

United Nations
CERF
Central
Emergency
Response
Fund



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CERF RESULTS

AS REPORTED
BY CERF RECIPIENTS
IN 2017



UNITED NATIONS

FOR ALL, BY ALL

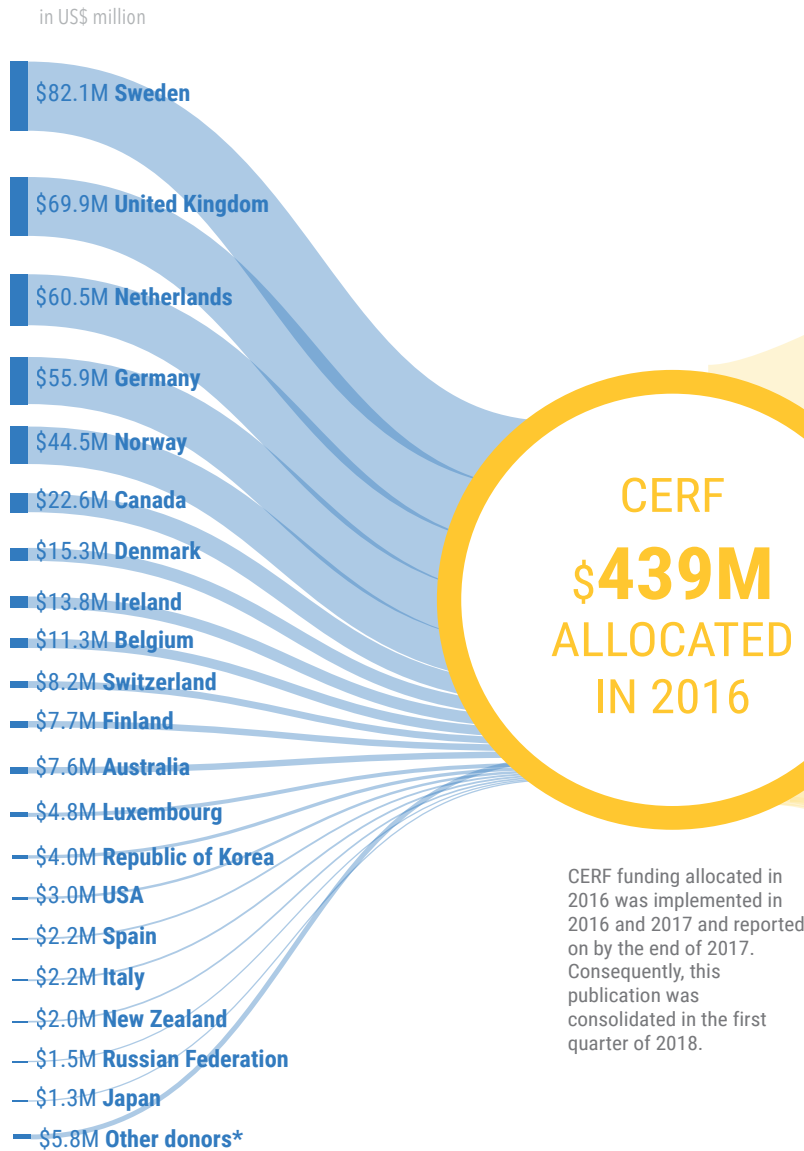
The achievement of results described in this report would not have been possible without the generous donor contributions to CERF, which allowed the fund to allocate \$439 million in 2016 for life-saving action in 47 countries. This invaluable support benefited millions of people in crisis situations in 2016 and 2017 reflecting the global solidarity of CERF donors, their commitment to saving lives wherever crises strike and their trust in the fund.

*Other donors

Donor	Contributions (US\$)
Kuwait	1.0M
United Arab Emirates	1.0M
Belgian Government of Flanders	0.6M
China	0.5M
India	0.5M
Turkey	0.5M
South Africa	0.4M
Iceland	0.3M
Liechtenstein	0.2M
Indonesia	0.2M
Saudi Arabia	150,000
Estonia	109,780

2016 CERF DONORS

52 MEMBER STATES AND OBSERVERS
1 REGIONAL GOVERNMENT
MULTIPLE PRIVATE CONTRIBUTIONS



Donor	Contributions (US\$)
Argentina	60,000
Monaco	57,015
Portugal	54,650
Singapore	50,000
Chile	30,000

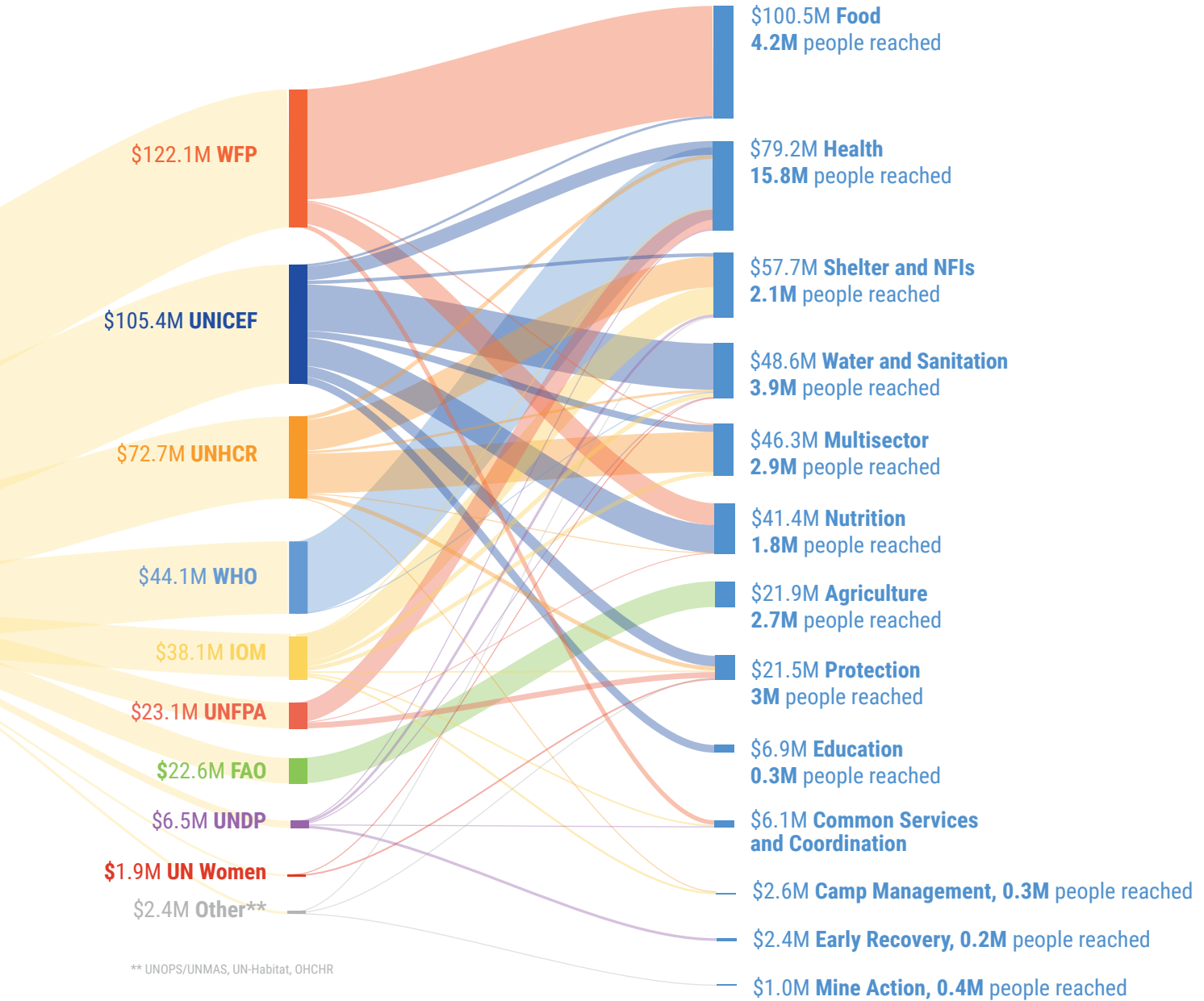
Donor	Contributions (US\$)
Thailand	20,000
Private donations through the UN Foundation	19,632
Andorra	16,634
Cyprus	13,910

IMPLEMENTING ORGANIZATIONS

12 UN AGENCIES, IN PARTNERSHIP WITH:
 125 INTERNATIONAL NGOs
 229 NATIONAL/LOCAL NGOs
 216 GOVERNMENT ENTITIES
 19 RED CROSS/RED CRESCENT SOCIETIES

PEOPLE REACHED

IN 47 COUNTRIES
 13 SECTORS



** UNOPS/UNMAS, UN-Habitat, OHCHR

Donor	Contributions (US\$)
Kazakhstan	10,000
Pakistan	10,000
Myanmar	10,000
Vietnam	10,000
Mongolia	10,000

Donor	Contributions (US\$)
Philippines	5,000
Armenia	5,000
Bangladesh	5,000
Sovereign Military Order of Malta	5,000

Donor	Contributions (US\$)
Iraq	5,000
Peru	3,973
Guyana	2,179
Montenegro	2,000

Foreword

In 2016, the Central Emergency Response Fund (CERF) embarked on its second decade of bringing urgent aid to save lives and protect the millions of children, women and men trapped in emergencies every day—wherever and whenever crises strike.

Established as “a fund for all, by all”, CERF continued to be one of the fastest enablers of life-saving humanitarian action around the world. The fund allocated \$439 million in 2016, which enabled the UN and its partners on the front lines to deliver emergency response to millions of people in 47 countries in 2016 and 2017. Close to two thirds of 2016 CERF’s funding allowed humanitarian partners to immediately jump-start or scale up urgent aid in new or deteriorating emergencies. In addition, approximately one third of the funds reached more than 9 million people in dire need in some of the most underfunded and neglected emergencies, including in the Lake Chad Basin and Central and Eastern Africa.

During the year, the world saw unprecedented levels of human suffering, with close to 93 million people requiring \$22 billion in support. In response, and guided by the principles of neutrality and impartiality, CERF remained a critical enabler of effective, timely and life-saving humanitarian action: it supported the work of 12 UN agencies and partners and directed funding to 13 sectors, from food and clean water to support services for humanitarian operations in logistics and emergency telecommunications. Below are just two examples of CERF’s support:

- As the world continued to face a growing number and magnitude of extreme weather events in 2016, CERF remained one of the first and largest supporters of early humanitarian action in response to El Niño, providing \$61 million for life-saving assistance to 13 affected countries throughout the year. This brought the total of CERF funding since 2015 to \$119 million.

- As Iraqi security forces moved to take the city of Fallujah from ISIS militants in mid-2016, more than 85,000 residents fled their homes to escape the fighting. In response, CERF allocated \$15 million for protection, health, shelter, water and sanitation, and refugee camp management, allowing UN agencies to act quickly to support Fallujah’s displaced people. This took the total of CERF’s support for Iraq in 2016 to more than \$33 million, making that country the largest recipient of CERF funds.

CERF’s invaluable contribution to life-saving humanitarian action worldwide is not possible without donors’ generous support to the fund. For 2016, 52 Member States and observers, as well as one regional government and private donors, contributed over \$426 million to CERF, ensuring the availability of predictable funding for essential responses. Thanks to donors’ generous support, the yellow fever outbreak in Angola was halted by a timely vaccination campaign, in which CERF played a critical role. Mothers fleeing fighting in north-east



Nigeria to the Lake Chad region received critical health services and clean water, and thousands of displaced people in hard-to-reach areas in the Upper Nile region of South Sudan received survival kits containing supplies for emergency shelter, health care and nutrition, delivered via UN airdrops.

This second CERF Results Report consolidates the results of 2016 CERF funding at global and local levels. This report, filled with examples of the impact and achievements of CERF around the globe, tells the story of a fund that has become indispensable to an effective humanitarian ecosystem delivering results for the people most in need. Following last year's launch of the first CERF Results Report, the CERF secretariat has gathered feedback from recipient agencies and donors. Their input has further enriched this year's presentation of the fund's results. I would like to thank the 11 donors and seven UN agencies that contributed to the process by providing valuable feedback.

The scale and intensity of emergencies in today's world point to the need for a larger, more robust CERF, which is commensurate with growing humanitarian needs. To that end, the General Assembly adopted resolution A/RES/71/127 in 2016, which endorsed the call for a \$1 billion CERF. This is a resounding vote of confidence in CERF and a sign of our collective ambition to rise to the challenge of our times. The endorsement has been followed by increased contributions from donors, with more than \$514 million received in 2017—the first time in CERF's history that it has passed the \$500 million mark in a year. We count on the continued trust and support of our partners to continue to help enhance CERF's capacity and ensure it remains agile and fit to quickly and effectively assist people in need. Every dollar invested in CERF is directly translated into stories of hope and survival for people who depend on this global "first aid" to stay alive and safe for a better chance tomorrow.

Mark Lowcock

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



The Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Mark Lowcock, met with displaced women and men at an IDP camp in Niger, affected by the Lake Chad Basin crisis.

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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.

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Cover photo:

CERF funding provided a water point for children and families living in harsh conditions in the village of Andour in Eastern Chad.

© UNICEF/Bahaji

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Final status of the Abyei area is not yet determined.

Map source: UNGIS

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

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OCHA

United Nations
Office for the Coordination
of Humanitarian Affairs

CERF RESULTS

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Introduction

This is the second consolidated presentation of the reported results of global CERF funding, covering a full year of CERF allocations. It follows last year's pilot publication that sought to address a key obstacle limiting the provision of unearmarked donor funding: the insufficient availability of results reporting on such funding. Despite the complexities involved, the pilot publication provided a comprehensive and detailed overview of collective results achieved with unearmarked funding that multiple donors provided to CERF. This achievement was possible due to several years of improvements in CERF's reporting framework, as well as the improved quality of CERF grant reports and enhanced the information management capacity of the CERF secretariat.

Building on the success of last year's pilot version, this year's publication has been further improved based on comprehensive inputs and suggestions from donors and recipient agencies. The CERF secretariat thoroughly analysed the feedback from 11 donors and seven agencies, which resulted in the addition of several new sections and many other improvements to the publication.

Major new additions include a section on donors' support to CERF, which seeks to link donor funding to key results achieved, further enhancing the visibility of CERF donors. This year's version also includes individual agency pages that contain key messages written by recipient agencies about results achieved through CERF funding, as well as agency-specific data from grant reports and stories from the field about how CERF funding has helped save lives (part II). The report also includes a section outlining CERF's allocation methodologies, which further advances the transparency of CERF's allocation processes.

Other new sections include overviews of partnerships in the implementation of CERF funding; CERF and displacement; CERF in support of the Grand Bargain; complementarity between CERF and other funding sources; CERF and gender; Accountability to Affected Populations in CERF-funded projects; cash transfer programming in CERF-funded projects; and CERF-funded El Niño responses.

This year's publication was compiled based on information provided by United Nations Resident Coordinators/Humanitarian Coordinators (RC/HCs) and Humanitarian Country Teams in 68 consolidated reports covering the results of 439 CERF-funded projects. The publication was complemented by information from other sources, such as the independent review of CERF's added value in El Niño-affected countries.

The publication covers CERF funding allocated in 2016 and reported on in 2017. CERF grants are implemented within a time frame of six to nine months, and narrative reports on grant implementation are required three months later. Thus, the latest CERF grants from 2016 were implemented by the fourth quarter of 2017 and reported on by the end of 2017. Consequently, this publication was consolidated in the first quarter of 2018.

The publication's primary focus is on the people affected by humanitarian crises who received CERF-funded life-saving assistance. However, it also presents reported information on the strategic value that CERF adds to the humanitarian system's ability to provide life-saving assistance. As each humanitarian situation is different, the publication 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 publication. This information is complemented in the third part by individual succinct country summaries organized by region, with a focus on the people reached and assistance provided through CERF funding for each allocation made in 2016.

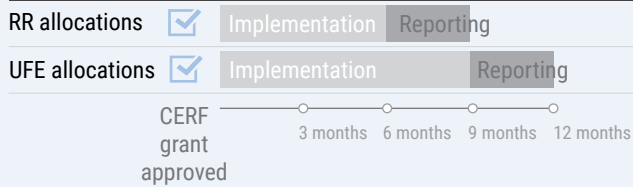
The publication is comprehensive in its coverage, but it is not exhaustive of all the results of CERF-funded interventions. It focuses on presenting top-line assistance delivered to crisis-affected people under each allocation. For complete details on the results achieved through each CERF allocation, please refer to the individual reports on the use of CERF funds published on CERF's website (<http://cerf.un.org>).

CERF'S RESULTS REPORT AND ANNUAL REPORT

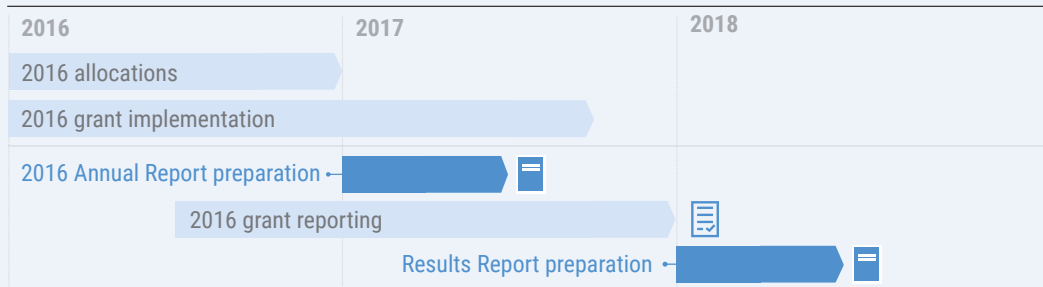
At the beginning of each year, the CERF secretariat prepares the CERF Annual Report, describing the emergency responses that CERF funded in the previous year. The Annual Report presents information on planned activities funded by CERF and does not include information on results achieved. The information on results achieved is only available a year later because the implementation of CERF grants takes between six and nine months followed by a three-month reporting period.

Once all RC/HC reports on the use of CERF funds are received, the CERF secretariat prepares the Results Report, which complements the Annual Report a year later with detailed information on results achieved. CERF funding allocated in 2016 was implemented in 2016 and 2017, and reported on by the end of 2017. Consequently, the results achieved through this funding were analyzed and consolidated into the CERF Results Report in the first months of 2018.

CERF grant implementation and RC/HC reporting timeline



CERF grant implementation and global reporting timeline



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. When needed, CERF funds can be released quickly to humanitarian agencies on the ground, anywhere in the world, at the onset of emergencies to kick-start a response, in rapidly deteriorating situations to scale up operations, and to cover critical gaps 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.

The Emergency Relief Coordinator, as fund manager, approves CERF grants. Applications are reviewed against CERF's criteria, i.e. needs are urgent and proposed activities are in line with CERF's life-saving criteria. 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 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.

CERF is guided by the humanitarian principles of humanity, neutrality and impartiality. 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 100 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. Testament to CERF's critical role in supporting global humanitarian action, the annual funding target for CERF was recently increased from \$450 million to \$1 billion.

CERF is



Global

CERF provides humanitarian support across the globe, expanding the reach of its donors to all crises, whether new, worsening or forgotten.



Fast

CERF makes funding available when it is needed most at the beginning of a crisis and allocates funding within hours of a crisis when time lost means lives lost.



Catalytic

CERF enables humanitarian partners to quickly scale-up response and leverage additional donor support through demonstrated and timely humanitarian action.



Needs-based

CERF allocations are strictly life-saving and based on the needs identified and prioritized by humanitarian partners at the front lines of the emergency responses. This ensures early responses to the most time-critical humanitarian priorities.



Promoting coordination and coherence

CERF funding is jointly allocated to multiple organizations based on humanitarian partners' agreed priorities. This promotes coordination among humanitarian actors, eliminates duplication and overlaps, prevents fragmented responses and supports the achievement of collective outcomes.



Fostering partnerships

CERF interventions support the involvement of implementing partners. Each year, approximately 25% of CERF funds are implemented by more than 500 NGOs and local responders who have partnered with UN agencies.



Neutral, impartial and independent

CERF is fully unearmarked, principled and independent to ensure funding goes to meet the most urgent, life-saving needs wherever crises hit.



Predictable

CERF is a trusted and dependable source of predictable funding for the most urgent and critical humanitarian action.



Cost-Effective

CERF offers value-for-money, allowing donors to efficiently assist people in need where ever crises strike, making limited resources go as far as it can to save lives and reduce the suffering of millions of women, girls, boys and men caught up in crises around the world.



Embodying the Grand Bargain

CERF plays a key role in delivering the Grand Bargain: CERF funding is flexible, efficient, unearmarked, principled and transparent, supports cash programming, empowers humanitarian leadership and promotes a coordinated, inclusive and strategic humanitarian response.



For more than a decade, the Central Emergency Response Fund has saved countless lives. It is there when diseases, natural disasters, conflict or the risk of famine hit. It helps kick-start a global life-saving response - impartially, efficiently and immediately. We can all be proud of its success.

- António Guterres, United Nations Secretary-General

CERF for the future

CERF STRETCHED TO THE LIMIT

The humanitarian reality in which CERF operates today is very different from when the fund was established over a decade ago. Due to an increase in the frequency, scale and magnitude of humanitarian emergencies, the number of people in need has tripled since 2006. During that year, \$5.2 billion was required to provide assistance to the most vulnerable people, compared with \$23.6 billion in 2017.

By contrast, CERF's annual funding target of \$450 million remained unchanged for over a decade, which means that the share of CERF funding against the global requirements decreased from 8.7 per cent in 2006 to 1.9 per cent in 2017.¹

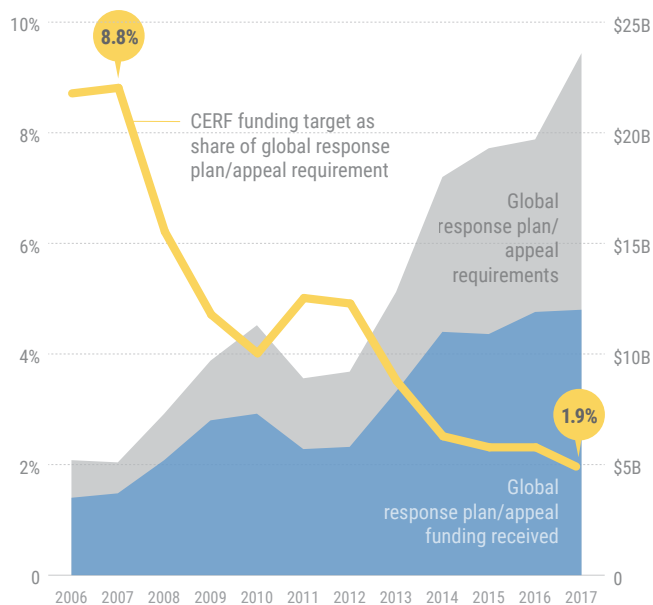
As a result, CERF funding has been spread thinner. In 2016, CERF's support was stretched to the maximum, with early and catalytic funding disbursed to, among other places, the Lake Chad Basin crisis and South Sudanese refugees, to partners in Bangladesh and Fiji following cyclones, to Ecuador and Tanzania following earthquakes, and to 13 countries suffering the humanitarian consequences of El Niño. In addition, CERF provided a lifeline for over 9.6 million vulnerable people caught up in underfunded emergencies in 15 countries by supporting life-saving assistance and protection to meet critical humanitarian needs.

¹ FTS and 2017 Global Humanitarian Overview (<http://interactive.unocha.org/publication/globalhumanitarianoverview/>).

Despite successfully responding to humanitarian emergencies across the globe and reaching millions of people with life-saving assistance, the overwhelming number and scale of requests increasingly force CERF to limit the amounts allocated to individual crises. More funding is needed so that CERF can continue to enable a timely, robust and strategic humanitarian response and efficiently fulfil its mandate as the UN's global emergency fund.

CERF FUNDING TARGET AS A SHARE OF GLOBAL HUMANITARIAN NEEDS

in US\$ billion



CERF FIT FOR TODAY AND THE FUTURE

Recognizing the critical need for increased and more strategic humanitarian financing, and considering CERF's impressive track record in enabling the provision of life-saving assistance to crisis-affected people, the UN General Assembly has endorsed the Secretary-General's call to expand CERF's annual funding target to \$1 billion. In resolution A/RES/71/127, the General Assembly called on all Member States and the private sector to ensure a fully funded \$1 billion CERF that is commensurate with today's humanitarian needs.

An expanded CERF can make larger allocations and have greater coverage; hence it will be able to better address today's humanitarian needs. It will have a greater impact, in line with prioritized needs, while maintaining its focus, scope and speed. In addition, an expansion of the fund will multiply its strategic and catalytic role in the provision of humanitarian funding so that more people are protected and more lives are saved.

A larger CERF will:



Enable more comprehensive humanitarian response through larger allocations reflective of the scale and range of needs.



Allow for more timely humanitarian response, as more funding will be frontloaded, so more people will be reached with time-critical life-saving assistance in the immediate aftermath of crises.



Enable greater strategic impact, as a broader humanitarian response will be based on joint assessment and prioritization of needs by humanitarian organizations on the ground.



Lead to a better coordinated humanitarian response by further empowering RC/HCs to bring key partners together to address needs coherently.



Have greater catalytic impact, as mobilizing funds from other sources will be easier for humanitarian partners once comprehensive response activities are kick-started.



Expand essential, life-saving support to smaller and less visible crises that receive little donor attention, and to which CERF often is the top or only humanitarian donor.



Capitalize on economies of scale to achieve higher efficiency and greater value for money as transaction costs decrease with larger CERF allocations.

A larger CERF can also address emerging humanitarian challenges differently and better than at current funding levels. New strategies and approaches will be developed in close consultation with partners and in sync with increasing funding available to CERF. These approaches will build on CERF's existing strengths and experiences.



CERF is an outstanding tool for ensuring coordinated life-saving activities in humanitarian emergencies and it is the duty of all of us to strongly support the Fund.

- Manuel Bessler, Delegate for Humanitarian Aid and Head of the Swiss Humanitarian Aid Unit, Swiss Agency for Development and Cooperation

New CERF strategies could:



Strengthen the strategic response to regional emergencies, which pose challenges for country-based humanitarian coordination systems. As the UN's global emergency fund, CERF is uniquely placed to respond coherently to regional funding requirements by taking a broader perspective on needs and priorities.



Expand CERF's role in enabling early action in sudden and slow-onset natural disasters by allocating more resources earlier based on early warning indicators and triggers. This will not only save more lives but will also reduce humanitarian response requirements in predictable emergencies.²



Engage more strategically and with greater impact in large-scale, protracted emergencies through larger and more predictable CERF allocations, which take into consideration country-specific financing strategies and the New Way of Working priorities.

² The recently published independent review of CERF's contribution to the humanitarian response to El Niño includes specific recommendations on how to take forward an early action role for CERF.

MAKING IT POSSIBLE

CERF was established as “a fund for all, by all”, but UN Member States have accounted for 99.7 per cent of all donations since 2006, the top 10 donors have provided almost 90 per cent of all contributions received, and the top 20 donors have accounted for more than 98 per cent. Reliance on a few donors makes CERF vulnerable to the risks pertaining to domestic policy shifts.

OCHA consistently seeks to broaden the diversity of donors and expand its financial support base while still maintaining and, where possible, increasing funding from CERF's strongest supporters. New and additional support from a diverse range of Member States and regional and private entities is needed for the fund to continue to effectively fulfil its mandate and enable urgent life-saving assistance to people trapped in the midst of the worst natural catastrophes and human atrocities of our lifetime. Currently, 136 million people require urgent humanitarian assistance and 20 people are forcibly displaced from their homes every minute, adding to the record 65.6 million refugees, IDPs and asylum seekers. A \$1 billion CERF is an ambitious goal, but it is essential when we consider the many lives that depend on its success.

A strong CERF able to deliver on its mandate is every Member State's responsibility. It is also a step towards our commitments to leave no one behind and to reach the furthest people left behind first.



For the sake of millions of people who are suffering, I ask all countries to further stretch their generosity. Every contribution helps make Central Emergency Response Fund a fund for all, by all.

- António Guterres, United Nations Secretary-General

2016 in review

Since CERF's creation in 2005, crises have grown more severe, protracted and complex. The forces that drive them increasingly overlap and amplify each other. The consequences are profound: in 2016, the world community saved, protected and supported more people than in any previous year since the UN was founded in 1945.

