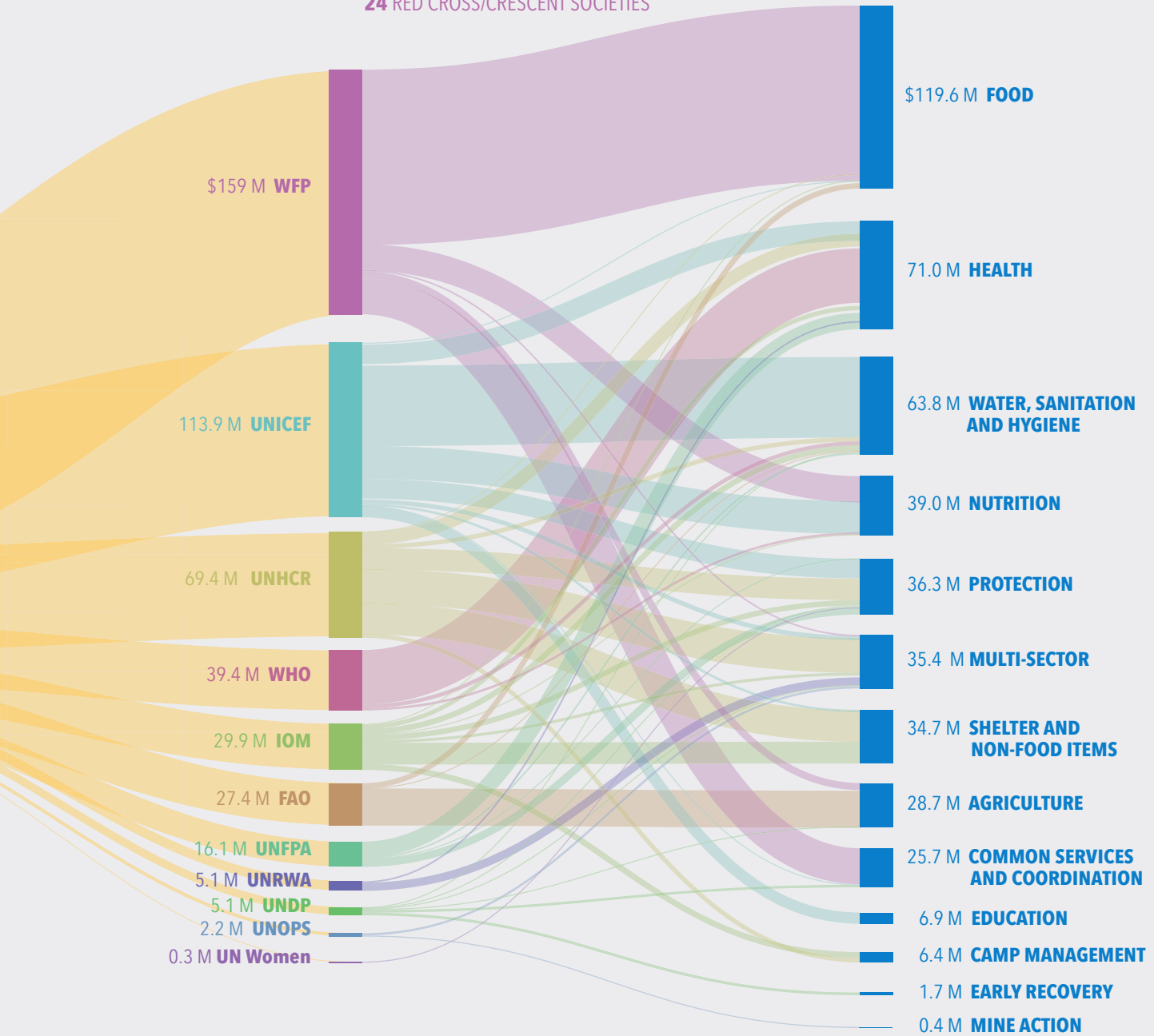
Donors	Contributions (US\$)	Donors	Contributions (US\$)	Donors	Contributions (US\$)	Donors	Contributions (US\$)	
Switzerland	10.4 M	United States of America	3.0 M	Italy	1.1 M	Belgian Governments of Flanders	345,690	
Australia	9.2 M			Kuwait	1.0 M		Indonesia	200,000
Finland	7.8 M	New Zealand	2.3 M	United Arab Emirates	1.0 M	Liechtenstein	271,768	
Republic of Korea	4.5 M	Spain	2.2 M	China	500,000	Mexico	250,000	
Luxembourg	4.3 M	Russian Federation	1.5 M	India	500,000	Colombia	235,000	
		Japan	1.4 M	Turkey	450,000	Poland	204,823	
							South Africa	172,562
							Private donations	170,241
							Saudi Arabia	150,000
							Estonia	125,100
							Iceland	100,000

IMPLEMENTING ORGANIZATIONS

11 UN AGENCIES, IN PARTNERSHIP WITH:
 320 NATIONAL/LOCAL NGOS
 161 GOVERNMENT ENTITIES
 143 INTERNATIONAL NGOS
 24 RED CROSS/CRESCENT SOCIETIES

SECTORS

\$470 M IMPLEMENTED THROUGH
 13 SECTORS IN RESPONSE
 TO HUMANITARIAN EMERGENCIES IN
 45 COUNTRIES



Donors	Contributions (US\$)	Donors	Contributions (US\$)	Donors	Contributions (US\$)	Donors	Contributions (US\$)
Portugal	59,034	Lithuania	21,655	Myanmar	10,000	Serbia	5,000
Monaco	52,303	Thailand	20,000	Pakistan	10,000	Sovereign Military Order of Malta	5,000
Malaysia	50,000	Trinidad and Tobago	20,000	Philippines	10,000		
Singapore	50,000	Cyprus	13,780	Vietnam	10,000	Peru	4,166
Andorra	44,139	International Maritime Organization (IMO)	17,692	Côte d'Ivoire	10,000	San Marino	2,266
Chile	30,000			Armenia	5,000	Guyana	2,179

FOREWORD

When the United Nations General Assembly created the Central Emergency Response Fund (CERF) in 2005, it charged the Fund with two critical missions: to provide immediate and timely assistance to save the lives of people in crises, and to boost support to underfunded emergencies.

Established as “a fund for all, by all”, CERF has enabled the international community to assist the world’s most vulnerable people wherever and whenever crises occur. Over its first decade, CERF has built a formidable record for the speed, scale and impact of its response.

There were unprecedented levels of human suffering in 2015, and global displacement surpassed even post-Second World War numbers. CERF remained a critical enabler of effective, timely and life-saving humanitarian action. Throughout the year, CERF helped front-line partners on the ground to kick-start or reinforce emergency response activities in 45 countries. Below are just a few examples of CERF’s support:

- Within 48 hours of the Nepal earthquake in April 2015, CERF committed US\$15 million to jump-start life-saving response to hundreds of thousands of people.
- In Yemen, where a staggering 82 per cent of the population require humanitarian assistance, CERF provided \$44 million, which is enabling the delivery of critical services to the most vulnerable people throughout the country.
- As the world struggled with the devastating impact of droughts and floods driven by a strong El Niño weather cycle, CERF was at the forefront, providing timely funding for life-saving action. This funding brought urgently needed relief to millions of the most affected people in Eastern and Southern Africa, Central America and the Caribbean.

CERF’s invaluable contribution to life-saving humanitarian action worldwide would not have been possible without donors’ generous support. For 2015, 55 Member States and observers, as well as private donors and individuals, contributed more than \$400 million un-earmarked funds to CERF, ensuring the availability of predictable funding for essential humanitarian response whenever and wherever emergencies strike. Having entered its second decade, CERF has earned the trust and commitment of its donors and partners as the UN’s global emergency response fund.

This report consolidates CERF results over a single year at global and local levels. It demonstrates CERF’s effectiveness, reach and unique added value, which make it an indispensable element of the global humanitarian system.

The scale and intensity of emergencies in today’s world point to the need for a larger, more available CERF, which is commensurate with growing humanitarian needs. To that end, the Secretary-General articulated a new vision for CERF, calling to increase its annual funding target to \$1 billion by 2018. This call was endorsed by the United Nations General Assembly in 2016, making it the responsibility of Member States to ensure a fully funded CERF.

We count on the continued trust and support of our partners to enhance CERF’s capacity and ensure it remains agile and fit to quickly and effectively assist people in need.

Stephen O’Brien

Under-Secretary-General for Humanitarian Affairs
and Emergency Relief Coordinator

CERF RESULTS

AS REPORTED
BY CERF RECIPIENTS
IN 2016

As CERF grants take up to nine months to implement and the reporting process requires an additional three months, the information on CERF's results only becomes available one year after funding is allocated. Thus, this report is based on Resident Coordinators/ Humanitarian Coordinators CERF reports submitted in 2016 and covering funding allocated in 2015. The individual reports can be accessed on CERF's website (<http://cerf.un.org>).

CONTENT

Credits:

The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) wishes to acknowledge the contributions to this document, particularly those from the programmes, funds and specialized agencies of the United Nations system.

Produced by:

CERF secretariat
For additional information, please contact:
CERF secretariat
E-mail: cerf@un.org
Web: www.unocha.org/cerf

Cover photo:

Refugees queue for food distribution at Timangolo site in Cameroon.
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Map source: United Nations Cartographic Section.

Numbers are rounded. Denominations are represented in United States dollars.

Introduction	01
Basic facts about CERF	02
2015 in review	04
People reached with 2015 CERF funding - global overview	06
Strategic value added by CERF beyond the provision of funds	10
Regional and country overviews	16
Asia and the Pacific	19
Middle East and Western Asia	29
Northern Africa	37
Western Africa	43
Central Africa	49
Eastern Africa	55
Southern Africa	65
Latin America and the Caribbean	73
Eastern Europe	78

INTRODUCTION

This is the first consolidated presentation of the reported results of CERF funding, covering a full year of CERF allocations. As such, it serves as a pilot and will inform future CERF results reporting. This report was compiled on the basis of information provided by Resident Coordinators/Humanitarian Coordinators (RC/HCs) and Humanitarian Country Teams (HCTs) in 66 consolidated reports covering the results of more than 450 CERF-funded projects.

This publication covers CERF funding allocated in 2015 and reported on in 2016. CERF grants are implemented within a time frame of six to nine months, and narrative reports on grant implementation are required three months after. Thus, the CERF funding allocated in 2015 was implemented by the fourth quarter of 2016 and reported on by the end of 2016. Consequently, this publication was consolidated in the first quarter of 2017.

The report's primary focus is on the number of people affected by humanitarian crises who received CERF-funded life-saving assistance. However, to complete the picture of CERF's results, this document also presents reported

information on the strategic value CERF adds to the humanitarian system's ability to provide life-saving assistance.

As each humanitarian situation is different, the report views CERF's achievements through global-, regional- and country-level lenses. Global estimates of the numbers of people reached with CERF-funded life-saving assistance within key humanitarian sectors are presented in the first part of the report. This information is complemented in the second part of the report by individual succinct country summaries, with a focus on the people reached through CERF funding for each allocation made in 2015.

The report is comprehensive in its coverage, but it is not exhaustive of all the results of CERF-funded interventions. It focuses on presenting top-line assistance delivered to crisis-affected people under each allocation. For complete details on the results achieved through each CERF allocation, please refer to the individual reports on the use of CERF funds published on CERF's website.¹

¹ www.unocha.org/cerf/reportsevaluations/residenthumanitarian-coordinators-reports/rhc-reports-2015

“

Next to enabling life-saving assistance, improving the quality and effectiveness of humanitarian aid is of critical importance to the Netherlands. As we stressed jointly with our co-initiators of the Grand Bargain initiative, this implies a clear results-focused approach. The way CERF follows up and reports on the progress made and results achieved is exemplary and will no doubt encourage donors to support CERF's budgetary ambitions for the coming years.

– Lilianne Ploumen, Minister for Foreign Trade and Development Cooperation of the Netherlands

BASIC FACTS ABOUT CERF

CERF is one of the fastest and most effective ways to ensure the impartial provision of life-saving assistance to people in need. It pools voluntary contributions from donors around the world into a single fund with a \$450 million annual target.² CERF funds are released immediately to humanitarian agencies on the ground, anywhere in the world, at the onset of emergencies, in rapidly deteriorating situations and in protracted crises that fail to attract sufficient resources.

During emergencies, humanitarian organizations on the ground, under the leadership of RC/HCs, jointly prioritize needs and apply for CERF funding. This ensures that CERF funds are directed to the most critical humanitarian needs in a strategic and coherent manner. The CERF secretariat provides support to decision makers to ensure an effective and efficient prioritization and application process.

² The General Assembly recently endorsed an increase of this target to \$1 billion by 2018.

The Emergency Relief Coordinator (ERC), as Fund Manager, approves CERF grants. Applications are reviewed against CERF's criteria (i.e., needs are urgent and proposed activities are life-saving).

Only UN organizations are directly eligible to receive CERF funding. However, CERF grants are implemented in partnership with local and international non-governmental organizations (NGOs), host Governments and Red Cross/Red Crescent societies. CERF leverages the far-reaching global network of partnerships that UN agencies have established over decades to reach people quickly wherever and whenever the need is greatest.

CERF is guided by the humanitarian principles of humanity, neutrality and impartiality. All countries are vulnerable to circumstances that can create humanitarian need. CERF is a fund "by all, for all", and one third of the countries that have donated to CERF have themselves benefited

from CERF funding during an emergency.

During its first decade, CERF has been instrumental in ensuring critical humanitarian assistance to people in need in 98 countries and territories around the globe. This was possible due to donations from 126 UN Member States and observers, from regional and local authorities, and from private organizations and individuals.

CERF allocates funds for life-saving work at the most critical phases of an emergency:

- At the onset, when resources can jump-start a humanitarian response.
- When an ongoing crisis deteriorates.
- When a response to a slow-onset crisis requires time-critical funding.
- When a crisis fails to attract enough resources for an effective response.

“

Time and again, the Fund has provided urgent assistance to meet critical needs, including for populations that have been forcibly displaced. As soon as a crisis hits, we need to have mechanisms in place to ensure that our aid is reaching those that need it most, especially women and girls. That's what CERF is all about. Canada is proud to be a key donor of the CERF.

– Marie-Claude Bibeau, Minister of International Development and La Francophonie of Canada

The Fund issues grants through two channels or “windows”:

- The Rapid Response Window provides assistance to new emergencies, to existing emergencies that have deteriorated significantly, or in response to time-critical needs.
- The Underfunded Emergencies Window delivers support for critical needs in underfunded and often protracted crises. Grants from the Underfunded Emergencies Window are informed by an analysis of global needs and allocated in two rounds: at the beginning and in the middle of each year.

“

The CERF was a key humanitarian funding mechanism for Ireland in 2015, a year in which global humanitarian need and displacement reached unprecedented levels. We greatly value the CERF’s ability to speedily mobilize funds and direct assistance where needs are greatest. Following the outbreak of conflict in Yemen, quick action by the CERF allowed for the supply of fuel, medicine and water, helping to prevent even greater suffering. We were also glad to see the CERF responding quickly to the earthquake which struck Nepal, and to continue to support underfunded and protracted crises across the globe, including in the Horn of Africa, the Central African Republic and the Democratic Republic of Congo. I am proud of Ireland’s continued and consistent support to CERF.

– Joe McHugh T.D., Minister of State for the Diaspora and International Development of Ireland

DONOR CONTRIBUTIONS



Donors contribute to CERF before urgent needs arise.

IDENTIFYING HUMANITARIAN NEEDS



Aid workers identify the most urgent types of life-saving assistance that affected people need, such as shelter, food, clean water and medicine.

MANAGING FUNDS



CERF pools these donations into a single fund.

REQUESTING CERF FUNDING



UN agencies and their partners work together to prioritize life-saving relief activities. They request CERF funding through the top UN official in the country.

ALLOCATING FUNDS



Based on expert advice from aid workers on the ground, the Emergency Relief Coordinator distributes CERF funding.

SAVING LIVES



Recipient organizations use the money for life-saving aid operations. They always track spending and impact, report back to CERF and return unused funds.

2015 IN REVIEW

CERF marked its tenth anniversary in 2015. The world was in turmoil, faced with an increasing number of large, complex and protracted emergencies dominated by violent armed conflicts. Millions of people were caught up in four mega-crises caused by the conflicts in Iraq, South Sudan, Syria and Yemen. The number of internally displaced persons (IDPs), refugees and asylum seekers exceeded 60 million, the largest number since the Second World War. In addition, many countries faced natural disasters, such as the worst El Niño phenomenon in 50 years, which had a devastating impact across the globe. Together, these events created a level of need unprecedented in CERF's history.

In January 2015, the UN and its partners appealed for \$16.4 billion to provide urgent humanitarian assistance to 57 million people in 22 countries. By the end of 2015, the global humanitarian situation had worsened, and an estimated 87 million people required urgent humanitarian assistance at an estimated cost of \$20 billion.

CERF used \$67 million carried over from previous years to supplement contributions received for 2015 (\$403 million). It allocated \$470 million in 45 countries, supporting the life-saving work of humanitarian partners by funding 463

projects through 72 allocations. This included \$301 million in Rapid Response grants supporting emergencies in 35 countries and \$169 million in allocations to 20 countries selected by the ERC as underfunded emergencies.

For example, within 48 hours of the devastating earthquake in Nepal in April, CERF had announced \$15 million for immediate relief. In Yemen, where armed conflict exacerbated an already dire humanitarian situation, partners received more than \$44 million through four allocations for projects ranging from food aid to emergency telecommunications. And when floods in Myanmar displaced more than 160,000 people from their homes, more than \$10 million in CERF funding helped to provide food, shelter and more.

CERF focused its first round of underfunded-emergencies allocations on the Syria regional response, giving more than \$77 million to six of the affected countries. The second round brought relief to people in large displacement crises, including more than \$21 million for refugees in Chad and IDPs in Sudan. CERF also used its Rapid Response and Underfunded Emergencies Windows to support humanitarian response to El Niño-related needs.

2015 CERF highlights



Four L3 crises

Iraq, South Sudan, Syria and Yemen.*

*The IASC deactivated the L3 in the Central African Republic in May 2015



\$77 M

for the Syria regional response—the largest single allocation for an emergency to date.



\$59M

CERF allocations \$59M for response to El Niño-related climate events.



\$470M total allocations

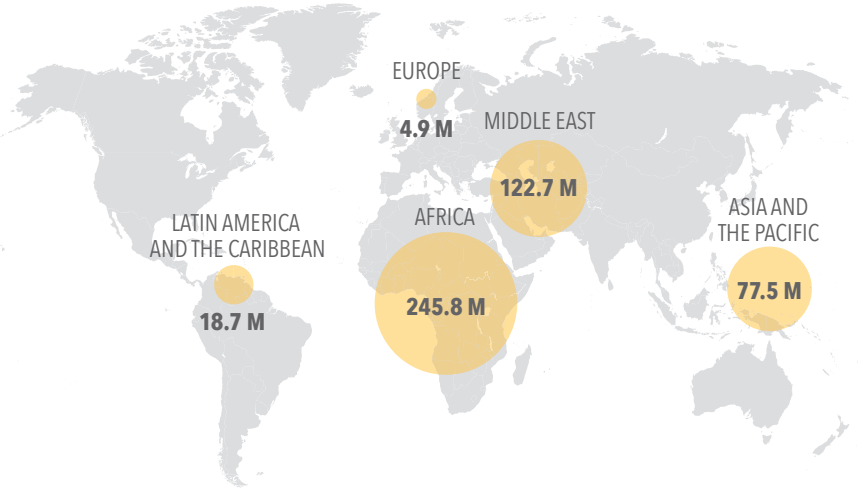
Top 10 recipients:

	Yemen		Nepal
	Syria		Lebanon
	Ethiopia		Malawi
	Somalia		Chad
	Sudan		Myanmar

2015 CERF funding

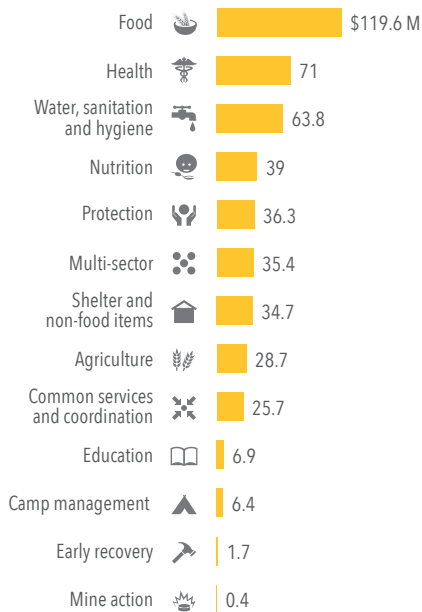
Funding by region

in US\$ million



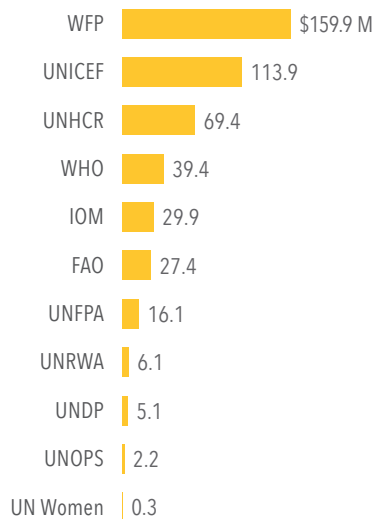
Funding by sector

in US\$ million



Funding by agency

in US\$ million



More than half of CERF's total 2015 funding was allocated for food, health care, and water and sanitation services. Emergencies in Africa received the largest amount of funding by region, accounting for approximately 52 per cent of CERF's total allocations.

CERF partnerships

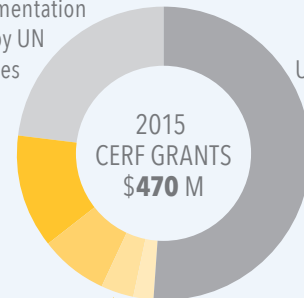
in US\$ million

\$108 M
23%

Other implementation costs by UN agencies

\$241 M
51%

Procurement of relief supplies by UN agencies



\$120M / 26%

Sub-granted by UN agencies to implementing partners

\$58.2 M / 48%
143 International NGOs

\$35.3 M / 29%
320 National/Local NGOs

\$17.2 M / 14%
161 Government entities

\$9.7 M / 8%
24 Red Cross/Crescent societies

In 2015, CERF disbursed funds to 11 United Nations agencies, funds and programmes. These organizations provided over a quarter of this funding (\$120 million) to their implementing partners including 143 international NGOs, 320 national and local NGOs, 161 government entities and 24 Red Cross/Red Crescent societies. In addition to their implementing capacity, NGOs provide local knowledge in emergency response. As part of the humanitarian coordination structures, they play a key role in deciding how CERF funds are used.

In 2015, UN agencies used more than half of CERF funding received (\$241 million) to procure relief supplies for affected people. Many of these supplies were then distributed by NGOs and other partners to people in need.

PEOPLE REACHED WITH 2015 CERF FUNDING

Global overview

According to the RC/HC reports on the use of 2015 CERF funding,³ CERF enabled 11 UN agencies, together with more than 648 implementing partners, to provide life-saving assistance to millions of people affected by humanitarian crises.

Through CERF-funded humanitarian programmes, a reported 19 million people benefited from water and sanitation assistance; 13 million people received access to health care; 10 million people received food; 5.7 million people benefited from protection interventions; 3.4 million people improved their food security through agriculture assistance; 2 million people received shelter assistance or basic relief items; 2 million people received nutritional support; and many more benefited from multisectoral support, mine action, education assistance and camp-management interventions.⁴

Overall, an estimated 53 per cent of people reached with 2015 CERF funding were women and girls.

³ Haiti, Myanmar and Yemen each submitted one report on two successive allocations; Nepal submitted one report on three successive allocations; and Libya completed its report as part of the 2014 reporting cycle. Hence, although there were 72 CERF allocations made to emergencies in 45 countries in 2015, this report includes information from 66 reports covering 2015 CERF allocations to 44 countries.

⁴ Total numbers of people reached are only presented cumulatively by sector in the report. It is not possible to present a total number of people reached with 2015 CERF funding, as the same people may have been assisted by programmes in several sectors within the same applications.

However, some specific sectors had a higher share of women and girls among reported beneficiaries, such as nutrition with 61 per cent and health with 55 per cent. Some sectors focused specifically on children, such as education and nutrition, with 71 per cent of the people reached being children.

CERF also played an important role in addressing the humanitarian consequences of growing population displacement worldwide. An estimated 60 per cent of people reached with 2015 CERF funding were refugees, IDPs or host communities suffering severe humanitarian situations in 37 countries.

CERF's truly global reach makes it a unique, effective and efficient funding mechanism for enabling life-saving humanitarian action worldwide. CERF funding in 2015 allowed for the provision of life-saving assistance to the victims of humanitarian emergencies in 45 countries across all continents. Crises with the highest numbers of people benefiting from CERF-funded projects included the conflict in the Syrian Arab Republic, El Niño-induced drought in Ethiopia, the conflict in Ukraine, the protracted crisis in the Republic of Sudan, conflict in Yemen and the devastating earthquake in Nepal.