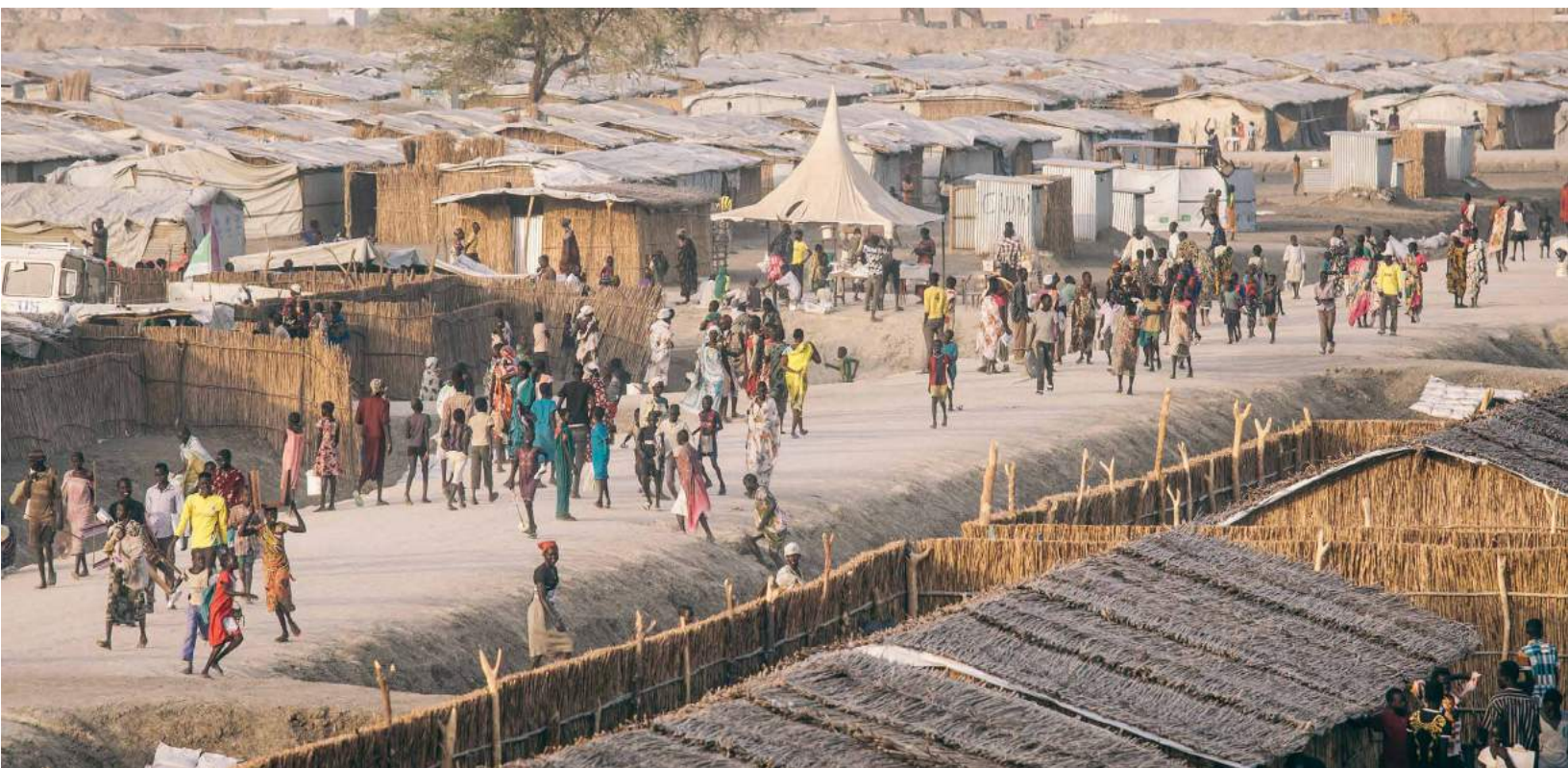
As the UN and partners launched the 2016 appeal for funds to meet the world's humanitarian needs of the year, they offered this blunt assessment: "The situation is grim." They sought over \$20 billion to assist more than 87 million people in 37 countries, most of whom were caught in armed conflicts. By the end of 2016, conditions had worsened, with estimates indicating that over 92 million people in 33 countries required humanitarian assistance at the cost of some \$22 billion. As one measure of how much humanitarian needs have increased in less than two decades, the first humanitarian appeals from UN agencies, rolled out in 1992, aimed to raise close to \$3 billion.

Displacement crises dominated the year's humanitarian picture. The number of people forced from their homes by armed conflict, natural

disasters and political instability reached a record high of more than 65 million - a level unseen since Second World War. Nearly half were children, and more than half were displaced within their own countries. In 2015 and 2016, almost 70 per cent of CERF's funding was allocated to operations focusing on displaced people and their host communities.

Natural disasters—from earthquakes and hurricanes to floods and droughts—have been central to CERF's work from the fund's earliest days. 2016 saw them gaining in power and scope. Storms and other forms of extreme weather underscored concerns about climate change's potential to intensify dangerous conditions. No disaster had greater reach than the El Niño climate phenomenon, which brought drought and flooding to countries from Asia and Africa to Latin America and the Pacific Islands. CERF was an early leader in the global response to El Niño, with allocations in 2015 that signaled the need for urgent humanitarian action ahead of the emergency's most destructive phase. By the close of 2016, the fund had over two years allocated \$119 million for 19 affected countries.

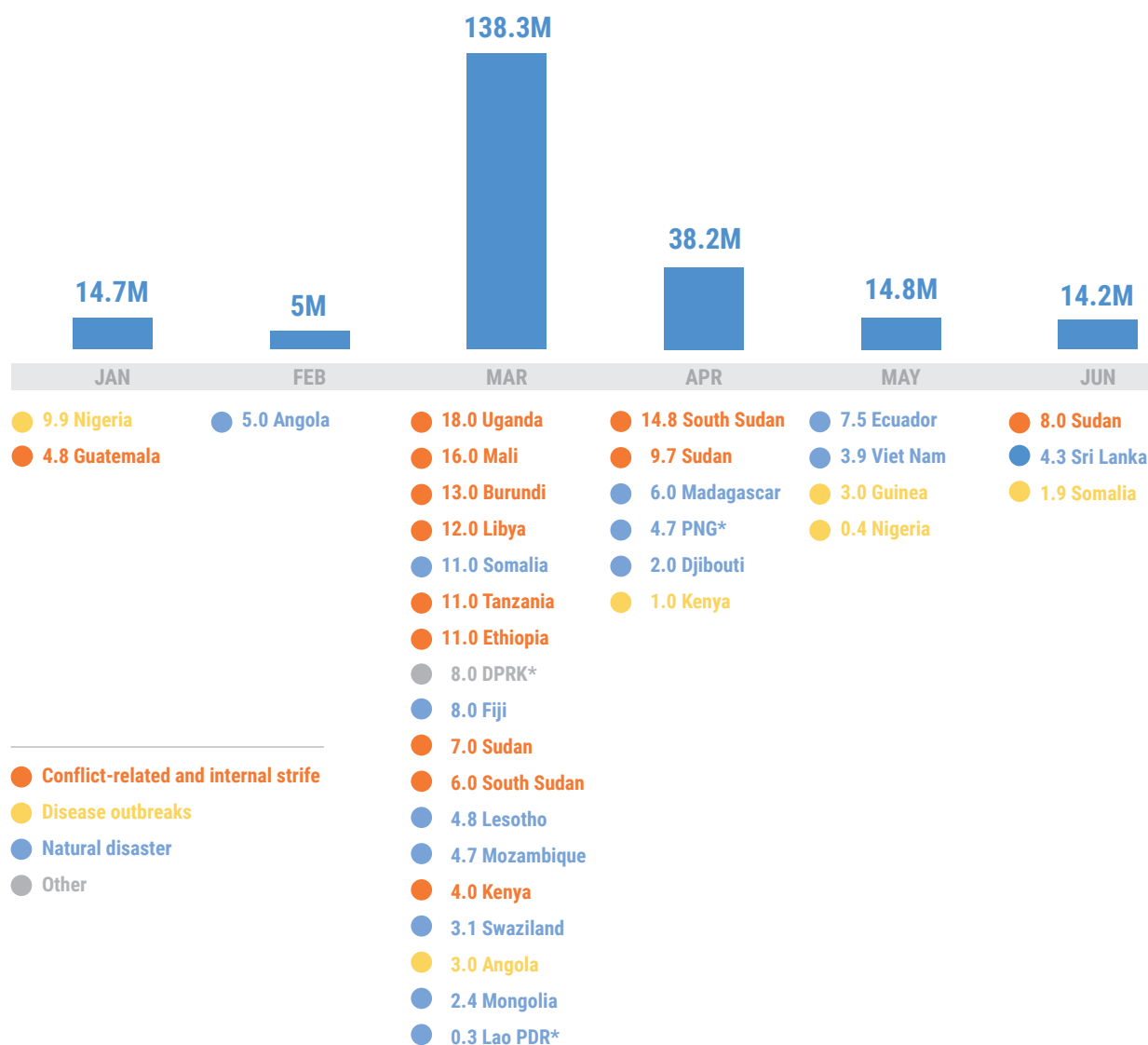
Emergency shelter assistance to South Sudanese forced to flee their homes. Bentiu, South Sudan. © IOM/MMohammed



Summary of 2016 CERF funding

ALLOCATIONS TIMELINE

in US\$ million

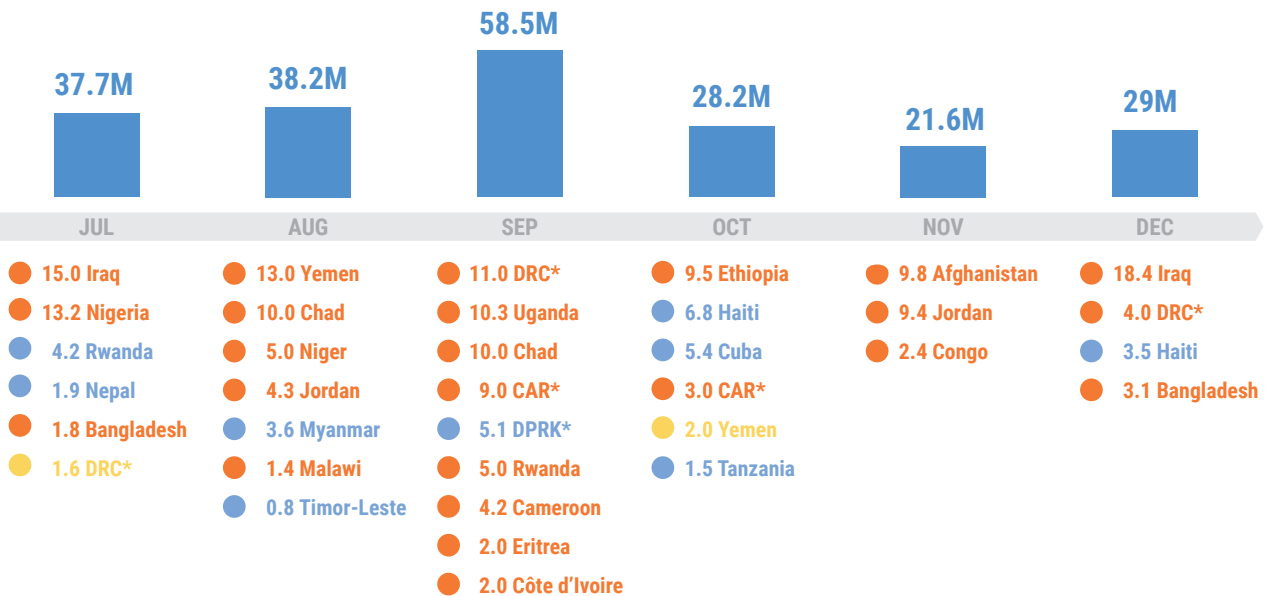


CERF responded to the historic levels of need with support for a broad range of emergencies, from sudden, high-profile natural disasters to protection crises that in some instances went virtually unnoticed and remained gravely underfunded. In total, CERF allocated close to \$439 million across 47 countries, accounting for 1.9 per cent of total global humanitarian funding recorded for the year.

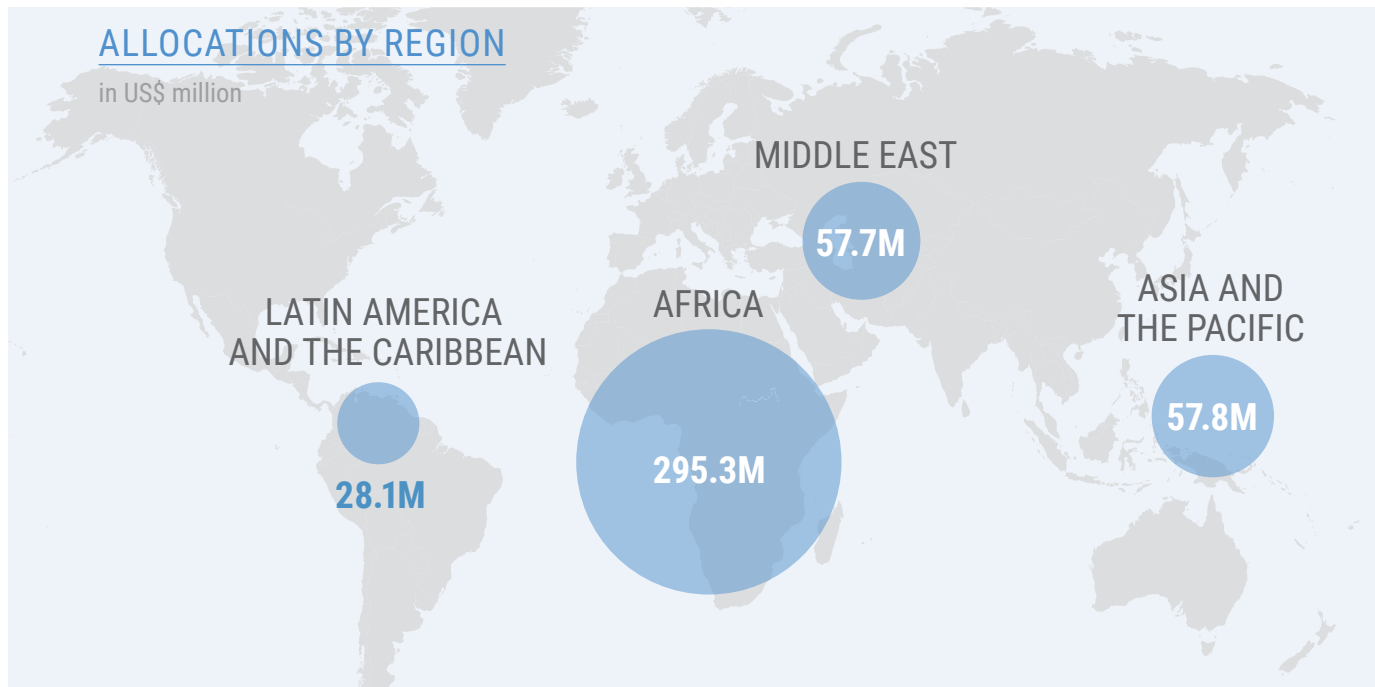


By unlocking time-critical aid for some of the world's most pressing humanitarian crises, CERF saves human lives and upholds human dignity. Canada's multi-year commitment to this fund is a strategic response to humanitarian situations. Predictable funding is a smart way to approach the many challenges the world now faces.

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



* CAR - Central African Republic
 DPRK - Democratic People's Republic of Korea
 DRC - Democratic Republic of the Congo
 Lao PDR - Lao People's Democratic Republic
 PNG - Papua New Guinea



CERF ALLOCATIONS BY COUNTRY AND REGION

Driven by the need for global life-saving assistance, CERF funding targeted a variety of humanitarian disasters in 2016, from individual disease outbreaks and natural disasters to mega crises fuelled by conflicts. However, the year was marked by CERF's support to several regional crises stretching across borders and engulfing regions, and to a number of countries affected by El Niño.

Humanitarian responses in Africa to meet the extensive needs arising primarily from conflict and the impact of climate-related shocks again received the highest level and share of funding by region in 2016. A total of \$295.3 million was allocated for addressing humanitarian needs in Africa, representing 67 per cent of all allocations in 2016. Allocations were primarily made in response to needs stemming from conflict and internal strife (\$242.2 million).

A total of \$57.8 million was allocated to address humanitarian needs in Asia and the Pacific in 2016,

with nearly 65 per cent of funding provided for climate-related needs. Three countries in Asia benefited from CERF allocations for the first time ever in 2016. This was attributable to climate-related needs stemming from drought (Papua New Guinea and Viet Nam) and tropical cyclones (Fiji).

Humanitarian partners in Ecuador also received CERF allocations for the first time in 2016 in response to the April earthquake. Projects in Latin America and the Caribbean received \$28.1 million from the fund, all of which went to responses to natural disasters, including the earthquake in Ecuador, Hurricane Matthew in Cuba and Haiti and drought conditions in Guatemala.

Humanitarian action in the Middle East (Iraq, Jordan and Yemen) received \$57.7 million from CERF in 2016. This is less than half of what CERF allocated to that region in 2015 – a year in which Lebanon, Syria and Yemen were the top recipients of CERF allocations.



Iraq's humanitarian crisis is one of the world's largest, driven by years of fighting and economic decline. When security forces in Iraq moved to retake the city of Fallujah in mid-2016, the intense fighting caused 85,500 of the city's residents to flee their homes. About 150,000 people faced extreme shortages of food, clean drinking water, medicine and electricity.

Iraq received the biggest portion of CERF allocations in 2016 – over \$33 million, or more than 8 per cent of CERF's total funding. The funding supported 12 projects by the World Health Organization (WHO), the International Organization for Migration (IOM), the United Nations Population Fund (UNFPA), the United Nations High Commissioner for Refugees (UNHCR) and the United Nations Children's Fund (UNICEF). Almost half of CERF's funding to Iraq targeted health operations and helped to expand trauma response capacities, ensure emergency assistance to pregnant and lactating women, and provide general health care to people fleeing from war. The second highest funded sector was Shelter and Non-food Items with \$12.2 million, most of which aimed to ensure basic shelters for internally displaced people before the winter.

After Iraq, the other top-five funded countries in 2016 were all affected by displacement crises that continued to stretch across the central and eastern part of the African continent in 2016, fuelled by regional armed conflicts, political instability and food insecurity.



Since the South Sudan crisis began in 2013, it has displaced over three million people internally and to neighbouring countries, including Central African Republic (CAR), the Democratic Republic of the Congo (DRC), Ethiopia, Kenya, Sudan and Uganda. During the year, CERF allocated over \$100 million to 87 humanitarian programmes in South Sudan and affected neighbouring countries, with the top-funded sectors being Food (\$26.2 million), Multisector (\$24.3 million) and Shelter and Non-food Items (\$12.3 million).

With some \$28 million, Uganda received the largest amount of funding among the affected countries, making it the second largest recipient of CERF funding in 2016. Humanitarian efforts linked to displacement from South Sudan accounted for almost \$21 million of total funding to Uganda in 2016, with the remainder addressing displacement from DRC. The allocations helped partners deliver integrated nutrition services (\$9.4 million) and primary health support (\$9.0 million), making those sectors the most-funded sectors.

Sudan received the third-highest amount of CERF funding during the year, with close to \$25 million. This was attributable mainly to the spill-over effects of the South Sudan crisis. Some \$4.5 million helped partners deliver essential primary health care, and some \$4 million ensured multisector assistance to refugees, making those sectors the top-funded sectors.

South Sudan, at the centre of the crises, was one of the most-funded CERF-recipient countries in 2016. With almost \$21 million for life-saving support to the most vulnerable conflict-affected populations in Western Equatoria, Western Bahr el Ghazal and Upper Nile States, South Sudan was the fifth largest recipient of CERF funding. The most funded sectors in South Sudan were Shelter and Non-food Items (\$3.0 million), Water and Sanitation (\$2.5 million) and Health (\$2.4 million).

The Lake Chad Basin crisis



The Lake Chad Basin crisis was another prolonged regional emergency that required CERF support during the year. At the end of 2016, more than 10 million people in Cameroon, Chad, Niger and Nigeria – the four countries bordering Lake Chad – continued to experience extreme humanitarian need owing to drought and Boko Haram-related violence in the region. By early February 2017, 2.3 million people had been displaced, more than 7.1 million people were food insecure at crisis or emergency levels, and half a million children were suffering from severe acute malnutrition. Millions of people lacked access to clean water, health care and education.

During the year, CERF responded with more than \$42 million to enable partners to ensure life-saving support to the affected populations. The relief work funded by CERF was broad and varied. Some of the many examples included emergency obstetric care, and protection and psychosocial support for children (Cameroon); food rations, agricultural support, and treatment for severe and moderate acute malnutrition (Chad); the minimum initial service package of health care and reproductive services to combat maternal and newborn mortality, and shelter and non-food items to newly displaced people (Niger); and emergency health services and the minimum initial package of services for reproductive health care (Nigeria). The main funded sectors were Food (\$12.5 million), Nutrition (\$6.7 million) and Shelter and Non-food Items (\$6.5 million).

Of the affected countries, Nigeria received the most CERF funding with \$23.5 million, making it the fourth-largest recipient of CERF support in 2016. The majority of funding to humanitarian operations in Nigeria supported the management of camps hosting displaced people (\$6.0 million) and shelter and non-food items (\$4.0 million).

The Burundi crisis



During the year, the political crisis and escalation of violence in Burundi displaced hundreds of thousands of people, and caused a severe refugee influx in Rwanda and Tanzania. Due to limited donor support to agencies' responses to the emergency, in 2016 CERF provided Underfunded Emergencies allocations to operations in Burundi, Rwanda and Tanzania totalling \$29 million. CERF funding supported 32 different projects in the six most affected provinces in Burundi and Burundian refugee camps in Rwanda and Tanzania. Food aid (\$12.5 million); and nutrition (\$6.7 million) received the highest levels of CERF funding in this regional response.

The Syria crisis



By the end of 2016, nearly 13.5 million people needed humanitarian assistance in Syria and neighbouring countries due to the continuing conflict. Since 2011, CERF has allocated over \$217 million to support displaced people in Egypt, Iraq, Jordan, Lebanon, Syria and Turkey. Again in 2016, the war called for CERF funding. Late in the year, CERF provided \$9.4 million to ensure emergency assistance to highly vulnerable Syrian refugees in Jordan, including for health services (\$3.8 million), water and sanitation (\$4 million), security and camp management (\$900,000) and nutrition (\$500,000).

El Niño

From 2015, El Niño upended typical weather patterns, triggering drought and flooding, and causing parched earth and failed harvests, or too much water, failed harvests and a higher risk of waterborne diseases. By late 2016, it had affected some 60 million people in East Africa and Southern Africa, South-East Asia, the Pacific Islands and the Caribbean, and parts of Central America. CERF was one of the first and largest supporters of early humanitarian action in response to El Niño. Since late 2015, CERF has allocated \$119 million

in 19 countries affected by drought, flooding, storms and other consequences of El Niño. CERF provided life-saving funding to ensure the urgent implementation of 75 humanitarian programmes in Angola, Djibouti, El Salvador, Ethiopia, Fiji, Guatemala, Haiti, Honduras, Lesotho, Madagascar, Malawi, Mongolia, Mozambique, Papua New Guinea, Somalia, Swaziland, Timor-Leste, Vietnam and Zimbabwe. The highest-funded sectors included Food (\$21.7 million), Nutrition (\$11.5 million) and Water and Sanitation (\$8.8 million).

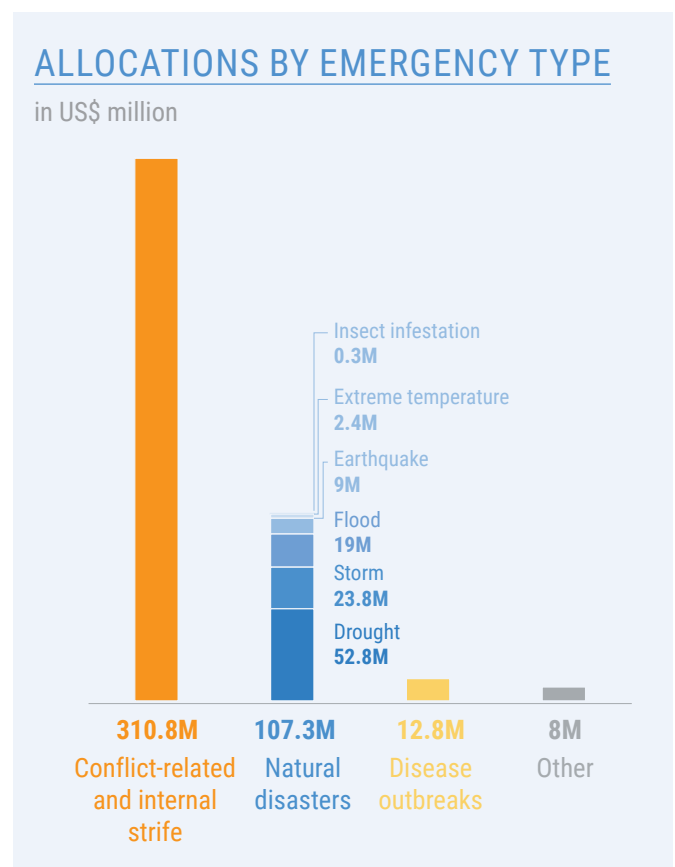
CERF ALLOCATIONS BY EMERGENCY TYPE

As a consequence of the prolonged conflicts in countries such as Iraq, Nigeria, South Sudan, Syria and Yemen, allocations in response to conflicts and internal strife in 2016 accounted for \$310.8 million, or 71 per cent of CERF's funding. Natural disasters were the emergency type with the second-highest funding level at \$107.3 million (24 per cent of total funding), mainly driven by responses to the effects of El Niño, humanitarian operations in Cuba and Haiti following Hurricane Matthew, and support to humanitarian partners' response to the Ecuador earthquake. Response to disease outbreaks followed as the third-highest recipient of CERF funds, with a total allocation of \$12.8 million (3 per cent), up significantly from \$2 million in 2015. This was driven largely by outbreaks of cholera in Somalia, measles in Kenya, and yellow fever in Angola and DRC.

Conflict-related displacement in 2016 again stood out as the highest-funded emergency area, accounting for approximately \$257 million, or 59 per cent of all CERF funding. This reflects a continued dominance of CERF support to people displaced across or within their own borders due to conflict or unrest. The countries receiving the most CERF support for conflict-related displacement operations were Uganda (\$28.0 million), Sudan (\$24.6 million), Nigeria (\$23.0 million), Ethiopia (\$20.5 million) and Iraq (\$18.4 million).

Conflict-related emergencies that did not involve displacement but included a deterioration of protection and human rights and the disruption of basic services received \$53.8 million (12 per cent), mainly to humanitarian partners' responses in Iraq (\$15.0 million), South Sudan (\$14.8 million) and Libya (\$12.0 million).

Among natural disasters, drought-related humanitarian emergencies were the largest recipient of CERF funding in 2016, with \$52.8 million (12 per cent of total annual funding). The majority of CERF's drought responses were El Niño related and included support to humanitarian operations in Somalia (\$11.0 million), Madagascar (\$6.0 million), Angola (\$5.0 million), Lesotho (\$4.8 million), Guatemala (\$4.8 million) and Papua New Guinea (\$4.7 million).



CERF ALLOCATIONS BY SECTOR

As in earlier years, Food remained CERF's top-funded sector, with over \$100 million in disbursements to humanitarian partners, almost a quarter of CERF's total annual funding. The largest allocations were in support of conflict-related operations targeting South Sudanese refugees in Uganda (\$9.4 million) and Ethiopia (\$8.0 million), as well as internally displaced persons in Nigeria's Borno and Yobe States (\$6.0 million). With \$79 million in CERF funding in 2016 (18 per cent of total annual funding), Health was the sector with the second-highest funding levels. This reflected the high number of disease outbreaks during the year, including cholera in Somalia, measles in Kenya, and yellow fever in Angola and DRC, as well as a high concentration of health activities in conflict-related operations.

For the first time in 10 years, Shelter and Non-food Items was a top-three recipient sector in 2016, with an annual total of \$57.7 million through 43 allocations to humanitarian responses in 23 countries. This was up from some \$35 million in 2015 – an increase from 7 to 13 per cent of total annual funding. This was a reflection of CERF's response to the displacement crises across Northern and Eastern Africa, but it also included allocations to ensure urgent life-saving shelter and basic needs assistance for people affected by natural disasters, including Hurricane Matthew

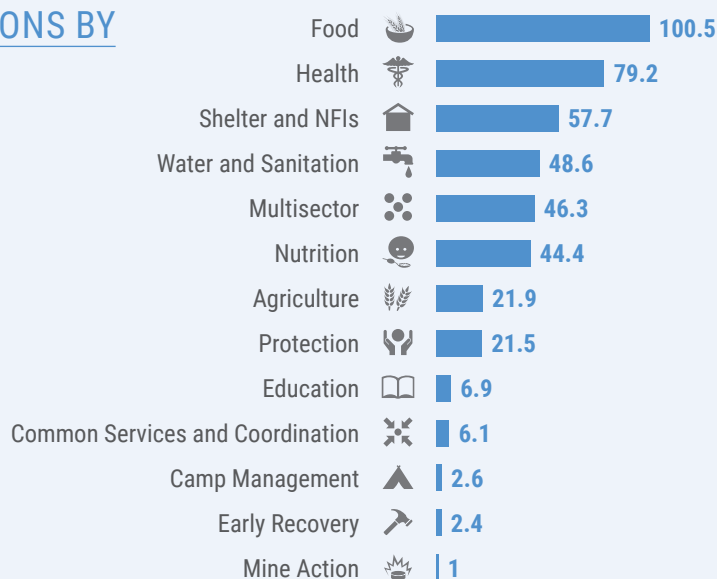
in Cuba and Haiti, the earthquake in Ecuador and Tropical Cyclone Winston in Fiji.

Water and Sanitation was the fourth most-funded sector, but it saw a significant decrease from \$63 million in 2015 (13 per cent) to \$48.6 million (11 per cent) in 2016. Multisector support was the sector receiving the fifth-largest amount of CERF funding, with \$46.3 million (10.6 per cent) disbursed to 21 humanitarian projects in 13 different countries. This was a significant increase from \$35 million (7.5 per cent) in 2015 and mainly a reflection of the high level of funding targeting displaced people. Nutrition followed as the sixth-largest sector, with \$44.4 million (10 per cent). This was partly a result of a high number of nutrition components in El Niño-related emergency responses. Those responses also made up a significant part of disbursements to the Agriculture sector that accounted for \$21.9 million in 2016 (5 per cent), followed by Protection/Human Rights/Rule of Law with \$21.5 million (4.5 per cent), covering allocations targeting Child Protection (\$8.4 million), Human Rights (\$0.5 million) and Gender-based Violence (\$7.2 million). CERF grants in 2016 to sectors such as Logistics, Telecommunications and the UN Humanitarian Air Service show CERF's key role as an enabler of humanitarian response by supporting critical common services essential for the entire humanitarian community.

ALLOCATIONS BY

SECTOR

in US\$ million



CERF ALLOCATIONS BY WINDOW

ALLOCATIONS BY WINDOW in US\$ million

\$289M RAPID RESPONSE

\$150M UNDERFUNDED EMERGENCIES

Rapid Response Window

CERF allocated nearly \$289 million in Rapid Response funding throughout 2016 to kick-start support for new humanitarian emergencies, or to respond to a sudden deterioration of ongoing humanitarian crises. The countries that received the highest levels of funding through the Rapid Response window were Iraq (\$33.4 million), Nigeria (\$23.5 million), South Sudan (\$20.8 million), Sudan (\$17.6 million) and Somalia (\$12.9 million). Overall, some \$169 million in Rapid Response funding assisted conflict-affected people. Some \$107 million was for humanitarian assistance related to climatic events and natural disasters (drought, storms, floods and earthquakes), and almost \$13 million supported a rapid response to health emergencies.

The powerful 7.8-magnitude earthquake that struck Ecuador in April demonstrated how quickly Rapid Response funding can trigger a humanitarian response. With hundreds of people dead, thousands injured and over 720,000 people affected, CERF made some \$7.5 million available within 72 hours to support life-saving action following the disaster. Later, in October, Hurricane Matthew brought devastation to Cuba and Haiti. A CERF grant of \$5.0 million helped to spark fast relief in the hardest-hit areas in Haiti, while another \$5.4 million provided immediate relief to affected people in Cuba. In line with overall sector totals, the Food sector accounted for 23 per cent (\$67 million) of total Rapid Response allocations, followed by health with 18 per cent (\$53 million) and Shelter and Non-food Items at 14.5 per cent (\$42 million).

Throughout 2016, relief operations sought to deliver aid to as many as 10 million people in Iraq who required humanitarian support as a direct consequence of violence and conflict linked to the takeover of Iraqi territory by the Islamic State of Iraq and the Levant and the counter-insurgency operation launched by the Government and its allied forces. On 17 October 2016, Iraqi Security Forces commenced their campaign to reclaim Mosul, and the fighting left additional millions of people in urgent need of humanitarian aid. In response to this deterioration of the conflict, CERF immediately disbursed more than \$18 million to ensure provision of health services (\$12 million) and shelter and non-food items (\$6.4 million) to the affected people.

Underfunded Emergencies Window

CERF released close to \$150 million in 2016 to sustain operations in the world's most neglected crises, where levels of vulnerability are alarmingly high but funding remains critically low. A total of \$100 million was allocated in the first round in February and \$50 million in the second round in August.

The fund's first Underfunded Emergencies allocation round provided life-saving assistance to people in nine countries. To address needs stemming from the displacement crises in Eastern and Central Africa, CERF allocated \$64 million for aid in Burundi (\$13 million), Ethiopia (\$11 million), Kenya (\$4 million), Sudan (\$7 million), Tanzania (\$11 million) and Uganda (\$18 million). In addition to that amount, \$28 million went to address the humanitarian needs of people affected by conflict, displacement and food insecurity in Libya (\$12 million) and Mali (\$16 million). Another \$8 million funded humanitarian responses in the Democratic People's Republic of Korea (including assistance for children under age 5 and pregnant and lactating women). All but \$8 million of the first-round allocations was for displacement-related relief efforts.

Second-round allocations of \$50 million funded displacement-related relief in the Central African Republic (\$9 million), Chad (\$10 million), DRC (\$11 million), Rwanda (\$5 million), Yemen (\$13 million), and a variety of health and nutrition services for drought-affected people in Eritrea (\$2 million). The Food sector accounted for 21 per cent (\$32 million) of all Underfunded Emergencies allocations, followed by Health at 18 per cent (\$26 million). Multisector was the third-highest funded sector in the Underfunded Emergencies window. This is another testament to the high level of CERF funding to operations targeting protracted displacement crises.

CERF ALLOCATIONS BY AGENCY

In 2016, CERF supported the work of 12 UN agencies and partners. In line with Food being the top-recipient sector, the World Food Programme (WFP) was the agency that received the most CERF funding for the year. CERF allocated over \$122 million to WFP for 71 humanitarian programmes in 39 countries – more than 28 per cent of overall CERF funding in 2016. In addition to the previously described food allocations through WFP that amounted to almost \$98 million, funding to WFP also ensured nutrition responses totaling more than \$19 million. The third most funded WFP sector was common services and coordination, with \$3.9 million that supported Logistics, Telecommunications and the UN Humanitarian Air Service. This included air transportation in Nigeria to enable necessary access for humanitarian partners operating in the north-east of the country (\$1 million), as well as support to re-establishing communication structures and deploying mobile storage units in Fiji following Tropical Cyclone Winston (\$250,000).

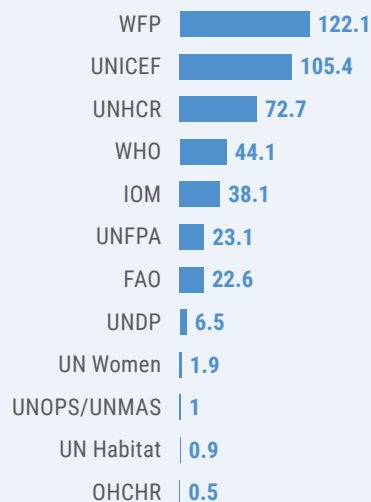
UNICEF was the second most-funded agency, with some \$105 million (24 per cent). The majority of that funding targeted conflict-related displacement in Eastern and Northern Africa, with the main funded sectors being Water and Sanitation, with almost \$41 million, Nutrition, with some \$25 million, and Health, with more than \$12 million.

UNHCR followed as the third most-funded agency, with close to \$73 million (17 per cent). This reflected the prevalence of displacement crises during the year. The majority of UNHCR allocations supported Multisector responses, and Shelter and Non-food Items with some \$35 million and \$27 million respectively. Protection followed as the third most-funded UNHCR sector, with more than \$3.5 million.

Reflecting the need for women's protection in a number of emergencies around the globe, UN Women saw a funding increase for the year to \$1.9 million, making it the ninth-largest recipient agency.

ALLOCATIONS BY AGENCY

in US\$ million



My country is deeply grateful for the support that we have received from CERF. CERF's early allocation of funds in response to the drought in Kenya saved many lives in the country's arid and semi-arid regions.

- A.M. Kihurani, Deputy Permanent Representative of the Republic of Kenya to the United Nations

CERF allocation processes

This section provides a general overview of the allocation process for the CERF Rapid Response window and the Underfunded Emergencies window.

The windows differ mostly in terms of the starting points for allocations. Rapid Response allocations are triggered at the country level in response to sudden needs, and Underfunded Emergencies allocations start with a comparative analysis of unmet needs across the globe.

At a later stage, when the formal request is being prepared, the process for both grant windows is similar in that an application is based on a field-driven prioritization process that gives the RC/HC overall authority to determine the strategic priorities for funding and submit a consolidated package of proposals to the Emergency Relief Coordinator. Consultations in country with the Humanitarian Country Team and inter-cluster coordination mechanism, if present, are key to identifying needs and priorities for CERF funding.



As the scale and intensity of global emergencies continues to increase, it is now more than ever that we need to stand behind CERF and its unique life-saving role. In a context where humanitarian needs continuously outstrip the funding available, the CERF is a key humanitarian financing mechanism to provide flexible and timely funding in response to urgent needs. Ireland is proud to be among the top ten donors to the CERF.

- Simon Coveney, Tánaiste and Minister for Foreign Affairs and Trade of Ireland

RAPID RESPONSE

Determining CERF Rapid Response eligibility

When a new crisis hits or an ongoing crisis deteriorates, the RC/HC or the OCHA country or regional office may contact the Emergency Relief Coordinator or the CERF secretariat with a request for assistance if existing resources are not sufficient to respond to the new needs. In rare cases, it may be the CERF secretariat that reaches out proactively to an RC/HC if a situation possibly warranting CERF assistance is identified, in order to provide guidance to the RC/HC and partners as necessary. This is especially true when countries are less familiar with CERF and may not be aware that an emergency situation is eligible for CERF funding.

In order to determine whether the request falls within the mandate of CERF's Rapid Response window, the CERF secretariat conducts a preliminary evaluation of the situation using information provided by the requesting office through a concept note, teleconferences or written communication. Aspects considered include the trigger for the request (i.e. the new or unanticipated needs), the scale and scope of the life-saving activities and financial requirements.

Developing a joint application

Once an emergency has been deemed eligible for CERF Rapid Response funding, humanitarian partners—under the leadership of the RC/HC and the OCHA office or RC's office—prepare a joint application consisting of a joint strategy for the CERF-funded response in the context of the overall emergency and individual agency project proposals in support of this strategy. To ensure a well-informed and prioritized CERF response, the process should be inclusive and transparent, involving relevant in-country humanitarian actors and coordination mechanisms, such as the inter-cluster coordination group and cluster leads, where present. The strategy must set out collective priorities, eliminating duplication or overlap and avoiding fragmentation across several disjointed or small projects. The RC/HC and in-country stakeholders may decide to focus the strategy on particular sectors/clusters, a particular caseload or geographic areas.

Application review

Once the RC/HC submits the consolidated CERF Rapid Response application, the CERF secretariat reviews the request in consultation with country desk officers from OCHA's Operations and Advocacy Division. It then formulates recommendations to the Emergency Relief Coordinator on the overall Rapid Response allocation and on individual projects.

Given that CERF's specific niche is to jump-start or expand activities and not to serve as the sole or primary donor, the CERF secretariat considers the proportion of the overall requirements that are requested from CERF and assesses how the proposed response activities fit with CERF's six-month Rapid Response implementation timeline. The strategy is assessed in terms of coherence and focus (collective priorities, elimination of duplication and overlap) and its alignment with CERF's mandate. It should also demonstrate consideration of possible operational constraints, such as access to people in need and the implementation capacity of UN agencies and their partners. The CERF secretariat also looks for demonstrations of value for money, cost consciousness, and administrative and operational efficiency in CERF programming. To maximize the impact of CERF's often comparably limited investment, utilizing other funding sources in complementarity with CERF funding is hugely important. Therefore, the application must

CERF LIFE-SAVING CRITERIA

To ensure that it remains rigorous and focused in selecting projects to support, the fund follows CERF's life-saving criteria. These guidelines have been established through consultations with UN agencies, and humanitarian partners and provide a benchmark for determining how well a project responds to critical needs.

The criteria reflect the basic humanitarian principle of focusing first, in a crisis, on the people in need and the affected communities. They recognize the rights of all people as defined by the Universal Declaration of Human Rights, particularly the right to life with dignity.

demonstrate how CERF will be used together with other resources, such as existing agency funding, Government response efforts, in-kind contributions, earmarked and unearmarked donor funding, and country-based pooled funding, when available.

Individual projects are assessed in terms of their contribution to the collective objectives of the overall strategy and their adherence to CERF's life-saving criteria, which set out the type of activities eligible for CERF funding.

Finally, the project budgets are reviewed to ensure they comply with UN rules for trust fund management, and that budget inputs are commensurate with the planned activities and expected outputs.

The overall amount allocated may vary from the initial indicative envelope and depends on the content of the application, including, but not limited to, needs, proposed activities, overall funding requirements, operational context and capacities, and complementarity with other resources. At the same time, the available funds in CERF and its forecasted income set certain limits independent of the context of a specific emergency and the content of a related CERF application.

ERC decision on funding

Following the application review at the strategic and project levels, the CERF secretariat presents the Emergency Relief Coordinator with funding recommendations. The overall submission is assessed as a consolidated CERF allocation, but each project is processed individually once its scope and objectives have been approved within the overall agreed allocation. This ensures that individual projects can be approved and grants disbursed as soon as they are cleared. In cases where agencies need to begin projects to meet urgent priorities before CERF funds are disbursed, the agency may specify an early project start date not exceeding six weeks prior to the disbursement date and not before the onset of the emergency.

Once all project grants are disbursed, the Emergency Relief Coordinator will officially communicate to the RC/HC the details of the overall allocation, the related implementation timeline and the reporting requirements.



Belgium believes in front-loading flexible resources to be readily available whenever disaster strikes. CERF enables an indispensable rapid response to prioritized humanitarian needs in a principled and coordinated way.

- Alexander De Croo, Deputy Prime Minister and Minister for Development Cooperation of Belgium

UNDERFUNDED EMERGENCIES

Determining CERF Underfunded Emergencies eligibility

Underfunded Emergencies grants target the world's least funded and most neglected crises. Countries with significant unmet humanitarian needs are eligible for support from the Underfunded Emergencies window. The Emergency Relief Coordinator selects countries twice yearly based on quantitative data analysis on funding and humanitarian needs, risk and vulnerability, and qualitative, contextual information collected from consultations with UN agencies, OCHA headquarters, NGOs and other public source documents.

The crises considered for funding are those with a Humanitarian Response Plan (HRP) and those with major humanitarian needs that require a multi-sector response but have no HRP or comparable appeal (referred to as non-HRP countries). A specific number of non-HRP countries, as determined by CERF, can be recommended by the headquarters-based representatives of OCHA and the UN agencies who participate in the Underfunded Emergencies Working Group.

The selected emergencies are those that have not attracted or are unlikely to attract sufficient and timely funding for life-saving activities, as judged by:

(a) The degree of funding shortfall (funding received against total annual requirements): The funding analysis identifies humanitarian operations with the lowest levels of funding, the primary criterion for selection in an Underfunded Emergencies round. The data for the funding analysis of HRP countries comes from the Financial Tracking Service, while members of the Underfunded Emergencies Working Group provide the data for non-HRP countries.

In the analysis, available funding for humanitarian programming is compared to funding requirements to calculate the funding level. Recognizing that appeal funding is not an exact science and reflecting on historical institutional learning over years of underfunded analysis, the CERF secretariat seeks to eliminate as best as possible any known factors that may skew funding-level comparisons between appeals.

(b) The analysis of risk, vulnerability, the severity of humanitarian needs and the type of programmes/ activities: For the emergencies identified as eligible during the funding analysis, the level of risk and vulnerability and the severity of humanitarian needs are assessed. Data on all aspects of risk, vulnerability and humanitarian needs are combined into a single index: the CERF Index for Risk and Vulnerability (CIRV). The CIRV includes six measures that cover the full range of factors influencing the humanitarian situation. These measures are standardized and then weighted according to the scope of information each covers before being included in the CIRV. The Index for Risk Management (INFORM) accounts for 50 per cent of the CIRV since it already includes about 50 different measures. The five other components together account for the remaining 50 per cent.

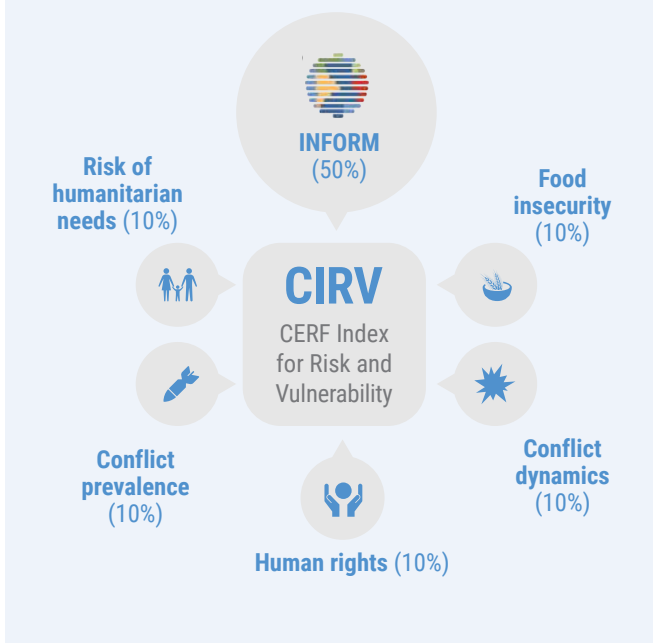
(c) Consultations: The CERF secretariat shares the draft funding, risk and vulnerability analysis with the Underfunded Emergencies Working Group, the NGO Finance Working Group—led by the International Council of Voluntary Agencies—and the OCHA Emergency Response Support Branch. Separate consultations are held with each group before finalizing the analysis. The CERF secretariat then makes a recommendation to the Emergency Relief Coordinator on the selection of countries.

(d) The Emergency Relief Coordinator’s country selection and funding allocations: Based on the consolidated analysis, the Emergency Relief Coordinator makes the final decisions on which countries will be included in the Underfunded Emergencies round and the funding distribution. The Emergency Relief Coordinator informs the RC/HC in the selected country and may emphasize gaps to consider during the prioritization process.

Application process

The RC/HC will lead the in-country prioritization process and prepare a joint application together with UN agencies. Under the Underfunded Emergencies window, RC/HCs are asked to first submit a prioritization strategy for the use of funds to the CERF secretariat before submitting a full application.

CIRV consists of 6 measures weighted as shown in the graph.



We do not always realize what a gem we have in CERF in providing funding and coordination support to the world. We are really appreciative of CERF’s support to forgotten crises in Africa.

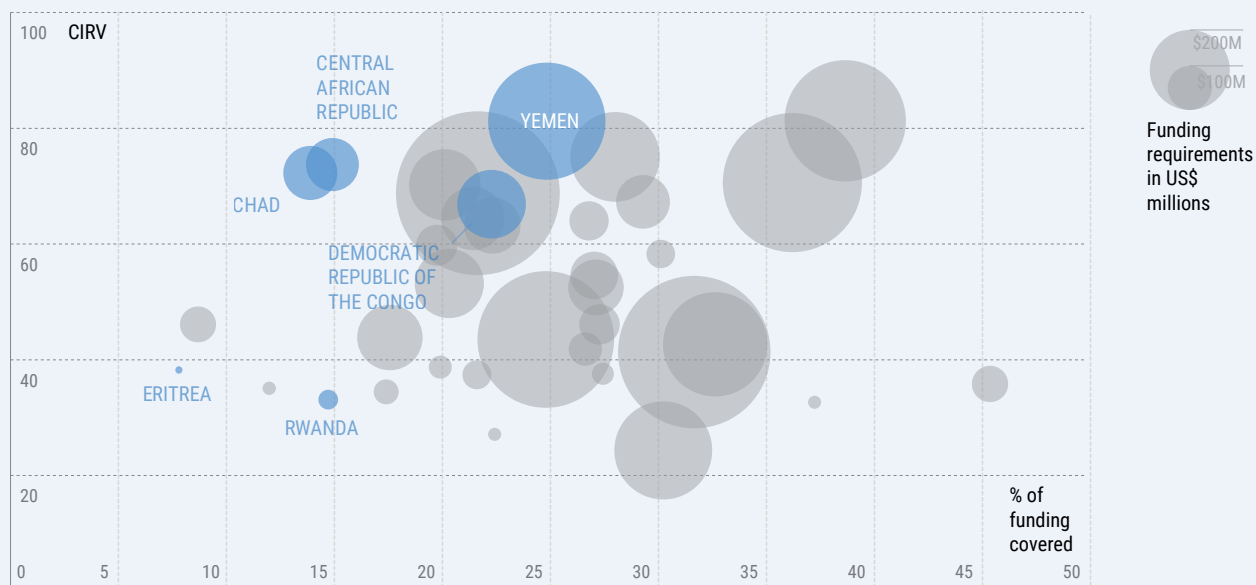
- Nozipho Mxakato-Diseko, Permanent Representative of South Africa to the United Nations Office in Geneva

Once submitted, the application will be reviewed using the same criteria as outlined above for Rapid Response applications, while taking into consideration the differences in responding to new time-critical needs and existing underfunded requirements. The final funding decision also rests with the Emergency Relief Coordinator.

For further information on the allocation processes for each window, please see the CERF Rapid Response and Underfunded Emergencies methodologies on the CERF website (<http://cerf.un.org>).

SECOND ROUND OF 2016 UNDERFUNDED EMERGENCIES ANALYSIS

Scatter plot showing funding (% of funding covered) versus risk and vulnerability (CIRV) analysis.



Main differences

	Rapid Response	Underfunded Emergencies
Initiation	As needed throughout the year, based on a specific trigger	Twice a year
Initiated by	RC/HC (in country)	Emergency Relief Coordinator (at headquarters)
Emergency	Sudden-onset disasters, rapid and significant deterioration of existing crises, time-critical interventions	Protracted or neglected emergencies where vulnerability is high but funding is critically low
Maximum grant duration	6 months	9 months
Amount available annually	2/3 of all CERF funding	1/3 of all CERF funding

Main commonalities

Application process	Field-driven, led by RC/HC and in consultation with Humanitarian Country Team, consolidated package of proposals based on jointly agreed strategic priorities
Eligibility of activities	Adherence to CERF's life-saving criteria

People reached with 2016 CERF funding

GLOBAL OVERVIEW

CERF's truly global reach, immediate availability and coordinated multisectoral funding approach make it a unique and effective mechanism for enabling life-saving humanitarian action worldwide. CERF funding allocated in 2016 enabled 12 UN agencies together with 589 implementing partners to provide life-saving assistance to an estimated 22.5 million people in humanitarian emergencies. The CERF-funded assistance was provided to people in critical need in 47 countries.

According to the information provided in the RC/HC reports on the use of 2016 CERF funding, a reported 15.8 million people received access to health care, 4.2 million people received food assistance, 3.9 million people benefited from water and sanitation interventions, 3 million people benefited from protection interventions, 2.9 million people received multisectoral support, 2.7 million people improved their food security through agriculture assistance, 2.1 million people received shelter assistance or basic relief items, 1.8 million people benefited from nutrition interventions, and several hundreds of thousands of people benefited from camp management, early recovery interventions, education, and mine action assistance.

In addition, CERF funded a public information campaign in response to the yellow fever outbreak in DRC in 2016, which indirectly reached an estimated 10 million people¹ with key messages on yellow fever prevention.

Overall, an estimated 54 per cent of people reached with 2016 CERF funding were women and girls, and more than half of all people assisted were children under age 18. Some CERF-funded projects in 2016 had a specific focus on women and girls. For instance, 23 projects in the Health sector focused on reproductive health services, and 22 projects in the Protection sector focused on gender-based violence.













¹ This figure is not part of any data presentations in this report.

Variations in the number of people reached with CERF funding over the years

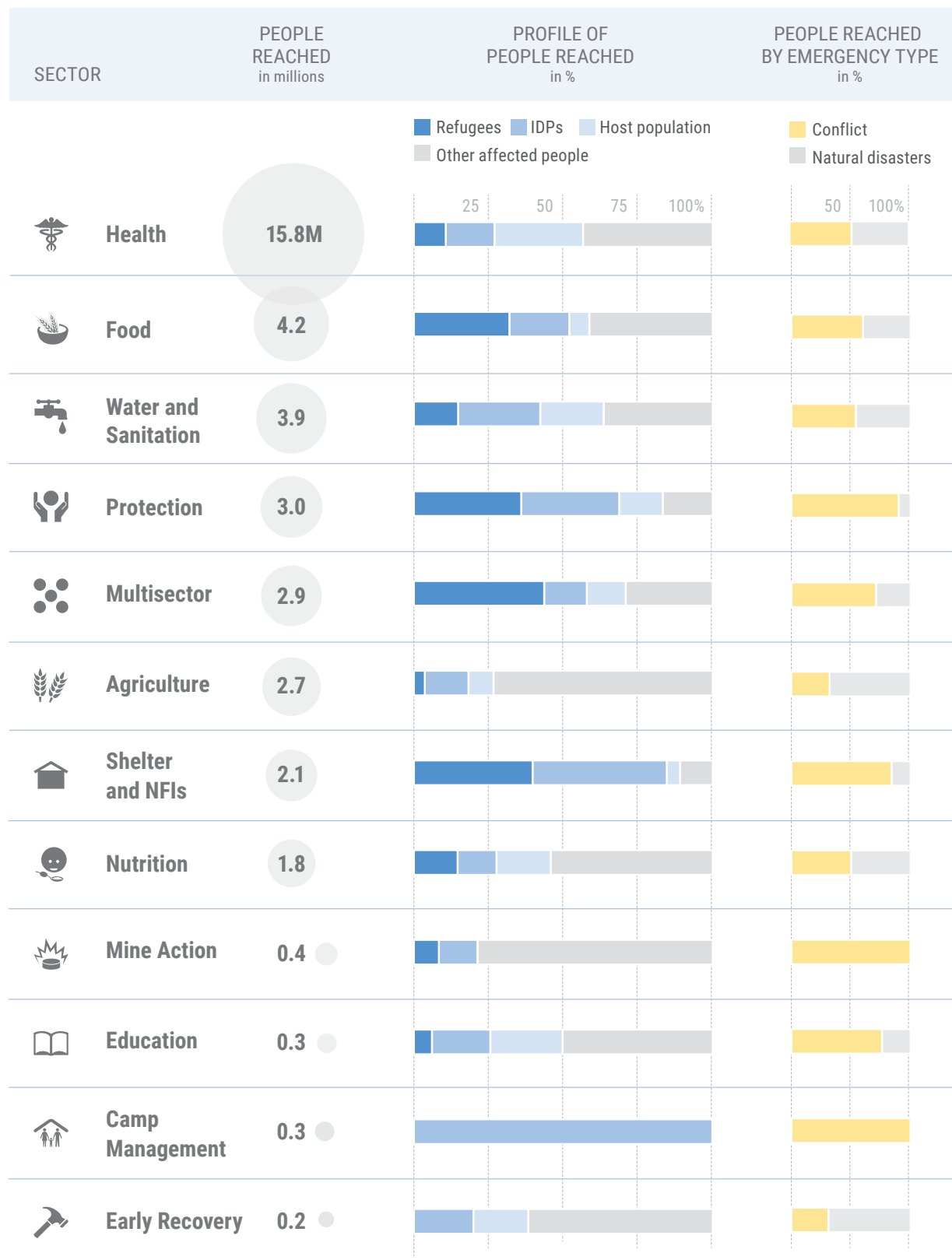
The reported numbers of people reached with 2016 CERF funding are significantly lower in several sectors, as compared with previous years. This is attributable to the following main factors:

- CERF allocated \$439 million in 2016, as compared with \$470 million in 2015, which is seven per cent less. This likely accounts for part of the decrease in the numbers of people reached, as compared with previous years.
- The totals at sector level include people reached with various types of assistance. This ranges from direct targeted assistance to specific groups of affected people, to humanitarian assistance benefiting general populations of entire regions. Therefore, the global figures of people reached vary from year to year as a reflection of the types of crises and programmes funded by CERF. For instance, in 2015 CERF funded water chlorination in pumping stations in response to a cholera outbreak in Tanzania. This project improved water quality for 3.7 million people living in Dar es Salaam and Zanzibar. In 2016, there were no such large-scale CERF-funded projects. The biggest project in the Water and Sanitation sector in 2016, in terms of people reached, benefited 288,800 people.
- In early 2016, as part of ongoing enhancements to the CERF reporting framework and the quality of reports, the CERF secretariat put in place an improved methodology of reporting and processing information on people reached. These improvements resulted in a stricter assessment of information on people reached with CERF-funded projects, including a clearer distinction between people benefiting directly and indirectly from CERF-funded humanitarian action, leading to more accurate but lower numbers.

PEOPLE REACHED WITH 2016 CERF FUNDING BY SECTOR (SEX AND AGE DATA)

SECTOR	PEOPLE REACHED in millions	ADULTS in millions	CHILDREN in millions	FEMALE %	MALE %
 Health	15.8M	7.8M	8.0M	54%	46%
 Food	4.2	2.2	2.0	53%	47%
 Water and Sanitation	3.9	2.0	1.9	53%	47%
 Protection	3.0	1.4	1.6	55%	45%
 Multisector	2.9	1.3	1.6	51%	49%
 Agriculture	2.7	1.8	0.9	52%	48%
 Shelter and NFIs	2.1	1.0	1.1	53%	47%
 Nutrition	1.8	0.8	1.0	68%	32%
 Mine Action	0.4	0.2	0.2	48%	52%
 Education	0.3	0.0	0.3	46%	54%
 Camp Management	0.3	0.1	0.2	53%	47%
 Early Recovery	0.2	0.1	0.1	50%	50%

PEOPLE REACHED WITH 2016 CERF FUNDING BY SECTOR (PROFILE AND EMERGENCY TYPE DATA)



In the Nutrition sector, 43 out of 56 CERF-funded projects focused specifically on the provision of supplementary food to pregnant and lactating women and children. Hence, in this sector 68 per cent of people reached were female and 59 per cent were children. The Multisector and Mine Action sectors also had a higher than average number of children among people reached, while the Education sector focused exclusively on children.