Several crises triggered large movements of people across borders, resulting in massive humanitarian needs in neighbouring countries. CERF responded to these

needs regionally, providing funding for life-saving action in Egypt, Iraq, Jordan, Lebanon, the Syrian Arab Republic and Turkey in response to the Syrian crisis. Similarly, Cameroon, Chad, Niger and Nigeria received funds in response to humanitarian needs linked to the activities of Boko Haram. Likewise, the Democratic Republic of the Congo, Rwanda, Tanzania and Uganda saw allocations in response to displacement resulting from pre-election violence in Burundi.

2015 CERF funding also allowed assistance to reach millions of people suffering the humanitarian effects of El Niño in El Salvador, Ethiopia, Haiti, Honduras, Malawi, Somalia and Zimbabwe.



Due to the high complexity and diversity of humanitarian situations as well as the multisectoral nature



A donation to CERF is a donation to the most urgent or underfunded humanitarian crises in the world. It means rapid, effective and needs-based support to refugees, IDPs and other crisis-affected people.

– Isabella Lövin, Minister for International Development Cooperation and Climate, and Deputy Prime Minister of Sweden

People reached with 2015 CERF funding by sector

SECTOR	PEOPLE REACHED in million	ADULTS in million	CHILDREN in million	FEMALE %	MALE %
 Water, sanitation and hygiene	18.7 M	10.8 M	7.9 M	52%	48%
 Health	12.8	6.2	6.6	55%	45%
 Food	10.1	4.9	5.2	51%	49%
 Protection	5.7	3.0	2.7	53%	47%
 Agriculture	3.4	1.9	1.5	48%	52%
 Shelter and non-food items	2.0	1.0	1.0	52%	48%
 Nutrition	2.0	0.5	1.5	61%	39%
 Mine action	0.9	0.4	0.5	51%	49%
 Early recovery	0.8	0.4	0.4	48%	52%
 Camp management	0.5	0.3	0.2	54%	46%
 Multi-sector	0.5	0.2	0.3	48%	52%
 Education	0.2	0.0	0.2	48%	52%

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CERF is truly global in reach and indispensable for assistance to people in need. Whenever and wherever crises strike.

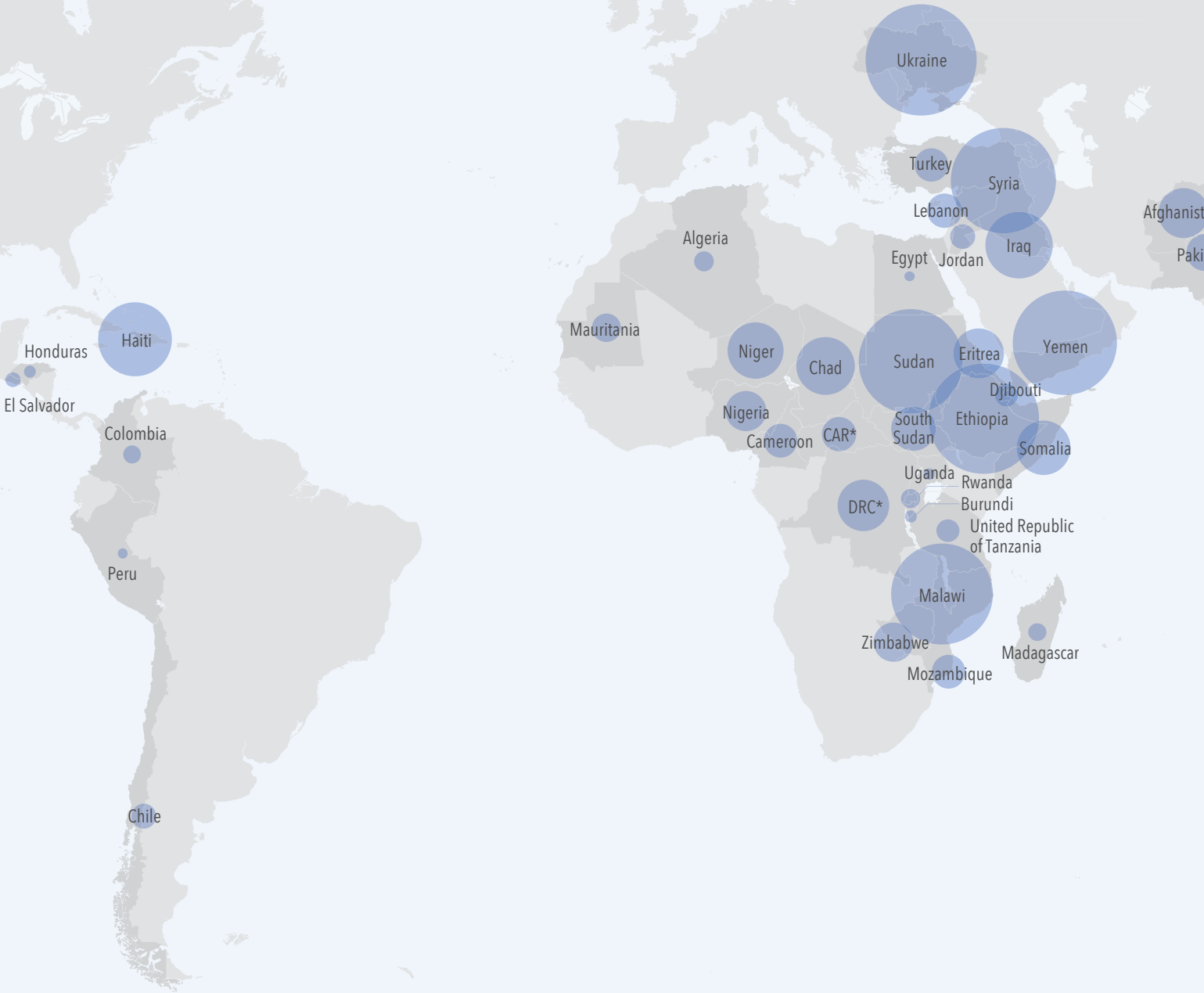
– Sigmar Gabriel, Minister for Foreign Affairs of the Federal Republic of Germany

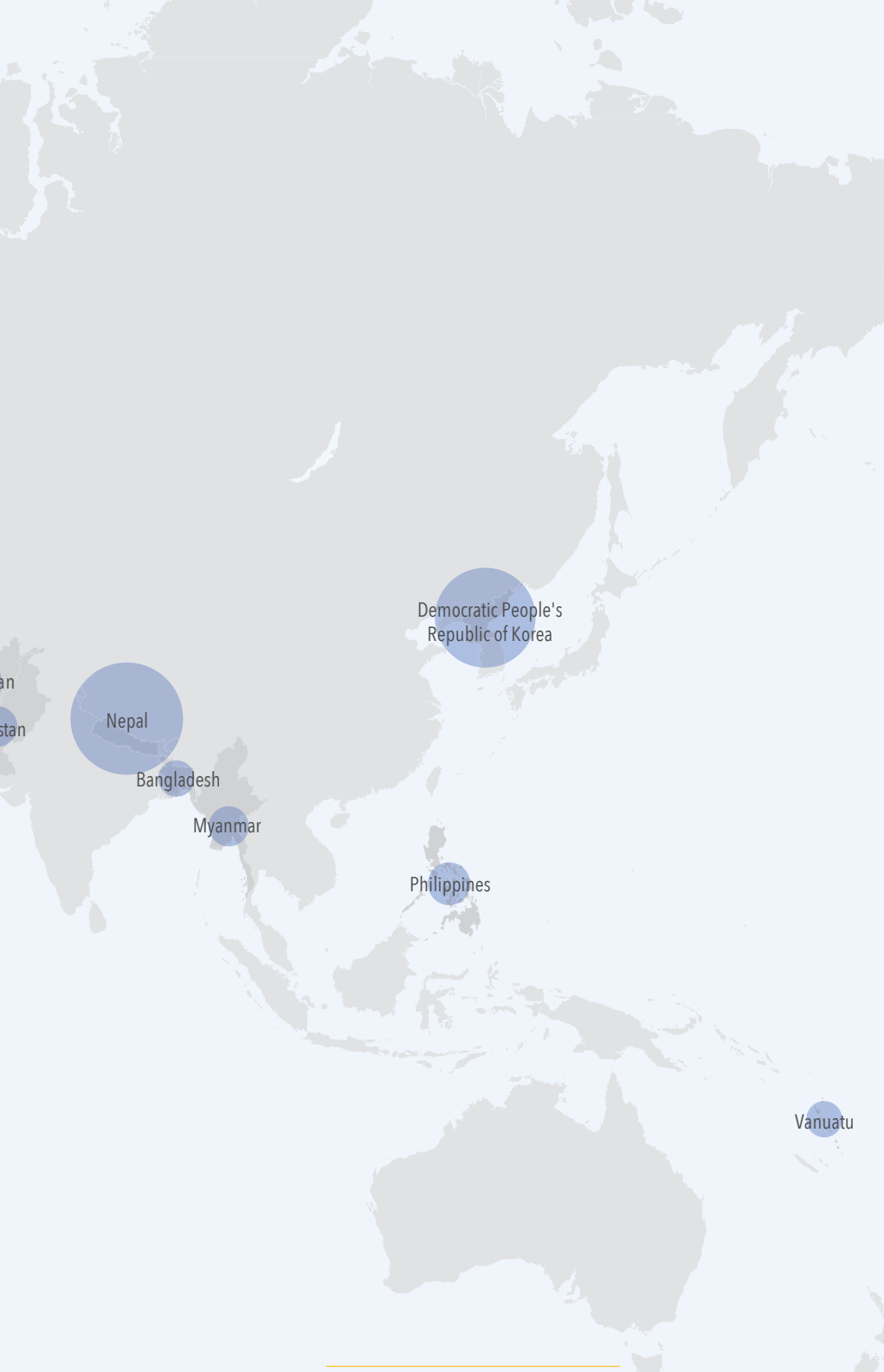
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CERF is at the forefront of humanitarian response and Norway is proud to be a top donor to the CERF. Each year, CERF and its partners provide millions of people with emergency health services, food assistance, protection, and water and sanitation.

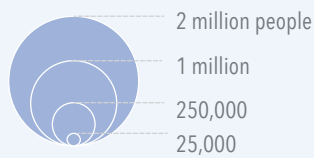
– Børge Brende, Minister of Foreign Affairs of Norway

PEOPLE REACHED WITH 2015 CERF FUNDING





Number of people reached



*CAR - Central African Republic
 DRC - Democratic Republic of the Congo

of CERF-funded assistance, the numbers of people reached with CERF funding globally can only be compiled as broad indicative estimates based on the reported data on the implementation of more than 450 different CERF-funded projects.

The cumulative totals include people reached with varied types of assistance ranging from direct targeted assistance to specific groups of affected people, to humanitarian assistance benefiting general populations of entire regions. Targeted assistance may, for instance, include the nutritional treatment of 3,028 severely malnourished children among Nigerian refugees in Cameroon. Mass-scale assistance may, on the other hand, include the chlorination of water, benefiting some 3.7 million people in response to a cholera outbreak in Tanzania.

Therefore, the global figures of people reached will vary from year to year as a reflection of the types of crises and programmes funded by CERF.

For greater detail, the key information on people reached with 2015 CERF funding is presented later in this report in the geographical sections, where the results of each CERF allocation are presented in the context of the specific humanitarian emergency.

However, the impact of CERF is not limited to the outcomes of CERF-funded projects but also reflected in the unique and efficient way in which CERF funds are allocated. To adequately illustrate the benefits and results of CERF funding, it is important to also reflect on CERF's strategic added value to humanitarian action.

CERF'S STRATEGIC VALUE ADDED BEYOND THE PROVISION OF FUNDS

CERF funds are used strategically to maximize their impact. Due to its speed of response and inclusive allocation processes, CERF adds strategic value to humanitarian action beyond the mere amount of money allocated. CERF's impact is therefore measured not only in terms of the volume of funding provided but also in the manner this funding is allocated.

CERF provides flexible funding, which is allocated in the critical moments when and where it is needed most. This makes CERF an indispensable component of global humanitarian architecture.

Consequently, CERF is often one of the first sources of funding to sudden-onset emergencies. This strengthens the humanitarian community's ability to immediately start the life-saving response, while mobilizing funding from other sources for the continuation or expansion of aid delivery.



Again and again CERF funding has helped us fill critical gaps during the decisive first weeks of an emergency operation, from Syria and South Sudan to Nigeria and Burundi.

– Antonio Guterres
in his capacity as UN
High Commissioner for
Refugees

The CERF's crucial role during the Ebola virus disease outbreak in West Africa: "When commercial airlines stopped or reduced their flights to affected regions, it was the CERF that was instrumental in WFP's ability to maintain the Humanitarian Air Services that kept vital medical personnel and supplies flowing."

– Ertharin Cousin in her capacity as Executive Director of the World Food Programme

The CERF has been particularly helpful for us because it helped us get up and running quickly. I didn't have to go knocking on doors in donor capitals when the crisis broke because I knew there was money one phone call away.

– Toby Lanzer in his capacity as Humanitarian Coordinator South Sudan

Due to CERF's speed of response, humanitarian organizations can receive assurance of CERF funding within hours of the onset of humanitarian disasters. For instance, CERF committed \$15 million for critical humanitarian action within 48 hours of the earthquake in Nepal in 2015.



Support to funding mechanisms such as the Central Emergency Response Fund (CERF) is welcome as a means to provide fast, predictable and flexible funding to UN agencies.

– High-Level Panel on Humanitarian Financing

Funding reforms have focused on improving the speed of financing flows. Individual donors have put in place rapid drawdown mechanisms with pre-approved partners to speed the disbursement of funds, and the UN CERF Rapid Response window has significantly improved the speed of funding at the global level.

– Future of Humanitarian Financing Report

Measuring CERF's added value

To gauge CERF's added value beyond simply being the source of funding, RC/HCs and HCTs are asked to assess CERF's contribution to the following four objectives in their reports on the use of CERF funds:

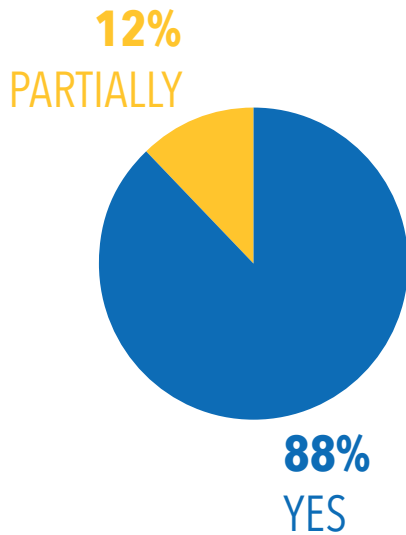
- Fast delivery of assistance to people in need
- Better response to time-critical humanitarian needs
- Improved coordination among humanitarian community
- Leveraging additional resources from other sources

Against each objective, RC/HCs provide a rating along with a narrative justification.

Various other sources have also provided evidence on CERF's added value in these four areas.



Did CERF funds lead to fast delivery of assistance to beneficiaries?



The 2015 RC/HC reports on the use of CERF funds strongly confirmed CERF’s important strategic role in improving the humanitarian system’s ability to start life-saving response in a timely way following the onset of an emergency. Eighty-eight per cent of 2015 reports indicated that CERF funding led to the fast implementation of humanitarian response, while the remaining reports indicated that CERF partly led to the fast implementation of humanitarian response.

The CERF allocation was the first contribution received by WFP to respond to the severe drought that was affecting the country and pushing people deeper into hunger.

– *Haiti RC/HC Report*

CERF funding was the first external funding made available for the rapid procurement of life-saving supplies, which was instrumental in the delivery of Emergency Shelter Kits to affected communities. These kits provided much needed protection during the early phase of the response.

– *Myanmar RC/HC Report*

The CERF contribution was one of the first to arrive and it allowed organizations to respond quickly [...]. UN agencies and NGOs came together to develop joint plans and scale up coordinated emergency nutrition interventions.

– *Zimbabwe RC/HC Report*

Overall, the CERF acted as a primary driver for launching strategic emergency response and was timelier funding than bilateral humanitarian donors and other pooled funds

– *Mozambique RC/HC Report*

CERF funding allowed UNHCR to start immediate implementation of activities, while other donors required more time [...].

– *Yemen RC/HC Report*

When the floods occurred there were many efforts to mobilize funds and many agencies received pledges but not actual contributions. As such, it would be impossible to commence the implementation of humanitarian assistance. However, with CERF funds agencies were able to kick-start the response. Delays in the availability of funds would have resulted in outbreaks of water related diseases [...] following the devastating floods.

– *Malawi RC/HC Report*

The CERF funding allowed timely response to the critical needs of children as it enabled the procurement of therapeutic foods, which in turn allowed for prompt admission of identified cases and quick treatment.

– *Nigeria RC/HC Report*

CERF contributed to ensuring the maximum delivery of humanitarian assistance in very challenging security situation with ongoing combat operations. CERF funding enabled early deployment of security personnel, setting up of humanitarian hubs and conducting field missions, which was critical in accessing beneficiaries.

– Yemen RC/HC Report

The CERF funds were used to address time critical needs such as the provision of much needed stock feed during the dry season before the start of the rains. It also supported the provision of cropping inputs in time for planting.

– Zimbabwe RC/HC Report

FAO's CERF funding supplemented early food security interventions by the Government. This timely CERF intervention significantly contributed to curtailing early migration, which could have resulted in loss of livestock - the backbone of the pastoral and agro-pastoral communities.

– Ethiopia RC/HC Report

The CERF allocation was provided at a crucial time when agencies and partners were struggling to cope with the enormous humanitarian needs and where a cholera outbreak among the refugees required immediate intervention.

– Tanzania RC/HC Report

CERF intervened during the most at risk period for cholera transmission and significantly contributed to controlling the outbreak.

– Haiti RC/HC Report

Without CERF funding, more than 65,000 households would have reverted to distress coping mechanisms, such as selling their productive assets, which would have resulted in displacement and increased malnutrition.

– Ethiopia RC/HC Report

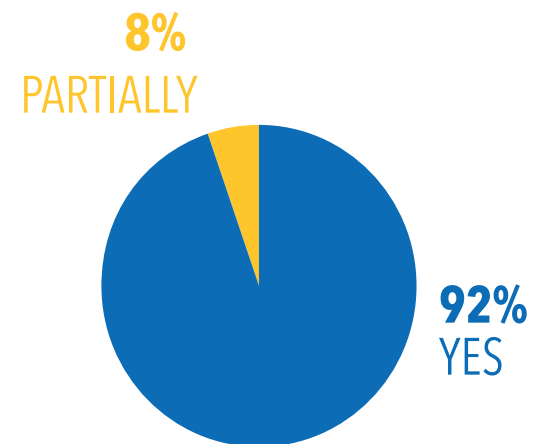
All agencies agreed that CERF funding allowed for the continuation of essential life-saving projects, without which many would have had to be reduced.

– DPRK RC/HC Report

Speed is often critical in humanitarian action but the humanitarian community's ability to meet time-critical needs is equally important. These are the needs within the overall humanitarian response that must be addressed at a specific time to minimize human suffering and reduce the loss of lives and livelihoods, e.g., providing agricultural inputs to a population affected by a food crisis before the planting season.

As a global humanitarian funding mechanism, CERF can be called on by partners to address humanitarian consequences at any time when needs arise. Combined with its flexibility and quick response time, this makes CERF a unique resource for the humanitarian community in responding to time-critical needs anywhere in the world.

Did CERF funds help respond to time-critical needs?



The 2015 RC/HC reports reaffirmed CERF's important contribution to the humanitarian system's ability to respond to such needs. Ninety-two per cent of reports indicated that CERF funds helped respond to time-critical needs, while the remaining reports indicated that CERF funds partly did so.

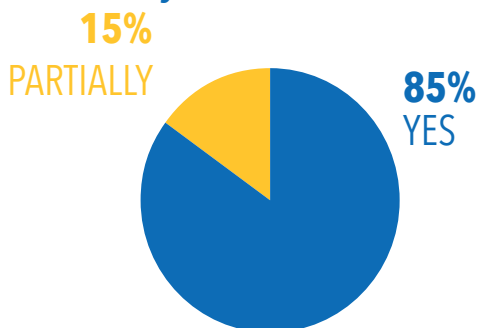


Apart from providing timely and flexible funding, CERF processes are also designed to strengthen humanitarian leadership, improve coordination among humanitarian actors and increase coherence of the response. Unlike the majority of bilateral funding that focuses on agencies' individual outputs, CERF funding is designed to enable the humanitarian community's joint response towards achieving collective outcomes.

This strategic added value is achieved through inclusive CERF allocation processes carried out by HCTs and clusters with the participation of country-level humanitarian actors. CERF's reliance on HCTs and clusters for prioritizing funding gives incentives to humanitarian actors to participate in these forums and strengthens the lead roles of RC/HCs and cluster leads.

Once the strategic priorities are defined and projects are prioritized, they are compiled into a consolidated application to the ERC for CERF funding on behalf of the country-level humanitarian community. This process ensures that CERF funds are implemented by humanitarian actors in a coordinated manner according to a coherent strategy. Furthermore, the implementation of CERF funding is later reviewed and reported on jointly by implementing organizations.

Did CERF improve coordination among the humanitarian community?



The 2015 RC/HC reports strongly confirmed CERF's important strategic role in strengthening coordination among the humanitarian community in emergency response. Eighty-five per cent of reports stated that CERF improved coordination among the humanitarian community, while the remaining reports said it did so partly.

As a result of CERF funding, the humanitarian inter-sector coordination forum was established, which initially brought the CERF funded sectors together to provide updates on project implementation status. With the increase in needs and the added value that general humanitarian coordination had within the country, additional sectors joined the inter-sector forum [...].

– Zimbabwe RC/HC Report

Together with the Country Based Pooled Fund, CERF is the only mechanism that puts together all actors in each sector around the same table to define needs, identify gaps, avoid duplication and define the projects needed.

– CAR RC/HC Report

One of the key impacts of the CERF funding was an improvement of the coordination amongst the humanitarian community. CERF funds were critical to coordinate sector contributions and to prioritize humanitarian requirements among UN agencies.

– Algeria RC/HC Report

In preparing the CERF proposal, the health and nutrition clusters were brought together within days of the emergency to design and coordinate immediate life-saving interventions. The recipients of CERF funds then worked closely with NGOs and other implementing partners to execute their plans of action. This improved coordination mechanisms, resource utilization and led to avoiding duplications of services among partners.

– Vanuatu RC/HC Report

CERF has substantially contributed to improving coordination at all levels among UN agencies, local NGOs, Government, local authorities, health centres and other stakeholders [...].

– Honduras RC/HC Report

With funding from CERF, an integrated cluster approach particularly at regional level was ensured, which improved the ability to respond decisively and effectively.

– Ethiopia RC/HC Report

Due to the nature of CERF funding, which require joint proposals from different protection actors, CERF helped strengthen inter-agency collaboration through joint agreements on thematic and geographical areas of coverage and led to improved communication and collaboration at field level.

– Somalia RC/HC Report

The effective complementarity between the CERF rapid response grant and DRC Humanitarian Fund reserve allocation supported the response by ensuring good coverage of priority needs and an efficient division of labour between actors.

– DRC RC/HC Report

The CERF funds enhanced visibility of the ongoing influx of refugees from the Republic of Sudan, which has often been overshadowed by the enormous humanitarian needs related to conflict within South Sudan. The funding gave additional impetus to dialogue with donors about support for refugees in 2016.

– South Sudan RC/HC Report

UN Agencies were positive about CERF’s ability to leverage other donor funding i.e. donors were perceived to look more favourably on programmes running with seed funding rather than those which had yet to commence.

– Iraq PAF Review

CERF funding was instrumental in kick-starting life-saving assistance and thereby enabled participating agencies to demonstrate results, which helped mobilize visibility and interest for the refugee response, leading to substantial further funding.

– Rwanda RC/HC Report

By helping covering the most urgent needs, CERF funds left some time for UN agencies to approach other donors and mobilize additional funds. For example, UNICEF was able to mobilize Japanese and Swedish funds, as well as funds from the European Civil Protection and Humanitarian Aid Operations. This was achieved in part through the visibility given to the interventions funded by CERF.

– Niger RC/HC Report

Knowledge that CERF funding was on its way helped to form a wider funding and resource mobilization effort that allowed UNICEF to reach out to additional donors to raise resources for scaling up WASH response.

– Iraq RC/HC Report

UNFPA was able to utilize the project funded by CERF (with Myanmar Medical Association as the implementing partner) to mobilize additional funding from Finland and Sweden.

– Myanmar RC/HC Report

[...] CERF funding proved to be instrumental in acting as a catalyst for further resource mobilization that reached \$12 million in total for the year 2015. IOM built on the CERF fund to approach other donors and raise funds for its winterization response.

– Syrian Arab Republic RC/HC Report

[...] the implementation of the CERF project helped secure funding for two other initiatives with similar objectives in the same geographical areas.