More than half of people reached in the majority of sectors were in humanitarian situations resulting from conflicts or internal strife. Moreover, in the Protection and Shelter and Non-food Items sectors, over 80% of people reached were in conflict-related situations; and in the Mine Action and Camp Management sectors all people reached suffered the consequences of conflicts.

By contrast, in only two sectors, Agriculture and Early Recovery, the majority of people reached were in humanitarian situations resulting from natural disasters.

More than half of people reached in the largest five sectors were IDPs, refugees or communities hosting them. Furthermore, over 80 per cent of people reached in Protection and in Shelter and Non-food Items sectors were affected by population displacement. While in the Camp Management sector, all people reached were displaced.

In comparison, in only three sectors, Agriculture, Mine Action and Early Recovery, the majority of people reached with 2016 CERF funding were not displaced and not affected by population displacement.



CERF is a collective achievement that we all can be proud of. CERF is always the first to come when we have an emergency, and the last to leave when situations are forgotten. A strong United Nations needs a strong CERF.

- António Guterres, United Nations Secretary-General

Methodology of tracking the numbers of people reached with CERF funding

The CERF secretariat applies a consistent methodology for tracking the numbers of people reached in CERF funding proposals and reports. However, the global figures are an estimation due to the great complexity of humanitarian situations and the multisectoral nature of CERF-funded assistance. The challenge of accurately estimating the number of people reached through humanitarian action is not unique to CERF; it is an inherent problem across large-scale social programmes.

The CERF secretariat requires all recipient agencies to provide detailed information on the numbers of people directly reached with CERF funding. After careful review, the numbers are recorded in CERF's Grants Management System. The CERF secretariat does not track the numbers of people indirectly reached, which are larger groups of people whose situation also improves as a result of the implementation of CERF-funded interventions.

To meet the basic needs of vulnerable people CERF funds comprehensive multisectoral response, meaning that often a person receives CERF-funded assistance through several projects and sectors (for example, food, a tent and medical care). If such cases are not systematically identified, they can lead to double counting and result in overestimation of numbers of people reached.

CERF addresses this challenge by eliminating potential double-counting at both the submission and reporting stages to reach credible cumulative estimates. This is achieved based on a bottom-up approach where potential cases of double counting are first sought and eliminated at the project level leading to estimated sector-level figures.

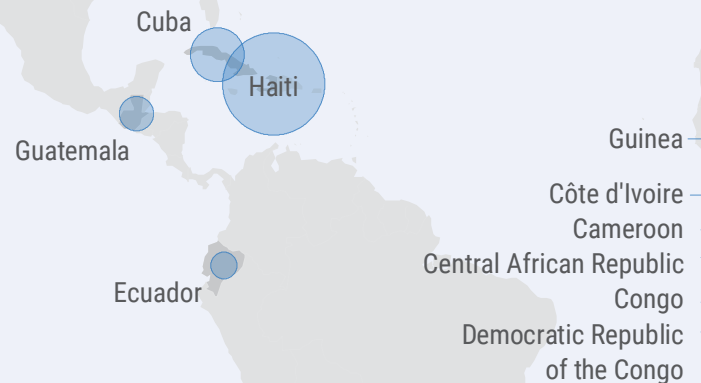
Overlaps are then eliminated at sector level and figures are aggregated upwards for an estimate of an overall number of people reached for each allocation. It should be noted that for each upward aggregation the complexity increases.

Consistent application of the above methodology indicated that 2016 CERF funding enabled the provision of life-saving assistance to an estimated **22.5 million** people across 47 countries. However, due to the limitations of this methodology, in most publications the CERF secretariat provides the numbers of people reached by sector to offer a more comprehensive and accurate picture of CERF-funded assistance.

PEOPLE REACHED WITH 2016 CERF FUNDING

by country

NUMBER OF PEOPLE REACHED in US\$ million

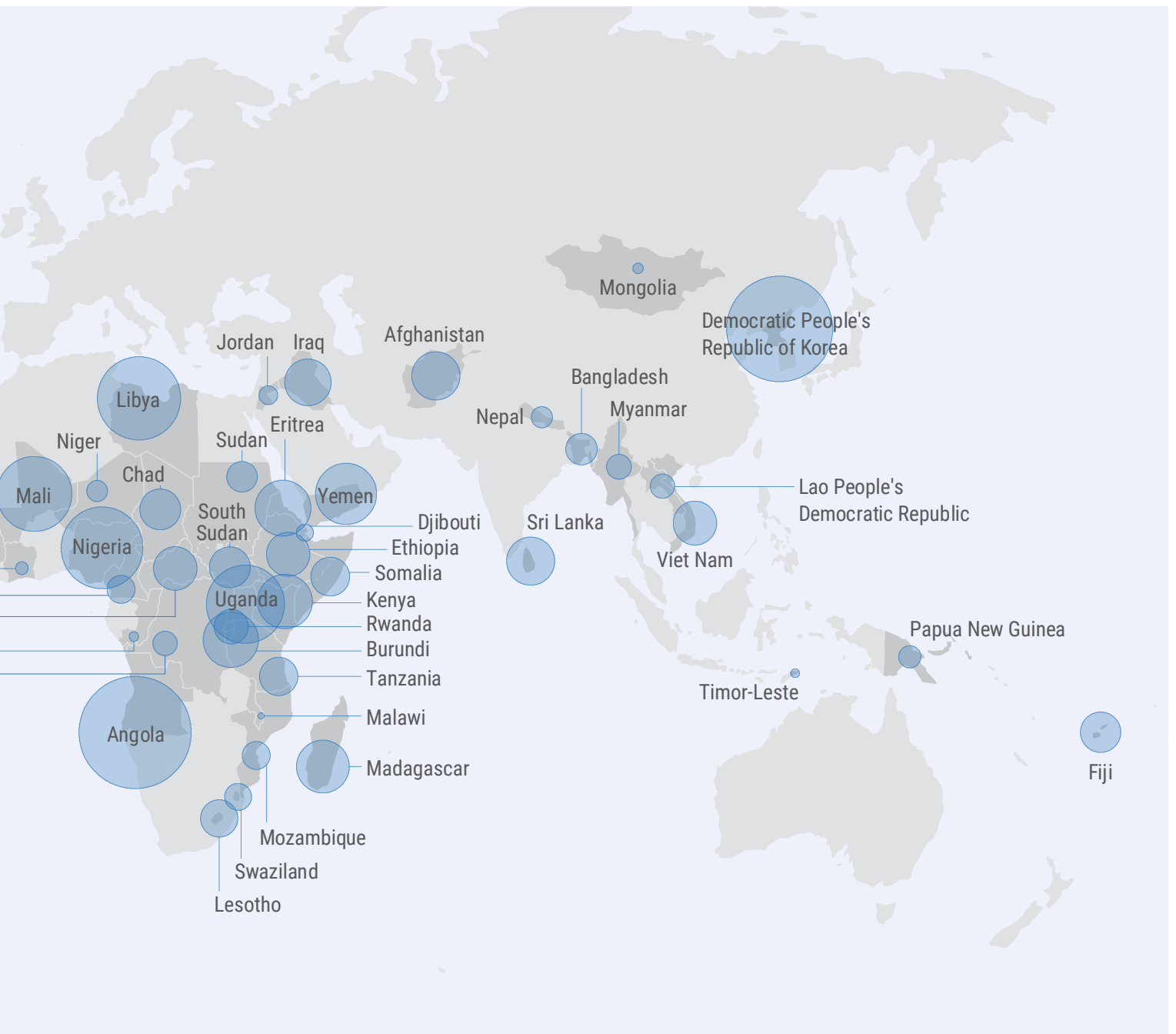


The humanitarian crises in 2016 with the highest numbers of people benefiting from CERF-funded life-saving assistance included the yellow fever outbreak in Angola; the food security crisis and typhoon in the Democratic People's Republic of Korea (DPRK); conflict in Libya; Hurricane Matthew in Haiti; the refugee crisis in Uganda; conflict and a cholera outbreak in Yemen; and the protracted humanitarian crisis in Mali.

Several crises in 2016 triggered large movements of displaced people across borders, resulting in massive humanitarian needs in neighbouring

countries. CERF responded to these needs regionally. It provided funding for life-saving action in Burundi, Rwanda and Tanzania in response to displacement resulting from pre-election violence in Burundi, and to Cameroon, Chad, Niger and Nigeria in response to the Lake Chad Basin crisis. CERF also provided funding to CAR, DRC, Ethiopia, Kenya, South Sudan, Sudan and Uganda in response to the displacement from South Sudan.

In 2016, CERF also enabled the provision of life-saving humanitarian assistance to millions of people critically affected by the consequences of



El Niño in 13 countries. The assistance included response to extreme temperatures in Mongolia; Tropical Cyclone Winston in Fiji; and droughts in Angola, Djibouti, Guatemala, Lesotho, Madagascar, Mozambique, Papua New Guinea, Somalia, Swaziland, Timor-Leste and Viet Nam.

The information provided in this section presents a useful global picture of the results of CERF funding in terms of people reached with life-saving humanitarian assistance. However, it is important to note that due to the highly complex and diverse humanitarian situations, this information can only

be compiled as estimates. For greater detail, the key information on people reached with 2016 CERF funding is presented in part III in the context of each humanitarian emergency.

It is also important to note that the impact of CERF is not limited to the outcomes of CERF-funded projects. To adequately illustrate the benefits and results of CERF funding, it is equally important to reflect on CERF's strategic added value in support of more effective and efficient humanitarian action (page 42).

No water, no life

Access to water for refugees and the host population in the Sahel Belt of Chad is key to peaceful coexistence.



Top left: Khadija, 12, carries water from a CERF-funded water point in the village of Andour, Eastern Chad.

Khadija's little brother Adam holds water fetched from the wadi (left) and from the water point (right).

Bottom: Khadija pumps water into her container at the newly established water point in her village.

© UNICEF/Bahaji





Khadija and her two younger brothers at school in their village in Eastern Chad. © UNICEF/Bahaji

Khadija, 12, lives in Andour, a little Chadian village at the border with Sudan, near the Milé Refugee Camp where 18,000 Darfur refugees are still living in harsh conditions. As such, the already poor and overstretched host communities have been further burdened by the presence of these refugees placing an additional strain on their access to resources, especially safe drinking water.

“We share everything with the refugees: land, water, even our school. Our parents used to argue over grazing, firewood but it was mainly about water. Normally, we are many children in the classroom and it gets really hot in there. Luckily, now we have clean water close to us to refresh ourselves.”

“I used to go fetch water in the wadis [ephemeral riverbed that is dry except during periods of rainfall]. We had to dig deep to get water and fill our tanks, and then wait till the next morning for the sand to go down so we could drink. The taste was terrible.”

“During the dry season, it was more difficult to find water and we had to go with a donkey, it was a three-hour ride every day after school. Now, with the water point in our village, it takes less than three minutes!”

Adam, Khadija’s brother, is holding water fetched from the wadi (left) and from the water point (right). “Water is good now, we’re not afraid to get sick when we drink. Even our clothes are cleaner now!”

Chad’s level of access to quality water is among the lowest in the region. This considerably increases the risk of water-borne diseases and outbreaks. Thanks to United Nations Central Emergency Response Fund (CERF), UNICEF provides support and strengthens basic water, sanitation and hygiene services, increasing access to water and sanitation in the refugee camps and host villages in Eastern Chad.

CERF and displacement

In 2016, the number of people forced to flee their homes due to conflicts, instability and natural disasters reached 65 million, surpassing post-World War II numbers. More than half were displaced within their countries – an invisible majority. Moreover, millions of displaced people live within host communities often burdening already struggling populations.

Armed conflicts are the greatest drivers of displacement. Prolonged conflicts such as those in the Lake Chad Basin, South Sudan, Syria and Yemen continued to displace increasing numbers of people, generate critical humanitarian needs and put extraordinary strain on the humanitarian system. Beyond conflicts and violence, natural disasters displace an average of 25 million people per year.

In the majority of crises, the humanitarian needs among displaced populations and communities hosting them are more severe than among people who have not been forced out of their homes. Addressing humanitarian consequences of population displacement is therefore an essential part of CERF-funded humanitarian action.

CERF also plays an important role in mitigating new displacement by enabling the provision of life-saving assistance immediately after disasters, thus providing affected people with critical means to cope with emergencies in their places of origin.

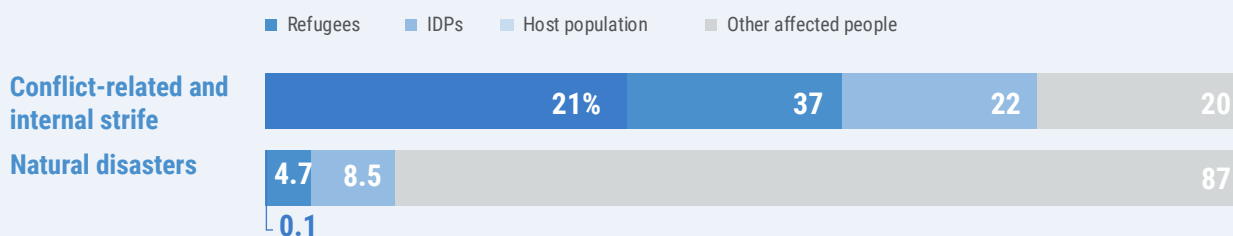
Seventy per cent of 2016 CERF allocations included funding for life-saving assistance in response to displacement and approximately half of the people reached with 2016 CERF funding were refugees, internally displaced persons (IDPs) and the communities hosting them.

In 32 out of the 47 countries where CERF allocated funding in 2016, displaced populations were among those who benefited from CERF-funded life-saving programmes. Moreover, CERF allocations to 23 countries were made specifically to address the humanitarian consequences of population displacement.

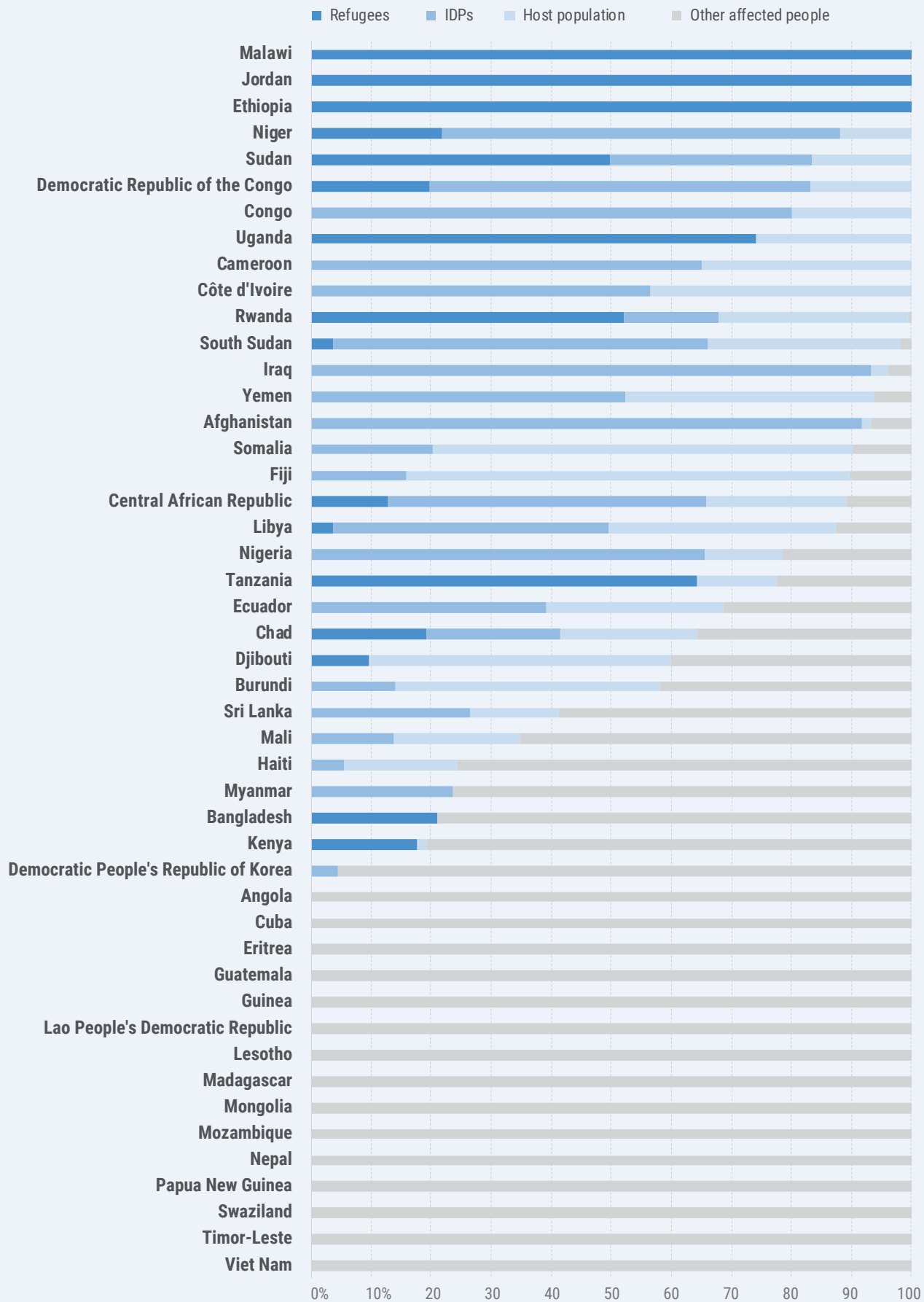
Displacement reflects the nature of crises in which people are caught. In conflict-related situations, over 80 per cent of people reached with 2016 CERF funding were refugees, IDPs and communities hosting them. Many displaced people, especially refugees, were entirely dependent on humanitarian aid for survival.

By contrast, less than five per cent of people reached with CERF funding in natural disasters were displaced and very few were displaced across national borders. Another nine per cent were populations hosting displaced people, likely themselves affected by the same emergencies. The majority of people assisted in natural disasters (over 85 per cent) were people who had not become displaced, but instead struggled with the consequences of shocks in their places of origin.

DISPLACEMENT - PEOPLE REACHED WITH 2016 CERF FUNDING - PROPORTIONS BY EMERGENCY TYPE



DISPLACEMENT - PEOPLE REACHED WITH 2016 CERF FUNDING - PROPORTIONS BY COUNTRY



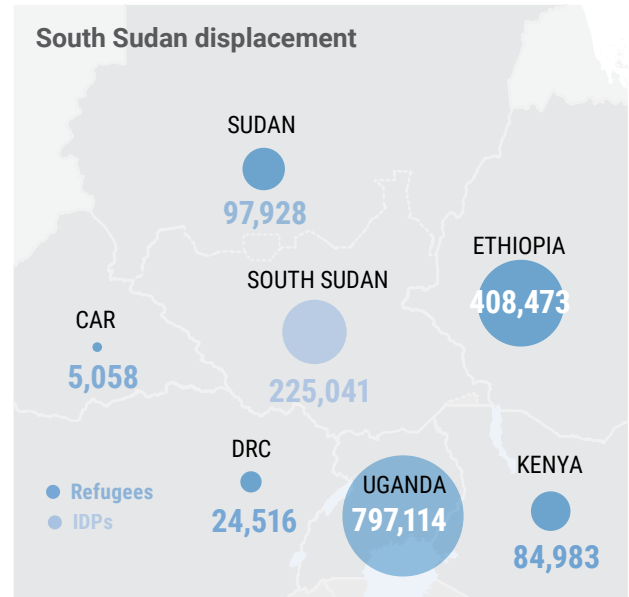
Several large-scale crises in 2016 triggered massive regional population movements spreading across the borders of multiple countries and causing widespread humanitarian needs.

South Sudan displacement

Since December 2013, the conflict in South Sudan has devastated the lives of millions of South Sudanese and by the beginning of 2017 had displaced 3.2 million people. One in every five South Sudanese was displaced. More than 1.8 million people were internally displaced and 1.4 million were refugees in neighbouring countries.

CERF funding in response to the South Sudan crisis enabled the provision of life-saving assistance to over 225,000 IDPs in South Sudan and over 1 million South Sudanese refugees in neighbouring countries. This included the delivery of comprehensive assistance to an estimated 800,000 refugees in Uganda, 410,000 refugees in Ethiopia, 100,000 refugees in Sudan, 85,000 refugees in Kenya, 25,000 refugees in DRC and 5,000 refugees in CAR.

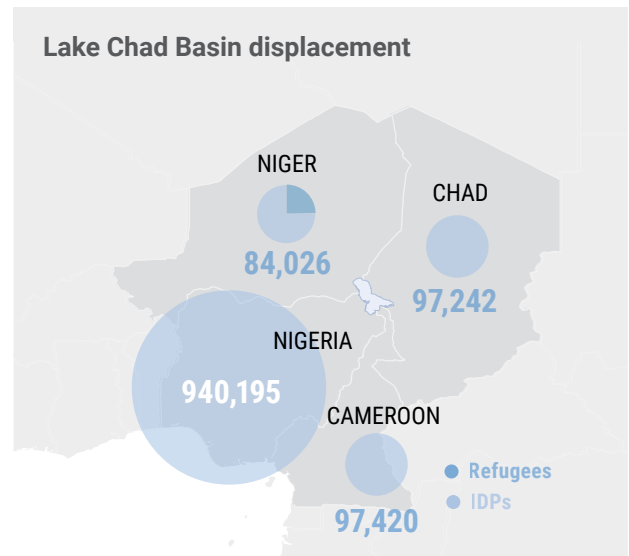
PEOPLE REACHED WITH 2016 CERF FUNDING IN REGIONAL DISPLACEMENT CRISES



Lake Chad Basin displacement

By the end of 2016, the conflict in the Lake Chad Basin region had displaced more than 2 million people in Nigeria, Cameroon, Chad and Niger – countries that, prior to the crisis, were already struggling with food insecurity, malnutrition, population movements and inclement weather.

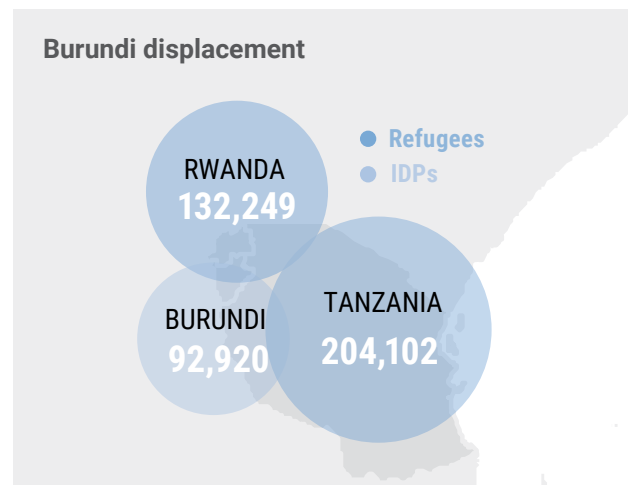
CERF funding in response to displacement in the Lake Chad Basin enabled the provision of life-saving assistance to nearly 1 million IDPs in the north-east Nigerian states of Adamawa, Borno and Yobe, the provision of critical aid to 21,000 Nigerian refugees in Niger and the provision of assistance to over 250,000 IDPs in Cameroon, Chad and Niger.



Burundi displacement

The outbreak of civil conflict, destabilization and deterioration of the economic situation in Burundi in April 2015 led to large-scale refugee outflows to neighbouring countries. By the end of October 2016, some 322,000 Burundians had fled to DRC, Rwanda, Tanzania and Uganda. In addition, approximately 139,000 people were internally displaced.

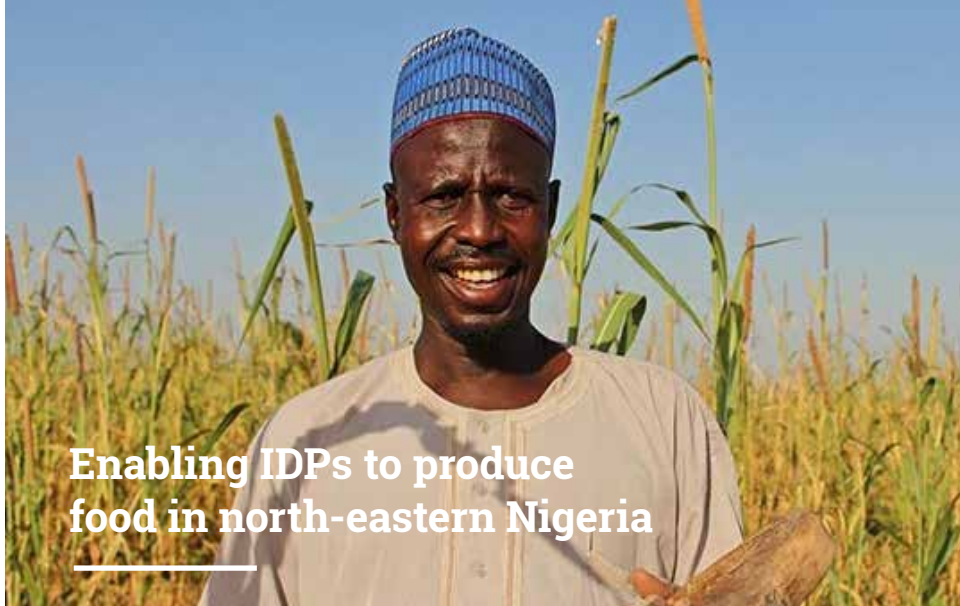
In response, CERF supported the provision of life-saving assistance to over 200,000 Burundian refugees in Tanzania, 130,000 Burundian refugees in Rwanda and 90,000 displaced people in Burundi.



Beyond the countries that were part of regional displacement crises, the 2016 CERF allocations enabled the provision of life-saving assistance to refugees in eight more countries. The largest of these allocations reached 170,000 refugees from DRC in Uganda, 85,000 refugees from CAR in Chad and 75,000 refugees from Syria in Jordan. Nearly all refugees reached with humanitarian assistance through 2016 CERF funding were displaced due to conflicts or internal strife. The one exception was Djibouti, where CERF enabled the provision of life-saving assistance to 6,000 nomadic pastoralists displaced from the Somali Region in Ethiopia due to severe drought.

2016 CERF funding also enabled the provision of life-saving response to IDPs in 18 countries that were not affected by regional humanitarian crises. IDPs assisted through CERF funding in 10 countries were displaced due to internal conflicts, while IDPs in 8 countries were displaced due to natural disasters. The CERF-funded operations reaching the highest number of IDPs took place in Libya (500,000 IDPs), in Afghanistan (450,000 IDPs), in Yemen (385,000 IDPs) and in Iraq (370,000 IDPs).

In total, 2016 CERF funding enabled the provision of life-saving assistance to an estimated 6.8 million displaced people, who found themselves in critical humanitarian situations worldwide. Of these, 2.3 million were refugees in 17 countries and 4.5 million were IDPs in 24 countries. 2016 CERF funding also enabled the provision of critical assistance to an estimated 3.4 million people hosting displaced populations.



Enabling IDPs to produce food in north-eastern Nigeria

Bukar in his millet field in Yobe State, Nigeria. © FAO

“With the millet produced, we can cook two meals a day and for the first time since we settled here, I was able to establish my own food reserve that will last for three months.”

Bukar used to own a small shop in a village near Wassaram, Borno State, in Nigeria. However, continued serious threats and looting by Boko Haram militants forced him to flee with his family of 17 in search of safety, food and basic services.

In north-eastern Nigeria, the Boko Haram insurgency has led to heightened levels of displacement and food insecurity. By April 2016, 2.1 million people had been displaced in the affected states of Adamawa, Borno and Yobe. Severe hunger was rising as the predominantly agricultural displaced families were unable to access their fields to plant and harvest.

After moving to Kasasa IDP camp in Yobe State with his family, the only work Bukar could find was temporary labour. His wife and mother had to beg to have enough money to feed their family.

In July 2016, CERF intervened and provided critical funding to FAO, which enabled FAO to deliver fast-maturing cereal and legume seeds and fertilizers to vulnerable IDPs and their host communities in north-eastern Nigeria. With the crops harvested, families like that of Bukar could rapidly restore their access to food and harvest enough to meet their needs for up to six months.

While Bukar was able to produce just enough food to feed his large family, others were able to harvest crops and sell some of their produce on local markets, thereby generating an income.

By providing the means to resume local food production and become more self-reliant, CERF funding played a vital role in tackling deepening hunger and rising malnutrition among displaced and host communities in north-eastern Nigeria.

Agriculture promotes resilience even in the face of conflict. Thanks to CERF, in 2016, FAO helped almost 700,000 conflict-affected people to strengthen and restore their livelihoods – their best defence against hunger.

Overview of 2016 donor contributions to CERF

Every life saved by CERF is a life saved by its donors

Thanks to CERF's donors, millions of people caught in natural disasters, conflict zones or other humanitarian emergencies receive life-saving assistance every year. Since CERF's inception in 2006, the fund has proven itself as an indispensable enabler of humanitarian action worldwide. This success has only been possible due to the generous contributions that CERF has received from its donors.

The donor community's support to CERF remains remarkable in its span and consistency and it has allowed CERF to respond to crises globally with the pace, flexibility and impartiality that is necessary to ensure aid is provided to the people who need it the most, when they need it the most. A total of 126 Member States and observers, four international organizations, regional and local authorities and many private companies and individuals have since CERF's inception shown good humanitarian donorship, extraordinary solidarity and strong faith in CERF by providing more than \$5.2 billion to the fund.

Total 2016 contributions to CERF:

\$426 million, 54 donors

 **UNITED KINGDOM**
69.9M (16%)

 **NETHERLANDS**
60.5M (14%)

 **GERMANY**
55.9M (13%)

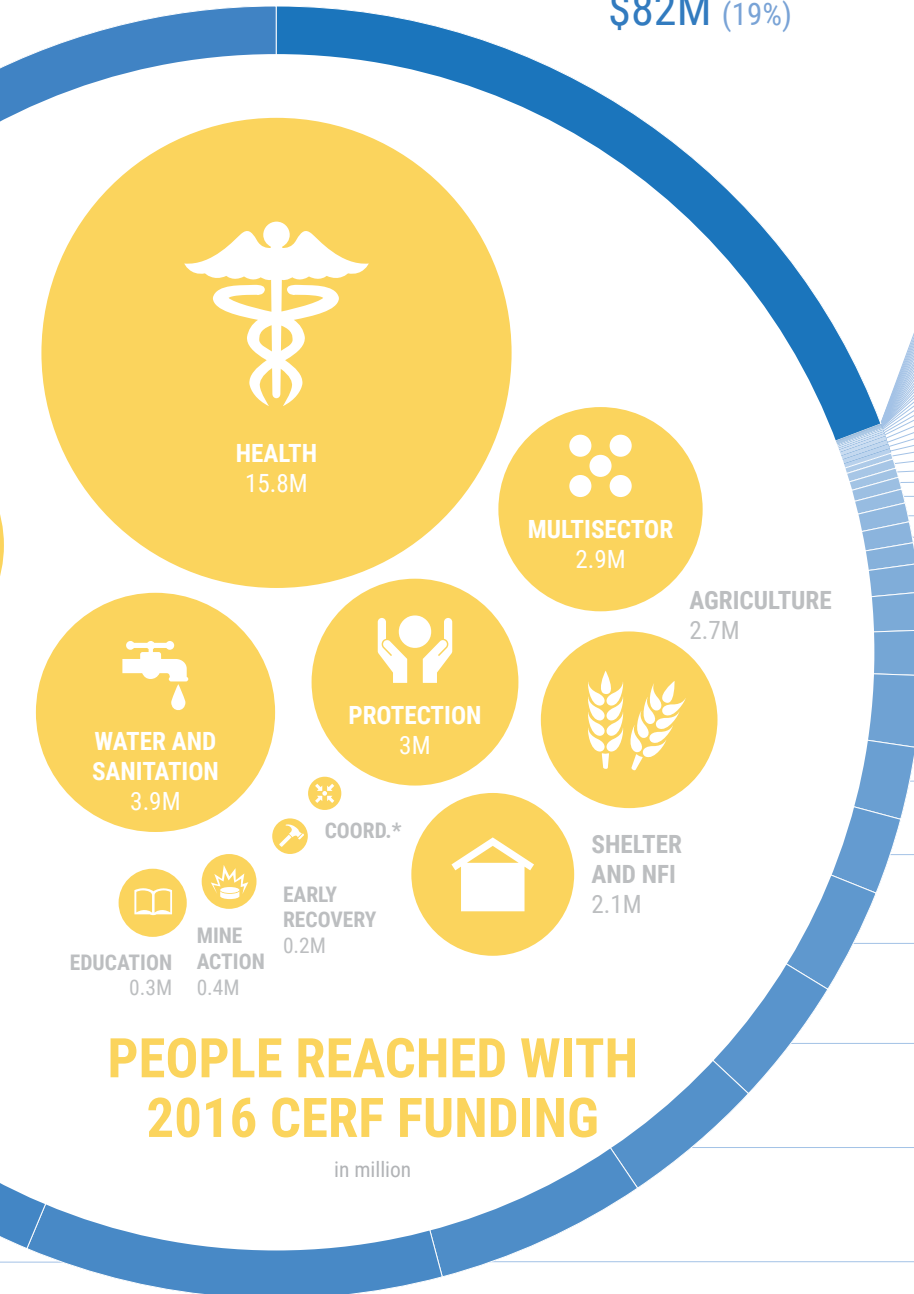
 **NORWAY** 44.5M (10%)






NUTRITION
1.8M



CAMP MANAGEMENT
0.3M

 **SWEDEN**
\$82M (19%)



 MONTENEGRO	0.002M (.001%)
 GUYANA	0.002M (.001%)
 PERU	0.004M (.001%)
 PHILIPPINES	0.005M (.001%)
 ARMENIA	0.005M (.001%)
 BANGLADESH	0.005M (.001%)
 SOV. MIL. ORDER OF MALTA	0.005M (.001%)
 IRAQ	0.005M (.001%)
 KAZAKHSTAN	0.01M (.002%)
 PAKISTAN	0.01M (.002%)
 MYANMAR	0.01M (.002%)
 VIET NAM	0.01M (.002%)
 MONGOLIA	0.01M (.002%)
 CYPRUS	0.014M (.003%)
 ANDORRA	0.017M (.004%)
 PRIVATE DONATIONS	0.02M (.005%)
 THAILAND	0.02M (.005%)
 CHILE	0.03M (.007%)
 SINGAPORE	0.05M (.012%)
 PORTUGAL	0.05M (.013%)
 MONACO	0.06M (.013%)
 ARGENTINA	0.06M (.014%)
 ESTONIA	0.1M (.03%)
 SAUDI ARABIA	0.15M (.04%)
 INDONESIA	0.2M (.05%)
 LIECHTENSTEIN	0.2M (.05%)
 ICELAND	0.3M (.07%)
 SOUTH AFRICA	0.4M (.10%)
 TURKEY	0.5M (.11%)
 CHINA	0.5M (.12%)
 INDIA	0.5M (.12%)
 BELGIAN GOV. OF FLANDERS	0.6M (.15%)
 KUWAIT	1M (.23%)
 UNITED ARAB EMIRATES	1M (.23%)
 JAPAN	1.3M (.3%)
 RUSSIAN FEDERATION	1.5M (.35%)
 NEW ZEALAND	2M (.48%)
 ITALY	2.2M (.53%)
 SPAIN	2.2M (.53%)
 USA	3M (.7%)
 KOREA	4M (0.9%)
 LUXEMBOURG	4.8M (1.1%)
 AUSTRALIA	7.6M (1.8%)
 FINLAND	7.7M (1.8%)
 SWITZERLAND	8.2M (1.9%)
 BELGIUM	11.3M (2.7%)
 IRELAND	13.8M (3.2%)
 DENMARK	15.3M (3.6%)
 CANADA	22.6M (5.3%)

*Enabling humanitarian response

Donor funding and CERF results

Since CERF pools unearmarked donor funding before emergencies occur, the results achieved through CERF cannot be directly linked to each donor's contribution. CERF donors collectively enabled the achievement of the results described in this report, with each donor contributing to CERF's results according to the scale of funding provided.



By supporting the CERF, the Netherlands aims to make a difference for millions of people in need across the world, including the victims of crises that are forgotten or overlooked by the international community. We want CERF to be ambitious and strive for ever better results, especially when it comes to bringing assistance to women and girls in crises. We appreciate the efforts to report on concrete results, and count on the international community to take responsibility and provide the necessary funding to reach the CERF's goals

- Sigrid Kaag, Minister for Foreign Trade and Development Cooperation of the Netherlands



Sweden is a proud longstanding leading donor to the CERF and is impressed by results on speed, transparency and impact.

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

Overview of 2016 contributions to CERF

Despite unfavourable exchange rates, 2016 saw continued strong donor support for CERF with 54 donors contributing more than \$426 million to CERF. The 20 donors who contributed the most to the fund during 2016 provided about 93 per cent of the year's total contributions. Sweden ranked as CERF's top donor with \$82 million, followed by the United Kingdom with \$70 million, the Netherlands with \$60.5 million, Germany with \$56 million and Norway with \$44.5 million.

Several donors substantially increased their contributions in their local currencies. The largest absolute increases came from some of CERF's top donors: Sweden increased from SEK 435 million in 2015 to SEK 720 million, Germany increased from Euro 40 million in 2015 to Euro 50 million and Ireland increased from Euro 10 million to Euro 12.8 million. The largest relative increases during the year were from Iceland which tripled its contribution from \$100,000 to \$300,000 and South Africa which increased by 150 per cent from \$173,000 to \$429,000. Italy doubled its contribution from Euro 1 million to Euro 2 million and the Belgian Government of Flanders also doubled its contribution, from Euro 300,000 to Euro 600,000.

CERF continues to have a close and valuable partnership with its core donors. Based on an ongoing dialogue around funding availability and humanitarian needs, CERF often receives significant additional funding in the form of extra

HISTORICAL DONOR CONTRIBUTIONS TO CERF

in US\$ million



contributions provided by donors on top of their core contributions. This flexibility and responsiveness of donors is a lifeline for CERF, allowing it to dynamically respond to new and changing needs. In 2016, six donors provided critical additional contributions to the fund beyond their initial pledge, with some providing end-of-year “top-ups”. These six countries—Iceland, Ireland, Germany, Norway and Sweden—provided a total of \$36 million in additional funding during the year. Sweden provided a \$23 million top-up, the largest additional contribution.

Five donors returned in 2016 after having not contributed in recent years (Argentina, Bangladesh, Kazakhstan, Mongolia and Montenegro) and CERF welcomed Iraq as a new donor in 2016. Considering that Iraq also was the top recipient of CERF funding in 2016, this is a testament to the spirit of global solidarity that CERF embodies. By 2016, 47 CERF recipient countries had also contributed as donors to the fund.

In 2016, Canada joined the list of donors that have signed multi-year agreements, thereby helping to improve CERF’s funding predictability. The other Member States with active multi-year agreements in 2016 were Belgium, Netherlands, New Zealand and Viet Nam. For the United Kingdom, 2016 was a bridge year between multi-year agreements.

A core element to CERF’s success is the consistent and predictable support from donors. Twenty-two donors had in 2016 supported CERF every year since the fund’s inception in 2006. These included Andorra, Armenia, Australia, Belgium, Denmark, Estonia, Finland, Indonesia, Ireland, Korea, Liechtenstein, Luxembourg, Monaco, the Netherlands, Norway, Portugal, South Africa, Spain, Sweden, Switzerland, Turkey and the United Kingdom. In addition, Canada has supported CERF each year since 2006 except for a single year (2012) and Germany has contributed to CERF every year since 2007.

CERF's strategic added value beyond the provision of funds

CERF funds are used strategically to maximize their impact. Although CERF represents a relatively small portion of global humanitarian funds, the strategic and catalytic nature of CERF funding serves as a multiplier effect, making the fund an indispensable element of the global humanitarian architecture. CERF's allocation processes are inclusive, needs based and anchored in country-level coordination structures, requiring partners to jointly develop a response to the most urgent humanitarian needs. As such, CERF is specifically designed to ensure

that every dollar allocated leverages additional strategic gains in support of the humanitarian response.

Therefore, CERF's impact is measured not only in terms of the volume of funding provided but also in the strategic way this funding is allocated. To gauge CERF's added value beyond simply being the source of funding, RC/HCs and Humanitarian Country Teams are asked to assess CERF's contribution to the following four objectives in their reports on the use of CERF funds:

FIELD FEEDBACK ON CERF'S STRATEGIC ADDED VALUE

In the reports on the use of 2016 CERF funding, RC/HCs provided a qualitative rating along with a narrative justification against each of the four objectives outlined above. Various other sources, such as the independent review of CERF's added value in the El Niño-affected countries, also

confirmed CERF's strategic added value in these and other areas. The following is an analysis of added value assessments from all 2016 RC/HC reports, complemented by quotes and examples from various reports to help bring operational context to the assessments.



Fast delivery of assistance to people in need

CERF funds are mobilized prior to emergencies and are always on standby to respond. With its tried and tested disbursement systems, CERF can provide funding fast and efficiently when and where it is needed most. CERF allocations can be announced within hours of the onset of an emergency, allowing agencies to immediately commence life-saving humanitarian operations with CERF funds or use internal resources in the knowledge that CERF funds are imminently forthcoming. Consequently, CERF is often the fastest source of external funds available to enable life-saving response to sudden-onset emergencies.



Improved coordination among the humanitarian community

CERF funding is allocated by sector partners under the leadership of sector leads and by Humanitarian Country Teams under the leadership of the RC/HC. This strengthens the leadership and coordination at the country level by bringing humanitarian organizations to the table, and thus it improves the coherence of humanitarian action. The inclusive prioritization processes by humanitarian responders on the ground also ensure that CERF funds are targeted to the highest priority humanitarian needs.

Moreover, CERF funding is allocated towards a joint intersectoral response strategy implemented by multiple humanitarian organizations. As such, CERF goes beyond focusing on individual projects and supports the achievement of collective humanitarian goals and outcomes by the wider humanitarian community. The implementation of CERF funding and the results achieved are later reviewed and reported on jointly by implementing organizations, thereby fostering collective ownership and accountability for the use of CERF funds.

CERF'S ADDED VALUE



Better response to time-critical humanitarian needs

The same flexibility allows CERF to provide timely funding to humanitarian operations at critical moments when they are needed the most. RC/HCs know that they can call upon CERF any time to respond to time-critical humanitarian needs anywhere in the world, regardless of the scale of the crisis or whether it has captured the attention of donors.



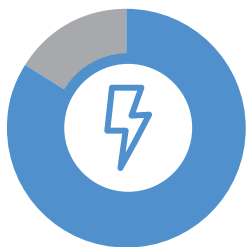
Leveraging additional resources from other sources

CERF allocations signal the severity and urgency of humanitarian needs and can be leveraged by the humanitarian community to bring attention to humanitarian crises and attract funding from other sources. CERF allows partners to kick-start humanitarian operations and achieve results, which can give donors additional assurance of the humanitarian community's and individual organizations' readiness and capacity to deliver.

FAST DELIVERY OF ASSISTANCE TO PEOPLE IN NEED

Did CERF lead to fast delivery of assistance to people in need?

16% Partly



84%
Yes

The RC/HC reports strongly confirmed CERF's important strategic role in improving the humanitarian system's ability to quickly start life-saving response following the onset of an emergency. Eighty-four per cent of 2016 reports (57 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. There were no reports stating that CERF did not lead to the fast delivery of assistance to people in need.

Other sources also confirmed CERF's strong contribution to improving the humanitarian system's ability to start life-saving response in a timely way. The independent review of CERF's added value in the countries affected by El Niño recognized that CERF helped to kick-start emergency responses. The review found that since CERF funding was usually the first to arrive, it helped to start emergency responses to El Niño-related humanitarian needs, particularly in more development-oriented countries. As an example, the review noted that in Zimbabwe, UN agencies targeted the most affected areas that had not received any support at the time of the application for CERF funding. Therefore, it was instrumental for kick-starting activities while agencies mobilized resources from other sources.

In the 16 per cent of RC/HC reports stating that CERF only partly led to the fast delivery of assistance to people in need, the most frequently reported reasons for delays were beyond CERF's control. Six reports quoted the evolving humanitarian situation as the main reason. Other reasons for delays beyond CERF's control were very specific to the situation on the ground. For instance, in Libya, agencies had difficulty transferring the funds to the country and experienced challenges with finding implementing partners. In Timor-Leste, specialized nutritious food for malnourished children did not arrive in the country until four months after the order was placed due to the high global demand for that food.

However, RC/HCs from Afghanistan and Viet Nam reported reasons for delays that were within the control of CERF. According to these reports, CERF's allocation processes and disbursement of funds took longer than expected, which negatively affected project implementation. The CERF secretariat took note of these reports, and it continuously works on refining its allocation processes to deliver the funding as timely as possible.



CERF funds led to fast delivery of assistance to beneficiaries under all CERF-funded projects. For instance, emergency latrines were constructed in 48 hours and the mass vaccination campaign against measles was undertaken swiftly. Moreover, CERF funds brought life-saving reproductive health services closer to the beneficiaries, significantly reducing travel time for the provision of emergency care.

Bangladesh RC/HC Report

CERF funding was received in a timely manner, which enabled UNICEF to support the implementation of critical lifesaving nutrition interventions through an existing partnership agreement with the International Rescue Committee.

- Kenya RC/HC Report

CERF funding allowed WFP to deliver assistance as soon as the grant was confirmed.

- Somalia RC/HC Report

Similar to previous years, the CERF Rapid Response window acted as a primary driver for launching strategic emergency response and timelier funding than bilateral humanitarian donors and other pooled funds.

- Mozambique RC/HC Report

In all sectors, CERF funding was instrumental to the fast delivery of assistance, in contrast to some other funding sources which require a lengthier and more cumbersome process and timeframe.

- Rwanda RC/HC Report

In a context of highly inaccessible target locations and limited existing logistics supply chains, CERF funds enabled commencement of interventions within six weeks of grant approval.

- Papua New Guinea RC/HC Report

CERF funds were the first funding WHO received to respond to the cholera outbreak.

- Yemen RC/HC Report

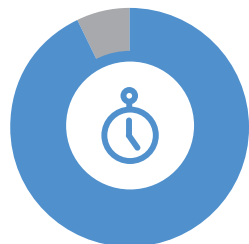
CERF funding was used to initiate control measures to interrupt transmission of the lassa fever. It helped to save a lot of lives that may have been lost if treatment had not commenced early.

- Nigeria RC/HC Report

BETTER RESPONSE TO TIME-CRITICAL HUMANITARIAN NEEDS

Did CERF funds help respond to time-critical needs?

7% Partly



93%
Yes

Speed is often critical in humanitarian action, but the humanitarian community's ability to meet time-critical needs is equally important. These are needs within the overall humanitarian response that must be addressed at a specific time to minimize human suffering and reduce loss of lives and livelihoods. As a global humanitarian funding mechanism, CERF can be called on by partners to address humanitarian consequences at any time when needs arise.

The RC/HC reports reaffirmed CERF's important contribution in providing timely needs-based funding that bolstered the humanitarian system's ability to respond to time-critical needs. Ninety-three per cent of reports (63 reports) indicated that CERF funds helped respond to time-critical needs, while the remaining reports indicated that CERF funds partly did so.

The independent review of CERF's added value to the humanitarian response in the El Niño-affected countries also identified CERF's important role in responding to time-critical needs. For instance, the review stated that in Ethiopia, CERF funding enabled WFP to fill a critical funding gap in its Targeted Supplementary Feeding Programme at a time when resources were scarce and malnutrition rates were spiraling.

Only two of the RC/HC reports stating that CERF partly contributed to the humanitarian system's ability to respond to time-critical needs provided clear reasons. CERF's processes were timely in DRC, but the humanitarian response was delayed due to the lack of pre-positioned stocks. In Ecuador, there were delays in the disbursement of CERF funds to some agencies, but the report indicated that these agencies used their own emergency funds to fill the gap.

In addition, the HC in Sudan reported that CERF was not flexible enough regarding the need for official extensions when the humanitarian situation changed, and some projects had to be delayed.



CERF funds enabled UNICEF to maintain a robust supplies pipeline to address the additional needs resulting from the refugee influx, saving lives of vulnerable children suffering from severe acute malnutrition. Provision of Vitamin A supplementation and deworming is one of the key interventions that strengthen the children's ability to fight against diseases.

- Ethiopia RC/HC Report

The timely distribution of agricultural inputs provided to beneficiaries helped them to produce crops in the winter season following the mid-year floods that had affected the main season production.

- Myanmar RC/HC Report



Humanitarian actors had little time to prevent the spread of the yellow fever epidemic, both within DRC and across international borders, and to reduce the mortality of those already infected. Thanks to CERF funding, the spread of the epidemic was stopped quickly.

- DRC RC/HC Report

As a result of the timely CERF-funded livestock intervention, no clinical diseases or mortalities were reported in Somaliland, saving lives and protecting the livelihoods of vulnerable livestock-dependent households.

- Somalia RC/HC Report

Considering that many health services collapsed due to the earthquake, CERF funds enabled the Ministry of Health to provide sexual and reproductive health [services], including childbirth care and obstetric emergencies.

- Ecuador RC/HC Report

CERF funding enabled UNICEF to procure HIV test kits, at a time when there was looming shortage, and use them to reach more than 15,000 persons with HIV testing; in the process, those who are HIV positive could be identified and directed to treatment and care.

- Kenya RC/HC Report

CERF funds allowed the mobilization of surveillance and control teams. This was critical to the overall success of the control operation given the time-critical window of opportunity available to locate and target the locusts while infestations were in the hopper stage.

- Lao PDR RC/HC Report

The timing of the CERF allocation was critical as large numbers of displaced people were in urgent need of winterization assistance due to the prolonged military offensive and this was not part of earlier response planning.

- Iraq RC/HC Report

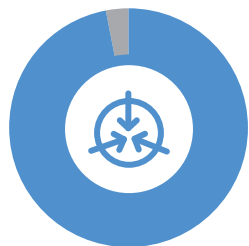
CERF funding was essential in enabling the humanitarian community to respond to the time-critical needs of the newly arrived refugees, especially where un-earmarked funds were not available and bilateral donors were initially hesitant or unable to get on board at the time of the emergency.

- Sudan RC/HC Report

IMPROVED COORDINATION AMONG THE HUMANITARIAN COMMUNITY

Did CERF help improve coordination among the humanitarian community?

3% Partly



97%
Yes

Apart from providing timely and flexible funding, CERF processes are also designed to strengthen humanitarian leadership, improve coordination among humanitarian actors, and increase the coherence and effectiveness of the response.

The 2016 RC/HC reports strongly confirmed CERF's important catalytic role in strengthening coordination in emergency response. Ninety-seven per cent of reports (66 reports) stated that CERF improved coordination among the humanitarian community, while the remaining reports said it partly did so. There were no reports stating that CERF did not help improve coordination.

The reports stating that CERF only partly improved coordination were from Lao People's Democratic Republic and Sudan. The CERF allocation to Lao People's Democratic Republic was very specific and included only one sector and one agency, hence the coordination efforts focused on a Government-led mechanism and regular updates for the Humanitarian Country Team. Sudan's RC/HC report stated that coordination among the agencies involved in CERF funding improved in the context of the CERF response, but CERF did not have an impact on the broader coordination between projects funded by other sources.

The independent review of CERF's response to humanitarian needs in the countries affected by El Niño in 2015 and 2016 recognized that CERF's convening power is one of its biggest comparative advantages. The review also provided numerous examples of CERF's unique contributions to coordination. For instance, in Mongolia, CERF funding strengthened coordination at national and local levels as well as collaboration between UN agencies, international NGOs and government entities. In Papua New Guinea, CERF was the only source of funding that was used with an intersectoral approach, which provided a useful catalyst for agencies to develop a coordinated response plan. In Zimbabwe, CERF funding to WFP's cash transfer programmes enabled the agency to set up a cash sub-working group that harmonized cash transfers across organizations. In El Salvador, using learning from the CERF processes, agencies established a working group on resilience, which facilitated peer learning and joint action. Moreover, a representative from USAID's Food for Peace programme pointed out that CERF's ability to fund a broad range of sectors and kick-start activities in sectors ignored by other donors was important. In total, the review examined CERF processes in 19 countries and did not identify any cases in which CERF did not strengthen coordination in some way.



The CERF Rapid Response proposal process allowed all involved agencies to coalesce on joint programming to ensure timely and effective service delivery across clusters.

- Afghanistan RC/HC Report

With CERF funding, the players on the ground were able to coordinate on who is doing what to ensure that the refugee population was adequately assisted with food and other assistance.

- Malawi RC/HC Report

The CERF allocation has made clear the importance of inter-agency work, particularly to address chronic humanitarian vulnerability.

- Mozambique RC/HC Report

CERF provided an additional opportunity among many humanitarian actors to coordinate and share information on the humanitarian situation and the support being provided by different organizations. This helped to reduce the number of overlapping programs on the ground.

- Libya RC/HC Report

CERF added value to the humanitarian response by enabling timely joint life-saving GBV [gender-based violence] and health interventions. It led to a strong interaction of GBV and sexual and reproductive health programming to ensure that medical care for sexual assault survivors was provided.

- Bangladesh RC/HC Report

CERF funding brought together partners with varying capacity and resources, and strengthened coordination, joint planning, delivery and monitoring.

Mongolia RC/HC Report

The existing humanitarian coordination in Burundi was not adapted to the rapidly evolving humanitarian context. There were more development than humanitarian actors on the ground and there was no humanitarian capacity and expertise. CERF funding enabled sector coordination, including NGOs and concerned government institutions, to be improved.

- Burundi RC/HC Report

The availability of CERF funds strengthened WFP's presence and capacity to better coordinate the interventions with other humanitarian partners in the Food Security cluster and with Government authorities.

- Mozambique RC/HC Report

CERF enabled the advancement of the UN "Delivering as One" approach in the humanitarian sector through facilitating joint programming, implementation, monitoring and information exchange between different agencies.

- Viet Nam RC/HC Report

CERF funding enabled the delivery of rapid and coordinated assistance, thereby significantly reducing the possibility of duplications or omissions as a result of poor coordination.

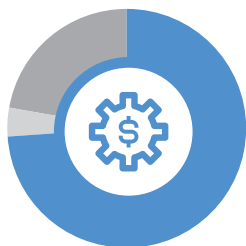
- Sudan RC/HC Report

LEVERAGING ADDITIONAL RESOURCES FROM OTHER SOURCES

Did CERF help improve resource mobilization from other sources?

22% Partly

4%
No

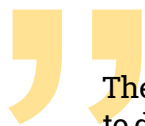


74% Yes



Several donor missions visited Uganda in the second half of 2016 and noted the positive impact of CERF-funded interventions. As a result, agencies were able to successfully mobilize additional resources.

- Uganda RC/HC Report



The CERF funding was useful for UNICEF to demonstrate the effectiveness of the WASH [Water and Sanitation] response and therefore attract additional funds. Accordingly, additional resources were mobilized from Italy and the United Kingdom to address the WASH needs in Gambella and other refugee camps.

- Ethiopia RC/HC Report

In combination with the Emergency Response Plan, CERF was instrumental in highlighting the severity and magnitude of the drought. CERF provided seed resources for implementation of response activities, which enabled improved resource mobilization from other sources throughout the emergency.

- Viet Nam RC/HC Report

CERF's role in leveraging additional funding can be difficult to assess, as there are seldom direct and documented linkages between CERF allocations and donors' funding decisions. Nevertheless, 74 per cent of RC/HC reports (50 reports) assessed that CERF funds helped improve resource mobilization from other sources. Twenty-two per cent of the reports indicated that CERF had partly helped improve resource mobilization, and only 4 per cent of the reports stated that CERF did not help improve resource mobilization from other sources in any way.

The analysis of narrative information supplementing the rating against this strategic objective revealed limited differences between the answers "yes" and "partly". In the absence of concrete information directly linking CERF funding to additional funding from other sources, the majority of respondents only provided anecdotal information, which was similar for the "yes" and "partly" ratings. Nevertheless, the large volume of information provided in support of this objective and the small number of negative answers suggest a strong correlation between CERF funding and additional funding from other sources.

The independent review of CERF's response to the humanitarian consequences of El Niño also identified CERF's role in leveraging funding from other sources as a clear added value. The review found several examples of agencies using the results from CERF-funded activities to leverage additional funding. For instance, CERF funding enabled WFP Zimbabwe to showcase its humanitarian work, leading to contributions from other donors (including from Finland for the first time). In Swaziland, UNICEF's ability to demonstrate results from its CERF-funded project enabled it to secure additional funding from Canada and the United States to scale up its emergency water and sanitation intervention. Similarly, IOM's experience with implementing a CERF-funded project in Somalia, including its effective partnership with government agencies, helped the agency secure long-term funding from the African Development Bank.

However, the review also found that although agencies used CERF-funded projects to leverage additional funding, the humanitarian donors interviewed had very limited information on CERF grants. CERF, therefore, did not directly influence their funding decisions. This indicates that communication around CERF allocations at the country level could be strengthened and thus could potentially improve CERF's catalytic role in leveraging additional humanitarian funding. The CERF secretariat will explore ways to promote better in-country communication on CERF allocations.

OTHER EXAMPLES OF CERF'S STRATEGIC ADDED VALUE

The independent review of CERF's added value in responding to the humanitarian consequences of El Niño identified several other ways in which CERF added strategic value to the humanitarian response. Several interviewees in Viet Nam noted that CERF funding gave UN agencies credibility vis-à-vis the Government because they brought resources to the table. As a result, the Government was more willing to attend coordination meetings and share information.

Interviewees noted that one of the advantages of CERF over funding from other donors is that it does not need an official emergency declaration or for the Government to request international assistance in order to accept an application. This gives CERF the flexibility to respond early in a slow-onset emergency and can "break the waiting game of other actors".



CERF funding sends a signal about the seriousness of a crisis and, in some cases, triggers the release of additional funding from agencies' regional or HQ emergency response mechanisms. This was the case for FAO, UNFPA and WHO. In addition, early action facilitated by CERF funding encouraged previously inactive donors such as Canada, the US and Lichtenstein to provide funding or in-kind donations as well, bringing the total funding of the response to almost double the value of the CERF grant.

- DPRK RC/HC Report

CERF also has greater flexibility in its criteria for response than some donors. For example, the Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO) can only fund an early response when there is a "firm forecast" that livelihoods will be compromised or a risk that undernutrition will increase. But in slow-onset emergencies, it can be difficult to get such a forecast. One interviewee argued that seeing CERF responding early could give ECHO a signal that it should do the same, particularly in a context such as Southern Africa, where early warning systems are not always well developed.