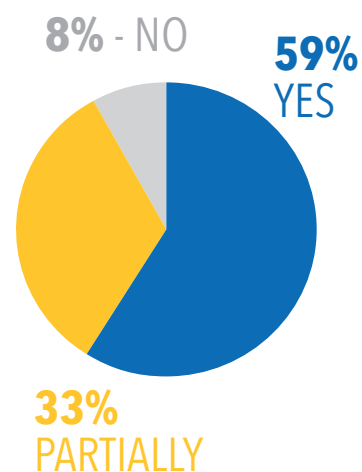
– Jordan RC/HC Report

CERF funds for education drew donors’ attention to this often neglected sector, leading to overall funding of US\$7.5 million for the sector in 2015. After the CERF grant was provided, education in emergencies was prioritized in four DRC Humanitarian Fund reserve allocations in 2015.

– DRC RC/HC Report

CERF funding can act as a catalyst that increases the profile of emergencies and boosts donor confidence in the humanitarian community’s ability to respond. There are numerous examples whereby CERF funded a rapid commencement of life-saving response, which attracted additional funding from other sources for the continuation or expansion of ongoing activities. Similarly, allocations through the CERF Underfunded Emergencies Window are used as an advocacy tool at the global level to bring attention to severely underfunded emergencies.

Did CERF help improve resource mobilization from other sources?



CERF’s role in leveraging additional funding can be difficult to assess, but 59 per cent of 2015 RC/HC reports on the use of CERF funding stated that CERF funds helped improve resource mobilization from other sources. Thirty-three per cent of the reports indicated that CERF had partially helped improve resource mobilization.

REGIONAL AND COUNTRY OVERVIEWS

2015 CERF country allocation profiles

Country	Allocations		Allocation window		Emergency types				Beneficiary profile			Regional and interconnected allocations				Cash-based assistance included	Page number
	Amount - in US\$million	Number of allocations	Rapid response	Underfunded emergencies	Conflict related	Natural disaster	Disease outbreaks	Other	Refugees	IDPs	Host communities and other affected people	Syria crisis	Boko Haram related	Burundi displacement	El Niño effects		
Afghanistan	13.8	2	•	•	•	•			•	•	•					•	20
Algeria	5.1	1	•			•			•								38
Bangladesh	3.0	1		•	•				•		•						21
Burundi	2.5	1	•		•						•						56
Cameroon	14.1	2	•		•				•	•	•		•			•	44
CAR	11.6	1	•		•					•	•					•	50
Chad	16.5	3	•	•	•				•	•	•		•			•	50
Chile	0.8	1	•			•				•	•						74
Colombia	3.0	1		•	•					•	•						74
DPRK	8.3	2	•	•		•		•			•						22
DRC	14.8	2	•	•	•				•	•	•			•			52
Djibouti	3.0	1		•		•			•		•						57
Egypt	3.5	1		•	•				•			•				•	39
El Salvador	2.7	1	•			•					•			•		•	75
Eritrea	3.0	1		•		•			•		•					•	57
Ethiopia	27.0	2	•	•		•			•		•			•		•	58
Haiti	9.2	3	•					•		•	•			•		•	75
Honduras	2.2	1	•			•					•			•		•	76
Iraq	12.5	2	•	•	•		•		•	•	•	•				•	30
Jordan	9.0	1		•	•				•		•	•				•	31
Lebanon	18.0	1		•	•				•		•	•				•	32
Madagascar	2.3	1	•			•					•						66

Country	Allocations		Allocation window		Emergency types				Beneficiary profile			Regional and interconnected allocations				Cash-based assistance included	Page number
	Amount - in US\$ million	Number of allocations	Rapid response	Underfunded emergencies	Conflict related	Natural disaster	Disease outbreaks	Other	Refugees	IDPs	Host communities and other affected people	Syria crisis	Boko Haram related	Burundi displacement	El Niño effects		
Malawi	17.0	2	•			•			•	•				•		66	
Mauritania	2.5	1	•			•				•						45	
Mozambique	4.0	2	•			•	•			•	•					67	
Myanmar	15.8	3	•	•	•	•			•	•					•	23	
Nepal	19.1	3	•			•			•	•						24	
Niger	13.7	2	•		•			•	•	•		•			•	45	
Nigeria	9.9	1	•		•				•	•		•			•	46	
Pakistan	11.0	1	•		•				•	•					•	24	
Peru	0.9	1	•			•			•	•						77	
Philippines	1.5	1	•			•				•						25	
Sudan	24.2	3	•	•	•		•	•	•	•					•	39	
Rwanda	10.5	2	•	•	•			•		•			•		•	59	
Somalia	25.3	2	•	•	•	•		•	•	•				•	•	60	
South Sudan	13.4	3	•		•		•	•	•	•						61	
Syria	30.0	1		•	•			•	•	•	•				•	32	
Tanzania	9.2	2	•		•		•	•		•			•			68	
Turkey	9.0	1		•	•			•			•				•	33	
Uganda	3.2	1	•		•			•		•			•			62	
Ukraine	4.9	1	•		•				•	•						78	
Vanuatu	5.0	1	•			•			•	•						25	
Yemen	44.3	4	•		•				•	•					•	33	
Zimbabwe	8.1	1	•			•				•				•		69	

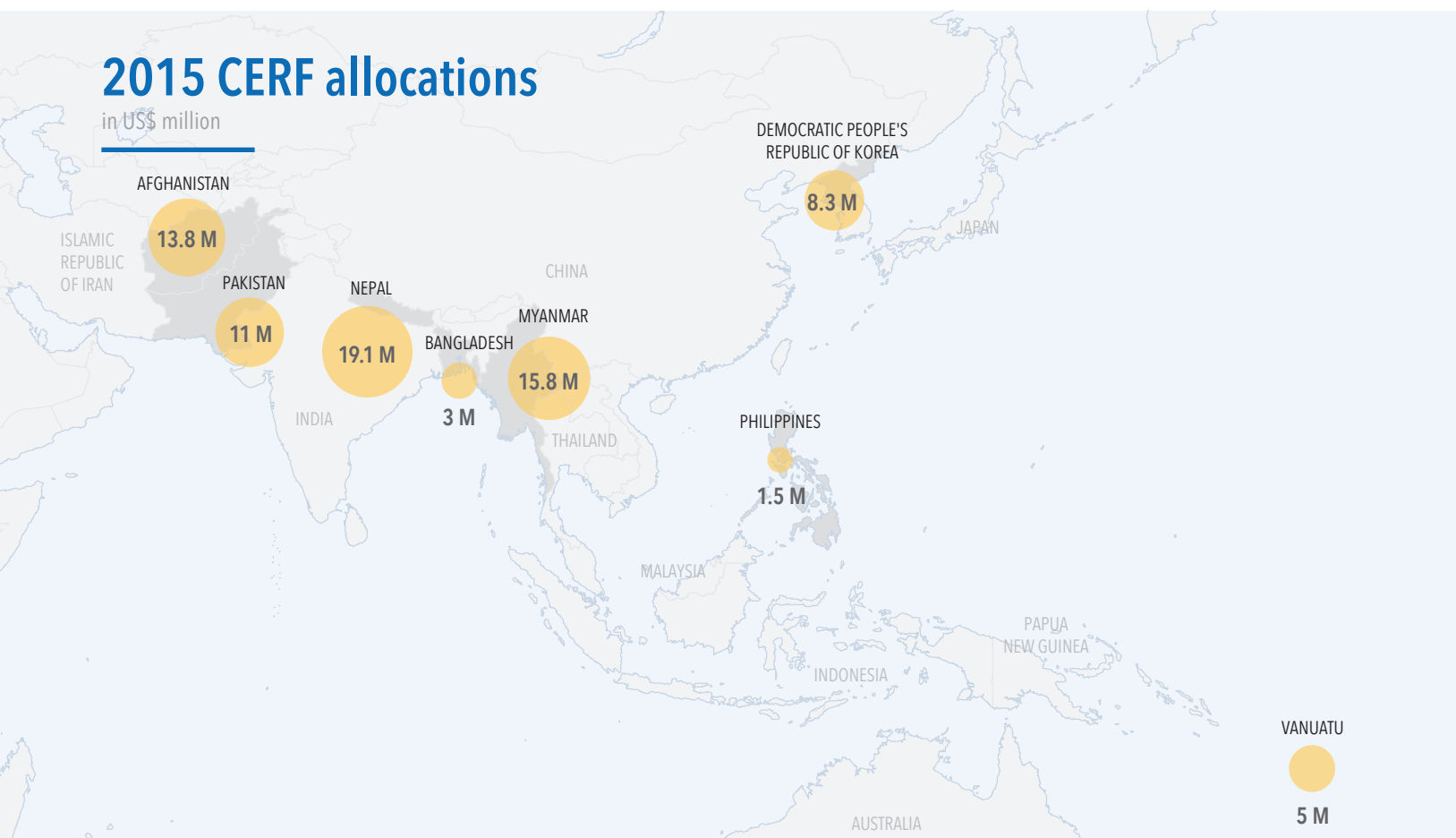


Displaced child after the earthquake in Kathmandu.
© UNHCR/Brian Sokol

ASIA & THE PACIFIC

2015 CERF allocations

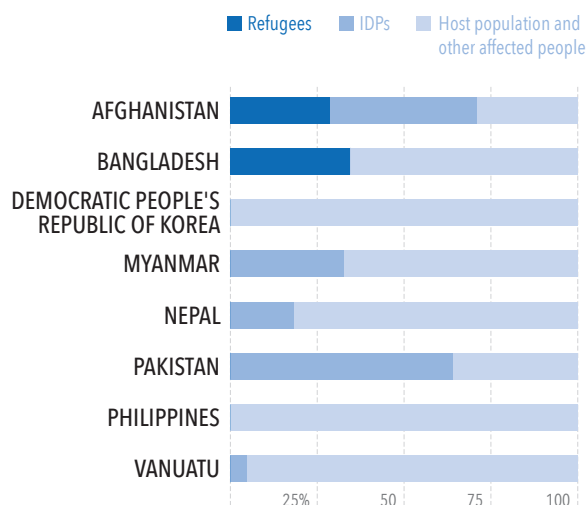
in US\$ million



Number of people reached

	Agriculture	Camp mgt.	Early recovery	Education	Food	Health	Mine action	Multi-sector	Nutrition	Protection	Shelter and NFIs	WASH
Afghanistan	222,955	-	-	-	162,026	139,794	-	26,046	-	6,196	14,016	-
Bangladesh	-	-	-	-	-	183,934	-	-	77,031	28,194	-	89,446
DPRK	156,000	-	-	-	-	-	-	-	394,516	-	-	1,210,060
Myanmar	104,728	193,900	-	-	643,629	567,270	-	-	11,454	257,173	361,449	233,509
Nepal	-	-	-	-	727,766	1,459,900	-	-	-	2,180,949	409,843	378,314
Pakistan	-	-	-	14,620	294,743	188,269	-	-	86,745	68,679	105,000	68,812
Philippines	113,500	-	-	-	-	212,000	-	-	-	-	-	-
Vanuatu	48,694	-	-	61,353	77,000	230,405	-	-	-	-	15,761	45,500
Total	645,877	193,900	-	75,973	1,905,164	2,981,572	-	26,046	569,746	2,541,191	906,069	2,025,641

Profile of people reached



In 2015, CERF allocated **\$68 million** to provide life-saving humanitarian assistance to victims of conflicts and natural disasters in the Asia and the Pacific region.

Of that amount, **\$39 million** was for rapid life-saving response to natural disasters, namely to an earthquake that affected 5.4 million people in Nepal; floods that displaced an estimated 1.7 million people in Myanmar; drought that led to severe malnutrition in the Democratic People's Republic of Korea (DPRK); and cyclones that caused widespread destruction and displacement in the Philippines and Vanuatu.

Another **\$11 million** provided life-saving assistance to 300,000 returnees displaced due to conflicts in Pakistan. And a further **\$18 million** sustained ongoing but critically underfunded life-saving humanitarian operations in Afghanistan, Bangladesh, DPRK and Myanmar.

AFGHANISTAN

Allocation	\$8 million - October 2015 Underfunded emergencies
Emergency Type	Conflict related
Beneficiary Type	Refugees, IDPs, host communities and other
Implementing organizations	IOM, UNFPA, UNHCR, UNICEF, WFP, WHO 1 international NGO

The 2015 Humanitarian Needs Overview for Afghanistan identified approximately 7.4 million people who needed humanitarian assistance due to conflicts, large-scale displacement, poverty and natural disasters. The humanitarian response in the first half of 2015 was shaped by the intensification of armed conflict resulting in 4,921 civilian casualties and a surge in displacement. Women faced additional concerns, such as rising incidents of rape, poor access to services, lack of female health-care personnel and psychosocial stress. The ongoing conflict and displacement often interrupted school attendance, leading to an increase in child labour and other protection concerns.

In response to increased humanitarian needs and severe funding shortages, CERF provided **\$8 million** to Afghanistan in 2015 from its Underfunded Emergencies Window. This urgently needed funding allowed UN agencies and partners to provide food for **157,165 Pakistani refugees**; improved access to emergency medical care for **117,720 vulnerable people**; comprehensive multisectoral assistance for **26,046 returning refugees** (including through cash to 7,530 returnees); and emergency relief items for **14,016 IDPs**.

AFGHANISTAN

Allocation	\$6 million - December 2015 Rapid response
Emergency Type	Conflict related
Beneficiary Type	IDPs, host communities and other
Implementing organizations	FAO, UNFPA, WFP, WHO 4 international NGOs 2 Government entities 1 Red Cross/Crescent society

Armed clashes between the Afghan Government forces and non-state armed groups in Kunduz, which took place from 28 September to 15 October 2015, resulted in some of the most intense fighting in Afghanistan since 2001. The aggressive campaign by non-state actors in Kunduz city and several other provincial centres (from Ghazni in the south to Maimana in the north) wreaked havoc, caused deaths and injuries, and provoked the widespread displacement of at least 16,800 families. The Kunduz regional airport, health facilities and schools were closed, while water, electrical and communication services were disrupted, which forced the evacuation of humanitarian personnel.

The crisis was followed by a devastating 7.5-magnitude earthquake, which struck the north and north-east of the country on 26 October. At least 15 provinces were affected and 136,967 people needed humanitarian assistance. Reports from joint assessments indicated that 117 people were killed, 544 people were injured, 12,794 houses were damaged and 7,384 were destroyed.

Resources were already extremely stretched due to the ongoing conflicts across the country, natural disasters and pressing needs for winterization. Therefore, the humanitarian community appealed to CERF for urgent support. CERF provided **\$5.8 million** from its Rapid Response Window for immediate life-saving assistance to the most vulnerable people affected by both crises. This funding allowed UN agencies and partners to provide food for **201,605 people**; agricultural inputs for **3,050 families**; trauma care for **26,124 patients**; psychosocial support for **4,680 patients and caregivers**; and access to life-saving emergency services for **8,635 survivors of gender-based violence (GBV)**.

BANGLADESH

Allocation	\$3 million - November 2015 Underfunded emergencies
Emergency Type	Conflict related
Beneficiary Type	Refugees, host communities and other
Implementing organizations	IOM, UNFPA, UNHCR, UNICEF, WFP 5 national/local NGOs 3 international NGOs 4 Government entities

The Cox's Bazar district of Bangladesh, one of the country's most vulnerable regions, hosted approximately 33,000 Rohingya refugees from Myanmar in two refugee camps. There were also an estimated 300,000 to 500,000 Rohingya living outside the official camps in makeshift settlements or host communities. This population did not have a legal status and lived mostly in dire conditions. Protection for Rohingya refugees in the makeshift settlements and host communities, particularly for children and women, was an urgent humanitarian priority. Their undocumented status exposed them to a greater risk of violence, abuse and exploitation, including trafficking and unsafe migration. The prevalence of acute malnutrition in both refugee camps was very high (12.5 per cent). According to WFP, only 51 per cent of households in the official camps had an acceptable Food Consumption Score.

Due to low international donor funding and critical humanitarian needs, CERF provided **\$3 million** from its Underfunded Emergencies Window to Bangladesh to sustain life-saving humanitarian activities. This funding allowed UN agencies and partners to provide protection and psychosocial support for **16,334 children**; a life-skills-based education programme for **2,435 adolescents**; treatment at inpatient facilities for **707 children** with severe malnutrition; micronutrient powder for **3,977 malnourished children**; access to improved water and sanitation services for **89,446 people**; high-quality sexual and reproductive health and HIV information and services for **24,850 people**; and improved access to health services for **183,934 people**.

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Allocation	\$2 million - March 2015 Underfunded emergencies
Emergency Type	Multiple
Implementing organizations	FAO, UNICEF, WFP, WHO

In 2015, DPRK continued to be an underfunded humanitarian situation with widespread chronic food insecurity. Out of a total population of 25 million, 18 million people were chronically food insecure and lacked nutritional diversity. A further 6 million people did not have access to essential health services and 7 million people could not access clean water and proper sanitation. Pregnant and lactating women and children under age 5 (2.4 million people) were especially vulnerable to undernutrition and the lack of basic health services.

Given the critical humanitarian needs and lack of sufficient donor funding, CERF provided \$2 million from its Underfunded Emergencies Window to UN humanitarian programmes in DPRK in March 2015 to sustain the delivery of life-saving assistance. This allowed UN agencies and partners to provide treatment for **6,000 severely malnourished children under age 5**; fortified cereal for **234,617 children under age 5**; micronutrient powder for **20,000 children aged between 6 and 23 months**; multi-micronutrient tablets for **20,000 pregnant and lactating women**; and soybean seeds and plastic sheets for **80,000 vulnerable households (156,000 people)** to boost their agricultural production.

Allocation	\$6.2 million - August 2015 Rapid response
Emergency Type	Natural disaster
Implementing organizations	UNICEF, WFP, WHO 1 Government entity

DPRK suffered an extended period of abnormally dry weather in 2014 and 2015, resulting in repeated droughts. In May 2015, the total recorded precipitation was 57 per cent below average. The decreased water volume in dams, rivers and underground reservoirs led to a 30 per cent increase in the incidence of waterborne diseases, including a steep increase in diarrhoea among children under age 5. Diarrhoea directly contributes to increased rates of malnutrition. The total number of children under age 5 treated in the nationwide acute malnutrition programme increased to 30,158 from 26,407 the previous year. By June 2015, the Government had recognized that the severity and scale of the drought were exceeding national capacity. It approached the UN for assistance to respond to the urgent needs of people in the most affected areas.

In response, CERF allocated **\$6.3 million** in Rapid Response grants to UN agencies for immediate humanitarian action. This allowed UN agencies and partners to provide treatment for **12,000 children** under age 5 with severe acute malnutrition; 60 new Community Management of Acute Malnutrition service-delivery sites; fortified blended food for **78,312 malnourished children** and **23,587 pregnant and breastfeeding women**; and supplies for household water treatment and safe storage for **280,000 families (1,210,060 people)**.

MYANMAR

Allocation	\$10.4 million - August 2015 Rapid response	\$
Emergency Type	Natural disaster	
Beneficiary Type	IDPs, host communities and other	
Implementing organizations	FAO, IOM, UNFPA, UNHCR, UNICEF, WFP, WHO 19 national/local NGOs 18 international NGOs 4 Government entities	

Myanmar experienced devastating flooding across 12 of its 14 regions in July 2015. According to the National Natural Disaster Management Committee, 132 people were killed and an estimated 1.7 million people were displaced. A total of 487,550 houses were heavily damaged with a further 38,951 destroyed. More than 1.1 million acres of farmland were inundated, of which 872,000 were destroyed. Damage to crops and arable land disrupted the planting season, which negatively affected the long-term food security. On 31 July 2015, the President of Myanmar declared Chin and Rakhine States and Magway and Sagaing regions natural disaster zones.

CERF provided **\$10.4 million** through two Rapid Response allocations for immediate life-saving humanitarian response. This funding allowed UN agencies and partners to provide psychosocial support, family reunification, and protection from abuse, violence and exploitation for **73,363 children**; access to safe water, sanitation and hygiene facilities for **201,765 people**; strengthened medical services benefiting an estimated **200,000 people**; rapid GBV response services for **13,909 displaced women and girls**; basic medical and reproductive health-care services for **66,353 people**; emergency shelters for **57,372 people** (including through cash assistance to 4,300 IDPs); emergency food assistance for an estimated **208,673 people**; and emergency livelihoods kits for **52,364 people**, allowing for the resumption of agricultural production.

Allocation	\$5.4 million - October 2015 Underfunded emergencies	
Emergency Type	Conflict related	
Beneficiary Type	IDPs, host communities and other	
Implementing organizations	FAO, IOM, UNFPA, UNHCR, UNICEF, WFP, WHO 9 national/local NGOs 10 international NGOs 2 Government entities 1 Red Cross/Crescent society	

In 2015, significant humanitarian needs continued in Myanmar. Intercommunal violence in Rakhine State and unresolved conflict in Kachin and Shan States affected an estimated 536,400 people. Of these people, some 202,569 were internally displaced and dependent on humanitarian assistance to meet their basic needs. The protracted displacement also had an adverse effect on already strained host communities and scarce resources.

Due to critically low donor funding to Myanmar in 2015 and the continuation of large-scale humanitarian needs, CERF provided an additional **\$5.4 million** from its Underfunded Emergencies Window to sustain ongoing life-saving operations. This funding allowed UN agencies and partners to provide strengthened child-protection mechanisms benefiting **69,470 children** exposed to violence; a water supply, latrines and hygiene materials for **31,744 displaced people**; therapeutic care for **4,608 severely malnourished children** under age 5; nutritious food for **2,027 malnourished children**; general food assistance for **127,312 people**; agricultural inputs for **21,607 people**, allowing for the improvement of agricultural production; case management of GBV survivors and GBV-related health services benefiting **6,459 people**; access to life-saving reproductive health services benefiting **9,893 people**; and 365 new temporary shelters for **1,825 displaced people**.

NEPAL

Allocation	\$19 million - May 2015	Ⓢ
	Rapid response	
Emergency Type	Natural disaster	
Beneficiary Type	IDPs, host communities and other	
Implementing organizations	IOM, UNFPA, UNICEF, WFP, WHO	
	14 national/local NGOs	
	5 international NGOs	
	2 Government entities	
	1 Red Cross/Crescent society	

On 25 April, a 7.8-magnitude earthquake struck Nepal, causing thousands of casualties and large-scale destruction. Strong aftershocks continued to threaten the lives of thousands of people and further damage buildings and infrastructure. On 12 May, another 7.3-magnitude quake hit the region and worsened the humanitarian situation. According to the Government, as of 29 April 2015, the earthquake had caused 5,006 deaths and large-scale displacement. More than 600,000 houses were destroyed and 288,000 were damaged. Up to 90 per cent of health facilities in rural areas were damaged, while hospitals in district capitals, including Kathmandu, were overcrowded and lacked supplies. Based on the initial assessment, WFP estimated that 1.4 million people needed food assistance. Moreover, the usual water transport by trucks to many areas had been interrupted, resulting in a water shortage, and many wells were damaged, leading to fears of waterborne diseases.

In response, CERF immediately allocated **\$19.1 million** in three Rapid Response grants for urgent life-saving action. This funding allowed UN agencies and partners to provide shelters and emergency items for **350,410 people**; food for **206,180 people**; access to water, sanitation and hygiene for **378,315 people**; hygiene kits for **47,378 people**; re-established essential health-care services benefiting **1,460,000 people**; and protection for **158,478 children**.

PAKISTAN

Allocation	\$11 million - October 2015	Ⓢ
	Rapid response	
Emergency Type	Conflict related	
Beneficiary Type	IDPs, host communities and other	
Implementing organizations	UNFPA, UNHCR, UNICEF, WFP, WHO	
	20 national/local NGOs	
	2 Government entities	

Since 2008, more than 5 million people have been displaced from the Federally Administered Tribal Areas due to security operations against non-State armed groups. Nearly 3 million people had fled the north-west areas of Pakistan at the peak of the crisis in April/May 2009. At the end of 2014, the Government of Pakistan had established a plan to facilitate the return of nearly 1 million people before the end of 2015 and the return of an equal number in 2016. By December 2015, some 678,900 people had returned to their areas of origin. However, their situation in return sites remained dire. An inter-cluster assessment mission noted that 80 to 90 per cent of the houses were either damaged or destroyed, as they had been abandoned since 2009. The assessment also indicated that almost 75 per cent of the total returnee population were women and children. A massive increase in the number of returns occurred in the summer and autumn of 2015, which was greater than the ability of the Government and the humanitarian community to support. This resulted in a drastic deterioration of the humanitarian situation among the returning population.

To protect the lives of the returning population, CERF allocated **\$11 million** for rapid humanitarian response. This critical funding allowed UN agencies and partners to provide emergency food for **294,744 people**; treatment for **3,032 severely malnourished children** under age 5; nutrition services benefiting **49,118 of the most disadvantaged children and women**; access to primary health care for **137,613 people**; protection for **34,167 women and children** through community emergency services; access for **14,202 people** to maternal, newborn, child and reproductive health services; GBV prevention-and-response services benefiting **21,739 people**; access to safe drinking water and appropriate sanitation for **68,812 people**; emergency shelters, core relief items and winter clothes benefiting **105,000 people**; and cash assistance to **2,189 returnees**.

PHILIPPINES

Allocation	\$1.5 million - December 2015 Rapid response
Emergency Type	Natural disaster
Implementing organizations	FAO, WHO 1 national and local NGO 2 international NGOs

Typhoon Koppu made landfall in Aurora Province in the Philippines on 18 October 2015, causing widespread flooding and landslides. The Government reported that 713,000 people were displaced and 9,000 were hosted in evacuation centres. More than 460,000 hectares of rice, corn and high-value crops were affected, with a combined production loss approaching 600,000 metric tons. Agriculture and health assessments indicated severe damage to crops and health threats, which created large humanitarian needs.

In response, CERF allocated **\$1.5 million** from its Rapid Response Window for life-saving humanitarian action. This funding allowed UN agencies and partners to provide access to essential health services for **212,000 people** at risk; nutritional screenings for **6,889 children** under age 5; treatment for **35 identified cases of severe malnutrition**; and rice seeds, vegetable seeds and fertilizers for **22,700 families (113,500 people)**, allowing for the restoration of their agricultural production.

VANUATU

Allocation	\$5 million - April 2015 Rapid response
Emergency Type	Natural disaster
Beneficiary Type	IDPs, host communities and other
Implementing organizations	FAO, IOM, UNFPA, UNICEF, WFP, WHO 4 national/local NGOs 13 international NGOs 3 Government entities 1 Red Cross/Crescent society

Tropical Cyclone Pam struck Vanuatu on 13 March 2015, causing widespread damage across all six provinces of the archipelago. A state of emergency was officially declared on 21 March. An estimated 166,600 people were affected (more than 60 per cent of Vanuatu's population), making the cyclone one of the worst disasters ever to hit the Pacific region. Eleven fatalities were reported, while close to 4,000 people were residing in 30 evacuation centres on the main island of Efate. Up to 90 per cent of shelters were destroyed in Emae, Erromango and Tongoa islands. The Vanuatu Tropical Cyclone Pam Flash Appeal was launched on 24 March. It requested \$29.9 million for humanitarian response in the sectors of agriculture, education, food, health and nutrition, protection, shelter, and water and sanitation.

In response to the crisis, CERF allocated **\$5 million** from its Rapid Response Window for the immediate commencement of life-saving response. This served as a critical initial injection of funds for the flash appeal, and it allowed UN agencies and partners to provide food for **70,000 people**; access to good-quality water for **6,823 families**; sanitation and hygiene kits for **8,000 families**; agricultural inputs for **48,694 people**, allowing for the restoration of agricultural production; education support benefiting **61,353 children**; emergency shelter for **500 families** who lost their houses; restored health services benefiting **166,600 people**; measles vaccinations for **24,336 children** under age 5; and antenatal check-ups for **6,738 pregnant and lactating women**.



Nepal's earthquakes left many children homeless and without access to care.
© OCHA/Orla Fagan

CERF funds enable IOM and partners to provide urgent emergency shelter for people affected by the earthquake

Kancchi Gole remembers exactly what she was doing when Nepal's 7.8-magnitude earthquake destroyed her home in April 2015. "I was cooking that day," said the 57-year-old Nepali wife and mother, who supports her unemployed husband, an elderly brother-in-law and two blind children. "Suddenly, the earth shook heavily, causing the cooking utensils to fall to the ground. I immediately ran outside, shouted everyone's name and shouted to my husband to take the kids outside."

The earthquake in April, and a second quake in May measuring magnitude 7.3, destroyed and damaged hundreds of thousands of homes. Kancchi's was among them. "Our roof collapsed," she said. "Most of the walls cracked. There is no way that we could live in that house anymore."

The International Organization for Migration (IOM) used CERF funding to provide emergency shelter materials, kitchen supplies, hygiene kits and blankets to more than 400,000 people whose homes were damaged or destroyed. For Kancchi and her family, who were sheltering under tarpaulins in an open space near their home, the supplies arrived just in time. She explained: "Just as we thought that we wouldn't be able to go back to our old house until we received reconstruction funding from the Government, IOM came with corrugated iron sheets. This allowed us to build a temporary shelter next to our ruined house."

Her next step was clear: "My main priority is to get the house situation sorted out as soon as possible so that I can start working and feed my family."

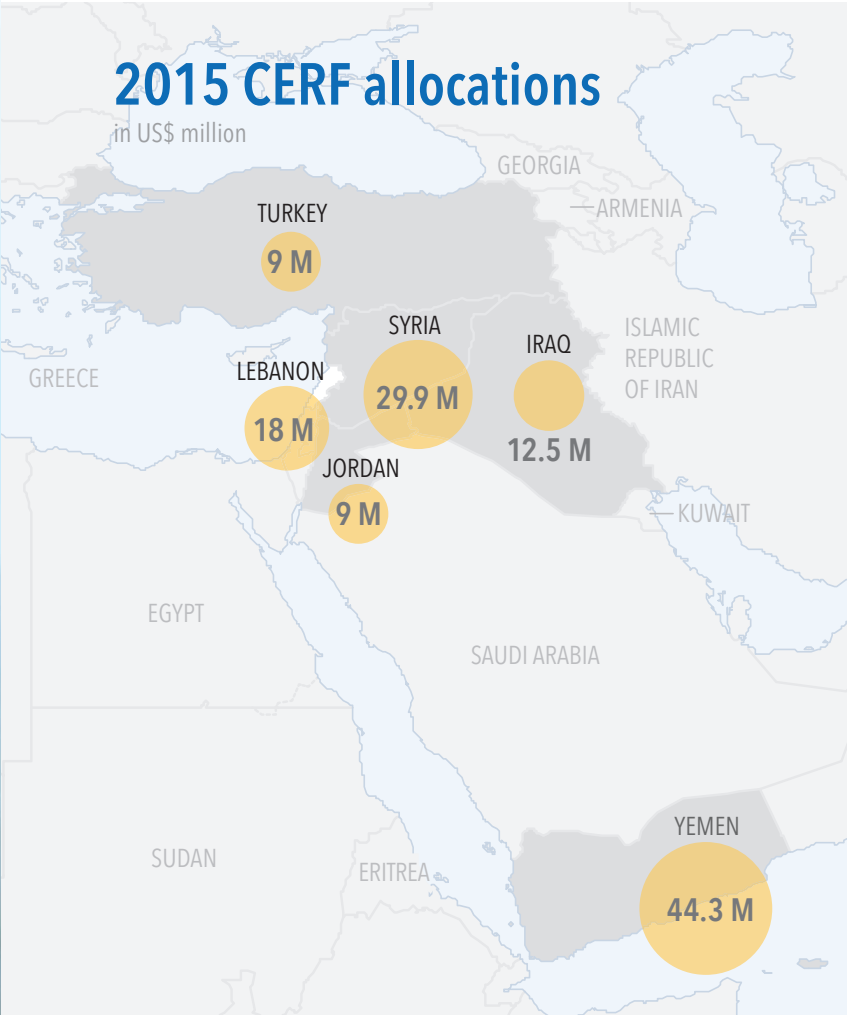


Yemeni child looks at Sana'a
after airstrike.
© UNICEF/Jaha

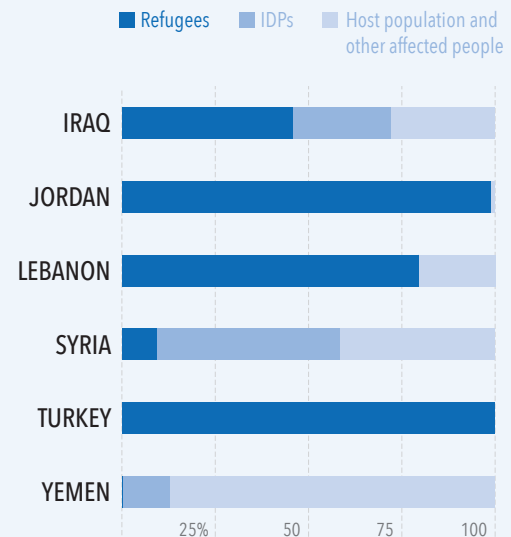
MIDDLE EAST & WESTERN ASIA

2015 CERF allocations

in US\$ million



Profile of people reached



Number of people reached

	Agriculture	Camp mgt.	Early recovery	Education	Food	Health	Mine action	Multi-sector	Nutrition	Protection	Shelter and NFI's	WASH
Iraq	31,200	-	-	-	78,712	334,271	-	-	-	27,111	-	483,559
Jordan	-	-	-	-	124,905	-	-	31,676	-	-	-	-
Lebanon	-	-	-	-	116,371	156,963	-	-	-	-	-	157,801
Syria	568,770	-	-	-	2,355,000	1,803,101	-	54,391	-	-	178,285	1,908,746
Turkey	-	-	-	-	53,849	100,000	-	-	-	39,471	68,716	-
Yemen	-	97,440	711,000	-	96,796	1,235,084	-	82,941	153,535	278,083	88,200	5,999,209
Total	599,970	97,440	711,000	-	2,825,633	3,629,419	-	169,008	153,535	344,665	335,201	8,549,315

IRAQ

In 2015, CERF allocations to humanitarian crises in the Middle East and Western Asia regions focused on supporting the regional response to the conflict in Syria and the humanitarian consequences of the conflict in Yemen.

Humanitarian needs resulting from the Syrian conflict attracted generous donor funding, but critical gaps hindered the implementation of many key humanitarian projects. Due to enormous humanitarian needs throughout the region, the ERC decided to focus the first round of CERF allocations from the Underfunded Emergencies Window in 2015 to the Syria regional response.

Consequently, to sustain the implementation of critically underfunded life-saving programmes, CERF provided \$30 million to the humanitarian response in the Syrian Arab Republic, **\$18 million to Lebanon, \$9 million to Jordan, \$9 million to Turkey**, \$8 million to Iraq and **\$3.5 million to Egypt**.

In Yemen, where armed conflict exacerbated an already critical humanitarian situation, CERF allocated **\$44 million** to humanitarian partners for the immediate implementation of life-saving projects ranging from food aid to emergency telecommunications. This was the highest amount provided to humanitarian operations in a single country in 2015.

Allocation	\$8 million - April 2015 Underfunded emergencies
Emergency Type	Conflict related (Syria regional)
Beneficiary Type	Refugees, IDPs, host communities and other
Implementing organizations	FAO, UNDP, UNFPA, UNHCR, UNICEF, WFP 9 national/local NGOs 5 international NGOs 5 Government entities 2 Red Cross/Crescent societies

At the beginning of 2015, more than 233,000 Syrian refugees resided in the northern Kurdistan Region of Iraq. Intensified fighting in the northern Syrian town of Kobane at the end of 2014 triggered some 50,000 additional refugee arrivals to Iraq. The new influx put huge pressure on already overstretched humanitarian assistance as camp facilities and services were required to expand. Many of the new arrivals were women and children, some of whom had previously been displaced inside Syria or were refugees in Turkey. There was a critical need to strengthen protection and sexual and gender-based violence (SGBV) services, which struggled to address the large-scale needs. Public water and sanitation services were unable to meet the needs of growing refugee and host populations, leading to the failure of the water supply, sewage and wastewater treatment. Moreover, while 2.4 million conflict-affected people in Iraq required food assistance, the public food distribution system was disrupted due to fighting and insecurity.

In view of large funding gaps and widespread, critical humanitarian needs, CERF allocated \$8 million from its Underfunded Emergencies Window in March 2015 to sustain the implementation of life-saving programmes. This funding allowed UN agencies and partners to provide food assistance for **78,710 Syrian refugees** through vouchers; the mitigation of SGBV risks and quality services for SGBV survivors benefiting **19,419 people**; psychosocial support and specialized child-protection services for **7,692 children**; improved reproductive health services benefiting **99,588 people**; drinking water for 69,964 Syrian refugees; the maintenance of sanitation facilities benefiting **35,471 people**; and supplementary feeding for productive animals to provide Syrian refugees with life-sustaining food production benefiting **31,200 people**.

IRAQ

Allocation	\$4.5 million - October 2015 Rapid response
Emergency Type	Disease outbreak
Beneficiary Type	Refugees, IDPs, host communities and other
Implementing organizations	UNICEF, WHO 2 national/local NGOs 3 Government entities 1 Red Cross/Crescent society

At the beginning of September 2015, a sudden increase of acute watery diarrhoea cases was noted in Iraq, which was later identified as a cholera outbreak. Following laboratory confirmation of cases, the Iraqi Ministry of Health, in consultation with WHO, declared the cholera outbreak on 15 September. By 18 October, more than 50,000 people had sought treatment and the number of confirmed cholera cases was 1,748. The infection rate in the range between 0.01 and 0.05 per cent was used for the off-camp population and host community, hence there were an estimated 7,140 cases in the epidemic.

CERF allocated **\$4.5 million** in October 2015 for rapid humanitarian response. This funding allowed UN agencies and partners to provide access to safe water for **378,088 people** through a combination of water trucking and purification materials; **70,692 hygiene kits**; and two oral cholera-vaccination rounds for **234,682 displaced people**.

JORDAN

Allocation	\$9 million - April 2015	\$
	Underfunded emergencies	
Emergency Type	Conflict related (Syria regional)	
Beneficiary Type	Refugees, host communities and other	
Implementing organizations	FAO, UNDP, UNHCR, UNICEF, UNRWA, WFP 1 national/local NGO 3 international NGOs 1 Government entity	

With the conflict in Syria entering its fifth year in 2015, Jordan was hosting 646,700 registered refugees (though estimates were putting the actual number of Syrians in Jordan at 1.4 million). The majority of refugees lived outside the camps in some of the country's poorest areas. As Syrian refugees in Jordan have not been allowed to work, thus relying heavily on humanitarian assistance, they were increasingly unable to meet their basic needs. In addition, Palestinian refugees from Syria were extremely marginalized and subjected to the Government's policy of non-admission, which placed them at constant risk of refoulement. Shrinking protection space and resources, including reductions in WFP food assistance and restrictions on access to health care for refugees living outside camps, resulted in a sharp increase in negative coping mechanisms. According to the Vulnerability Assessment Framework, 27 per cent of all registered refugees (138,000 people) were living in abject poverty.

Due to critical needs and large funding shortfalls for humanitarian action, CERF allocated **\$9 million** from its Underfunded Emergencies Window to sustain the implementation of life-saving operations. This funding allowed UN agencies and partners to provide for food assistance through vouchers for **123,370 refugees** and cash assistance for **20,638 refugees**; cash assistance for **15,441 refugee children**; and life-saving income-generation activities for **250 vulnerable host-community members** through a cash-for-work project. CERF support also provided livelihoods activities for 1,500 Syrian refugees and **1,500 host-community members**, which improved their food and nutrition security and reduced tensions between the two groups.

LEBANON

Allocation	\$18 million - April 2015	\$
	Underfunded emergencies	
Emergency Type	Conflict related (Syria regional)	
Beneficiary Type	Refugees, host communities and other	
Implementing organizations	UNICEF, UNFPA, UNHCR, UNRWA, WFP 6 national/local NGOs 14 international NGOs 1 Government entity	

According to estimates by the Government of Lebanon, at the end of 2015, the country hosted 1.5 million Syrian refugees. Moreover, 42,000 Palestine refugees from Syria joined a pre-existing population of more than 270,000 Palestine refugees in Lebanon. With more than 30 per cent of the country's population being refugees, nearly half of those most affected by the crisis were children and adolescents. The refugee influx placed huge pressure on the local economy, infrastructure and public services, causing severe humanitarian needs among refugees and host communities. Many refugees arrived with health conditions that required immediate attention. Others had developed health problems during displacement related to trauma and dire living conditions. Many children had not been able to access a public education system.

In view of critical and widespread humanitarian needs and erratic international donor funding, CERF allocated \$18 million to Lebanon from its Underfunded Emergencies Window to sustain life-saving operations in 2015. This critical funding allowed UN agencies and partners to provide improved access to health services benefiting **75,290 Syrian refugees** and **44,000 Palestine refugees**; access to an improved water supply and appropriate sanitation and hygiene services for **143,953 people**; strengthened national systems providing reproductive health and SGBV services benefiting **37,673 people**; and food assistance through vouchers for **89,162 children** under age 5 and **27,209 vulnerable host-community members**.

SYRIAN ARAB REPUBLIC

Allocation	\$30 million - March 2015	\$
	Underfunded emergencies	
Emergency Type	Conflict related (Syria regional)	
Beneficiary Type	Refugees, IDPs, host communities and other	
Implementing organizations	UNICEF, FAO, UNFPA, UNHCR, IOM, UNRWA, WFP, WHO 22 national/local NGOs 2 international NGOs 1 Government entity 1 Red Cross/Crescent society	

The humanitarian situation in Syria continued to deteriorate throughout 2014. Fierce fighting caused increasing levels of civilian casualties, large-scale internal displacement, increased violations of international humanitarian and human rights law, and mounting refugee flows. As of 27 October 2014, the UN estimated that the number of people who needed humanitarian assistance in Syria had grown to 12.2 million, including more than 5.7 million children and more than 7.6 million IDPs. According to UN estimates, 4.8 million people in need were located in hard-to-reach areas.

Due to the scale and intensity of humanitarian needs and in view of critical funding gaps, CERF allocated **\$29.9 million** to the Syrian Arab Republic in 2015 to sustain the implementation of critical life-saving programmes. This funding allowed UN agencies and partners to provide health kits containing essential health-care supplies for **840,000 people**; strengthened life-saving medical interventions benefiting **530,061 people**; sustained life-saving trauma care for **369,500 patients**; free access to primary health care and emergency life-saving medical and surgical services for **296,000 displaced people**; reproductive health services for **97,100 women**; an improved water supply to five hospitals benefiting **60,000 patients** daily; hygiene and dignity kits for **37,417 newly displaced people**; improved and maintained water resources serving **1,811,000 people**; core relief items for 96,630 newly displaced people; appropriate gender- and age-specific winter clothing for **37,746 vulnerable displaced children**; winterization items and kits for **43,909 vulnerable people**; strengthened agricultural production for **94,552 families (661,864 people)**; and a response to the food, shelter and non-food item needs of **54,391 Palestine refugees** through cash assistance.

CERF funding also allowed for the procurement of **6,508 metric tons of mixed food commodities** used to complement food rations purchased through other funding sources. This food provided **471,000 family food rations**, which were distributed to more than **2.3 million vulnerable people**.

TURKEY

Allocation	\$9 million - April 2015 Underfunded emergencies
Emergency Type	Conflict related (Syria regional)
Beneficiary Type	Refugees, host communities and other
Implementing organizations	IOM, UNFPA, UNHCR, UNICEF, WFP, WHO 2 international NGOs 1 Government entity 1 Red Cross/Crescent society

By the end of 2015, there were 2.5 million Syrian refugees in Turkey, some 950,000 of whom were registered in 2015 alone. Turkey continued to be the world's largest refugee host. Despite significant investments made by the Government of Turkey and efforts by the international community, national services were overwhelmed and the resources available were far from sufficient. In September 2014, Turkey witnessed an intensified influx of Syrian refugees (following the ISIS offensive in the northern Syrian town of Kobane), which far exceeded the capacity of transit centres. As a result, a majority of arriving refugees sought shelter with host communities or struggled on their own.

Humanitarian operations in Turkey received an increased level of contributions in 2015, but the gap between growing needs and available resources was alarming. Consequently, CERF allocated **\$9 million** to Turkey for life-saving refugee assistance through its Underfunded Emergencies Window. This funding allowed UN agencies and partners to provide protection services for **21,820 children**; food for **53,849 people** through vouchers; access to health services for **85,000 people**; and medical equipment and supplies for sexual and reproductive health services and GBV prevention and response benefiting **100,000 people**.

YEMEN

Allocation	\$26.7 million - July 2015 Rapid response
Emergency Type	Conflict related
Beneficiary Type	IDPs, host communities and other
Implementing organizations	IOM, UNHCR, UNICEF, WFP, WHO 8 national/local NGOs 4 international NGOs 5 Government entities

The escalation of military conflict in 2015 has had a devastating impact on the lives of all Yemeni people. Their coping mechanisms were already stretched by years of instability, poor governance, lack of rule of law and widespread poverty. Before the conflict intensified in 2015, almost half of all Yemenis lived below the poverty line. That number drastically increased due to military operations and a sharp reduction in commercial imports. According to the 2015 Humanitarian Needs Overview, 80 per cent of Yemen's population (21.1 million people) needed humanitarian assistance, mainly water, protection, food and health care. Out of the estimated 12.9 million people directly affected by the conflict, the 1 million internally displaced and 200,000 of the most vulnerable people in host communities bore the brunt of the suffering. An estimated 54 per cent of displaced people were women, who often supported their families despite long-standing gender inequalities and challenges accessing assistance. Rates of registered grave violations of child rights increased dramatically, including child deaths, injuries and recruitment to armed groups. Decreasing access to water and sanitation placed up to 2.5 million children at risk of diarrhoea and 1.3 million at risk of acute respiratory infections.

Due to the severity and magnitude of humanitarian needs, CERF allocated **\$26.7 million** to Yemen in two Rapid Response grants for immediate life-saving action. This funding allowed UN agencies and partners to provide drugs and medical supplies to **578,681 people** suffering from non-communicable diseases; emergency food rations for **96,796 people**; access to life-saving nutrition services for **117,642 severely malnourished and undernourished children** and **35,893 pregnant and lactating women**; essential relief items for **88,200 displaced people**; and access to safe water for **5,146,244 people** in 12 cities through the delivery of fuel to pump water for distribution through piped water systems, wastewater treatment and solid-waste disposal services.

YEMEN

Allocation	\$2.6 million - September 2015 Rapid response
Emergency Type	Conflict related
Implementing organizations	UNICEF, UNHCR, UNDP, WFP

The humanitarian situation in Yemen rapidly deteriorated in the summer of 2015 due to escalating conflict. The number of IDPs increased to 1.44 million, and the number of deaths reported by health facilities increased from 2,288 to 4,628 and injuries from 9,755 to 23,970 between 12 June and 20 August 2015. But the actual numbers of casualties were much higher, as many deaths and injuries were not reported.

As of midyear, there was an urgent need to scale up humanitarian action to meet the growing needs. However, scaling up the UN and NGO presence across the country required the establishment of operational hubs with necessary security and emergency telecommunications services.

Therefore, CERF allocated **\$2.6 million** in Rapid Response grants to implement key projects in safety, telecommunications and logistics sectors. This funding allowed UN agencies and partners to establish five operational hubs; the deployment of security personnel to carry out 119 security-risk assessments; radio rooms in Aden, Al Hudaydah, Ibb, Saada and Sana'a; networks, facilities and equipment for increased communication and information-sharing; strengthened area coordination mechanisms; and security trainings.

Allocation	\$15 million - October 2015	\$
	Rapid response	
Emergency Type	Conflict related - Displacement	
Beneficiary Type	Refugees, IDPs, host communities	
Implementing organizations	UNICEF, UNFPA, UNHCR, IOM, UNDP, WHO	
	13 national/local NGOs	
	5 international NGOs	
	5 Government entities	

In the second half of 2015, the humanitarian situation in Yemen continued to deteriorate. Continuous fighting, air strikes and the restrictions on commercial imports drove basic services to the verge of collapse. The upsurge in violence deepened the hardships faced by Yemenis, diminished the possibilities of protecting civilians, and displaced more and more people. Humanitarian agencies continued to provide assistance, but the gaps grew as insecurity, lack of fuel and finances, and restricted access to people in need limited their reach. The rapid deterioration of the situation required immediate action to prevent Yemen from falling into a humanitarian catastrophe.

In October 2015, CERF allocated an additional **\$15 million** from its Rapid Response Window for urgent life-saving humanitarian action. This third CERF allocation of 2015 made humanitarian operations in Yemen the largest CERF recipient of the year. The additional funding allowed UN agencies and partners to provide emergency medical supplies for **180,000 people**; routine maternal and newborn health services for **344,216 women**; reproductive health kits for **55,975 women**; emergency life-saving health assistance (including treatment for trauma and other surgical cases) for **29,800 people**; essential relief items for **97,400 people**; psychosocial assistance for **52,949 children**; messages to **160,000 children** on how to protect themselves from injuries from mines and explosives; 44 child-protection committees that reached **29,461 children** and **11,551 adults**; the protection of **30,050 vulnerable women** and girls against violence, abuse and exploitation; improved access for **710,500 people** to safe water, sanitation and hygiene; access to safe water for **142,465 IDPs**; emergency shelters for **52,079 migrants, refugees and asylum seekers**; basic essential relief items for **97,300 people**; and cash-for-work programmes that generated 16,500 workdays for vulnerable youth, allowing them to participate in the resumption of key public services.

A pregnant Syrian woman in besieged Homs receives maternal and prenatal health services.