In countries undertaking a humanitarian response for the first time in many years, CERF-funded activities can lay the foundation for future support. For example, in Lesotho, a CERF project established food distribution points at the community level in consultation with local councils and chiefs. Subsequently, these points have been used for other programmes, such as general food distributions and education campaigns.

The CERF Rapid Response allocation helped UNFPA to mobilize funds from other donors to continue the provision of health services. After completion of the CERF project, UNFPA received funding from the Government of Australia to continue the provision of services to the returnees and expansion of services to Kunar, Laghman, Nangarhar and Kabul provinces.

- Afghanistan RC/HC Report

The approval of the CERF funds had a strong signaling effect regarding the severity of the situation in PNG, which provided justification to bilateral donors to release additional funding.

- Papua New Guinea RC/HC Report

CERF funds helped to improve resource mobilization from other development partners in Mongolia. A total of \$6.4 million was raised to assist dzud-affected people in Mongolia, of which nearly \$4 million was obtained outside of the CERF mechanism.

- Mongolia RC/HC Report

CERF funding was instrumental in kick-starting life-saving assistance. It enabled participating agencies to demonstrate results, which improved the visibility of the refugee response and led to substantial further funding.

- Rwanda RC/HC Report

Partnerships in the implementation of 2016 CERF funding

Partnerships are at the heart of CERF-funded response. CERF funding is jointly prioritized and planned by Humanitarian Country Teams and cluster or sector groups, which include NGOs as active participants. Subsequently, CERF funding is implemented in partnerships between UN agencies and NGOs, host Governments and Red Cross/Red Crescent societies.

According to the information provided in CERF RC/HC reports, UN agencies entered into partnerships to implement 2016 CERF funding with 589 non-UN organizations in 45 countries. This included 464 local and national partners and 125 international NGOs. Local and national partners comprised 229 NGOs, 216 government entities and 19 Red Cross/Red Crescent societies.

This represents an unparalleled global reach that would be difficult to achieve for CERF or CERF's donors through direct funding agreements. Moreover, the collective nature of CERF processes and the extensive partnerships between such a wide and diverse group of organizations foster coordination and knowledge-transfer benefits that would otherwise not have materialized.

General Assembly resolution 46/182 sets out that CERF can directly fund UN agencies only. By limiting the direct recipients of grants to UN agencies, CERF can disburse funding quickly and efficiently with streamlined processes, enabling it to meet its rapid response mandate. However, non-UN organizations receive CERF funding from UN agencies as implementing partners through subgrants.

According to the reported information, of the \$439 million that CERF allocated in 2016, \$115 million was subgranted to non-UN organizations through the partnership networks of UN agencies. This amount does not include the value of in-kind partnership arrangements. The subgranted funding represents 26 per cent of total 2016 CERF funding—the highest proportion recorded since CERF started to track subgrants in 2011.

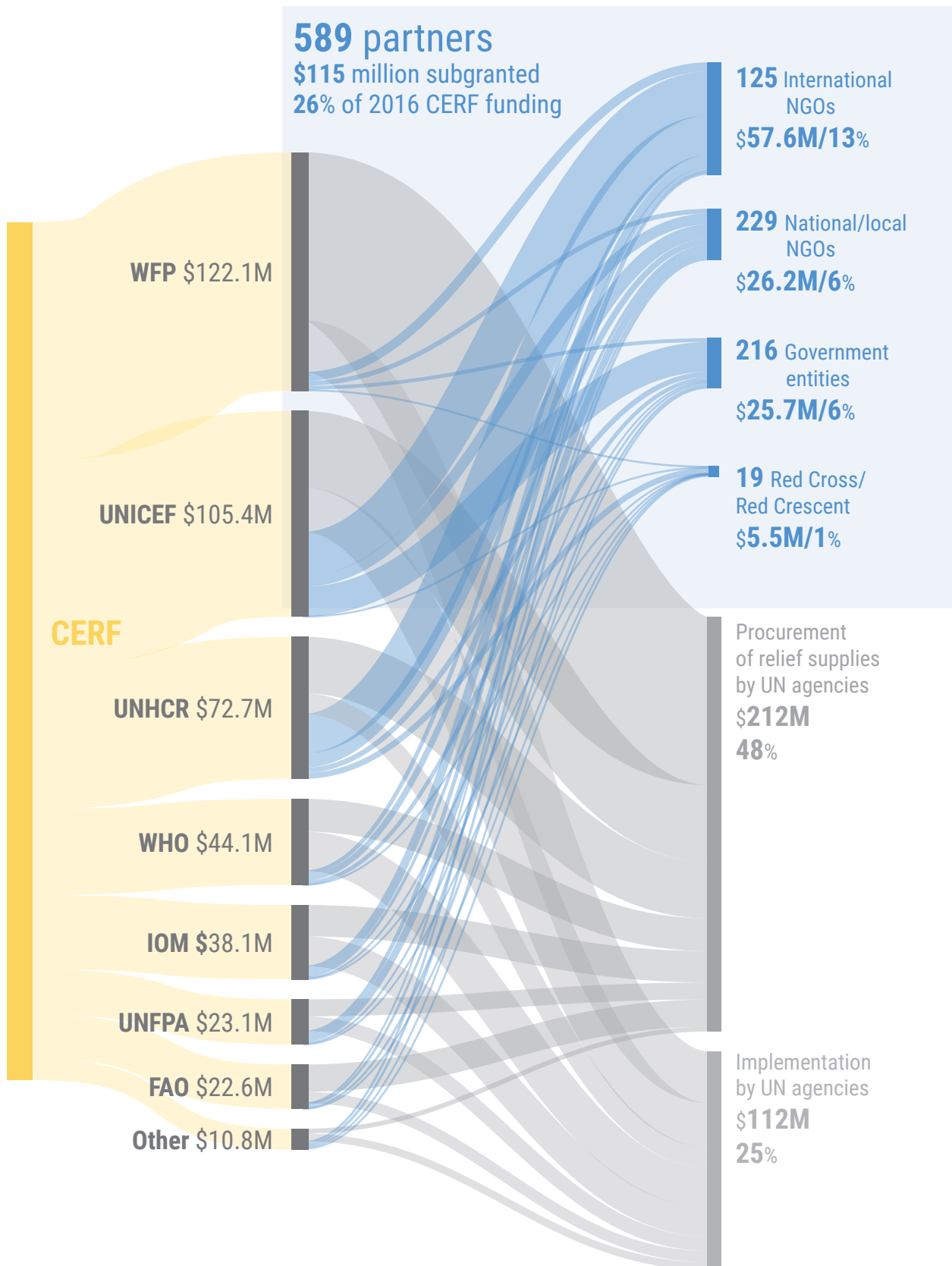
Over half of subgranted 2016 CERF funding went to national and local partners. UN partnerships with local organizations familiar with the context and with an existing operational presence close to the people in need help to localize humanitarian response and support more sustainable solutions anchored in local structures. National and local NGOs received \$26.2 million in 2016 CERF subgrants, government partners received \$25.7 million and Red Cross/Red Crescent societies¹ received \$5.5 million. In total, 13 per cent of all 2016 CERF funding, or \$57.4 million, went to 464 different national and local organizations.

Non-UN partners also played an important role in distributing relief supplies procured by UN agencies using CERF funding. According to the budget breakdown of all 2016 CERF-funded projects, recipient agencies used 48 per cent of CERF funding, or \$212 million, to procure relief supplies, such as food, shelters or medicines.

¹ More than 95 per cent of subgranted CERF funding in this category went to national/local Red Cross/Red Crescent societies, hence Red Cross/Red Crescent societies are counted as national/local partners in this note.

CERF PARTNERSHIPS

in US\$ million



CERF FUNDING IMPLEMENTED BY PARTNERS



\$439M

TOTAL 2016 CERF FUNDING

\$115M

SUBGRANTED TO PARTNERS

26%

PERCENTAGE SUBGRANTED



589 partners

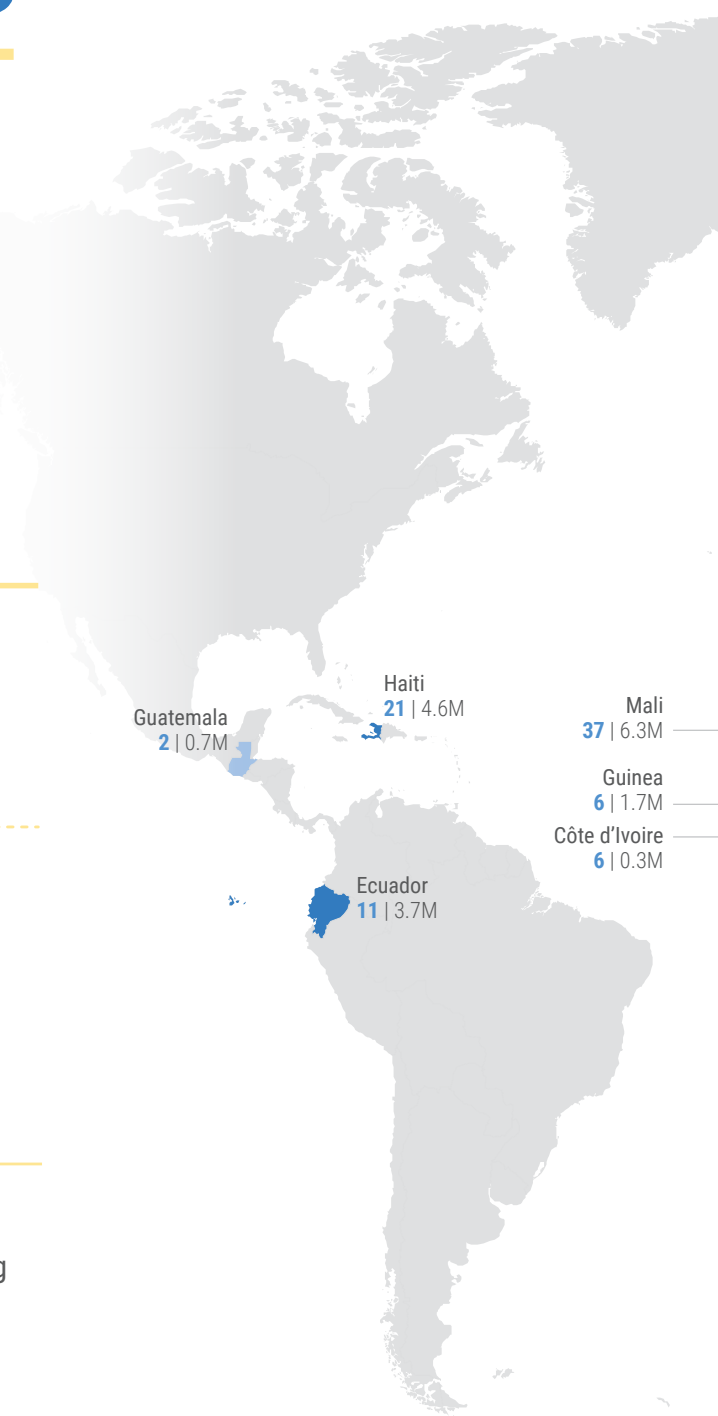
125 International NGOs
\$57.6M/13% of 2016 CERF funding

464 National/local partners
\$57.4M/13% of 2016 CERF funding

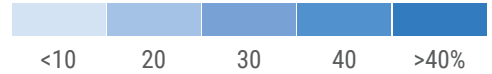
229 National/local NGOs
\$26.2M/6% of 2016 CERF funding

216 Government entities
\$25.7/6% of 2016 CERF funding

19 Red Cross/Red Crescent
\$5.5M/1% of 2016 CERF funding

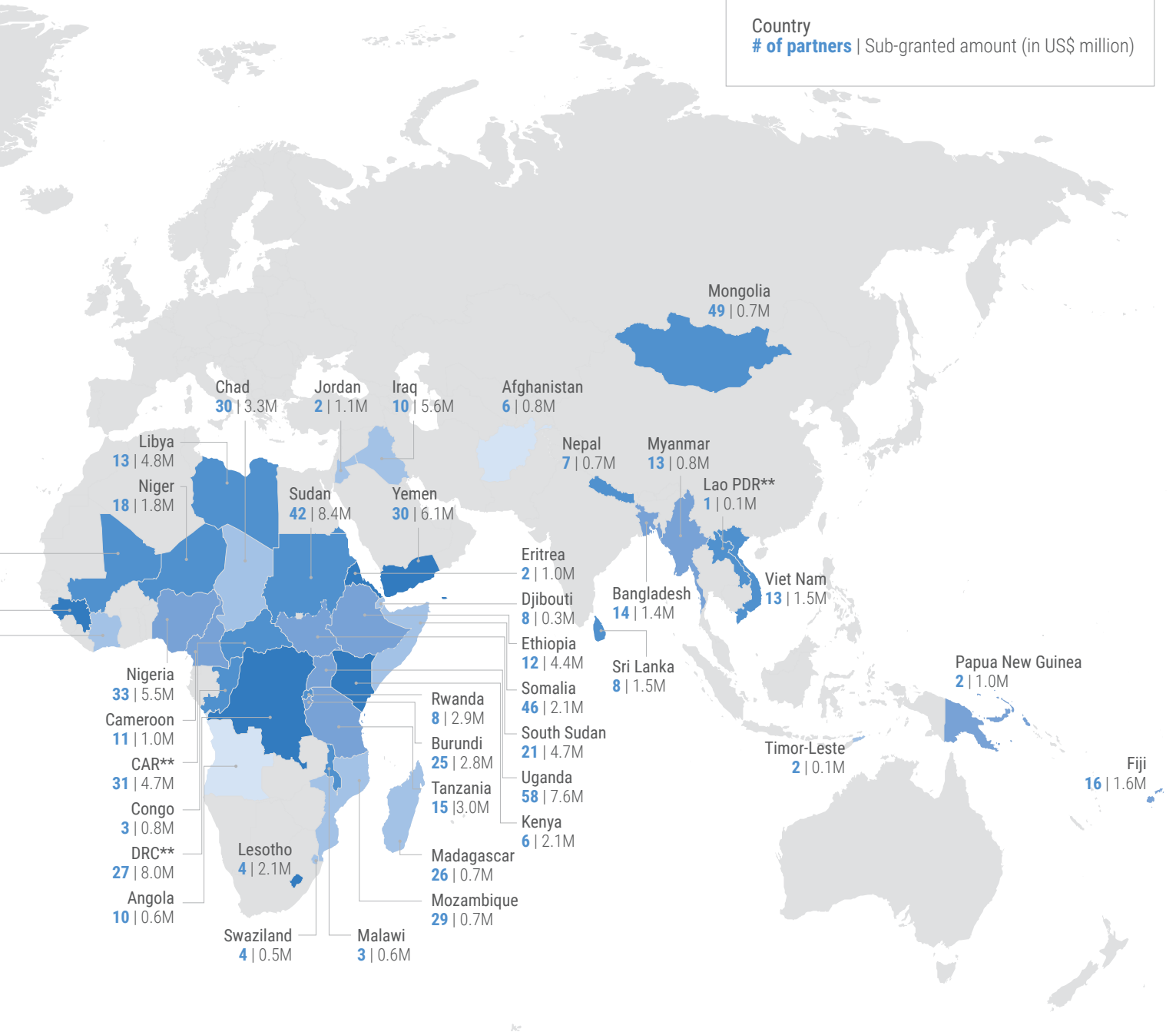


% of CERF funding implemented by partners



Country

of partners | Sub-granted amount (in US\$ million)



**CAR - Central African Republic

DRC - Democratic Republic of the Congo

Lao PDR - Lao People's Democratic Republic

UN agencies entered into partnerships in the implementation of CERF funding with non-UN organizations in 45 out of 47 countries supported by CERF in 2016.

The level of subgranting varied across CERF allocations according to the context and the type of humanitarian programmes funded. Non-UN organizations received more than half of CERF funding to Eritrea and Guinea, as well as more than 40 per cent of CERF funding to DRC, Ecuador, Haiti, Kenya, Lesotho, Libya, Malawi and Yemen.

By contrast, in Afghanistan and Angola less than 10 per cent of CERF funding went to non-UN organizations. In Cuba and DPRK, CERF funding was implemented entirely by UN agencies.

The proportion of subgranted funding also varied significantly between sectors. According to the reported data, UN agencies implementing CERF-funded projects in the Education, Mine Action, Multisector, Protection, and Water and Sanitation sectors subgranted more than 40 per cent of 2016 CERF funding received.

By contrast, CERF projects in the Food sector, the largest CERF-recipient sector, subgranted the smallest proportion of 2016 CERF funding received (nine per cent), which reflects the significant in-kind element of projects in this sector. CERF project funding in the Common Services and Coordination sector was exclusively implemented by UN agencies.

With the exception of the Office of the United Nations High Commissioner for Human Rights (OHCHR), all CERF-recipient agencies reported working with partners through CERF subgrant arrangements. According to the reported data, UNICEF, the second-largest recipient of CERF funds in 2016, provided the largest total amount in subgrants to partners (\$44 million, or 41 per cent of CERF funding received). UNHCR implemented the second-largest amount of CERF funding through subgrants to partners (\$33 million, or 46 per cent of CERF funding received).

In comparison, WFP, the largest CERF recipient, subgranted \$9 million, or 7.5 per cent of CERF funding received (these figures do not include in-kind arrangements, such as the value of food and other relief items distributed to beneficiaries).

The United Nations Human Settlement Programme (UN-Habitat) and United Nations Mine Action Service (UNMAS) through the United Nations Office for Project Services (UNOPS) implemented the largest proportion of CERF funding received through partners (91 per cent and 51 per cent respectively). UN-Habitat partnered with national or local organizations, while UNMAS worked exclusively with international NGOs.

According to the reported data, there were significant differences in the types of partners involved in CERF project implementation among the agencies. For instance, 87 per cent of subgranted funding by FAO went to national and local partners, including 42 per cent to Government entities and 45 per cent to national or local NGOs. The United Nations Development Programme (UNDP), UNFPA, UN-Habitat and WHO also worked mostly with local partners, whereas IOM, UNHCR, UNICEF and UNOPS provided more than half of their subgranted funding to international NGOs.

The proportion of subgranted funding varied between the two CERF windows. The overall subgranted funding was 26 per cent for all 2016 CERF funds, but the percentage was 23 for Rapid Response funding and 31 for Underfunded Emergencies funding.

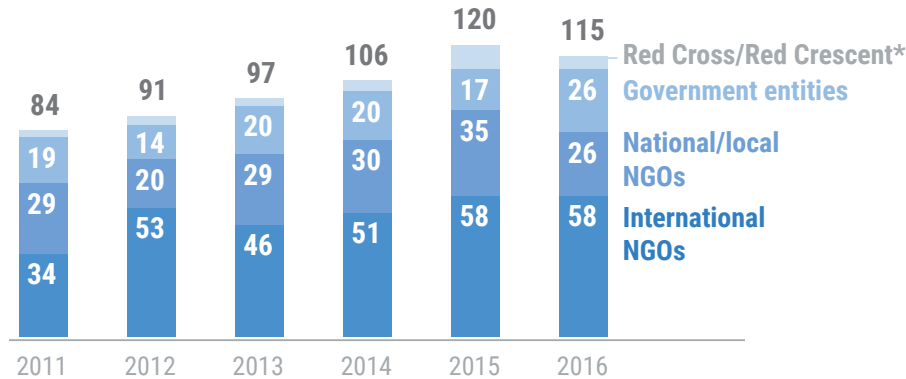


CERF strengthens the ability of the United Nations to coordinate international humanitarian assistance and to save lives, even under the most difficult circumstances.

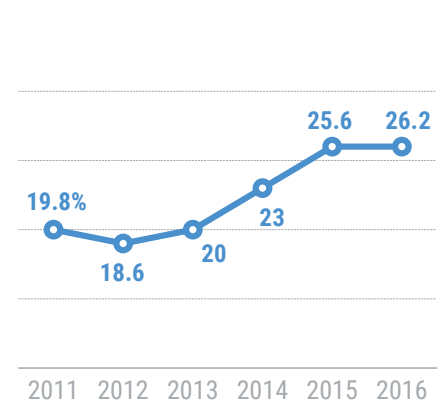
-Sigmar Gabriel, former Federal Minister for Foreign Affairs of the Federal Republic of Germany

SUBGRANTED CERF FUNDING (2011 – 2016)

Amount of subgranted CERF funding
in US\$ million



% of subgranted CERF funding



Red Cross/Red Crescent: \$2.8M/3% in 2011; \$3.7M/4% in 2012; \$2.9M/3% in 2014; \$10M/8% in 2015; \$5.5M/5% in 2016

According to the reported data, the proportion of subgranted CERF funding, as compared to the total CERF funding, increased from 20 per cent in 2011 to 26 per cent in 2016—the highest percentage ever.

In dollar terms, the subgranted funding was on a steady increase from \$84 million in 2011 to \$120 million in 2015. In 2016, the subgranted funding dropped to \$115 million, which corresponded to the drop in the total CERF funding allocated that year.

The proportions of subgranted funding by partner type are comparable across the years for which data has been collected, with approximately half of subgranted funding going to local and national organizations and half to international NGOs. The distribution between the different types of local and national partners (NGOs, government partners, Red Cross/Red Crescent societies) shows some variations between years, likely as a reflection of the specific profiles of CERF-funded crises and agencies in a given year.

Given the importance of partnerships in delivering CERF-funded life-saving humanitarian action, the CERF secretariat and the CERF Advisory Group continue to work closely with CERF-recipient UN agencies and other partners of the Inter-Agency Standing Committee (IASC) to ensure that partnerships under CERF grants are effective and efficient. These efforts have resulted in several initiatives being undertaken by UN agencies to improve the efficiency of administrative processes related to partnership arrangements. For instance, UNICEF updated the guidance and forms governing partnerships to support the effective and timely finalization of agreements, strengthened the monitoring of grants implementation and provided trainings on the administration of partnership processes. UNFPA institutionalized a financial tracking tool for grants to implementing partners, set internal benchmarks for disbursements and conducted trainings on the administration of partnership processes. These and other initiatives benefit the humanitarian system beyond the partnerships under CERF funding.

Duration of CERF allocation processes

One of the most important strategic advantages of CERF is its ability to provide life-saving funding when and where it is needed most. In some cases, such as sudden-onset or sudden deterioration of emergencies, the "speed" of CERF processes can be of utmost importance. In other situations, the ability to provide funding at the right time to the right interventions in an emergency is more important than the "speed" with which this happens. The timeliness of CERF allocations therefore needs to be considered in the context of each emergency and cannot be assessed based on the duration of CERF processes alone. The timeliness aspect of CERF's performance is explored more in depth based on qualitative information in the section on the strategic added value of CERF (page 42).

In addition, the volume of funding and coordination benefits that characterize CERF allocations must be considered when assessing the duration of CERF allocation processes. Time needed to collectively allocate CERF funding is an investment which increases the strategic impact of the funds. The processes needed to strategically allocate millions of dollars to multiple organizations are, however, inevitably more complex than the processes governing allocation of much smaller individual grants.

While the duration of CERF processes does not directly equate to the fund's ability to provide timely funding, it can provide an indication of the

CERF secretariat's performance and is therefore systematically tracked.

An analysis of key dates within the allocation processes of all 263 Rapid Response¹ projects funded by CERF in 2017² showed that the average duration between the submission of the first version of the CERF application from the field to the CERF secretariat and the disbursement of CERF funds to recipient agencies was 11.3 working days.

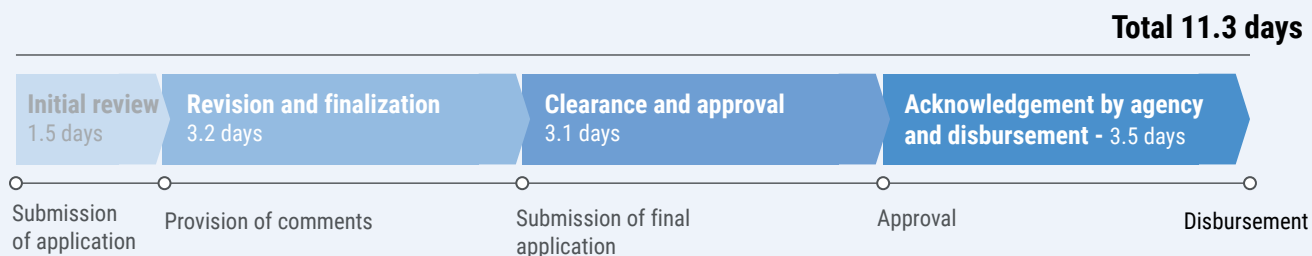
Certain aspects of CERF processes, such as the ability to quickly review applications or disburse funding, are within the control of the CERF secretariat and thus are good internal operational benchmarks. Other aspects, such as the time it takes country-level partners to submit or revise a funding proposal and the time it takes agencies to counter-sign and submit allocation letters, are beyond the direct control of the CERF secretariat.

Field-level consultation and prioritization processes leading up to the first official submission of a CERF funding request may not directly involve or be known to the CERF secretariat, and the duration of this phase is thus not recorded by the CERF secretariat.

¹ Duration of allocation processes is a less important factor for allocations from the Underfunded Emergencies window, hence they are excluded from this analysis.

² The most recent data covering the full year of CERF allocations available.

DURATION OF 2017 CERF RAPID RESPONSE ALLOCATION PROCESSES



1 Initial review: The CERF secretariat undertakes programmatic and financial reviews of initial applications³ to ensure the strategic use of the funding, adherence to CERF's life-saving criteria and compliance with budget requirements. In 2017, CERF completed the initial review of applications on average within 1.5 days⁴ from the date of submission from the field.

³ An application is the term used for a consolidated request for CERF funds submitted by an RC/HC consisting of an overall humanitarian response strategy for which CERF funds are sought and project proposals that collectively aim to implement the proposed strategy.

⁴ Number of days included throughout this section represent official working days.

3 Clearance and approval: Following a final review, the CERF secretariat works on financial and programmatic clearance of project proposals and seeks official approval from the Emergency Relief Coordinator as the fund manager. In 2017, the final review, clearance and approval of CERF project proposals took on average 3.1 days.

2 Revision and finalization: With support from the CERF secretariat, OCHA field offices and agency focal points at the country level work to revise CERF applications according to the questions and comments provided by the CERF secretariat. In this step, upon the approval of the overarching strategic section of CERF applications, the CERF secretariat starts processing each project separately to ensure that finalized projects are approved and disbursed quickly and not delayed by projects which are still under review. In 2017, OCHA field offices in collaboration with country-level agency focal points reviewed and finalized CERF project proposals on average within 3.2 days.

4 Acknowledgement by agency and disbursement: Recipient agencies counter-sign CERF grant letters and thereafter the CERF secretariat works with the Office of Programme Planning, Budget and Accounts (OPPBA) of the United Nations Secretariat on the disbursement of funds. In 2017, the acknowledgement by agencies and disbursement of CERF funds took on average 3.5 days (1 day for agencies to counter-sign allocation letters, 1.1 days for the CERF secretariat to complete financial procedures related to disbursements, and 1.4 days for OPPBA to process disbursements).

While the average duration of CERF Rapid Response allocation processes was 11.3 days in 2017, there were significant variations across projects, with the "fastest" projects only taking four days from initial submission to the disbursement of funds.

When considering timing and timeliness of CERF funding it is also important to note that the recipient agencies do not have to wait for CERF funds to arrive in their accounts before starting the implementation of life-saving activities. While the disbursement date represents the standard official implementation start date, agencies can request an earlier implementation start date, which allows them to charge expenditures for response activities undertaken before the receipt of CERF funds to the CERF project. An early implementation date of up to six weeks prior to the disbursement date can be approved as long as it does not predate the onset of the emergency. This allows agencies⁵ to start response activities earlier using internal reserves in the knowledge that CERF funds will be immediately forthcoming.

Out of 263 CERF Rapid Response projects funded in 2017, 120 projects, or close to half of all Rapid Response projects, started implementation of life-saving activities and accounted related expenditures before the actual disbursement of CERF funds. This flexibility significantly contributes to humanitarian partners' ability to meet time-critical needs with CERF funding and helps minimize potential limitations resulting from collective CERF allocation processes.

When possible, the Emergency Relief Coordinator makes an early announcement of the approximate CERF allocation amount for a specific emergency response, which may come within hours of a sudden-onset disaster. This early confirmation that CERF funding is forthcoming can allow agencies to solicit internal advances to start the most time-critical life-saving activities without having to wait for the completion of CERF allocation processes.

⁵ Not all agencies can use early implementation start dates due to internal administrative limitations.

Since its inception in 2006, CERF has continuously sought to optimize and streamline its allocation processes for faster disbursement of funds. For instance, in 2011 CERF finalized umbrella letters of understanding with all recipient agencies, which allowed for more speedy counter-signing of contracts for each CERF project; in 2014 CERF obtained approval for specialized financial treatment from the United Nations Controller's Office; in 2015 CERF completed the development of a Grant Management System, which allows for electronic processing of CERF project proposals throughout all stages of allocation processes; and in consultation with OPPBA, the CERF secretariat developed a tailored process, which enabled prioritization of CERF projects for disbursement. These and other efforts have helped reduce the final administrative disbursement step (Step 4) from an average of 6.1 working days in 2014 to only 3.5 days in 2017, almost halving the time needed. The CERF secretariat will continue to monitor the duration of its allocation processes and undertake efforts to process Rapid Response allocations in the shortest time possible.