© UNFPA



Health care for women in a city at war

Om Rad is a wife and mother of four living in Homs, a Syrian city that has seen fierce fighting during the country's civil war. When she delivered her fourth child, she suffered health problems that required medical attention. She needed help but was unsure where to find it, as many of the local medical facilities had been destroyed.

Then she found an answer. "I heard from my neighbour about this clinic managed by the Syrian Family Planning Association that would be able to assist me at no cost," she said.

In 2015, an estimated 187,000 women in Homs were of reproductive age. On average, the clinic serves 20 to 30 patients each day.

Om Rad received care at the clinic, which relied on CERF funding disbursed through UNFPA to provide life-saving medical services to women and children.

"I'm so touched that I was able to get services at this clinic in these challenging times," she said. "At least I can receive health-care services now whenever I need. I wish this brutal war would come to an end."



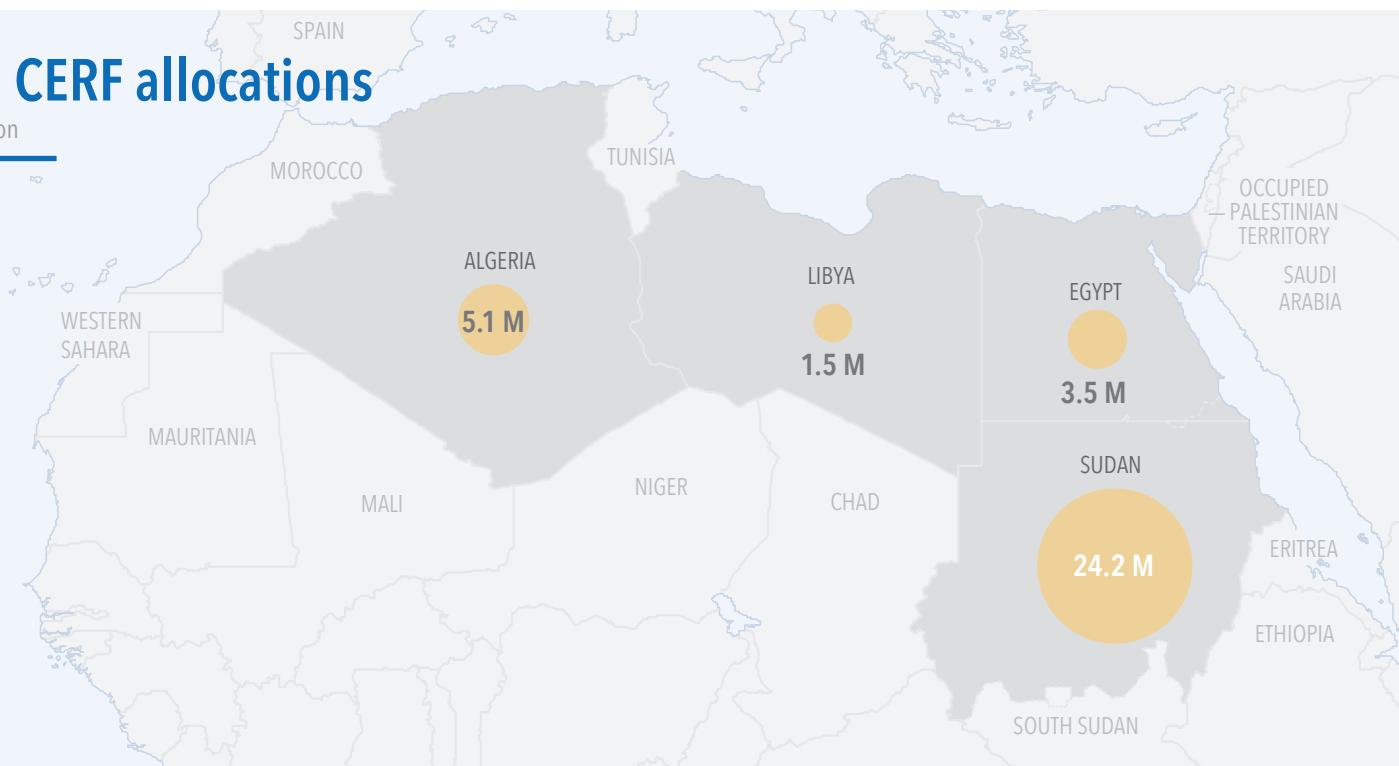
Water point at Abu Shouk IDP camp, Darfur, Sudan.

© UNAMID/Albert Gonzalez Farran

NORTHERN AFRICA

2015 CERF allocations

in US\$ million



In 2015, CERF allocated \$33 million for the provision of life-saving humanitarian assistance to victims of conflicts, natural disasters and disease outbreaks in Northern Africa.

Out of this amount, \$3.5 million allowed for sustaining the implementation of critically underfunded life-saving programmes in Egypt as part of regional allocations to the Syrian crisis, and \$5.1 million enabled humanitarian organizations to respond rapidly to the critical flood-related needs of Saharawi refugees in Algeria.

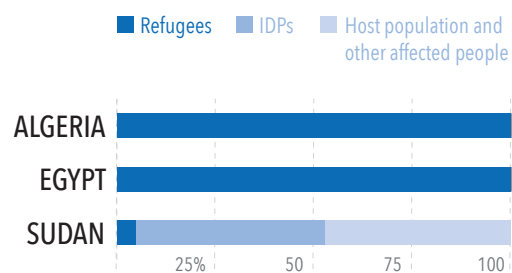
Number of people reached

	Agriculture	Camp mgt.	Early recovery	Education	Food	Health	Mine action	Multi-sector	Nutrition	Protection	Shelter and NFIs	WASH
Algeria	-	-	-	-	85,000	30,000	-	-	-	-	37,000	-
Egypt	-	-	-	-	23,590	447	-	-	-	-	-	-
Sudan	-	84,276	-	7,200	334,311	2,053,770	-	-	84,490	161,065	83,215	561,699
Total	-	84,276	-	7,200	442,901	2,084,217	-	-	84,490	161,065	120,215	561,699

ALGERIA

The remaining \$24 million was provided to the Republic of the Sudan in two rapid-response allocations and one allocation from the Underfunded Emergencies Window. The rapid-response allocations focused on containing the outbreak of measles and providing life-saving assistance to South Sudanese refugees. The underfunded-emergencies allocation injected much-needed funds towards key underfunded life-saving projects throughout the country. Allocation to Libya was reported on as part of the 2014 reporting cycle.

Profile of people reached



Allocation	\$5.1 million - December 2015	\$
	Rapid response	
Emergency Type	Natural disaster	
Beneficiary Type	Refugees	
Implementing organizations	UNICEF, UNHCR, WFP, WHO	
	2 international NGOs	
	1 Red Cross/Crescent society	

In 2015, an estimated 165,000 Saharawi refugees resided in five refugee camps in the south-western part of the country. The camps were located in harsh, isolated desert areas with nearly non-existent self-reliance opportunities. The region received unprecedented rainfall in late October 2015, which led to severe floods causing widespread destruction to all five refugee camps. A rapid assessment determined that the houses of 17,841 families were either damaged or destroyed; between 35,000 and 55,000 people were left without access to basic health care, as approximately 30 per cent of the health facilities were damaged; and an estimated 85,000 food rations were lost, which further exacerbated an already delicate nutrition situation in the camps.

In response, CERF allocated **\$5.1 million** in rapid-response funding for immediate life-saving action. This funding allowed UN agencies and partners to provide **2,730 family tents**, which accommodated **13,650 people** who had lost their houses; basic relief items for **7,500 families (37,500 people)**; food for **85,000 people**; and access to primary health care for **30,000 people**.

EGYPT

Allocation	\$3.5 million - March 2015 Underfunded emergencies
Emergency Type	Conflict related (Syria regional)
Beneficiary Type	Refugees
Implementing organizations	UNHCR, WFP, WHO 1 national and local NGO 1 Government entity

Several years of violent conflict in Syria resulted in a large influx of Syrian refugees to neighbouring countries. As of December 2015, there were 117,658 Syrian refugees registered in Egypt. However, the Egyptian Government's estimates suggested that the real number of Syrian refugees residing in the country was between 250,000 and 300,000 people. Refugees faced challenges including residency issues, limited access to livelihoods, poor physical safety, particularly for women and children, and limited access to emergency health care.

As the humanitarian response to the needs of Syrian refugees in Egypt was severely underfunded, CERF allocated **\$3.5 million** to sustain the implementation of life-saving projects. This funding allowed UN agencies and partners to provide food assistance through vouchers for **23,590 people** for six months, and emergency health care for **447 people**, including intensive care, case management, ambulatory care and surgical interventions.

SUDAN

Allocation	\$2 million - May 2015 Rapid response
Emergency Type	Disease outbreak
Beneficiary Type	Refugees, IDPs, host communities and other
Implementing organizations	UNICEF, WHO 1 Government entity

Since 2011, the Republic of Sudan has been hit several times by large-scale outbreaks of measles. A resurgence in measles cases was reported again in November 2014 in Gedarif and Kassala states. The Ministry of Health declared the outbreak in December 2014, which led to the implementation of vaccination campaigns. Nevertheless, by May 2015, the outbreak had spread to 32 localities in 14 states, with 3,539 reported cases and high case-fatality rates. In response, vaccination campaigns were conducted in six states. However, urgent funding was required to cover the remaining affected areas.

CERF allocated \$2 million in Rapid Response grants for urgent response in high-risk localities. This critical funding allowed UN agencies and partners to vaccinate **1,826,146 children** through fixed and mobile vaccination sites and **2,429 adults** in ZamZam IDP camp in North Darfur. An estimated **787,190 households** were reached with awareness-raising activities on measles. The campaign made a significant impact towards containing the outbreak. A total of **745 cases** were reported across the country in May, but the number of cases reported per month gradually decreased after the campaign, with only **87 cases** reported across the country in October.

SUDAN

Allocation	\$7.1 million - August 2015 Rapid response	
Emergency Type	Conflict related	
Beneficiary Type	Refugees, host communities and other	
Implementing organizations	UNFPA, UNHCR, UNICEF, WFP, WHO 2 national/local NGOs 4 international NGOs 8 Government entities 1 Red Cross/Crescent society	

The conflict in South Sudan displaced thousands of people and caused a mass outflow of refugees. By the end of 2015, more than 190,000 South Sudanese refugees had fled to Sudan, the highest number out of all neighbouring countries. The Government of Sudan allocated four additional sites for new camps due to the increased influx of refugees in 2015. People were reaching border areas exhausted, nutritionally weak and in poor health. Many were traumatized, having travelled in extremely difficult conditions to escape ongoing violence. Upon arrival, they faced dire situations in the camps, with many services already struggling to meet Sphere Standards well before the 2015 influx.

Due to the severity and scale of humanitarian needs, CERF allocated **\$7.1 million** from its Rapid Response Window for a time-critical life-saving response. This funding allowed UN agencies and partners to provide food for **30,000 people**; nutritional screenings for **6,420 children under age 5** and treatment for **537 severely malnourished cases**; supplementary food for **12,975 malnourished children under age 5**, pregnant women and lactating mothers; access to primary health care for **33,033 people**; the protection of **28,857 people** (including through cash assistance to **811 people**); access to safe water for **30,000 people**; soap for **9,000 families**; hygiene kits for **4,178 women and girls**; shelter materials and basic relief items for **1,425 families (7,125 people)**; and communal shelters for **5,000 people**.

Allocation	\$15 million - October 2015 Underfunded emergencies
Emergency Type	Conflict related
Beneficiary Type	IDPs, host communities and other
Implementing organizations	FAO, IOM, UNFPA, UNHCR, UNICEF, WFP, WHO 18 national/local NGOs 6 international NGOs 7 Government entities

In line with the Humanitarian Response Plan for the Republic of the Sudan, the humanitarian community's priority in 2015 remained ensuring that displaced people received the immediate life-saving assistance and humanitarian protection crucial for their survival. Darfur continued to be one of the most affected areas. Out of the 4.4 million people who needed humanitarian assistance in Darfur, some 2.5 million people were displaced. A total of \$1.04 billion was required to meet the needs of the most vulnerable people in Sudan, of which only 31 per cent was funded by mid-2015.

Due to low donor funding levels and vast humanitarian needs, CERF made its third allocation to the Republic of the Sudan in 2015. It provided **\$15 million** from its Underfunded Emergencies Window to sustain the implementation of life-saving humanitarian programmes in Darfur. This funding allowed UN agencies and partners to provide basic relief items for **71,090 people**; food aid through vouchers for **211,911 people**; agricultural inputs for **84,600 people**; access to primary health-care services for **194,591 people**; the treatment of **15,211 severely malnourished children**; counselling on infant and young children feeding for **56,412 mothers**; access to a safe water supply for **241,887 people**; hygiene promotion and sensitization activities benefiting more than **400,000 people**; psychosocial support for **46,551 children**; mine-risk education for **65,456 people**; the general protection of **15,000 people**; improved access to protection and health services benefiting **11,950 survivors of GBV**; and access to education for **7,200 children**.



Syrian refugees in Egypt are receiving essential support

A Syrian refugee child waiting for rubella and German measles vaccination in a public hospital in Alexandria. © UNHCR/Tarik Argaz

By December 2015, more than 115,000 Syrian refugees registered with UNHCR were living in Egypt. Rather than settling in camps, they found their way to communities around Cairo and other cities.

Many Syrians had reached safety from conflict, but now they faced an array of new challenges: finding places to live, getting enough to eat and registering to receive support as refugees. As savings dwindled and the cost of living rose, the refugees grew increasingly vulnerable. Egypt's Government had already been generous, extending its subsidies for health, education, food and more to the Syrians. The situation also put pressure on its own most vulnerable citizens.

To ease the Egyptian Government's burden and help the refugees and their hosts, the humanitarian community prepared a request for CERF funding, based on needs and priorities previously agreed by international partners and approved by the Government. The proposal focused on projects providing food assistance, emergency health care and treatment.

CERF responded by allocating more than \$3.5 million through its Underfunded Emergencies Window to support work in Egypt by three UN agencies: UNHCR, WFP and WHO. UNHCR and WHO used the CERF funds to help fill a critical gap in health services for the refugees, with a focus on emergency care. The results included an upgrade for much-needed cardiovascular facilities and refugee access to a Government-run hospital network.

Working closely with partners, WFP ensured that nearly 24,000 people received electronic and printed food vouchers. This allowed refugees to choose their own food at dozens of pre-selected retail stores, restoring a sense of normalcy to their lives. Money they had previously spent on food was now available for other necessities including education, clothing and health care.

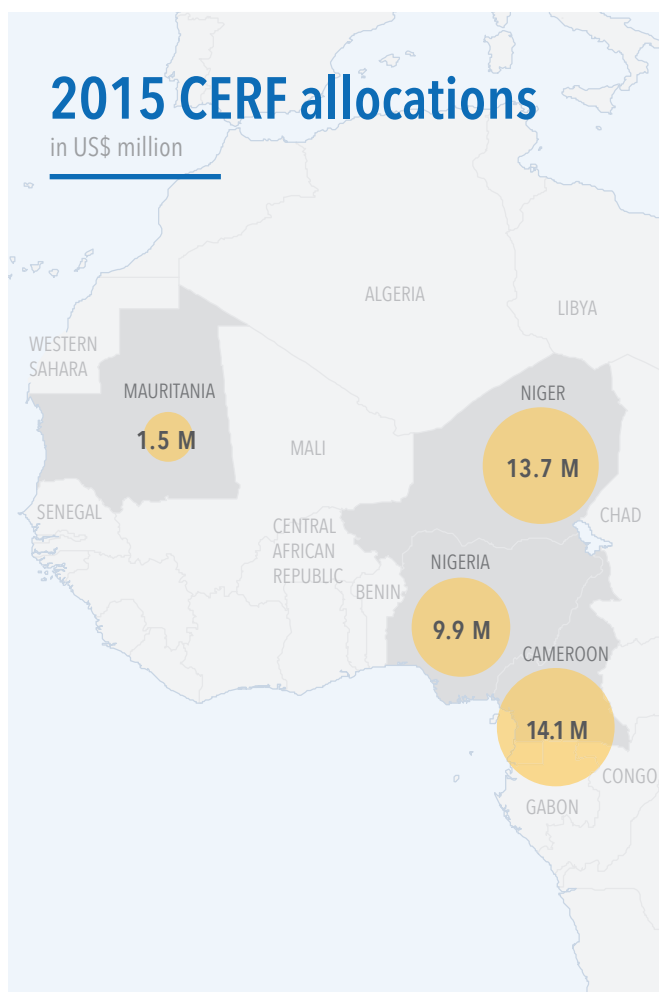
The Fund's allocation also spurred others to get involved. CERF's fast and significant impact inspired more than \$52 million in additional contributions in 2015 from the UN and partners working together to bolster the regional refugee response.



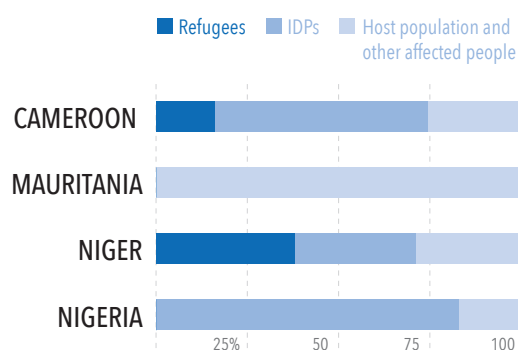
Refugees in Mbile camp in Cameroon.

© UNHCR/C. Tijerina

WESTERN AFRICA



Profile of people reached



CERF funding in 2015 to the Western Africa region focused primarily on addressing critical humanitarian needs generated by Boko Haram-related violence. In 2015, an estimated 2.7 million people had been displaced in the region, making it the fastest-growing displacement crisis in Africa.

In response, CERF provided **\$48 million** in Rapid Response grants in 2015, which allowed for the timely provision of food, shelter, water and other life-saving assistance to the most vulnerable IDPs, refugees, returnees and host communities in Cameroon, Chad, Niger and Nigeria.

Number of people reached

	Agriculture	Camp mgt.	Early recovery	Education	Food	Health	Mine action	Multi-sector	Nutrition	Protection	Shelter and NFIs	WASH
Cameroon	44,250	-	-	-	120,727	117,500	-	57,709	32,321	151,106	8,400	20,810
Mauritania	-	-	-	-	-	-	-	-	176,330	-	-	-
Niger	-	-	-	-	66,060	295,823	-	120,000	18,519	267,859	53,392	119,762
Nigeria	45,157	-	-	-	-	-	-	-	47,121	709,783	52,941	-
Total	89,407	-	-	-	186,787	413,323	-	177,709	274,291	1,128,748	114,733	140,572

CAMEROON

Allocation	\$7.1 million - May 2015 Rapid response
Emergency Type	Conflict related (Boko Haram regional)
Beneficiary Type	Refugees, IDPs, host communities and other
Implementing organizations	FAO, IOM, UNFPA, UNHCR, UNICEF, UN Women, WFP, WHO 4 national/local NGOs 4 Government entities

The violence and insecurity in Nigeria stemming from the Boko Haram attacks resulted in large population displacements, widespread human rights violations and the drastic deterioration of an already challenging humanitarian situation. An estimated 25,000 new Nigerian refugees arrived in Cameroon's Far North region between mid-January and the end of March 2015, bringing the total number of Nigerian refugees in the country to an estimated 74,000. A deteriorating security situation also led to new movements of the local population in the Far North of Cameroon. Assessments in March 2016 indicated that there were 106,000 IDPs in the region. The large presence of a displaced population put a lot of pressure on host communities, who were becoming more and more vulnerable. By April 2015, 545,000 people in the Far North were food insecure, 77,000 children under age 5 were suffering from moderate acute malnutrition and 38,000 children under age 5 were suffering from severe acute malnutrition. The Far North is one of the regions with the lowest access to basic social services in Cameroon. For instance, only 54 per cent of the population in the region had access to safe drinking water and only 35 per cent had access to basic sanitation services.

CERF allocated **\$7.1 million** in Rapid Response grants in April 2015 for immediate life-saving assistance for refugees, IDPs and vulnerable host communities. This funding allowed UN agencies and partners to provide registration and profiling services of **44,808 refugees** and **60,000 IDPs**; transport of **44,808 refugees** from the Nigerian border to refugee camps; emergency shelters for **500 refugee families**; basic relief items for **2,550 displaced families**; medical care for **30,558 displaced people**; agricultural inputs for **25,000 people**; food for **83,000 people**; the treatment in nutrition centres of **3,028 severely malnourished children under age 5**; supplementary food for **4,930 malnourished children**; psychosocial support and protection benefiting **30,000 women and girls**; and sanitation and hygiene kits for **5,204 families**.

Allocation	\$7 million - December 2015 Rapid response
Emergency Type	Conflict related (Boko Haram regional)
Beneficiary Type	Refugees, IDPs, host communities and other
Implementing organizations	FAO, UNFPA, UNHCR, UNICEF, WFP 4 national/local NGOs 3 international NGOs 4 Government entities

The violence linked to Boko Haram and military operations against the armed group increased displacement and led to a further deterioration of the humanitarian situation in the second half of 2015. As a result, between June and September 2015, an additional 11,000 people were internally displaced within the Far North region of Cameroon and 10,000 new refugees arrived from Nigeria. The increased displacement resulted in the further deterioration of the humanitarian situation among the host population. According to the Emergency Food Security Assessment, about 1.4 million people were food insecure in the Far North region by December 2015, more than twice as many as in June 2015. About 12 per cent of children were suffering from moderate acute malnutrition compared with 7 per cent in 2014. The number of victims of violence increased, but about 120 health facilities were destroyed, leading to the departure of health personnel and leaving some 360,000 people without basic health care.

Due to the sudden deterioration of the humanitarian situation, CERF allocated an additional **\$7 million** from its Rapid Response Window in December 2015 to scale up the implementation of urgent life-saving activities in the Far North region. This funding allowed UN agencies and partners to provide food for **36,777 people** (including cash assistance to **9,050 people**); supplementary feeding for **38,427 children**; treatment for **7,106 severely malnourished children**; reproductive health-care services for **13,332 women**; protection activities benefiting **36,535 children**; agricultural inputs benefiting **22,500 people**; registration for **6,776 newly arrived refugees**; and shelter construction materials and tools for **5,000 newly arrived refugees** and **14,365 IDPs**.

MAURITANIA

Allocation	\$2.5 million - October 2015 Rapid response
Emergency Type	Natural disaster
Beneficiary Type	Refugees, IDPs, host communities and other
Implementing organizations	UNFPA, UNICEF, WFP, WHO 5 national/local NGOs 4 international NGOs 4 Government entities

Mauritania experienced a severe malnutrition crisis in 2015. Lack of rain in 2014 and the late onset of rain in 2015 led to a sharp decrease in agricultural production, especially in the southern regions. The 2015 assessment indicated that in the most vulnerable regions, severe acute malnutrition rates exceeded the 2 per cent emergency threshold defined by WHO. Nearly 70,000 children under age 5 were affected by acute malnutrition, with more than 18,000 cases of severe acute malnutrition. Limited access to basic services, lack of clean water and poor sanitation further affected the already fragile health of communities with high malnutrition prevalence.

In response, CERF allocated **\$2.5 million** in Rapid Response grants for immediate life-saving action. This funding allowed UN agencies and partners to provide the nutritional screening of **100,076 children under age 5**; treatment for **9,390 severely malnourished children under age 5**; nutritional supplements for **2,230 malnourished pregnant and lactating women**; food assistance for **22,620 people**; and therapeutic food and medicines for 176 health facilities benefiting an estimated **176,330 people**.

NIGER

Allocation	\$6.7 million - May 2015 Rapid response
Emergency Type	Conflict related (Boko Haram regional)
Beneficiary Type	Refugees, IDPs, host communities and other
Implementing organizations	IOM, UNFPA, UNHCR, UNICEF, WFP, WHO 4 national/local NGOs 5 international NGOs 6 Government entities 2 Red Cross/Crescent societies

The violence and insecurity stemming from Boko Haram's activities at the beginning of 2015 resulted in region-wide population movements. Consequently, approximately 150,000 people fled Nigeria into Niger, which included Nigerian refugees and Nigerien returnees. Due to the attacks in Niger's Diffa region, a further 50,000 people had been internally displaced by the end of March 2015. These population movements put a lot of pressure on local communities and further complicated an already fragile humanitarian situation in the region.

In response to the crisis, CERF allocated **\$6.7 million** through its Rapid Response Window for immediate life-saving action. This critical funding allowed UN agencies and partners to provide emergency shelter for **1,500 families (10,500 people)**; basic relief items for **29,592 people** (including vouchers for **6,174 people**); food for 28,560 people and supplementary food for **8,134 children under age 5**, pregnant women and lactating mothers; treatment for **10,385 children under age 5** with severe acute malnutrition; protection and psychosocial support for **5,633 displaced children**; improved access to basic health services benefiting **97,045 people**; access to potable water for **3,750 people**; hygiene kits for **50,442 people**; reproductive health services for **7,534 women**; and measles vaccinations for **21,450 children**.

NIGER

Allocation	\$7 million - December 2015 Rapid response
Emergency Type	Conflict related (Boko Haram)
Beneficiary Type	Refugees, IDPs, host communities and other
Implementing organizations	IOM, UNFPA, UNHCR, UNICEF, WFP 4 national/local NGOs 5 international NGOs 5 Government entities 1 Red Cross/Crescent society

The humanitarian situation in Niger continued to deteriorate throughout 2015. The first Boko Haram attack on Nigerien soil took place in Bosso, near Lake Chad, on 6 February 2015. Since then, repeated attacks caused successive waves of displacement. After July 2015, 89,000 people became newly displaced in Diffa, taking the total number of displaced people to 300,000 in the region by the end of 2015. Most displaced people were not settling in organized camps, but rather in spontaneous sites near existing villages, creating additional pressure on already limited resources and leading to an overwhelming level of new humanitarian needs.

Given the severe deterioration of the humanitarian situation and widespread new humanitarian needs, CERF allocated an additional **\$7 million** in rapid-response funding in December 2015 for time-critical life-saving interventions. This funding allowed UN agencies and partners to provide emergency shelter for **25,452 displaced people**; food for **63,492 people**; supplementary food for **6,690 children under age 2**; the protection of **29,552 children**; access to safe drinking water for **13,500 people**; access to safe sanitation facilities for **16,580 people**; hygiene kits and hygiene-promotion messages for **76,162 people**; and minimum initial services package for reproductive health for **5,856 women**.

NIGERIA

Allocation	\$9.9 million - May 2015 Rapid response
Emergency Type	Conflict related (Boko Haram regional)
Beneficiary Type	IDPs, host communities and other
Implementing organizations	FAO, IOM, UNDP, UNFPA, UNHCR, UNICEF, WFP 1 national/local NGOs 7 international NGOs 5 Government entities 1 Red Cross/Crescent society

The conflict resulting from Boko Haram's insurgency led to widespread population displacement in 2015, human rights violations and a growing humanitarian crisis. An estimated 5.6 million people in north-east Nigeria were directly affected. This figure included 1.2 million people who were internally displaced, 200,000 people who fled to neighbouring countries and 4.6 million who were food insecure. More than 7,000 fatalities were attributed to the insurgency, and the crisis left entire communities traumatized. Hundreds of children had been killed, injured, abducted or recruited to fight, and thousands of women and girls had been trafficked, raped or abducted. Inadequate health facilities, a lack of adequate water and sanitation, and increasing malnutrition contributed to cholera, measles and meningitis outbreaks. It was estimated that in the absence of well-targeted humanitarian assistance, as many as 3 million people would be unable to meet their basic food needs by July 2015.

In response, CERF provided **\$9.9 million** in Rapid Response funding for urgent life-saving response. This funding allowed UN agencies and partners to provide emergency shelter items for **52,941 people**; basic relief items for **6,456 families**; the protection of **111,804 displaced people**; food for **45,157 people**; cartons of ready-to-use therapeutic food for health facilities allowing for the treatment of **47,121 malnourished children**; the protection of **2,209 children** who were orphaned or separated from their families; the sensitization of **300,000 people** on GBV and adolescent sexual and reproductive health; psychosocial counselling and support for **5,515 rape survivors** and severely distressed people (including cash assistance to **450 people**); medical care and clinical management for **217 SGBV survivors**; and rape-treatment kits for 22 health facilities.



“I never had the chance to go to school. I am very happy to learn new things every day.”

Aisha is among more than 4,900 Nigerian refugees currently sheltering in the camp, where UNICEF has set up 16 temporary learning spaces. © UNICEF/ Cherkaoui

In 2015, UNICEF Chad received close to \$5 million from CERF to support health care, nutrition, water, sanitation and hygiene, and protection interventions for refugees, internally displaced persons, returnees and the host population affected by the Nigerian crisis in the Lake Region of Chad.

“I never had the chance to go to school. I am very happy to learn new things every day. I love mathematics,” says Aisha Mahamat, 15.

This young Nigerian refugee in Chad was married when she was 13 years old. She is now divorced and a mother.

She lives with her mother and son in Dar es Salaam refugee camp, in the Lake Region of Chad. For the first time in her life, she is realizing her dream: to go to school.

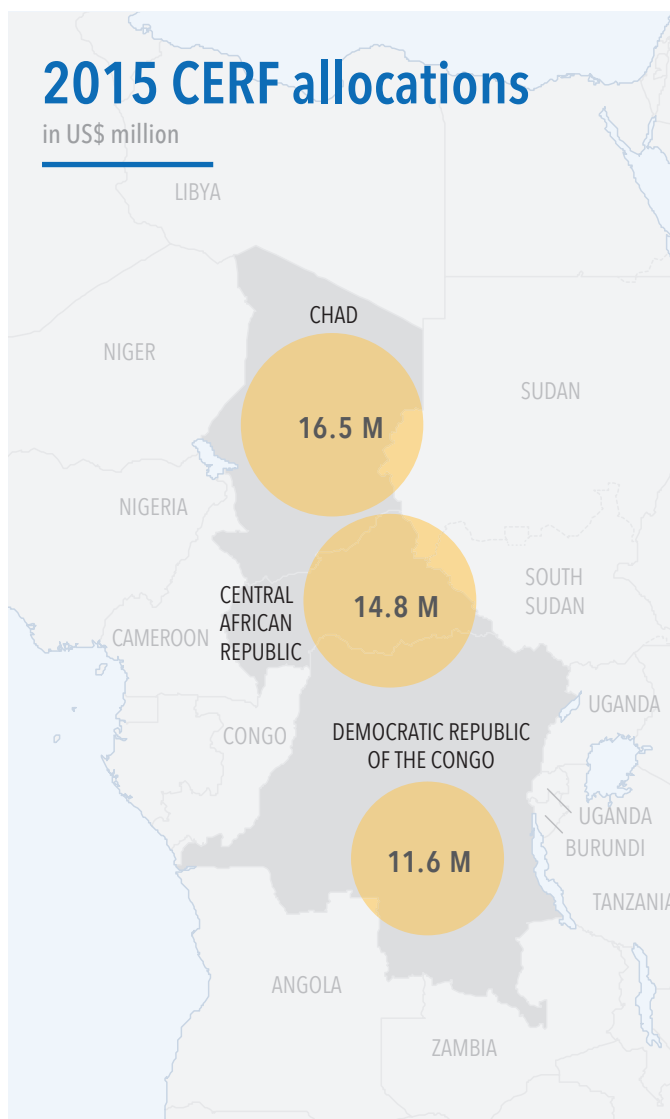
“Now, I have the opportunity to study. My son, Aboukar, stays with my mother when I am in class,” she explains with a proud smile.

UNICEF was able to rehabilitate and build 34 classrooms, train teachers and provide learning and recreation materials for 30,000 children. In addition, 12,000 girls have received dignity kits to meet their hygiene needs.

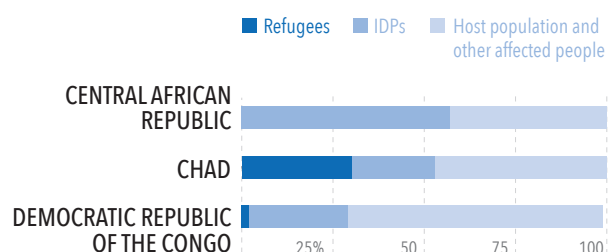


Nigerian refugees on the way to the first food distribution organized by WFP in Dar-es-Salaam camp in Chad.

CENTRAL AFRICA



Profile of people reached



In the Central Africa region in 2015, CERF focused primarily on facilitating rapid response to critical humanitarian needs created by conflicts and insecurity in the Central African Republic (CAR), Chad and the Democratic Republic of the Congo (DRC).

CERF provided **\$11.6 million** to CAR for life-saving assistance to displaced populations and host communities affected by violence in Bangui; **\$10.5 million** for addressing critical needs among refugees, IDPs and host communities affected by Boko Haram-related violence in Chad; and **\$6.8 million** for assistance to refugees fleeing election-related violence in Burundi into DRC.

In view of critical funding shortfalls among the ongoing life-saving operations, CERF also allocated **\$6 million** to Chad and **\$8 million** to DRC from its Underfunded Emergencies Window. These allocations provided much-needed support to key projects that otherwise would have been reduced or discontinued.

Number of people reached

	Agriculture	Camp mgt.	Early recovery	Education	Food	Health	Mine action	Multi-sector	Nutrition	Protection	Shelter and NFIs	WASH
CAR	-	142,343	1,662	-	45,277	257,286	-	-	6,270	65,133	-	125,000
Chad	11,305	-	34,012	-	257,440	352,746	-	7,868	20,237	466,691	12,889	147,252
DRC	21,880	-	-	77,421	27,581	55,851	905,271	12,764	1,382	509,532	-	-
Total	33,185	142,343	35,674	77,421	330,298	665,883	905,271	20,632	27,889	1,041,356	12,889	272,252

CENTRAL AFRICAN REPUBLIC

Allocation	\$11.6 million - December 2015 Rapid response	\$
Emergency Type	Conflict related	
Beneficiary Type	IDPs, host communities and other	
Implementing organizations	FAO, IOM, UNDP, UNFPA, UNHCR, UNICEF, WFP, WHO 1 national/local NGO 7 international NGOs 5 Government entities 1 Red Cross/Crescent society	

The violence in Bangui and other parts of CAR, which resumed in September 2015, worsened an already dire humanitarian situation in the country. An estimated 62,000 people fled their homes, taking the total number of IDPs in CAR to almost 450,000 by November 2015. The violence also aggravated the situation for people who were already displaced and who resided in 33 displacement sites. These people were cut off from assistance for days due to the lack of humanitarian access. Since the conflict resumed, the number of reported incidents of sexual violence was alarming, particularly those committed by armed men. The rapid movement of people towards IDP sites and host families created a new set of humanitarian needs beyond those originally planned and supported through available resources.

In response to the crisis, CERF allocated **\$11.6 million** from its Rapid Response Window for immediate life-saving action. This funding allowed UN agencies and partners to provide psychosocial support in child-friendly spaces for **9,498 children**; food for **45,277 people** through vouchers; agriculture inputs for **15,500 people** (including through vouchers to **5,500 people**); access to health care for **257,286 people**; improved protection mechanisms benefiting **65,775 displaced people**; therapeutic treatment for **6,270 severely malnourished children**; multisectoral assistance for **1,739 survivors of SGBV**; awareness-raising of SGBV among **67,527 people**; improved access to safe drinking water and sanitation for **125,000 people**; cash-for-work activities for **1,662 people**; and the rehabilitation and expansion of displacement sites benefiting **76,568 people**.

CHAD

Allocation	\$3.5 million - May 2015 Rapid response	\$
Emergency Type	Conflict related (Boko Haram)	
Beneficiary Type	Refugees, IDPs, host communities and other	
Implementing organizations	IOM, UNDP, UNHCR, UNICEF, WFP, WHO 3 national/local NGOs 1 international NGO 3 Government entities 1 Red Cross/Crescent society	

The violence perpetrated by Boko Haram in Nigeria provoked several waves of population movements and had a direct impact on the humanitarian situation in Chad. An estimated 18,000 Nigerian refugees and 8,500 Chadian returnees fled into Chad by May 2015. Moreover, 14,500 people were internally displaced in Chad. The people on the move were extremely vulnerable. Many were traumatized by violence and exhausted by long travel in harsh conditions. They required immediate life-saving assistance including shelter, water, food, medical care and psychosocial support.

The sudden influx of people fleeing into Chad overstretched public services and already limited resources, which had a negative impact on the livelihoods and food security of local communities. As a result, an estimated 43,000 people from host communities found themselves in critical need of humanitarian assistance.

In response to the crisis, CERF allocated **\$3.5 million** from its Rapid Response Window for the immediate implementation of life-saving assistance. This funding allowed UN agencies and partners to provide food for **15,705 people**; treatment for **3,674 severely malnourished children**; basic medical services for **12,780 people**; protection through psychosocial support for **1,162 children**; access to safe drinking water for **32,000 people**; basic relief items for **2,591 families (11,121 people)**; shelter kits for **412 families (1,768 people)**; and the profiling of **69,702 displaced people**.

CHAD

Allocation	\$6 million - October 2015 Underfunded emergencies
Emergency Type	Conflict related (Boko Haram)
Beneficiary Type	Refugees, host communities and other
Implementing organizations	FAO, UNHCR, UNICEF, WFP, WHO 4 national/local NGOs 3 international NGOs 6 Government entities

The conflict in Darfur had displaced thousands of people in successive waves, generating a persistent humanitarian crisis in eastern Chad. The region hosted 315,000 Sudanese refugees in 2015, but their presence resulted in social tensions linked to an increasing demand for local resources and basic social services. Since 2013, funding to Chad had been declining, and humanitarian assistance for refugees and host communities had been drastically reduced. This resulted in a further deterioration of the humanitarian situation in eastern Chad, which was already the country's most vulnerable region. At mid-2015, Chad's humanitarian requirements were funded at only 27 per cent.

In view of low donor funding and critical humanitarian needs, Chad was prioritized for funding through the Underfunded Emergencies Window, and CERF allocated **\$6 million** to Chad in July 2015 to sustain the implementation of key life-saving operations. This funding allowed UN agencies and partners to provide access to safe water for **114,752 people**; treatment for **2,841 children under age 5 with severe acute malnutrition** and **16,563 with moderate acute malnutrition**; food for **177,935 people** (including through cash assistance to **12,000 people**); agricultural inputs for **5,400 people**; and access to basic health services for **224,338 people**.

Allocation	\$7 million - December 2015 Rapid response
Emergency Type	Conflict related (Boko Haram)
Beneficiary Type	Refugees, IDPs, host communities and other
Implementing organizations	FAO, IOM, UNFPA, UNHCR, UNICEF, WFP, WHO 7 national/local NGOs 3 international NGOs 4 Government entities 1 Red Cross/Crescent society

The initial influx of refugees and returnees from Nigeria into Chad at the beginning of 2015 was followed by successive waves of internal displacement. The situation deteriorated further following the Boko Haram attacks in Chad in September 2015 and the intensification of Chadian military operations. As a result, 52,000 people were newly displaced between the end of July and October. The displaced population increased to an estimated 89,000 people and the affected host population to 232,242. However, the humanitarian community did not have sufficient resources to keep up with growing needs. An estimated 20,000 displaced people did not receive food assistance, 22,500 had no access to essential health care and 90 per cent had no access to latrines.

In response to the deterioration of the crises and the significant increase of humanitarian needs, CERF allocated an additional **\$7 million** in Rapid Response funding for time-critical life-saving response. This third CERF allocation for Chad in 2015 allowed UN agencies and partners to provide food for **63,801 people**; agricultural inputs for **11,305 people**; improved access to health care for **112,585 people** through better-equipped health centres; micronutrient supplementation for **10,637 mothers and children**; treatment for **3,929 malnourished children**; an improved quality of response to SGBV benefiting **5,426 people**; psychosocial assistance for **27,152 people**; support to **22,139 girls and boys** to help them recover from (and reduce their exposure to) child violence; and temporary safe-learning spaces for **34,012 children** to offer them psychosocial and cognitive protection through education.

DEMOCRATIC REPUBLIC OF THE CONGO

Allocation	\$8 million - April 2015 Underfunded emergencies
Emergency Type	Conflict related
Beneficiary Type	IDPs, host communities and other
Implementing organizations	UNHCR, UNICEF, UNOPS 7 national/local NGOs 5 international NGOs 3 Government entities 1 Red Cross/Crescent society

DRC has long been affected by multiple crises, particularly conflicts, food insecurity, structural deficiencies and epidemics. An estimated 7 million people needed humanitarian assistance in 2015. Multiple crises related to violence and armed conflicts accounted for the vast majority of needs (approximately 67 per cent). The recurrence of these crises caused the forced displacement of some 2.7 million people throughout the country, 770,000 of whom fled their homes in 2014. The scale and intensity of humanitarian needs remained high, but the 2015 humanitarian requirements were covered only at 9 per cent in the first quarter of the year.

In view of critical funding shortfalls, CERF allocated **\$8 million** to sustain the implementation of critical life-saving projects. This funding allowed UN agencies and partners to provide profiling and protection monitoring services covering **504,041 people**; access to education and psychosocial support in a safe, peaceful and protective environment for **70,434 conflict-affected children**; medical, psychosocial and transitory care for **2,544 children** formerly associated with armed forces and groups; reunification with families of **1,629 displaced children**; and the improved awareness of explosive remnants of war among **900,000 people** through risk-education sessions and via wider education campaigns.

Allocation	\$6.8 million - August 2015 Rapid response
Emergency Type	Conflict related (Burundi regional)
Beneficiary Type	Refugees, IDPs, host communities and other
Implementing organizations	FAO, UNFPA, UNHCR, UNICEF, WFP, WHO 8 international NGOs 2 Government entities

The pre-election violence that started in Burundi at the end of March 2015 led to a mass-scale influx of people to neighbouring countries. Among the displaced population, an estimated 10,000 refugees and more than 3,800 Congolese returnees had fled to DRC by July 2015. At the beginning of the crisis, about 10 per cent of refugees were received in transit centres, while 90 per cent mainly settled with host families, thus aggravating the vulnerability of these households. Needs assessments identified critical multisectoral needs among the newly arrived and the deterioration of the humanitarian situation of host communities.

In response to the crisis, CERF allocated **\$6.8 million** in Rapid Response funding for immediate life-saving programmes covering displaced populations and vulnerable host communities. This funding allowed UN agencies and partners to provide improved access to basic health care for **55,851 people**; food for **27,581 people**; treatment for **1,382 severely malnourished children under age 5**; the sensitization of **13,773 women on infant and young child feeding**; agricultural inputs for **3,800 families (21,880 people)**; the registration and documentation of **5,490 displaced people**; basic relief items for **12,764 people**; and medical assistance for **180 survivors of SGBV**.

Food vouchers bring relief to Chadian refugees in the Central African Republic



The innovative food vouchers allow recipients to choose local foods, giving them a greater sense of normality.

© WFP/Daouda Guirou

Over the past three years, the Central African Republic (CAR) has experienced a major political crisis. This resulted in a violent conflict that has affected nearly the entire population and left some 2.3 million people, over half the population, in dire need of assistance.

In November 2015, the World Food Programme (WFP) started its first food-voucher programme to assist more than 100,000 conflict-

affected people. WFP began distributing the first vouchers, valued at US\$10, in Yaloké village, complementing WFP's existing distribution of rice, pulses and oil.

"This food voucher programme, which allows people to choose and buy food they are familiar with, is starting at a crucial moment ahead of the lean season," said Mustapha Darboe, WFP Representative in CAR. "Almost \$2.5 million will be

injected into the local economy, and the vouchers will also cut down costs of transporting and storing food."

Yaya Abiba, one of 500 people displaced in Yaloké, said: "Most of our livestock had been looted during this crisis. This food voucher will allow us to get milk for our children and choose other foods that we like."



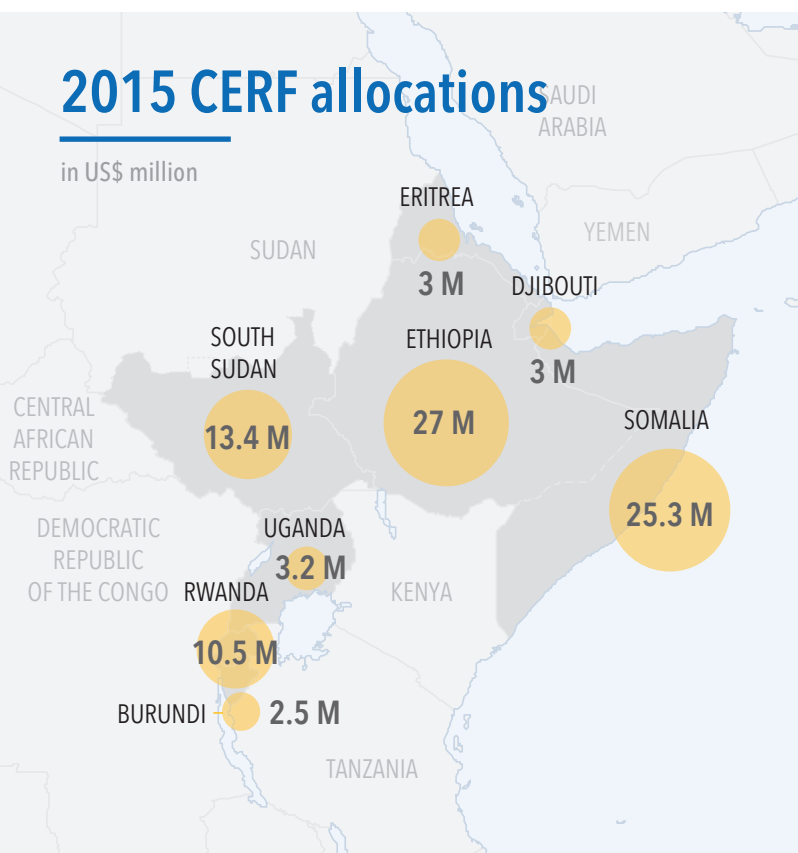
Burundian child receives oral polio vaccine in Mahama refugee camp in Rwanda.

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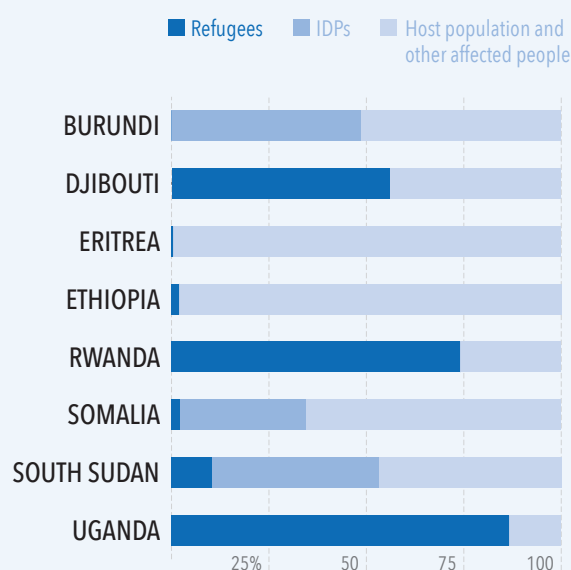
EASTERN AFRICA

2015 CERF allocations

in US\$ million



Profile of people reached



Number of people reached

	Agriculture	Camp mgt.	Early recovery	Education	Food	Health	Mine action	Multi-sector	Nutrition	Protection	Shelter and NFIs	WASH
Burundi	25,000	-	-	-	27,000	-	-	-	4,422	4,418	-	31,500
Djibouti	6,300	-	-	-	32,385	-	-	21,900	21,172	-	-	28,760
Eritrea	21,342	-	-	-	-	545,233	-	2,787	31,607	-	-	-
Ethiopia	327,025	-	-	-	1,460,235	86,400	-	50,186	351,333	-	-	295,402
Rwanda	-	-	-	-	76,030	102,429	-	30,000	6,615	28,704	-	48,603
Somalia	462,184	-	-	12,523	41,410	182,880	-	-	61,609	66,212	32,050	168,242
South Sudan	135,655	-	-	6,608	-	152,807	135,655	13,854	6,667	-	135,655	287,356
Uganda	-	-	-	-	53,849	100,000	-	-	-	39,471	68,716	-
Total	977,506	-	-	19,131	1,690,909	1,169,749	135,655	118,727	483,425	138,805	236,421	859,863

BURUNDI

In 2015, CERF allocated **\$49 million** from its Rapid Response Window and **\$41 million** from the Underfunded Emergencies Window for the provision of life-saving humanitarian assistance to victims of conflicts, natural disasters and disease outbreaks in Eastern Africa.

The rapid-response funding included **\$19 million** for life-saving assistance to people fleeing Burundi to Rwanda, Tanzania and Uganda due to pre-election violence; **\$17 million** for immediate response to food insecurity caused by drought in Ethiopia; **\$11 million** for critical assistance to refugees, IDPs and host communities whose lives had been devastated by conflicts in South Sudan; **\$5.3 million** for life-saving assistance to people fleeing conflict in Yemen to Somalia; and **\$2.4 million** for cholera response in South Sudan.

Moreover, **\$41 million** was provided to sustain the implementation of ongoing but critically underfunded life-saving humanitarian operations in Burundi, Djibouti, Eritrea, Ethiopia, Rwanda and Somalia.

Allocation	\$2.5 million - March 2015 Underfunded emergencies
Emergency Type	Conflict related
Implementing organizations	FAO, IOM, UNICEF, WFP 4 national/local NGOs 2 international NGOs 3 Government entities 1 Red Cross/Crescent society

Despite its decade-long post-conflict environment, Burundi continued to be confronted with many humanitarian challenges in 2015. The country had an estimated 78,000 IDPs, and it was host to some 50,000 refugees, mostly from DRC, due to persisting instability in the region. According to the profiling conducted by IOM and the Burundian Red Cross, about 45,000 expelled Burundians returned from Tanzania between August 2013 and June 2014. Given the sudden nature of their return, this population relied mostly on humanitarian assistance for survival. The deteriorating food security situation in the area where most expellees resided further exacerbated the situation, resulting in a high potential for the already dire humanitarian conditions to worsen.