CERF is one of the most important inventions in humanitarian response of the last 15 years— and it serves as a guide as we reshape the field following the World Humanitarian Summit. The UAE chose to make some of its first major multilateral contributions to CERF because it operationalizes our cornerstone principles of humanity, impartiality, neutrality and independence. Growing humanitarian needs necessitate more mindsets like CERF's.

- Reem Al Hashimy, Minister of State for International Cooperation of the United Arab Emirates

Complementarity with other funding sources

The Grand Bargain recognizes that with the world's humanitarian response system woefully short of resources, new approaches are required immediately. More and larger financial contributions are clearly needed, but existing funding must be used for maximum benefit. CERF is unique in the humanitarian financing landscape through its combination of speed, reliability, convening power and substantial resources, but it is most effective and can develop its full catalytic potential when used in complementarity with other funding sources.

Complementarity with Country-Based Pooled Funds

In 2016, OCHA managed 17 country-based pooled funds (CBPFs), several of which are located in countries that have been long-standing recipients of significant amounts of CERF funds, such as the Democratic Republic of the Congo (DRC), Somalia, South Sudan and Sudan. CERF and CBPFs are designed to meet a specific humanitarian funding need, and if used jointly and strategically they can collectively form a powerful funding tool-box for the humanitarian community. By leveraging their comparative advantages—CERF's disbursement speed and CBPFs' ability to directly fund local NGOs—the strategic use of these funds helps partners deliver a stronger collective response, ensuring maximum impact of limited resources. Collectively, CERF and CBPFs disbursed \$1.16 billion for humanitarian action in 2016.

A total of \$178 million of CERF allocations, equivalent to 41 per cent of all 2016 CERF funding, went to 11 countries covered by a CBPF. Therefore, the two OCHA-managed pooled-funding mechanisms collectively contain significant amounts of funding under the control of the HCs and Humanitarian Country Teams. They can leverage the funds' comparative advantages (such as the additionality and disbursement speed of CERF, and the predictability and direct funding of CBPFs for NGOs) to deliver a stronger collective

response. In most OCHA country offices, the same staff support CBPF and CERF allocation processes, which further helps to ensure coherent and effective humanitarian action.

In 2016, the HCs and Humanitarian Country Teams pursued different strategies to maximize complementarity and avoid overlap between the two funding sources. These included inter alia coordinated targeting of people in need, selecting geographic locations, matching types of life-saving activities, awarding funds to different types of humanitarian actors or sequencing funding.

For example, to respond to the displacement surge in Afghanistan, the HC directed a CERF allocation to UN agencies to provide life-saving assistance at arrival points, while CBPF funding was allocated to NGOs targeting the critical needs of displaced people where they settled.

In **Sudan**, CERF and the CBPF approved several funding allocations in 2016 to support people displaced due to armed conflict in the Jebel Marra area and refugees arriving from South Sudan. For both responses, the two funding streams targeted complementary geographical locations.

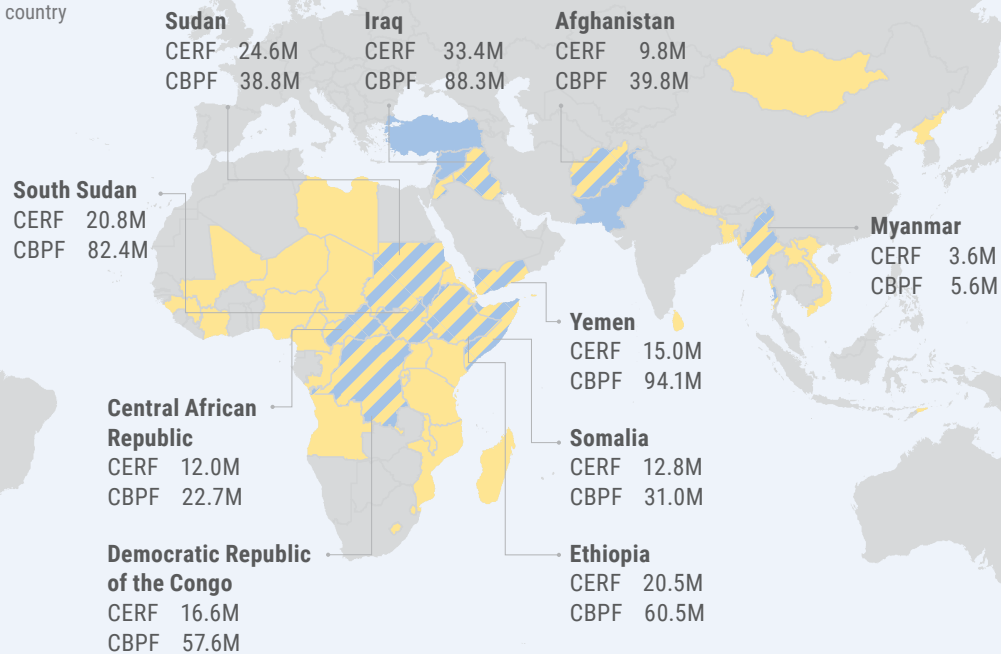
In **Somalia**, CBPF and CERF allocations for drought and cholera interventions were decided and conducted in close coordination, applying joint allocation strategies when possible, and utilizing their individual comparative advantages based on their mandates, allocation and eligibility criteria, grant size and feasible implementation timelines. To contain the cholera outbreak in southern Somalia, CERF and the CBPF were strategically aligned to focus on separate districts.

In **Jordan**, CERF and the CBPF focused on different geographic locations and humanitarian needs. The CBPF funded primarily NGOs to support Syrian refugees in Jordan and people in need inside Syria. CERF focused on Syrians at the Syria-Jordan border area, the so-called berm, where only certain UN agencies were permitted to operate.

CERF AND CBPF ALLOCATIONS IN 2016

in US\$ million

- CERF recipient country
- CBPF recipient country
- CERF and CBPF recipient country



In **Myanmar**, the two funding mechanisms were also used to target different needs in separate geographical regions. A CERF allocation provided life-saving assistance in flood-affected Ayeyarwady, Mandalay and Magway regions. The CBPF supported response activities in displacement camps in Rakhine and Kachin, and provided funding for education, health, protection and shelter in Rakhine, Kachin and Shan.

In the **Central African Republic**, a CBPF allocation that followed CERF funding was able to use analysis and criteria applied in the CERF process, and gave priority to NGOs. Later in the year, the CBPF disbursed additional funding to address food shortages of internally displaced people, while another CERF allocation supported South Sudanese refugees. Similarly, in **Ethiopia**, CERF funding was prioritized to support South Sudanese refugees, while the CBPF addressed the critical needs of vulnerable Ethiopians.

In the **DRC**, the Humanitarian Country Team prioritized assistance to South Sudanese refugees, internally displaced populations and host communities in north-east DRC for a CERF allocation. The allocation focused on the least-funded sectors of Education, Nutrition, Shelter and Food Security. A decision was then made to allocate CBPF funding to cover protection, water and sanitation, logistics and health needs in the same areas, with funding preference given to NGO partners ineligible for direct CERF funding.

In **Yemen**, CERF funding was granted after an initial CBPF allocation. It bridged a crucial gap in the response for internally displaced people, allowing partners to sustain critical activities. Later in the year, CERF and the CBPF supported life-saving activities in response to the cholera epidemic, with CERF providing funding directly to UN agencies and the CBPF to international and national NGOs.

CERF's allocation to **South Sudan** in early 2016 was factored into the planning of the CBPF. As CERF funding was directed towards core life-saving activities in areas of new displacement, the CBPF allocation focused on front-line activities and common services.

In **Iraq**, a CERF allocation focused on the most time-critical needs of life-saving sectors after the onset of the Fallujah crisis. It was followed by a CBPF allocation to cover the then-existing gaps in camp management. By contrast, the CERF grant in support of the Mosul response was triggered after the CBPF had released allocations to strengthen response preparedness in anticipation of the large-scale humanitarian operation.

Complementarity with other funding sources

Beyond CBPFs, CERF worked in complementarity with funding from other bilateral donors, from host governments or from agencies' own resources. The various contributions were used to provide complementary services, support a greater number of people in need, extend geographical coverage or continue assistance over a longer period of time.

For example, following Tropical Cyclone Winston in **Fiji**, Australia provided funding to UNFPA for activities on gender-based violence to support vulnerable women and girls. This was complemented by CERF funding to UNFPA for psychosocial support and counselling services for women and girls in the affected areas.

In **Iraq**, UNFPA and WHO implemented a large project to support field hospitals, which was funded by CERF, the European Commission and the United States. CERF funding was used to procure specialized technical equipment, and European and US funding was used to hire medical staff for the hospitals.

In **Yemen**, CERF funding allocated to initiate the cholera response helped the Health and Water and Sanitation Clusters to develop integrated response plans. UNICEF then developed an action plan that enabled US and UK funding to be reprogrammed to complement the CERF-funded interventions.

In **Rwanda**, the Ministry of Disaster Management and Refugee Affairs and the district government purchased land for shelter construction for the most vulnerable disaster-affected populations, while CERF funding supported the procurement of

shelter materials. IOM raised additional funds from United States Agency for International Development (USAID) to further expand shelter provision.

During the 2016 monsoon floods in **Myanmar**, discussions took place within the OCHA Myanmar Country Office regarding a possible coordinated allocation of CERF and CBPF funds. However, after an analysis of the funding gaps and the response situation at that time, the HC decided to submit a stand-alone CERF application to assist vulnerable people in flood-affected regions. This complemented the Government-led humanitarian flood response, which was supported by humanitarian partners.

In **Viet Nam**, FAO used ECHO funding for a cash and voucher programme to complement CERF-funded in-kind agricultural input distributions and training for farmers. FAO monitoring visits found that beneficiaries appreciated the mix of cash, in-kind assistance and training. UN Women used funding from the Korean Government to expand its CERF-funded activities to other areas. UNICEF combined funding from CERF and the Government of Japan for its Water and Sanitation response, distributing water-treatment tablets procured with funding from both donors. UNICEF's government partners for the CERF-funded Water and Sanitation project also highlighted that they replicated their activities in additional provinces with funding from other donors, such as the Asian Development Bank. Thus, other donor funding complemented CERF projects at different levels.

In **Zimbabwe**, WFP used CERF funding to complement Government assistance by covering the cost of the transportation and distribution of the Government's in-kind maize contribution, and to provide a cash transfer (\$6 per person per month) in lieu of vegetable oil and pulses. Other WFP donors then adopted this approach. Similarly, other donors funded UNICEF's active nutrition screening programme in Zimbabwe, which was started with CERF funding.

In **Somalia**, FAO used USAID funding to complement cash-for-work activities in the same target area where it used CERF funds to support vulnerable beneficiaries.

In **Lesotho**, additional funding for food security and agriculture enabled agencies to scale up their geographical coverage.

CERF in support of the Grand Bargain

The Grand Bargain is an agreement between donors and aid providers that aims to improve the effectiveness and efficiency of humanitarian action. It includes 51 voluntary commitments categorized within 10 workstreams. The Grand Bargain was first proposed in 2016 by the High-Level Panel on Humanitarian Financing as one of the solutions to address the humanitarian financing gap. It recognizes that if donors and aid organizations make changes together to improve the efficiency of the humanitarian system, significant additional resources will be freed up for the direct benefit of people affected by crises.

Promoting the effectiveness and efficiency of humanitarian action is a core objective of CERF. Moreover, since its establishment in 2005, CERF's policies, allocation models and operational practices have been continuously refined to better meet humanitarian needs.

CERF is therefore uniquely placed to serve as a catalyst for improvements in the humanitarian system, and it embodies many aspirations of the Grand Bargain. CERF is also actively engaged in Grand Bargain processes and continues to explore measures to leverage the delivery of its commitments. Key CERF contributions towards all 10 Grand Bargain workstreams are outlined in the following graphic.

Promoting effectiveness and efficiency through

10 WORKSTREAMS

1. **Greater transparency**
2. **More support and funding tools for local and national responders**
3. **Increase the use and coordination of cash-based programming**
4. **Reduce duplication and management costs**
5. **Improve joint and impartial needs assessments**
6. **Participation revolution**
7. **Increase collaborative humanitarian multi-year planning and funding**
8. **Reduce the earmarking of donor contributions**
9. **Harmonize and simplify donor requirements**
10. **Enhance engagement between humanitarian and development actors**

CERF publishes all grant decisions in real time on its website, on Financial Tracking Service, in the International Aid Transparency Initiative standard and through the Humanitarian Data Exchange. CERF also tracks and publishes the “second layer” of CERF grant implementation, which reflects funding from recipient UN agencies to their implementing partners, thereby providing full transparency of CERF funding from allocation decisions to front-line delivery. CERF also publishes the methodologies for the allocation decisions, summaries of the country selection processes for Underfunded Emergencies allocations, narrative reports on the use of CERF funds and a global report on results achieved.

Each year, a large portion of CERF funding reaches local and national responders worldwide through the extensive partnership networks of UN agencies. Of the \$439 million in CERF funding in 2016, \$115 million (26 per cent) was subgranted to 589 implementing partners in 45 countries. Of that amount, \$57.4 million went to 464 national and local organizations. This represents an unparalleled global reach that would be difficult to achieve for CERF or CERF’s donors through direct funding agreements. CERF also systematically tracks and analyses subgrants and works with UN agencies and NGO forums to promote effective and efficient partnerships under CERF grants.

For years, CERF has funded cash transfer programming, when prioritized by country-level partners, without additional conditions for eligibility. CERF ensures that it remains “cash-ready”, and it has recently revised its application and reporting templates to enable better tracking and analysis of cash transfer programming in CERF-funded projects. It has also developed additional guidance aimed to support the inclusion of cash transfer programming in CERF applications. The proportion of CERF projects with cash-based components has almost tripled over the last

Under the leadership of RC/HCs, CERF funding is jointly prioritized, planned and implemented by country-level partners against a common intersectoral strategy. This improves the coherence of humanitarian response and reduces the risk of duplication and overlap. CERF also reduced its management costs by one third (from three to two per cent) as of June 2016. In 2017 alone, this reduction freed up \$4.2 million of CERF funding for additional programming.

CERF requires that funding proposals are prioritized against a common response strategy and informed by joint needs assessments. As such, CERF promotes joint needs assessments by humanitarian partners to ensure that funding is targeted to the most urgent humanitarian needs.

CERF promotes the enhanced engagement of affected people in the design and delivery of humanitarian assistance. Information on different aspects of Accountability to Affected People (AAP) is systematically gathered throughout CERF’s programme cycle. This provides the CERF secretariat with feedback on how AAP commitments have been considered in CERF-funded projects and allows for periodic AAP analyses.

CERF is designed to address immediate life-saving needs by supporting humanitarian programmes of six to nine months. However, the CERF secretariat is undertaking research and consultations to explore how CERF could contribute to increasing collaborative humanitarian multi-year planning and programming.

CERF is the only global unearmarked humanitarian response fund at scale. Since its inception, CERF has provided more than \$5 billion to humanitarian action in 100 countries, using fully flexible unearmarked contributions from 126 UN Member States and observers, regional Governments and the private sector. CERF encourages the Good Humanitarian Donorship principle of unearmarked funding by demonstrating efficiency and value for money, by providing donors with full transparency on how CERF funding is allocated, by offering detailed reporting on results achieved and by ensuring strong accountability for the use of funds. Recognizing the need for more unearmarked, flexible humanitarian funding, the General Assembly endorsed an increase of CERF’s annual funding target to \$1 billion.

CERF receives funding from multiple sources each year, but it reports to all of its donors through a common consolidated annual report. Furthermore, CERF has a light reporting framework for its partners, which focuses on the overarching collective results achieved with CERF funds, and which is aligned with the harmonized 8+3 reporting template piloted under the Grand Bargain workstream.

CERF provides high-quality funding that facilitates a collective and strategic humanitarian response. CERF allocation requests are formulated by RC/HCs within the context of a broader financing strategy that involves other funding streams, including development funding. Therefore, while CERF has a strict humanitarian focus, it embodies many of the aspirations set out in the New Way of Working.

CERF's added value in countries affected by El Niño

Potential for a greater role in early action

In 2015 and 2016, CERF provided \$119 million for life-saving interventions in 19 countries in response to humanitarian crises linked to the El Niño phenomenon. According to reports on the use of CERF funds from the respective countries, over 9 million people benefited from these interventions, including 4.8 million women and girls. The significant funding provided highlighted the need to better understand the implications of such slow-onset natural disasters for CERF and to determine the best way for CERF to engage with them.

Therefore, in 2017, the CERF secretariat commissioned independent humanitarian experts to conduct a thematic review of the added value of CERF in responding to the humanitarian consequences of El Niño. As CERF looks to the future, the review also aimed to provide recommendations on further defining CERF's role in mobilizing life-saving action in response to early warning signs and risk indicators, recognizing that enhancing response to time-critical requirements is a key CERF objective.

The review team undertook missions to 11 countries¹ in Africa, Asia, the Pacific, and Latin America and the Caribbean and complemented these with numerous interviews at the global level. This chapter summarizes key findings from the review; the full review report can be accessed on the CERF website (<http://cerf.un.org>).

CERF's added value to the El Niño response

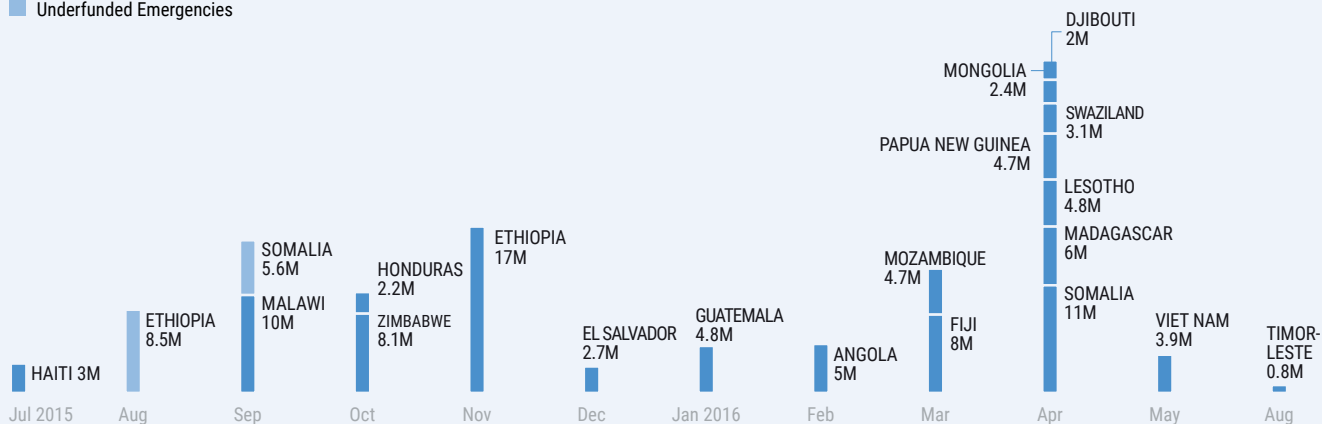
The review found that CERF added value to the El Niño response in a variety of ways such as strengthening coordination, helping to kick-start emergency responses (particularly in development-oriented contexts such as El Salvador, Honduras, Lesotho, Papua New Guinea, Swaziland and Viet Nam), strengthening the credibility of UN agencies vis-à-vis the Government because they brought resources to the table (e.g., in Viet Nam, Central America), filling critical funding gaps in contexts with ongoing humanitarian responses (Ethiopia and Somalia), and funding neglected sectors or activities (including Protection). In El Salvador and Honduras, CERF was critical because it was the primary source of funding for the response. In some contexts, CERF funding had unexpected additional benefits. In Viet Nam, government entities decided to strengthen accountability to affected populations in future responses based on their experiences as implementing partners under a CERF-funded UNICEF project. In Swaziland, a CERF-funded water project led the Government to sign up to international water safety standards. For agencies, CERF also added value by enabling them to leverage additional donor funds.

¹ El Salvador, Fiji, Honduras, Indonesia, Kenya, Panama, Papua New Guinea, Swaziland, Thailand, Viet Nam, Zimbabwe.

CERF ALLOCATIONS FOR THE HUMANITARIAN RESPONSE TO THE EL NIÑO CRISIS

in US\$ million

■ Rapid Response
■ Underfunded Emergencies



Lessons for CERF's role in supporting early action

The review found that CERF was usually the first international funding to arrive for the response and added significant value to the humanitarian response. However, CERF funding was usually requested and provided well after the onset of the El Niño-induced droughts. According to the review team, earlier CERF funding would have been useful given the potential for early action² to deliver more effective humanitarian outcomes through reducing loss of life and suffering as well as the cost of response.

Strong evidence and growing political support for early action has resulted in a growing range of programming and financing tools based on early warning signs and risk indicators. In this context, CERF - with its truly global reach and its power to incentivise coordinated actions including with host governments - has the potential to play a unique and influential role in supporting early action. This would have both system-wide benefits and deliver improved humanitarian outcomes within individual programmes, contributing directly to the Agenda for Action aspiration to "end needs". The key recommendation emerging

² The review uses the definition of early action in the inter-agency Standard Operating Procedures for early action to El Niño/La Niña episodes, which state that, "Early action consists of activities that can be implemented before the anticipated hazard to mitigate or even prevent its impacts".

from the review is therefore that CERF should fund early action systematically when the early warning certainty level is relatively high.

The review recognized that investing in CERF's capabilities to fund early action would be consistent with the fund's founding objective of supporting "time-critical interventions". Also, as the humanitarian system better understands the benefits of responding earlier to mitigate the impacts of risk and as the technical feasibility of responding earlier has advanced, the review found it appropriate for CERF to keep pace with the demands of this evolving system.

The findings and recommendations emerging from the review will be discussed with stakeholders and these consultations will help inform strategic considerations of CERF's response approaches, including in the context of CERF's increased annual funding target of \$1 billion.

” CERF is one of the fastest and most efficient ways to deliver aid to millions of people in need.

- Hans Brattskar, Ambassador and Permanent Representative of Norway to the United Nations



Summer drought followed by an extremely cold winter, or dzud, led to large scale loss of livestock in Mongolia, destroying livelihoods of thousands of herders and putting them at risk of food insecurity. © FAO/N. Benson

Saving livestock from the extreme cold caused by El Niño in Mongolia

Tsooltuur, 73, and her husband Auyrbunia, 75, have seen their herds, and therefore their livelihoods, slowly depleted by dzud conditions over the years.

Dzud – an extremely harsh winter and spring which causes starvation among livestock – leaves Mongolia’s already vulnerable herders facing hunger and rising levels of malnutrition. By late 2015/early 2016, about 60 per cent of Mongolia was in dzud or near dzud conditions linked to the El Niño weather phenomenon, following a summer drought. Pasture and water resources were running out and the prices of animal feed had risen by 230 per cent – far beyond the means of most herders.

For Tsooltuur and Auyrbunia, the dzud threatened their already depleted herd. “About ten goats had new-borns this spring. I was worried that they would not survive the long, cold winter and spring. I tried to feed them by grinding rice mixed with tea. But the rice was finished and we had no money to buy more,” recollected Tsooltuur. Thanks to rapid funding from CERF, FAO was able to provide animal feed packages, containing fodder, hay, milk replacement for young livestock, protein, vitamins and mineral supplements to safeguard the livestock assets of the most vulnerable herders.

For Tsooltuur, this was crucial. “The milk replacer for baby animals is very useful. I am happy I am now able to feed them,” she said. Livestock treatment kits were also provided to protect the health of the animals. FAO was able to quickly mobilize and support the Government in vaccinating 300,000 animals against an outbreak of sheep pox.

Previous dzuds have resulted in the loss of 25-35 per cent of Mongolia’s livestock and even forced herders to migrate to the cities where they have little hope of finding employment. CERF funding was therefore critical in averting an even deeper humanitarian crisis, protecting lives and safeguarding livelihoods of the most vulnerable herders.

In 2016, CERF was the largest contributor to FAO’s El Niño response efforts, accounting for one quarter of the funds raised, and protecting the lives and livelihoods of an estimated 1.3 million people. Investing in livelihoods at the early stages of an emergency is crucial to save lives and avert a deeper humanitarian crisis. Investing in livelihoods saves lives because it preserves critical productive assets and provides people with the means not just to eat today but in the future. CERF makes this possible.

CERF and gender

Humanitarian crises impact women, girls, boys and men differently and their resources, capacities, coping strategies and therefore needs differ. Women and girls face heightened risks due to displacement and the breakdown of protection structures and support. In addition, in crisis situations, one in five women of childbearing age is likely to be pregnant, according to UNFPA.¹ Complications that occur during pregnancy or childbirth can prove fatal during disasters when healthcare services are disrupted. At the same time, women are often the first responders to a crisis, and they play a central role in the survival and resilience of families and communities, providing food and water, and caring for the sick.

The CERF secretariat is dedicated to mainstreaming gender in humanitarian responses. In the CERF grant application process, agencies are asked to describe how gender was considered during the prioritization process, and CERF's project application and reporting templates also require age- and sex-disaggregated data on planned and reached beneficiaries. Finally, CERF's application template also includes the IASC Gender Marker, and as a follow-up to OCHA's "Keep Her Safe" commitments, in 2015, the CERF secretariat incorporated in its application template a dedicated self-assessment indicator on whether sexual and gender-based violence (GBV) had been considered and/or mainstreamed in project design, enabling CERF to track projects with GBV components. The CERF secretariat also developed specific functionalities in its Grant Management System allowing for systematic recording and analyzing of the collected information.

UN agencies consider the needs of women and girls in all projects in all sectors. For example, CERF-funded projects in the Water and Sanitation sector aim to provide separate toilets and bathing facilities for women and men. Mainstreaming of gender and age considerations is recorded in CERF's Grant Management System via the IASC Gender Marker score. In 2016, 89 CERF-funded

projects (21 per cent) had the Gender Marker 2b indicating a targeted gender action, 295 projects (70 per cent) had the Gender Marker 2a meaning strong gender mainstreaming, 38 projects (9 per cent) had the Gender Marker one indicating limited gender consideration and two projects had the Gender Marker zero meaning no attention to gender. The remaining projects were excluded from this analysis because they were either marked as "Non-Applicable" (12 projects) or were not marked (3 projects).²

Moreover, the newly-added GBV self-assessment tool indicated that 33 projects funded by CERF in 2016 focused on GBV (eight per cent), 220 projects (50 per cent) included a GBV component in the project design and 183 projects (42 per cent) did not include GBV components.³

² Not marked due to human errors during project proposal phase.

³ Three projects were not marked and are excluded from this analysis.



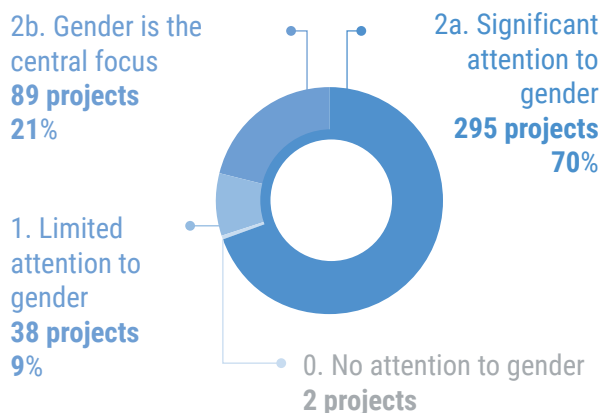
Women's and girls' sexual and reproductive health and rights are particularly at risk during humanitarian crises. In these situations, gender based violence tend to be exacerbated and access to reproductive healthcare becomes limited. Denmark has been a proud supporter of the CERF since its launch in 2006. CERF is an effective mechanism to address acute needs, including the particular vulnerabilities of women and girls in crisis situations. On average, more than half of CERF-funded humanitarian action addresses the needs of women and girls. In crises like Syria, CERF funds are enabling life-saving reproductive health services for tens of thousands of women.

- Ulla Tørnæs, Minister for Development Cooperation of Denmark

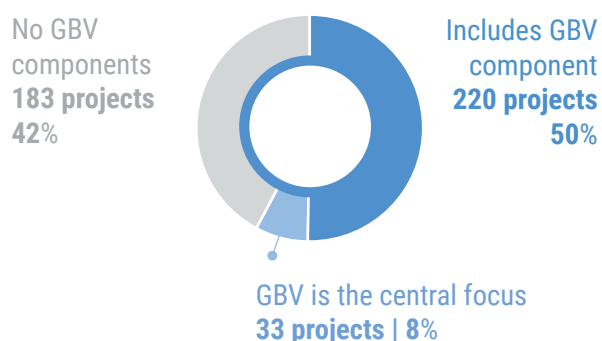
¹ See UNFPA website for reference (<https://www.unfpa.org/es/emergencias?page=2>).

CERF AND GENDER

Gender marker in 2016 CERF-funded projects



GBV assessment in 2016 CERF-funded projects



In 2016, the Emergency Relief Coordinator approved \$79 million in CERF grants for emergency health projects and \$21.5 million for protection services, representing 18 per cent and 5 per cent of all 2016 CERF funding. Of this, more than \$23 million was provided to UNFPA for health activities (\$17.6 million) and GBV prevention and treatment (\$5.6 million). Across agencies, \$7.2 million was allocated for sexual and gender-based violence prevention and treatment. In addition, CERF approved a total of \$105 million for UNICEF in 2016 that included \$9.4 million for protection activities such as child-friendly spaces, and \$12.3 million for emergency health, including maternal and child health services. Overall, an estimated 54 per cent of all people reached with 2016 CERF funding were women and girls. Some sectors had a focus on women and girls; this mainly included the Nutrition sector, where 68 per cent of people reached were female.