Basic humanitarian assistance for the returnees was already under way in 2015, but critical humanitarian gaps limited humanitarian actors' ability to respond to needs. As a result, CERF allocated **\$2.5 million** through its Underfunded Emergencies Window to sustain the delivery of life-saving assistance. This funding allowed UN agencies and partners to provide food for **27,000 people**; nutrition interventions for **4,422 children and pregnant/lactating women**; agricultural inputs for **5,000 families (25,000 people)** to improve their agricultural production; improved access to safe drinking water for **31,500 people**; psychosocial support and the reinforcement of community-based protection services benefiting **4,339 people**; and the protection of extremely vulnerable children detained in prisons, leading to the release of **79 children**.


DJIBOUTI

Allocation	\$3 million - March 2015 Underfunded emergencies
Emergency Type	Natural disaster
Beneficiary Type	Refugees, host communities and other
Implementing organizations	FAO, IOM, UNHCR, UNICEF, WFP 1 national/local NGO 4 international NGOs 5 Government entities

A decade of recurrent severe droughts has exhausted the overall resilience capacity of Djibouti's most vulnerable people. Those under the greatest risk are migrants (mainly from Ethiopia), refugees (mainly from Somalia) and the local population living below the poverty line. Protection mechanisms for these people are almost non-existent in the absence of an effective social safety net system. One of the most direct consequences of this chronic crisis is the continuous rural exodus and migration to urban areas. This resulted in a significant expansion of the suburban area of the capital city, which now hosts more than 25 per cent of the country's overall population. The majority of these people live below the poverty line.

In view of limited international funding in 2015 and the severity of the humanitarian needs, Djibouti was prioritized for receiving support from the Underfunded Emergencies Window. CERF allocated **\$3 million** to sustain key life-saving interventions in the country. This vital assistance allowed UN agencies and partners to provide food for **32,385 people**; treatment for **2,331 children under age 5 and pregnant/lactating women with severe acute malnutrition**; supplementary food for **11,901 children under age 5 and pregnant/lactating women**; emergency health interventions for **6,310 people**; and rehabilitated water points, new latrines and hygiene kits benefiting **23,601 people**.


ERITREA

Allocation	\$3 million - September 2015 Underfunded emergencies	
Emergency Type	Natural disaster	
Beneficiary Type	Refugees	
Implementing organizations	FAO, UNDP, UNFPA, UNHCR, UNICEF, WHO 3 Government entities	

The late onset of rains at the beginning of 2015 in Eritrea delayed farmland preparation, which negatively affected the planting of long-cycle crops. The resulting poor agricultural production combined with disease outbreaks caused a deterioration of the humanitarian situation in 2015, affecting an estimated 1.25 million people.

Humanitarian needs were increasing, but international donor funding to Eritrea was erratic and key humanitarian programmes were underfunded. As a result, CERF provided **\$3 million** to Eritrea in 2015 to cover critical funding gaps in life-saving operations. This funding allowed UN agencies and partners to provide supplementary feeding for **30,000 children under age 5**, pregnant women and breastfeeding mothers; agricultural inputs for **21,342 vulnerable people** whose livelihoods were affected by locusts, allowing for the restoration of agricultural production; nutritional interventions to improve safe child-delivery services benefiting **1,607 women** who gave birth at health facilities; improved access to safe water and cash grants for **2,787 Somali refugees**; and vaccination campaigns and primary health-care support benefiting **545,233 people**.

ETHIOPIA

Allocation	\$10 million - September 2015	
	Underfunded emergencies	
Emergency Type	Natural disaster	
Beneficiary Type	Refugees, host communities and other	
Implementing organizations	FAO, UNHCR, UNICEF, WFP	
	1 national/local NGO	
	9 Government entities	

Ethiopia has made significant strides in socioeconomic development, recording a double-digit GDP growth rate for more than a decade, which has helped reduce poverty in urban and rural settings. According to the 2014 Human Development Index, the share of the population below the poverty line fell from 38.7 per cent in 2005 to 26 per cent in 2013. However, the poorest third of the population has yet to fully benefit from this growth. More than 80 per cent of the Ethiopian population continues to depend on rain-fed, subsistence agriculture and is extremely vulnerable to weather shocks. According to the 2015 Humanitarian Requirements Document, 2.9 million people needed relief food assistance, 2.4 million people needed nutrition interventions and 1.4 million people needed water and sanitation support. With more than 700,000 refugees, Ethiopia hosted the second-largest number of refugees in Africa and the fifth largest in the world.

Despite the continuation of widespread humanitarian needs in Ethiopia, the 2015 humanitarian requirements were critically underfunded in all sectors. Consequently, CERF allocated **\$10 million** from its Underfunded Emergencies Window to sustain the implementation of life-saving interventions in Ethiopia in 2015. This funding allowed UN agencies and partners to provide treatment for **146,000 children with severe acute malnutrition**; targeted supplementary feeding for **205,333 children under age 5, pregnant women and lactating mothers**; curative and preventive health and nutrition services for **86,400 people**; improved access to safe drinking water for **295,402 people**; livelihoods support through vaccinations and treatment for livestock benefiting **327,025 drought-affected people**; and multisector life-saving assistance for **50,186 refugees** (including through multipurpose cash to **6,856 urban refugees**).

Allocation	\$17 million - November 2015
	Rapid response
Emergency Type	Natural disaster (El Niño)
Implementing organizations	WFP
	3 Government entities

By mid-2015, Ethiopia was experiencing its worst drought in decades due to the combined effects of failed spring rains and the June arrival of El Niño weather conditions that affected rain patterns across the country. The midyear review of the Humanitarian Requirements Document, released on 18 August, identified an additional 1.6 million people who required food relief, pushing the number of people who needed food aid in mid-2015 to 4.5 million. As the food security situation continued to deteriorate, the Government of Ethiopia undertook a rapid inter-agency assessment at the end of September. The assessment results were alarming across the country, leading to another revision of the number of people requiring food assistance upwards from 4.5 million to 8.2 million.

To prevent the situation from deteriorating, CERF allocated an additional **\$17 million** in Rapid Response funding for immediate life-saving action. This funding allowed UN agencies and partners to provide food aid for **1.37 million people**, and targeted supplementary feeding for **61,812 children under age 5, pregnant women and lactating mothers**.

RWANDA

Allocation	\$2.5 million - March 2015 Underfunded emergencies	\$
Emergency Type	Conflict related (Burundi regional)	
Beneficiary Type	Refugees, host communities and other	
Implementing organizations	IOM, UNFPA, UNHCR, UNICEF, UN Women, WFP	
	1 national/local NGO 4 international NGOs 1 Government entity	

Rwanda has hosted refugees from DRC since 1996. However, renewed fighting in eastern DRC in 2015 led to an influx of 35,000 refugees who crossed into Rwanda. This more than doubled the Congolese refugee population, which in 2015 stood at more than 74,500. Congolese refugees in Rwanda are almost entirely camp based and dependent on humanitarian assistance for survival. Rwanda also receives thousands of returnees each year coming back from countries of asylum. In 2015 alone, 5,053 returnees were registered. These population movements presented significant humanitarian challenges in 2015, as resulting needs largely surpassed available financial resources.

In view of low donor funding and critical gaps in humanitarian response, CERF allocated **\$2.5 million** from its Underfunded Emergencies Window to Rwanda in 2015 to sustain the implementation of life-saving projects. This funding allowed UN agencies and partners to provide access to SGBV prevention-and-response services for **21,550 people**; food assistance for **46,090 people** through cash transfers; access to sanitation facilities for **27,236 people**; access to reproductive, maternal and neonatal health services for **27,551 people**; a sufficient quantity of safe water for **15,000 people living in Gihembe refugee camp**; and critical health and water services for **7,028 people** in Rusizi transit centre.

Allocation	\$8 million - May 2015 Rapid response
Emergency Type	Conflict related (Burundi Regional)
Beneficiary Type	Refugees, host communities and other
Implementing organizations	UNFPA, UNHCR, UNICEF, WFP, WHO
	1 national/local NGO 4 international NGOs 1 Government entity

At the end of March 2015, Rwanda began to experience a sudden mass influx of refugees fleeing pre-election tensions in Burundi. The rates of influx were initially in the low hundreds per day, but three weeks into the crisis the number of new arrivals reached 3,500 per day. Registration data showed that 84 per cent of the newly arrived refugees were women and children. Large-scale capacity was required in order to register refugees (registration is the foundation for protection and access to all services). Moreover, the Government determined that the opening of a new refugee camp was necessary and it designated a site on 16 April. Construction started immediately and the first refugees were relocated to the new camp a week later. By the end of 2015, there were 76,054 Burundian refugees registered in Rwanda. This population required protection and life-saving humanitarian assistance, which the Government of Rwanda was unable to provide without support from the UN and NGOs.

CERF allocated **\$8 million** in rapid-response grants for the implementation of time-critical life-saving response activities. This funding allowed UN agencies and partners to provide food assistance for **30,000 people**; nutritional screenings for **6,615 children under age 5** and treatment for **516 children** with severe acute malnutrition; emergency health response benefiting **30,000 people**; antenatal care services for **1,056 women** and assistance for **660 deliveries**; multisector assistance for refugees, including water, shelter, basic relief items, protection and transport for **30,000 people**; and protection against violence, exploitation, abuse and neglect for **7,154 children**.

SOMALIA

Allocation	\$5.3 million - October 2015	\$
	Rapid response	
Emergency Type	Conflict related	
Beneficiary Type	Refugees, IDPs	
Implementing organizations	IOM, UNFPA, UNHCR, WFP, WHO 3 national/local NGOs 4 international NGOs 1 Government entity	

The escalation of military conflict in Yemen at the end of March 2015 triggered widespread population movements, including a large influx of returnees to Somalia. According to available estimates, 257,000 Somalis resided in Yemen before the conflict, 104,000 of whom were registered as refugees. By the end of July 2015, 23,680 returnees and refugees had entered Somalia from Yemen. Upon arrival, they urgently needed food and water (after many hours at sea) and emergency health services, as they were coming from areas of displacement in Yemen without access to adequate food, health care and basic services.

Since the influx stretched already scarce resources for humanitarian assistance in Somalia, CERF allocated **\$5.3 million** from its Rapid Response Window to address the immediate life-saving needs at the ports of entry. This funding allowed UN agencies and partners to provide treatment for **4,510 malnourished people**; dense supplementary food for **3,968 moderately malnourished children under age 5** and **542 pregnant and lactating women**; **maternal health services for 584 women**; measles vaccinations for **2,000 children**; cooked meals on arrival and cash transfers for **4,023 people**; and core relief items for **5,050 people** (including through cash assistance).

Allocation	\$20 million - October 2015	\$
	Underfunded emergencies	
Emergency Type	Natural disaster (El Niño)	
Beneficiary Type	Refugees, IDPs, host communities and other	
Implementing organizations	FAO, IOM, UNFPA, UNHCR, UNICEF, WFP, WHO 53 national/local NGOs 19 international NGOs 3 Government entities 1 Red Cross/Crescent society	

The humanitarian crisis in Somalia remained severe throughout 2015. More than 3 million people needed life-saving assistance, including more than 2 million people who were on the verge of slipping into acute food insecurity. Insecurity, erratic rains and floods negatively affected the food security situation. Early warning from assessments conducted by the Famine Early Warning System projected a likely increase in the number of food insecure people in Somalia by the end of 2015. At the same time, the humanitarian response capacity was hampered by low funding levels. By midyear, the 2015 Humanitarian Response Plan was funded at only 26 per cent of its requirements. Subsequently, 1.5 million people were left without primary health-care services due to the closure of many health facilities, and 400,000 vulnerable people were in danger of not receiving food assistance.

In view of widespread critical humanitarian needs and low funding levels, Somalia was selected as a recipient of funding from the Underfunded Emergencies Window. CERF allocated **\$20 million** to sustain life-saving assistance in the country. This funding allowed UN agencies and partners to provide improved access to emergency health services for **175,430 people**; sustained access to safe water for **168,242 people**; protection services benefiting **67,729 people**, including medical, legal, material and psychosocial support for **21,523 survivors of GBV**; agricultural inputs for **462,184 people** supporting their food production; nutrition services for **57,099 children under age 5, pregnant women and lactating mothers**; food for **37,387 people** (including through cash transfers to **13,387 people**); emergency shelter and core relief items for **27,000 displaced people**; and access to a safe learning environment for **12,523 children affected by emergencies**.

SOUTH SUDAN

Allocation	\$5.6 million - Jun 2015 Rapid response
Emergency Type	Conflict related
Beneficiary Type	Refugees
Implementing organizations	UNICEF, UNHCR, UNOPS, WFP 4 international NGOs

Intense fighting between the Sudan People's Liberation Movement-North and the Sudan Armed Forces generated a new influx of refugees from Sudan to South Sudan's Unity state in 2015. After protracted negotiations, in February 2015 the Government granted permission for the expansion of Ajuong Thok camp and for the establishment of a new camp in Pamir. This provided a window of opportunity to improve conditions in overcrowded camps, where the basic services were no longer able to cope with increasing caseloads. Water-supply coverage was below Sphere Standards in the camps, there was an outbreak of acute watery diarrhoea in March 2015 due to poor sanitation, the acute malnutrition rate was 11.1 per cent among newly arrived children, and the ratio of pupils per classroom had increased to 150. Newly arrived refugees had few belongings, lacked livelihoods alternatives and had little option but to rely on humanitarian assistance for survival.

In response, CERF provided **\$5.6 million** in Rapid Response funding for time-critical life-saving interventions. This funding allowed UN agencies and partners to provide improvements to water and sanitation infrastructure and services benefiting **13,854 people**; access to primary health care for **13,854 people**; emergency shelter materials and basic relief items for **2,500 households**; vaccinations for **1,143 children under age 1** and medical treatment for **851 children under age 5**; general food distribution to **6,667 people**; nutrition services for **1,038 children under age 5, pregnant women and lactating mothers**; and access to education and psychosocial support for **6,608 children**.

Allocation	\$5.2 million - July 2015 Rapid response
Emergency Type	Conflict related
Beneficiary Type	IDPs
Implementing organizations	FAO, IOM, UNICEF, WFP

The escalation of conflict in the Greater Upper Nile region starting in April 2015 was characterized by extreme levels of violence and violations of international humanitarian and human rights law. At least 29 villages and towns were attacked, some 1,000 people were killed, 1,300 women and girls were raped and 1,600 people were abducted. Even the people fleeing into the swamps were not safe, as attackers pursued them. Many people, particularly children, drowned while running for their lives and hundreds more were separated from their families. An estimated 750,000 people were cut off from humanitarian assistance due to displacement and insecurity.

In response to the crisis, CERF allocated **\$5.2 million** to the innovative multisectoral Survival Kit Project, which was designed to provide families on the run with essential items to save their lives in areas otherwise inaccessible by humanitarian assistance. This funding allowed UN agencies and partners to provide survival kits for **27,727 families (135,655 people)**. Each survival kit included packets of high-calorie fortified dry food, oral rehydration salts, two collapsible jerry cans, a fishing kit, two packets of vegetable seeds, a kitchen set and a storage bag.

SOUTH SUDAN

Allocation	\$2.6 million - August 2015 Rapid response
Emergency Type	Disease outbreak
Beneficiary Type	IDPs, host communities and other
Implementing organizations	UNICEF, WHO 3 national/local NGOs 4 international NGOs

The catastrophic humanitarian situation in war-torn South Sudan was further compounded by a cholera outbreak in mid-2015. As of 29 July 2015, 1,429 cholera cases, including 42 deaths, had been reported. The initial cases were traced to Protection of Civilians camps, but the cholera outbreak was closely tied to the deteriorating economic crisis. The public water supply for drinking and domestic use was extremely limited and largely dependent on water trucking and bottled water. The cost of water tripled, which reduced the level of available safe water and led to poor sanitation and hygiene practices.

As no other humanitarian funds were available, CERF allocated **\$2.6 million** in rapid-response grants for immediate life-saving response. This funding allowed UN agencies and partners to provide emergency health assistance for **1,818 cholera patients**; support to **42 health clinics** to ensure the proper management of cholera cases; and access to safe water for **273,502 people** through water-treatment supplies and maintained water systems.

UGANDA

Allocation	\$3.2 million - August 2015 Rapid response
Emergency Type	Conflict related (Burundi regional)
Beneficiary Type	IDPs, host communities and other
Implementing organizations	IOM, UNFPA, UNHCR, UNICEF, WFP, WHO 2 national/local NGOs 5 international NGOs 3 Government entities

The political and civil unrest in Burundi resulted in a large influx of Burundian refugees to Uganda. By July 2015, 11,165 Burundian refugees had entered Uganda through border crossings with Rwanda and Tanzania. According to available data, 71 per cent of arriving refugees were women and children. It was estimated that due to continued political clashes and civil strife, some 30,000 more refugees would flee Burundi for Uganda by the end of 2016. The inter-agency response to refugees' humanitarian needs was under way at the beginning of 2015. However, the increased influx exceeded available resources, which left critical gaps in protection, water and sanitation, health, shelter and food assistance.

Consequently, CERF allocated **\$3.2 million** for immediate life-saving assistance. This funding allowed UN agencies and partners to provide food for **16,808 people**; malnutrition screenings for **2,426 children under age 5** and the treatment of identified severely malnourished cases; shelter kits and basic relief items for **10,631 people**; registration for **12,081 newly arrived refugees**; improved access to health care benefiting **21,850 people**; and adequate sanitation facilities benefiting **10,699 people**.



CERF kick-starts early response in Rwanda's Mahama refugee camp

Pierre, 14, fled Burundi without his family. He hides behind his mosquito net in a tent he shares with more than 20 other unaccompanied children in Mahama refugee camp, Rwanda.
© UNHCR/Kate Holt

Mahama refugee camp opened in Rwanda on 22 April 2015 as a new temporary home for refugees fleeing election-related violence in Burundi. Mahama was Rwanda's sixth refugee camp (74,000 Congolese refugees lived in five other camps throughout the country). But it quickly became the country's largest camp, as its population reached more than 20,000 in less than a month.

Thanks to CERF funding, the United Nations High Commissioner for Refugees (UNHCR) and partner agencies were able to provide some of the most critical life-saving assistance from day one of the emergency.

"The generous contribution from CERF could not have come at a more critical time for the emergency response to ensure basic assistance and protection for refugees fleeing Burundi," said Saber Azam, Representative of UNHCR, which leads the refugee

response in Rwanda jointly with the Government's Ministry for Disaster Management and Refugee Affairs.

With a CERF contribution of \$5.79 million, UNHCR was able to register all Burundian refugees on arrival in Rwanda. Registration is one of the most essential, time-critical interventions needed at the very onset of a refugee influx. It allows a person to establish his or her identity and, very importantly, to access different services and assistance that are provided for refugees. Registration also helps UNHCR and other actors to determine what services are needed and if there are people with vulnerabilities who might need specific types of support, for example, elderly people, pregnant or lactating women, or children without caregivers.

UNHCR also provided emergency shelter, water and sanitation facilities for 30,000 Burundian refugees. Plastic sheeting was

immediately dispatched to rehabilitate existing structures at reception sites at the border, where refugees spent their first nights in the country. Emergency hangars, latrines and bathing facilities were also set up. Subsequently, in mid-April 2015, UNHCR and the Government announced the allocation of a site for the Mahama refugee camp to accommodate Burundi refugees in the country.

CERF's contribution also included funding for other UN partners—the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), WFP and the World Health Organization (WHO)—to meet critical needs in food and nutrition, child protection and health.

"UNHCR is tremendously grateful to CERF for this timely contribution to the Burundi refugee response in Rwanda, and to the essential work of our sister UN agencies," said Mr. Azam.



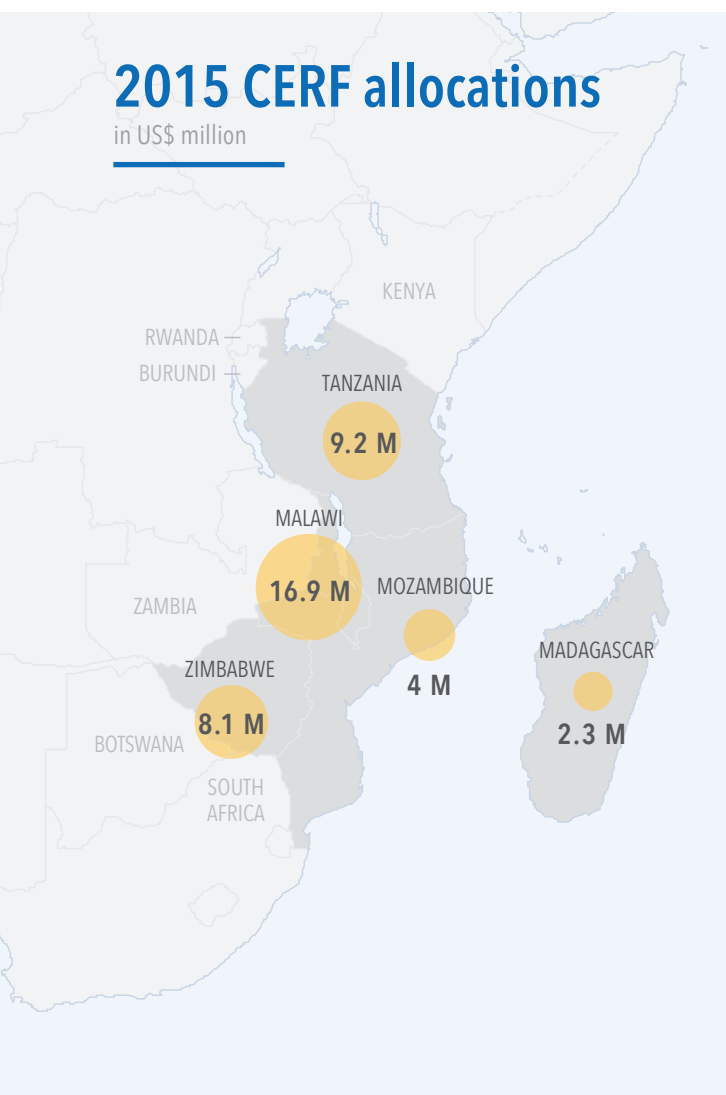
Food distribution during floods in Mozambique.

© WFP/Mashhour Al-Halawani

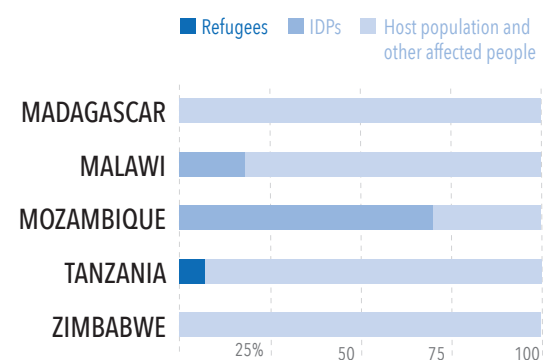
SOUTHERN AFRICA

2015 CERF allocations

in US\$ million



Profile of people reached



CERF funding in response to the 2015 humanitarian crises in the Southern Africa region mostly focused on enabling rapid response to natural disasters related to climatic shocks and on enabling rapid response to cholera outbreaks.

The Fund allocated **\$17 million** in two grants to Malawi for rapid life-saving response to flooding that displaced 336,000 people, and to subsequent drought that disrupted agricultural production and resulted in widespread food insecurity throughout the country.

CERF also facilitated the quick implementation of life-saving action in response to droughts in Zimbabwe and Madagascar and floods in Mozambique by allocating **\$8.1 million**, **\$2.3 million** and **\$3.2 million** to these countries respectively.

Moreover, the Fund provided critical funding to Mozambique and Tanzania for rapid response to cholera outbreaks.

Number of people reached

	Agriculture	Camp mgt.	Early recovery	Education	Food	Health	Mine action	Multi-sector	Nutrition	Protection	Shelter and NFIs	WASH
Madagascar	13,364	-	-	-	68,479	-	-	-	17,916	-	-	9,360
Malawi	350,081	-	-	27,838	2,232,143	-	-	-	11,300	-	162,063	45,368
Mozambique	27,950	-	-	-	49,463	13,772	-	-	-	172,294	76,371	237,533
Tanzania	-	-	-	-	65,426	110,641	-	-	-	40,000	40,000	3,799,079
Zimbabwe	54,189	-	-	-	138,952	-	-	-	16,895	-	-	119,999
Total	445,584	-	-	27,838	2,554,463	124,413	-	-	46,111	212,294	278,434	4,211,339

MADAGASCAR

Allocation	\$2.3 million - April 2015 Rapid response
Emergency Type	Natural disaster
Implementing organizations	FAO, UNICEF, WFP 9 national/local NGOs 2 international NGOs 3 Government entities

The southern part of Madagascar, which is a naturally arid zone, received between 25 and 55 per cent less rain than normal in 2014. The rain deficit continued throughout the planting season between September and December, which resulted in an almost non-existent harvest at the beginning of 2015. The failure of the harvest led to the depletion of available food reserves by April 2015 and a sharp increase in food prices. The multisectoral needs assessment revealed that the rates of severe acute malnutrition ranged between 2.3 and 9.2 per cent, and the rates of moderate acute malnutrition ranged between 10.2 and 16.5 per cent among children under age 5 in seven southern regions of the country. It was estimated that the food security of between 200,000 and 350,000 people was affected. In view of the crisis, the Government of Madagascar announced a humanitarian emergency and issued an international funding appeal.

In response to the crises, CERF allocated **\$2.3 million** for immediate life-saving action. This funding allowed UN agencies and partners to provide food for **68,479 of the most vulnerable people**; treatment for **2,530 children under age 5** with severe acute malnutrition; supplementary feeding for **23,142 children under age 5, pregnant women and lactating mothers**; water filters for **9,360 people** without access to potable water; and seeds and agricultural inputs for **13,364 people**, allowing them to resume agricultural production.

MALAWI

Allocation	\$7 million - February 2015 Rapid response
Emergency Type	Natural disaster
Beneficiary Type	IDPs, host communities and other
Implementing organizations	FAO, IOM, UNHCR, UNICEF, WFP 3 national/local NGOs 9 international NGOs 1 Government entity 1 Red Cross/Crescent society

In early 2015, Malawi experienced its worst flooding disaster of the past 50 years, with more than 1 million people affected. On 13 January 2015, the Government of Malawi declared a state of disaster in 15 affected districts. The floods displaced 336,000 people, 230,000 of whom resided in camps and desperately needed humanitarian assistance for survival. The floods caused extensive damage to crops, livestock and infrastructure, including damage to schools and health facilities. In total, 64,000 hectares of agricultural land were affected.

In response to the emergency, CERF allocated **\$7 million** for urgent life-saving humanitarian action. This funding allowed UN agencies and partners to provide food for **271,766 people**; shelters and basic emergency items for **162,063 people**; access to safe water for **45,368 people**; agricultural inputs for **119,081 people**, the restoration of agricultural production; and access to safe learning spaces and education materials benefiting **27,838 children**.

MALAWI

Allocation	\$10 million - October 2015 Rapid response
Emergency Type	Natural disaster (El Niño)
Beneficiary Type	IDPs, host communities
Implementing organizations	FAO, UNICEF, WFP 4 national/local NGOs 11 international NGOs 1 Government entity

Malawi experienced recurring climatic shocks in 2015, which disrupted agricultural production and resulted in widespread humanitarian needs. As the extensive floods that displaced 336,000 people started to recede, a large part of Malawi experienced prolonged dry spells that had another devastating effect on food production. The 2015 vulnerability assessment revealed that 2.8 million people were at risk of food insecurity, representing 17.5 per cent of the country's population.

In view of the critical deterioration of the humanitarian situation, CERF allocated an additional **\$10 million** for life-saving interventions. This funding allowed UN agencies and partners to provide emergency food assistance for **1,883,757 people**, malnutrition treatment benefiting **16,334 people**, and essential agricultural inputs for **42,000 families (231,000 people)**.

MOZAMBIQUE

Allocation	\$3.2 million - February 2015 Rapid response
Emergency Type	Natural disaster
Beneficiary Type	IDPs
Implementing organizations	FAO, IOM, UNICEF, WFP 2 national/local NGOs 5 international NGOs 7 Government entities

Mozambique was heavily affected by rains and floods in 2014 and 2015, which caused severe damage to crops, displaced large populations and led to widespread humanitarian needs. An estimated 425,694 people were affected, 72,000 people were displaced and 103,807 hectares of crops were destroyed. The displaced people were initially hosted in 46 accommodation centres. An estimated 70 per cent of the Zambézia Province was inaccessible due to extensive damage to infrastructure (57 bridges destroyed), which made assessments and the delivery of life-saving assistance a major challenge. This situation led to a rapid depletion of relief stocks and an abrupt increase in needs for food, shelter and clean water. On 12 January 2015, the Council of Ministers of Mozambique declared an emergency for the central and northern regions.

In response to the crisis, CERF allocated **\$3.2 million** for urgent life-saving action. This funding allowed UN agencies and partners to provide food for **49,463 people**; a safe water supply for **48,199 people**; water-treatment materials for **79,533 people**; access to emergency latrines for **48,680 people**; seeds and tools for **27,950 farmers**; emergency tool kits for **76,371 people**; child-friendly spaces allowing for the protection of **3,400 children**; and awareness raising for more than **168,000 people** on safe practices and violence prevention and response.

MOZAMBIQUE

Allocation	\$750,000 - March 2015 Rapid response
Emergency Type	Disease outbreak
Implementing organizations	UNICEF, WHO 2 Government entities

Cholera is endemic in Mozambique. However, the 2015 outbreak was beyond the normal pattern of transmission, with 3,478 cases and 37 deaths recorded between 1 January and 25 February. The most affected province was Tete, with 1,619 cases and 20 deaths. The case-fatality rate above 1 per cent indicated poor management of the outbreak and an urgent need for response through health and water, sanitation and hygiene interventions. The Government's ability to manage the outbreak was limited due to the attention and resources directed towards the ongoing flood response.

In response to the outbreak, CERF allocated an additional **\$750,000** for life-saving humanitarian action. This funding allowed UN agencies and partners to provide medical treatment for **13,772 people** and access to safe water and sanitation for **158,000 people**.

UNITED REPUBLIC OF TANZANIA

Allocation	\$7.7 million - June 2015 Rapid response
Emergency Type	Conflict related (Burundi regional)
Beneficiary Type	Refugees
Implementing organizations	IOM, UNFPA, UNHCR, UNICEF, WFP, WHO 2 national/local NGOs 2 international NGOs 1 Government entity 1 Red Cross/Crescent society

Starting from the end of April 2015, a steadily increasing number of people began to flee Burundi fearing election-related violence. By mid-May, 71,717 Burundian refugees had arrived in Tanzania, which created a complex humanitarian situation. Up to 40,000 people found themselves trapped in the small village of Kagunga (at the time believed to be accessible only by boat from Kigoma). They had no other options but to rely on humanitarian assistance for survival. The immediate installation of temporary health, water, sanitation and hygiene facilities, food assistance and onward transportation to Nyarugusu refugee camp were critically important.

CERF allocated **\$7.7 million** from its Rapid Response Window to start the humanitarian response. This funding allowed UN agencies and partners to provide access to emergency health services for **97,764 people**; measles/rubella vaccinations for **39,600 children** and polio vaccinations for **35,000 children**; improved access to safe drinking water for **40,000 people**; hygienic kits for **10,000 women and girls**; food for **65,426 people**; tents and shelter kits for **7,800 families (31,200 people)**; core relief items for **10,000 families (40,000 people)**; and protection, documentation and safe transport for **40,000 people**.

UNITED REPUBLIC OF TANZANIA

Allocation	\$1.5 million - November 2015 Rapid response
Emergency Type	Disease outbreak
Implementing organizations	UNICEF, WHO 4 Government entity 1 Red Cross/Crescent society

The United Republic of Tanzania experienced a major cholera outbreak in 2015. The epidemic started in Dar es Salaam in late August and progressively spread to almost the entire country, stretching resources beyond capacity. By mid-2016, there were 26,509 reported cholera cases and 413 deaths. The outbreak was unusual because of its high fatality rate and vast geographical spread within a short period of time. The last major outbreak was in 2010 with 1,997 reported cases, but it was limited to Tanga and Dar es Salaam regions. The rapid spread of the 2015 outbreak was unprecedented and fuelled fear that the situation would substantially deteriorate if the epidemic was not controlled before the rainy season began in late October.

In response to the crisis, CERF allocated **\$1.5 million** for the immediate implementation of life-saving response. This funding allowed UN agencies and partners to provide **15 million water guard tablets** benefiting **2,521,333 people** in cholera hotspots throughout the country; water chlorination to treat the water supply, benefiting **617,042 people** in Zanzibar and **974,692 people** in Dar es Salaam; cholera-sensitization messages that reached an estimated **4 million people**; emergency health services for **12,877 people**; and a stronger local capacity in surveillance and cholera case management.

ZIMBABWE

Allocation	\$8.1 million - November 2015 Rapid response
Emergency Type	Natural disaster (El Niño)
Implementing organizations	FAO, UNICEF, WFP 2 national/local NGOs 6 international NGOs 4 Government entities

Zimbabwe's food security situation drastically deteriorated in 2015. The late onset of the rainy season, prolonged dry spells and high temperatures (El Niño effects) resulted in a 51 per cent lower maize production in the 2014/2015 agricultural season as compared with the previous year. According to the findings of the Vulnerability Assessment Committee, 1.5 million people were food insecure and required humanitarian assistance. This represented a 166 per cent increase as compared with the previous year. The assessment also showed that child malnutrition rates had increased by 53 per cent nationally. As the dry weather persisted throughout 2015 and affected the 2015/2016 planting season, another assessment showed that the number of food insecure people had increased to 2.8 million. This was the country's highest increase in food insecurity since 2009.

In response to the large-scale crisis, CERF allocated **\$8.1 million** for immediate life-saving action. This funding allowed UN agencies and partners to provide food for **139,042 people severely affected by drought**; nutritional screenings for **85,945 children under age 5** and treatment for **2,879 identified malnourished children**; vitamin A supplements for **42,048 children under age 5**; crop and livestock inputs for **40,960 people** to support their agricultural production; improved access to water for **76,072 people** through rehabilitated water sources; and basic relief items for **13,000 families**, including soap, jerry cans, buckets and water-treatment tablets.



“I now sleep on a full stomach and wake up with the assurance that there is still food to keep me going.”

In January 2015, extremely heavy rains and floods displaced 336,000 people in Malawi and 72,000 people in Mozambique. In response, CERF provided \$10.9 million to support humanitarian partners assisting thousands of families.

In Mozambique, more than 425,000 people were affected by flooding, mainly in Nampula, Niassa and Zambézia Provinces. In Malawi, an estimated 616,000 people were affected and required immediate humanitarian

assistance. Many lost everything, including their homes.

With support from CERF, UN agencies such as IOM, WFP and WHO provided emergency life-saving assistance to the most vulnerable people.

CERF's rapid-response grant helped WFP provide emergency aid to 270,000 of the most vulnerable people with food or cash-based assistance in Malawi. For many people affected by the floods in Malawi, WFP was the



Flood victims rush to a Malawi Defence Force rescue boat in Makalanga, Malawi. © UNDP/Arjan van de Merwe

only source of food and nutrition. Esnart Thomu and her family were among those receiving help from the agency. "I now sleep on a full stomach and wake up with the assurance that there is still food to keep me going. This food gives me hope that I will have energy to restart a normal life," she said.

IOM provided life-saving humanitarian shelter to more than 75,000 people displaced by flooding in Mozambique's Zambézia Province. "The situation is critical for many

families that have lost everything, including their homes and crops for the year," said IOM Project Manager Camila Rivero-Maldonado. IOM provided these families with transit emergency shelter materials, such as tarpaulins, rope, solar lamps and shelter tool kits.

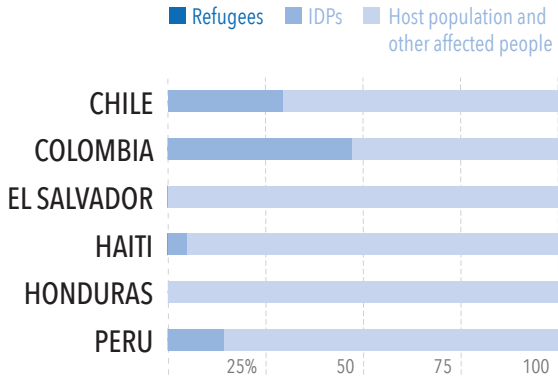
With CERF funds, humanitarian partners in Malawi and Mozambique also provided clean water, sanitation services, seeds and tools so that affected farming families have another chance at a harvest and a livelihood.



LATIN AMERICA & THE CARRIBEAN



Profile of people reached



In 2015, CERF provided **\$17.5 million** for life-saving action in response to humanitarian needs in Latin America and the Caribbean.

Funding from the Rapid Response Window facilitated the quick provision of life-saving assistance to people affected by droughts and floods in Chile, El Salvador, Haiti, Honduras and Peru; enabled humanitarian response to the protection crisis created by the deportation of Haitian migrants from the Dominican Republic; and supported the cholera response in Haiti.

The funding from the Underfunded Emergencies Window supported ongoing but critically underfunded life-saving humanitarian operations in Colombia, where, despite progress in the peace processes, large-scale humanitarian needs persisted.

Livelihoods strengthening project, La Guajira, Colombia.
© WFP/Mike Bloem

CHILE

Allocation	\$800,000 - May 2015 Rapid response
Emergency Type	Natural disaster
Beneficiary Type	IDPs, host communities and other
Implementing organizations	IOM, WHO 1 national/local NGO 1 Red Cross/Crescent society

On 24 March 2015, an unprecedented amount of rain led to floods in three regions in northern Chile: Antofagasta, Atacama and Coquimbo. The National Emergency Office reported that 164,914 people had been affected, 8,325 houses were uninhabitable and 16,588 people had been displaced. The Ministry of Health declared an alert on account of the health hazards, especially flood waters contaminated by sewage.

In response to the emergency, CERF provided **\$800,000** for urgent humanitarian action. This funding allowed UN agencies and partners to provide emergency health care for **21,444 people**; an improved water supply and sanitation for **39,789 people** through interventions such as bottled water distribution, improved water systems and hygiene kits; and the facilitation of the return home of **2,550 people** through basic house repairs and repair kits.

COLOMBIA

Allocation	\$3 million - April 2015 Underfunded emergencies
Emergency Type	Conflict related
Beneficiary Type	IDPs, host communities and other
Implementing organizations	FAO, UNDP, UNHCR, UNICEF, WFP, WHO 7 national/local NGOs 4 international NGOs 1 Red Cross/Crescent society

The de-escalation measures implemented by the Government of Colombia and the Revolutionary Armed Forces of Colombia (FARC) as part of the peace talks resulted in decreased violence, and they had a positive impact on some humanitarian indicators. Nevertheless, large-scale displacement and critical humanitarian needs continued. In 2015, 115,124 people were forcibly displaced as a result of the conflict and armed violence. Indigenous and Afro-Colombian people, women and children were particularly affected.

Due to the continuation of large-scale humanitarian needs and low donor funding levels, CERF allocated **\$3 million** from its Underfunded Emergencies Window to Colombia in 2015 for life-saving response. This critical funding allowed UN agencies and partners to provide assistance to the most vulnerable people heavily affected by conflict. This included emergency nutritional services for **8,006 children and pregnant/lactating women** and general food aid for **5,669 people**; critical health services for **11,398 people**; comprehensive protection assistance for **22,393 people**, including **8,655 children**; agricultural inputs benefiting **4,200 people**; and the improvement of access to water and sanitation for an estimated **11,840 people**.

Number of people reached

	Agriculture	Camp mgt.	Early recovery	Education	Food	Health	Mine action	Multi-sector	Nutrition	Protection	Shelter and NFIs	WASH
Chile	-	4,968	-	-	-	21,444	-	-	-	-	-	39,789
Colombia	4,200	-	-	-	5,669	11,398	-	-	8,006	22,393	-	11,840
El Salvador	19,040	-	26,449	-	29,162	-	-	-	16,135	-	-	-
Haiti	600,000	-	-	-	124,748	513,279	-	-	361,606	74,283	-	493,140
Honduras	-	-	-	-	23,941	22,375	-	-	17,173	-	-	11,300
Peru	7,820	-	-	-	-	-	-	-	-	-	4,195	22,032
Total	631,060	4,968	26,449	-	183,520	568,496	-	-	402,920	96,676	4,195	578,101

EL SALVADOR

Allocation	\$2.7 million - December 2015	\$
	Rapid response	
Emergency Type	Natural disaster (El Niño)	
Implementing organizations	FAO, UNDP, UNICEF, WFP	
	3 national/local NGOs	
	2 international NGOs	

The El Niño phenomenon triggered a severe drought in El Salvador, causing irreversible damage to agricultural production. The most affected departments were La Paz, La Unión, Morazán, San Miguel, San Vicente and Usulután, where, according to the Emergency Food Security Assessment, 152,000 subsistence farmers had lost between 75 and 100 per cent of their crops. Harvest losses resulted in the depletion of food reserves, which increased the levels of food insecurity and the number of acute and severe malnutrition cases.

In response to the crisis, CERF provided **\$2.7 million** in Rapid Response funding for life-saving assistance to the most vulnerable affected people. Beneficiaries were selected on the basis of their high risk of food insecurity, high risk of acute malnutrition among children, widespread migration and the loss of agricultural production. CERF support allowed UN agencies and partners to provide food for **29,162 food insecure people** for three months, including through vouchers for **6,524 people**; an emergency nutrition programme covering **16,135 children under age 9**; access to good-quality water for **26,450 people**; and agricultural inputs, such as seeds, fertilizers and technical support, for **3,575 families** to rapidly restore food production.

HAITI

Allocation	\$7.2 million - August 2015	\$
	Rapid response	
Emergency Type	Disease Outbreak (El Niño)	
Implementing organizations	UNICEF, IOM, WHO, FAO, WFP	
	11 national/local NGOs	
	8 international NGOs	
	3 Government entities	

The humanitarian situation in Haiti remained fragile due to the persistence of cholera, a migration crisis, drought and the wider effects of El Niño. According to the 2015 Humanitarian Needs Overview, 1.5 million people were severely food insecure and needed immediate food assistance. An estimated 130,000 children under age 5 had acute malnutrition, and approximately 56,545 children needed immediate therapeutic feeding as a life-saving measure. Cholera remained an acute emergency (largely because of poor access to clean water and sanitation), with more than 36,000 suspected cases and 322 deaths in 2015.

Given the critical humanitarian situation, CERF provided **\$4.2 million** for rapid cholera response and **\$3 million** for rapid response to the food crisis. This funding allowed UN agencies and partners to provide assistance for **17,857 cholera patients**; health emergency community responses benefiting an estimated **350,000 people**; timely and adequate water and sanitation responses to all cholera alerts benefiting an estimated 500,000 people; food for **124,748 vulnerable people** (including through cash transfers); screenings for **200,000 children under age 5 for severe acute malnutrition** and treatment for **5,730 identified cases**; micronutrient powder for **11,642 malnourished children** and vitamin A for **68,341 children**; and seeds and planting materials for **9,000 vulnerable households** to boost their agricultural production.

HAITI

Allocation	\$2 million - December 2015	Ⓢ
	Rapid response	
Emergency Type	Displacement/migration	
Beneficiary Type	Refugees	
Implementing organizations	IOM, UNHCR, UNICEF 5 national/local NGOs 1 international NGO 1 Government entity 1 Red Cross/Crescent society	

In June 2015, Haiti faced a large-scale protection crisis related to the return of thousands of migrants from the Dominican Republic. For decades, Haitians have migrated to the Dominican Republic, attracted by a high demand for unskilled workers. An estimated 460,000 Haitian migrants without a regular immigration status resided in the Dominican Republic in 2015. The crisis was triggered by the Dominican Republic's Presidential Decree concerning the National Plan, which granted the Dominican law-enforcement authority to forcibly expel people of Haitian descent who did not have newly imposed documentation. In September 2016, IOM's border monitoring revealed that 141,506 people had reportedly crossed the border into Haitian territory since June 2015. Of the total returnees, 2,244 were identified as unaccompanied minors. The Dominican Republic had committed not to deport children, but official and unofficial convoys regularly included children. Due to insufficient reception capacities in Haiti, informal settlements were established on privately owned land in the South East Department near Anse-à-Pitres. In this context, any adequate response to the needs of children affected by the deportation process had to rest on an overall strong child-protection system in Haiti with reinforced monitoring mechanisms and assistance capacities.

In response to the crisis, CERF provided **\$2 million** for life-saving protection interventions, including the registration of **590 unaccompanied children** at border crossings and placing them in temporary care; medical and psychosocial support for all registered children; family tracing, allowing **567 children** to reunite with families; the identification at border crossings of and assistance to **4,618 of the most vulnerable returnees** (including through cash assistance); and the protection of **69,075 stranded migrants** and their safe and humane onward transport.

HONDURAS

Allocation	\$2.2 million - November 2015	Ⓢ
	Rapid response	
Emergency Type	Natural disaster (El Niño)	
Implementing organizations	UNICEF, WFP, WHO 1 national/local NGO 6 international NGOs 1 Government entity	

In 2015, Honduras faced one of the most severe droughts in its recent history, with almost non-existent rains and record-high temperatures across the country. According to the 2015 Emergency Food Security Assessment, 220,148 households were moderately food insecure and 50,585 households were severely food insecure. These figures indicated a 40 per cent increase in food insecurity since 2014. Of particular concern was the drought's impact on malnutrition rates among children under age 5. Chronic malnutrition in this age group reached 48 per cent in the affected areas.

CERF provided **\$2.2 million** for life-saving assistance to the most vulnerable people affected by the crisis. This seed funding allowed UN agencies and partners to provide food assistance through cash-based transfers for **23,941 people (\$225 per family)**, and therapeutic feeding for **629 severely malnourished children under age 5**. CERF support also allowed for strengthened health services benefiting **22,375 people** and improved access to safe water for **11,300 people**.

PERU

Allocation	\$900,000 - June 2015 Rapid response
Emergency Type	Natural disaster
Beneficiary Type	IDPs
Implementing organizations	FAO, IOM, UNFPA, UNICEF 2 national/local NGOs 1 Government entity

Almost 700,000 people were affected by severe flooding, which caused widespread humanitarian needs during the 2015 rainy season in Peru. As a result, a state of emergency was announced in the Loreto region, which is characterized by high levels of poverty and malnutrition with a 42 per cent poverty index. More than 25,000 houses were flooded and about 3,500 people were displaced in the Loreto region. Affected families had limited access to safe water and sanitation, which resulted in a high risk of disease outbreaks.

Since the scale of humanitarian needs exceeded local response capacity, CERF allocated **\$900,000** for immediate life-saving action. This funding allowed UN agencies and partners to provide repair kits and other key assistance, allowing **700 families** to return home; seeds, food security kits and other assistance, allowing **1,400 families** to re-establish agricultural production; improved access to safe water and proper sanitation and hygiene for **22,032 people**; **5,000 hygiene kits** for young and adolescent women of reproductive age; and a GBV prevention system.



A local volunteer meets with members of the UN Disaster Assessment and Coordination (UNDAC) team after floods devastated communities in northern Chile. © OCHA

In late March 2015, heavy rains in northern Chile caused flash floods and mudslides that affected more than **164,000 people**, many of whom lost their homes. In response, CERF allocated almost **\$800,000** to help humanitarian partners provide urgent assistance for families in need.

IOM received **\$338,220** to help displaced families in the northern municipalities of Chanaral, Copiapo, Diego de Almagro and Earth Amarilla to return to their homes. It also provided emergency aid to people living with host families and in temporary shelters.

"These CERF funds will support the recovery of the northern part of the country and allow the continuation of IOM's work in support of the Government of Chile to respond to this emergency," said Norberto Girón, IOM Chile Chief of Mission.

The CERF project made an important contribution to a country that has an appropriate response capacity, but it was insufficient due to the magnitude of the emergency. The Chilean Ministry of Health, with support from the CERF projects, was able to rapidly assign resources to immediately clean its affected health centres, while the CERF project covered the most specific needs, such as purchasing equipment, medication and supplies.

EASTERN EUROPE

UKRAINE

Allocation	\$4.9 million - June 2015 Rapid response
Emergency Type	Conflict related
Beneficiary Type	IDPs, host communities and other
Implementing organizations	UNICEF, WFP, WHO 3 national/local NGOs 3 international NGOs 1 Red Cross/Crescent society

In 2015, shelling and exchanges of fire between the Ukrainian armed forces and non-State actors continued in several locations along the “contact line” in the Donetsk and Luhansk Provinces. From the beginning of the conflict in April 2014 until March 2016, OHCHR recorded 30,346 casualties in eastern Ukraine. The fighting also led to displacement, disrupted services and infrastructure losses, leaving many civilians without access to essential services. Among other needs, 2.9 million people were affected by insufficient access to a water supply and poor

water quality, of whom 1.7 million were prioritized for urgent response activities. Access to emergency primary health care was extremely limited for displaced people and for those residing in conflict-affected areas. Fighting continued to produce life-threatening injuries, while hospitals were receiving little assistance in the form of medical supplies, medications and food for patients.

CERF allocated **\$4.9 million** to kick-start the response to the highest-priority humanitarian needs. This emergency funding allowed UN agencies and partners to provide safe water through water trucking or bottled water to **100,000 people**; the improvement of water quality through chemicals, reagents and equipment benefiting **1.3 million people**; hygiene supplies for **100,000 people**; medical supplies and medicines for hospitals benefiting an estimated **661,500 people**; and improved common logistics services allowing for the uninterrupted flow of humanitarian supplies.

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