UNFPA

In UNFPA's 2016 Headquarter Report to CERF, the agency included the following description about CERF's impact: "CERF enables UNFPA to provide timely, life-saving GBV and SRH [sexual and reproductive health] interventions in a multitude of contexts through provision of equipment and medicines for clinical deliveries, supplies for emergency obstetric care, reproductive health kits, clean delivery kits to help prevent infections among women who cannot reach a medical facility during delivery, hygiene kits, post-rape treatment and GBV protection and response services. Against the backdrop of neglected emergencies, protracted conflicts and natural disasters, CERF funds proved instrumental in enabling UNFPA to save lives, and preserve health and dignity through its timely GBV and SRH interventions. [...] Without CERF grants, UNFPA would not have been able to conduct life-saving interventions for women and girls on as large a scale as it did."

UN Women

In UN Women's 2016 Headquarter Report to CERF, the agency included the following description about CERF funding: "For 2016, CERF funding represented 9% of UN Women's total humanitarian funding and was the second biggest contributor to its operational humanitarian global budget. [CERF] funding allowed UN Women to provide much needed and timely humanitarian services that specifically addressed the needs and vulnerabilities of crisis-affected women and girls. In particular, the funds facilitated the provision of life-saving protection and GBV mitigation services for thousands of women who were survivors and/or at increased risk of gender-based violence."

Midwives assist pregnant women in areas devastated by Cyclone Roanu in Bangladesh



Midwives in Bangladesh helped deliver babies safely in cyclone-affected regions. © UNFPA Bangladesh

When Cyclone Roanu hit Bangladesh in May 2016, 350,000 girls and women were affected, including nearly 30,000 pregnant women. All of these pregnant women were in urgent need of maternal and newborn health services including antenatal care, skilled birth attendance at delivery and post-natal care. UNFPA Bangladesh, with support from CERF, mobilized 20 certified midwives to be deployed to the hardest-hit areas to work in union level health complexes, to fill in the gap in much needed maternal and newborn health services. These 20 midwives provided round-the-clock emergency obstetric and newborn care (EmONC) services in 10 health facilities (two midwives each). Within weeks of their deployment, the midwives had gained the trust of pregnant women and others in the cyclone-affected communities. A total of 465 normal vaginal deliveries were conducted by these midwives, who were recruited for the Cyclone response. In addition, the midwives provided 3,678 antenatal and 620 postnatal care services. The communities expressed their deep appreciation of the services that the midwives provided, adding “We would like those midwives to stay with us in our community, even after the project ends.”

Tania is one of the 20 midwives whom UNFPA recruited with CERF funding to work in one of the areas worst affected by Cyclone Roanu. She is providing services at the Family Planning Welfare Centre in Uttordhurong Union, Kutubdia Upazila, in south-eastern Bangladesh. Tania’s start was not easy, because when she first arrived, the health centre lacked even basic equipment. Nevertheless, Tania did not give up.

Rabya, a mother of three whom Tania provided care for, was expecting her fourth child. “All my babies were born safely at home, but after delivering the last one I have been feeling weak,” Rabya told Tania. During an antenatal care visit with Tania, Rabya was diagnosed with iron deficiency and therefore Tania provided medicine to treat Rabya’s anaemia. Tania’s knowledge and skills convinced Rabya of the importance of being cared for by a midwife during pregnancy and childbirth. “I like the way you speak to me, and I trust you. If you are by my side during delivery, I will have more strength,” Rabya said to Tania. Rabya delivered her baby under Tania’s care at the facility.

Helping young women with disabilities recover from Tropical Cyclone Winston in Fiji

The Rakiraki Women's Crisis Centre provided counselling to vulnerable persons in cyclone-affected Ra province, Fiji. © UN Women/ Michelle Sanson



After Tropical Cyclone Winston hit Fiji in February 2016, UN Women and other international organizations were integral to the response and recovery efforts. However, it was the local organizations that led the way in reaching many of the storm's less visible groups such as the elderly, people with disabilities, and those experiencing psychological trauma. The cyclone damaged entire villages and communities, killed 44 people and left 40,000 people in need of immediate assistance, according to government figures.

UN Women quickly raised money through the CERF and distributed it to key local non-government organizations: Fiji Women's Crisis Centre, Empower Pacific, Fiji Disabled People's Federation, and Medical Services Pacific. UN Women believes that it is the local organizations that are best at assisting communities during disasters because they have worked there for long periods and have the staff and the relationships to move services and goods out quickly to those in need. They also often have the best understanding of, and access to, affected people who may be less visible.

With funds channeled through UN Women, Fiji Disabled People's Federation distributed items that people with disabilities need for safety, mobility and dignity, including wheelchairs, adult diapers and clothing. Peni Rawaidranu, a staff member, who was part of the disability assessment team said that response should be tailor-made to each individual's situation. For him being part of the assessment team was a learning and empowering experience.

"It was such a moving experience to connect with people, to see how much they felt respected and valued," Mr. Rawaidranu said. "As someone in a wheelchair myself, they could see that people with disabilities are not just people in need; we are capable of mobilizing to reach out and help others."

Young women with disabilities were employed to prepare the individually tailored dignity packs ready for distribution by teams of volunteers to more than 550 people with disabilities across some of the worst-hit areas and islands. Their work was empowering and inspiring for the people they assisted, but also a real shift in perspective for some of their families and others in their communities. UN Women supported Fiji Disabled People's Federation to lead a disability focused response, it was a response for people with disabilities by people with disabilities.

Other local organizations provided different services. For instance, Empower Pacific provided psychological counselling with the funds from UN Women, which enabled the group to send a team to provide "psychological first aid" on Koro Island and to other communities. At the same time, two in three women in the Pacific nations experience gender-based violence, which gets worse in emergency situations, and the Rakiraki Women's Crisis Centre also provided counselling and basic relief items in Ra Province, one of the worst-hit areas.

"These are great local organizations we partner with," said Aleta Miller, Representative for UN Women's Fiji Multi-Country Office. "Their staff rose from their own suffering and stepped up, using their skills and resources to support fellow Fijians affected by the cyclone."

Cash transfer programming in CERF-funded projects

In recent years there has been an upward trend in the use of cash in humanitarian assistance. For CERF-funded interventions, the decision to use cash-based programming lies with humanitarian partners and RC/HCs in the field. Nevertheless, the CERF secretariat ensures that the fund remains “cash-ready” by continuously improving CERF guidance and grant templates so that they appropriately support and capture cash-based elements and strategies in CERF submissions.

The global uptake in use of cash in humanitarian response has also been reflected in an increase in the number of projects with cash-based components in CERF submissions,¹ and more recently, in requests for CERF funding for multipurpose cash interventions addressing intersectoral needs.

According to the available information, the number of projects with cash-based components funded by CERF has increased from one project in 2006 to 45 projects in 2017. It should be noted that CERF only established a formalized methodology for tracking projects with cash-based components in 2014. Therefore, the data from 2006 to 2013 is less reliable and may underestimate the number of cash-based CERF-funded projects.

1 A submission is the term used for a consolidated request for CERF funds submitted by an RC/HC consisting of an overall humanitarian response strategy for which CERF funds are sought and project proposals that collectively aim to implement the proposed strategy.

Projects with cash transfer programming did not only steadily increase in absolute numbers but also reflect a significant increase as a proportion of the overall number of CERF-funded projects per year (3 per cent in 2014, 6 per cent in 2015, 10 per cent in 2016 and 11 per cent in 2017). In total, more than half of 2017 CERF submissions included at least one project with a cash-based component.

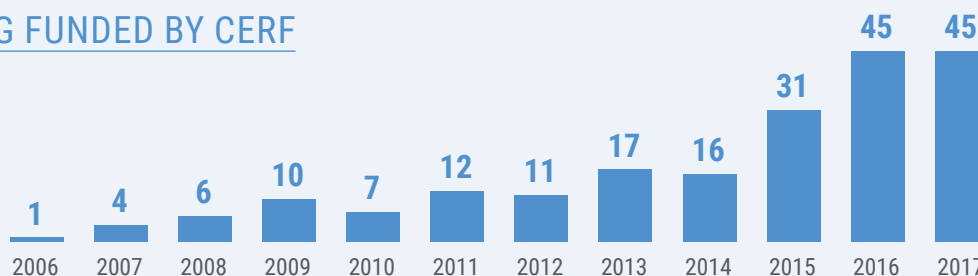
Linked to the activities of the Grand Bargain workstream on cash, in 2017, the CERF secretariat introduced further improvements to its application and reporting templates enabling better analysis of cash transfer programming in CERF funding.

Although specific information on cash transfer programming was only added to the CERF project application template in mid-2017, a forensic analysis of information from earlier 2017 CERF project documents has allowed estimating data for planned² cash transfer programming for the full year. The analysis estimates that the total value of cash to be transferred to affected people through 2017 CERF-funded projects amounts to more than \$29 million³ across the 45 projects with cash-based components.

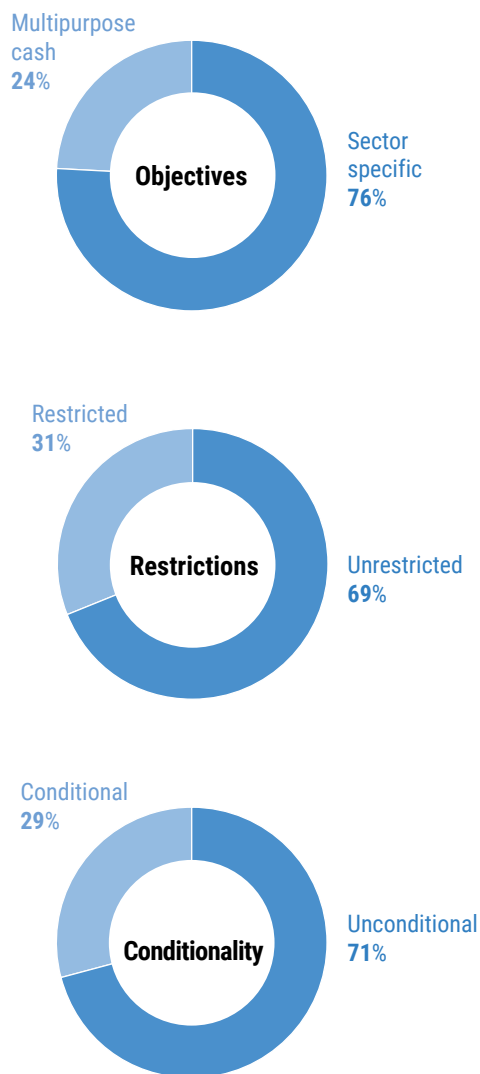
2 The analysis is based on planned activities as included in project proposals; the data on delivered cash-based assistance will only be available in 2018 once reports are submitted following project completion.

3 This includes only the value of cash transferred to assisted people and does not include other associated costs.

NUMBER OF PROJECTS WITH CASH TRANSFER PROGRAMMING FUNDED BY CERF 2006-2017



MODALITIES OF CASH-BASED PROJECTS FUNDED BY CERF IN 2017



A quarter of the projects (11 projects) with cash-based interventions funded by CERF in 2017 were designed to cover a wide range of households' needs through multipurpose cash grants. For instance, in 2017 CERF funded a joint FAO, UNFPA, UNHCR, UNICEF and WFP multipurpose cash project in Chad. The project provided life-saving assistance in the Food Security, Protection, Shelter and Non-food Items, and Water and Sanitation sectors for 41,393 refugees and returnees displaced due to the Lake Chad Basin crisis. In total, \$4.3 million was provided to people in need through a single payment platform set up by WFP.

In comparison, four per cent of cash-based projects funded by CERF in 2016, and six per cent in 2015, included multipurpose cash programming. The CERF secretariat has recorded no requests for CERF funding to projects with multipurpose cash programming before 2015.

The majority of projects with cash-based interventions funded by CERF in 2017 provided unrestricted assistance (69 per cent), while 31 per cent of projects were restricted to specific goods or services (usually through the use of vouchers). Moreover, 71 per cent of projects provided unconditional transfers, while 29 per cent of projects required undertaking a specific action or activity to receive the assistance.

For instance, a CERF-funded sector-specific FAO drought response project delivered unconditional cash transfers in combination with vouchers for seeds to 3,350 acutely food insecure households (20,100 people) in the Bay Region of Somalia. The project provided families with unrestricted cash grants allowing them to meet the immediate food needs in the initial three months (which is the duration of a planting season from sowing to harvest) while supporting them with seeds to facilitate the restoration of their agricultural production. Each family received 25kg of seeds and \$96 in cash per month. In total, \$964,800 in cash and \$257,822 in in-kind assistance (nominal value of seeds) was transferred to people in need.

In 2017, WFP submitted to CERF the highest number of project proposals with cash transfer programming (14 projects), followed by UNDP (9 projects), and FAO and IOM (6 projects each). UNDP and WFP also had the highest proportion of projects that included cash-based interventions (60 and 22 per cent of the total number of each agency's CERF-funded

The Cash Learning Partnership (CaLP) definitions

Multipurpose Cash (MPC)/ Multipurpose Cash Assistance (MCA):

A transfer (either regular or one-off) corresponding to the amount of money a household needs to cover, fully or partially, a set of basic and/or recovery needs. They are by definition unrestricted cash transfers. The MPC/MCA can contribute to meeting a Minimum Expenditure Basket or other calculation of the amount required to cover basic needs, but can also include other one-off or recovery needs.

Conditional Transfer:

A conditional transfer requires beneficiaries to undertake a specific action/activity (e.g. attending school, building a shelter, attending nutrition screenings, undertaking work, trainings) in order to receive assistance; i.e. a condition must be fulfilled before the transfer is received. Cash for Work/ Assets/Training are all forms of conditional transfers.

Restricted Transfer:

A restricted transfer requires the beneficiary to use the assistance provided to purchase particular goods or services. This includes vouchers, which are restricted by default, and cash transfers where receipt of subsequent transfers is contingent on spending previous transfers on particular goods or services.

projects). Other agencies that received CERF funding for cash transfer programming in 2017 were UNFPA, UNHCR and UNICEF.

Cash-based interventions funded by CERF were mostly in the Food sector (13 projects), followed by the Shelter and Non-food Items sector (10 projects) and the Agriculture sector (7 projects). CERF also funded projects with cash-based interventions within the Multisector, Protection, Water and Sanitation, Camp Management and Early Recovery sectors in 2017.

The majority of cash-based interventions funded by CERF in 2017 were in Africa (Cameroon, CAR, Chad, Congo, DRC, Ethiopia, Kenya, Libya, Madagascar, Somalia, and Uganda), followed by Asia (Afghanistan, Bangladesh, Mongolia, Myanmar, Nepal, Philippines, Sri Lanka and Viet Nam), Latin America and the Caribbean (Antigua and Barbuda, Dominica and Peru) and the Middle East (occupied Palestinian territories). In total, CERF funded cash transfer programming in 23 countries in 2017.

The improved quality and availability of information on cash transfer programming implemented with CERF funding will contribute to better understanding the scope and use of cash-based interventions in humanitarian action. It will also provide meaningful inputs towards assessing the global progress made towards increasing the use and coordination of cash-based humanitarian assistance.



Hussein and members of his family in his village in Ceerigabo District, Somaliland. © FAO

Cash-for-work saving lives and livelihoods in drought-torn Somalia

Across Somalia, poor rains and worsening drought affected nearly 4.7 million people leaving them acutely food insecure. As agriculture is the main source of food and income for people in Somaliland, limited cereal harvests left farmers with no return and considerable debt. Acute water and pasture shortage caused massive exodus of livestock to parts of western Somaliland that had received better rains, putting massive strain on the scarce natural resources. Due to the scarcity of forage and the reported cases of contagious caprine pleuropneumonia (CCPP), which could have easily escalated to an epidemic, pastoralists were at the verge of losing up to 80 percent of their livestock if no intervention was undertaken.

Timely CERF funding allowed FAO to support 750 households (4,500 people) through cash-for-work to rehabilitate four soil bunds and five water catchments that enabled to store enough water for about 5,000 animals. With the cash received, beneficiaries could purchase food, repay debts, access medical care, and meet other urgent household needs. FAO also preserved the livestock assets of about 99,700 families by vaccinating almost three million goats against CCPP. The milk produced by the vaccinated goats is enough to nourish nearly 280,000 women and children every day, helping them to meet their animal protein needs. Vaccinating the animals saved beneficiaries about \$180 million and protected affected households' social capital, which they could use to access other needs. Providing time-critical assistance contributed to preventing beneficiaries from adopting negative coping mechanisms while creating the conditions for them to maintain their livelihoods.

Hussein Saed Duale, 38 years old, is from Wadayax village, Ceerigabo District in Somaliland. He is the sole breadwinner and supports a family of 12 (including members of the extended family). He lost some of his livestock as a result of the drought and had no access to any means of earning money to support the family. "We survive on borrowing from relatives as milk production has gone down and the animals have poor body conditions, hence limited meat production. Before I was selected to take part in the cash-for-work activities, the whole family's survival was uncertain. Normal life was impossible," Hussein reported. He received \$350 after working for 50 days rehabilitating a water catchment. "The cash assistance from FAO has restored hope for my family. I have managed to clear all my debts and bought enough food for the family. We will appreciate if FAO can scale up the assistance in the future to reduce the impact of shocks like drought," he said.

Like Hussein, the cash relief enabled the other beneficiaries to purchase food and other essential household needs for survival, repay their debts and buy medicine for sick family members. Some beneficiaries who had small businesses that had closed because of limited circulation of money in the local economy were able to revive them. This is a clear indicator that timely support saves lives and livelihoods.

Accountability to Affected Populations in CERF-funded projects

The Grand Bargain agreed between donors and aid organizations, including OCHA, at the World Humanitarian Summit put renewed emphasis on the importance of engagement with and accountability to people affected by crisis. Under the “participation revolution” workstream, signatories committed to develop common standards and a coordinated approach for community engagement and participation. Donors agreed to provide flexible funding so that implementers would be able to adapt their programmes according to community feedback, while aid organizations agreed to consider the input of affected communities in all humanitarian response plans by the end of 2017.

CERF is not an operational entity that can directly incorporate Accountability to Affected Populations (AAP) measures into humanitarian programming, but it is committed to promoting AAP by ensuring that AAP measures are considered in project proposals and visible throughout the CERF programme cycle.

Using the information collected through the RC/HC reports, the CERF secretariat has undertaken the first systematic analysis of how AAP has been considered by UN agencies in CERF-funded projects from 2015 and 2016.¹

The data analysed was extracted from CERF RC/HC project reports prepared by UN agencies at the field level. CERF has requested AAP information in its reporting template since June 2015 and in its application template since 2014. In mid-2017, the application template was revised to include a dedicated AAP section requesting information on how AAP is ensured during project design, implementation and monitoring.

All reported AAP information was assessed against the following AAP aspects, as reflected in the Core Humanitarian Standard on Quality

and Accountability and the IASC Commitments to AAP to address accountability in humanitarian action: (a) information-sharing and transparency, (b) participation, (c) feedback and complaints, and (d) design, monitoring and evaluation.

The IASC commitment to leadership/governance was not included as a benchmark, since it involves activities that go beyond a single project. The CERF reporting template used for 2015 and 2016 grants did not explicitly prompt for the four aspects of AAP but asked a more general question (“How has AAP been ensured during design, implementation and monitoring?”). The template leaves space for agencies to provide as much detail as they choose in their response. As a result, an accurate analysis according to the four AAP aspects identified is challenging, and underreporting on some aspects is possible or even likely.

Besides the format of the reporting template, there may be underreporting of AAP practices due to various reasons: AAP may be mainstreamed into programming and not be seen as distinct activities; AAP practices of UN agencies’ implementing partners, especially NGOs, may not have been reported; and competing priorities may have prevented agencies from providing comprehensive details.

In addition to these limiting factors, the data and charts should be viewed bearing in mind that several operational factors beyond agency control can impact the feasibility of implementing some or all aspects of AAP. These include:

- A security context or government policies that limit interaction with beneficiaries.
- Activities that may not involve direct work with beneficiaries, such as those under the Common Logistics and Common Telecommunications Clusters.

¹ As no AAP analysis of 2015 CERF projects has been published in the past, 2015 and 2016 data have been included in this AAP review.

Consideration of AAP in 2015 and 2016 CERF-funded projects

A comparison of AAP practices in 2015 and 2016 indicated an overall increase in the percentage of projects demonstrating the IASC commitments to AAP in 2016. In 2016, every category had over 50 per cent positive responses, but in 2015 this was only the case for information-sharing.

In total, 91 per cent of projects under analysis demonstrated efforts to ensure at least one aspect of AAP (84 per cent of projects in 2015 and 97 per cent of projects in 2016). And 8 per cent of all projects demonstrated evidence of all four aspects of AAP.

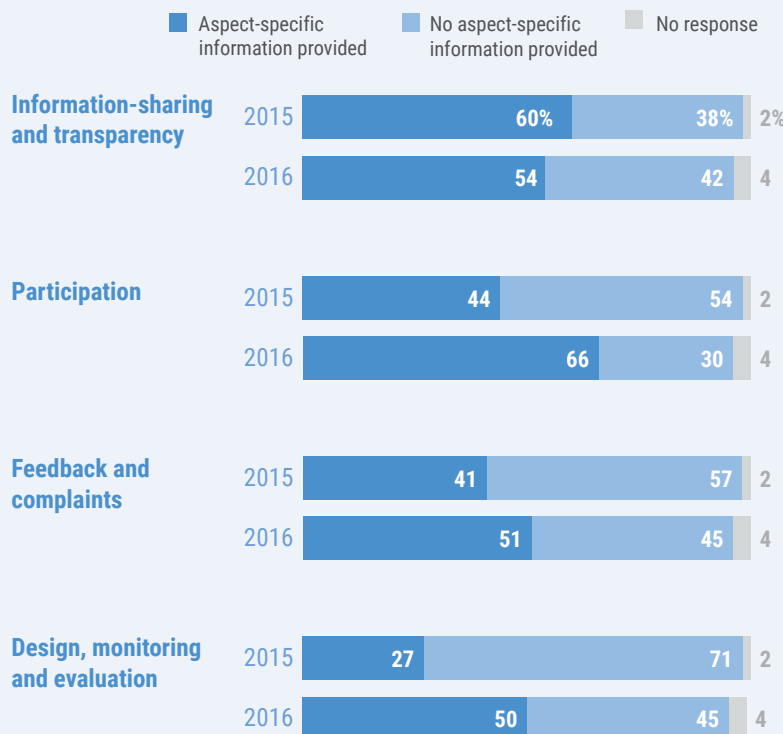
By contrast, 6 per cent showed no evidence of any of the four AAP aspects in their response. In these cases, the responses were often too general. For instance, one agency wrote “beneficiary

communities were involved in the implementation of project activities.” Another agency reported following rights-based, community-based age, gender and diversity mainstreaming approaches, but it did not mention any of the four AAP aspects used in this analysis.

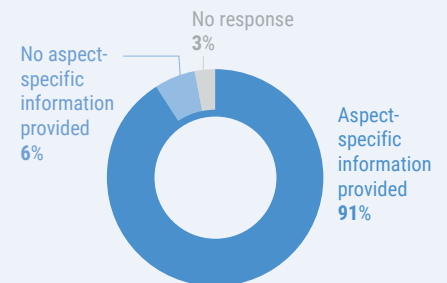
Another 3 per cent provided no information on AAP, indicating “nothing to report”, “not applicable”, “nil”, “not reported” or “no information submitted for report”. As explained above, this could be due to several reasons, including AAP not being applicable to specific project types, or due to operational factors beyond agency control. As would be expected, enabling sectors such as Common Telecommunications, Common Safety and Security or Common Humanitarian Air Service generally indicated little AAP consideration in the projects, attesting to the fact that activities under these sectors will not typically involve direct work with people affected by crises.

THE PRACTICE OF FOUR ASPECTS OF AAP IN CERF-FUNDED PROJECTS

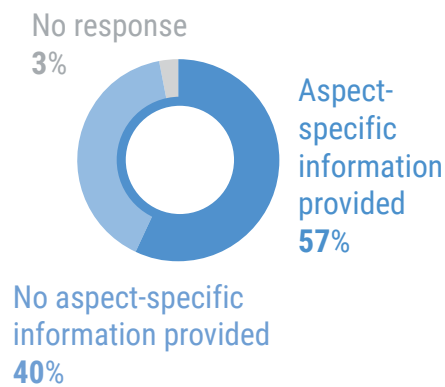
The practice of the four aspects of AAP in 2015 and 2016 in %



The practice of at least one Aspect of AAP in 2015 & 2016 in %



Information-sharing and transparency

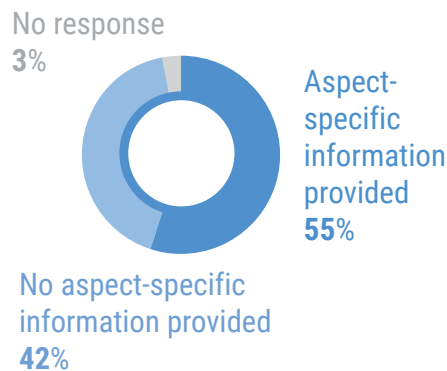


A key aspect of AAP is providing affected people with accessible and timely information on all aspects of project implementation, including objectives, targeting and procedures.

In 2015 and 2016, 57 per cent of the analysed CERF-funded projects demonstrated in their AAP response that information-sharing had been practiced. For instance, in Burundi, WFP and its implementing partner organized a start-up ceremony to present the project objective, duration, targeting criteria and ration size to community members and the local authority. The selection of food distribution points and distribution times were discussed with beneficiaries to ensure the safe collection of rations. Similarly, in Cameroon, UNICEF informed the target population about the project's objectives and the different steps of identification, documentation, family tracing, interim care, and reunification of unaccompanied and particularly vulnerable separated children.

Forty per cent of projects did not provide explicit evidence of having practiced information-sharing. They provided other information on AAP in their response but did not address this specific aspect directly. Since the CERF reporting template did not request information by category, the CERF secretariat cannot judge whether this AAP aspect was not practiced or whether agencies simply failed to make it explicit.

Participation

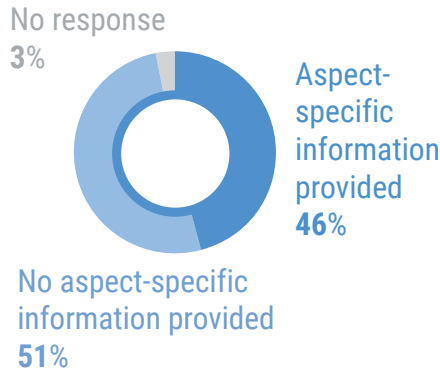


This aspect of AAP refers to the creation of specific participatory processes, the use of existing mechanisms for participation, as well as the establishment of guidelines, making sure that all affected people, including the most marginalized, have influence in decision-making processes.

In 2015 and 2016, 55 per cent of all projects demonstrated efforts fitting into this category. For instance, in Haiti, UNICEF developed a sustainability plan with local authorities, which was then implemented through the setting-up and capacity-building of school brigades and water points committees. In Bangladesh, UNFPA created Women Friendly Spaces (WFS) led by women and girls from the affected population. UNFPA consulted the affected women and girls to gather information about their needs, preferences and constraints to ensure access and participation in WFS programming. Regular exchanges informed the selection of WFS locations, opening hours and the types of activities to be undertaken. Engagement with other stakeholders, such as husbands, parents and community leaders, ensured social acceptance and continuation of the spaces.

Forty-two per cent of projects did not provide any references or examples of having incorporated participation processes in their responses. Some of these offered information on other aspects of AAP or more general comments.

Feedback and complaints

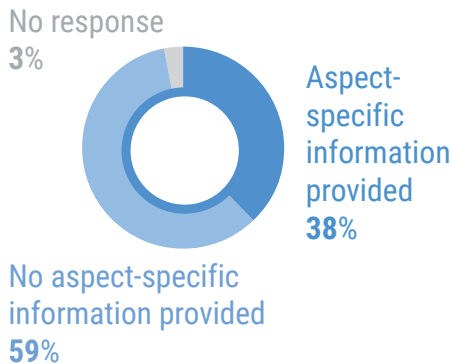


Another key aspect of AAP is ensuring that aid organizations solicit feedback from the communities receiving assistance so that programming can be improved. Such mechanisms should be set up to effectively receive, process and respond to complaints.

Of all CERF-funded projects, 46 per cent described the establishment and use of some form of feedback and/or complaints mechanisms. For instance, in Tanzania, WFP established a feedback and complaints mechanism in refugee camps, which included setting up litigation help desks at final distribution points. Food coordination meetings were held monthly prior to every distribution to ensure that concerns raised during the previous food distributions were taken into consideration in future distributions. In Haiti, UNICEF developed a guideline for its partners on how to implement a proper complaint mechanism. This guideline included a tool to collect complaints and insert these into a database. During implementation, a range of formal and informal mechanisms were used, such as a complaints box in target locations, regular meetings with communities, and local protection committees.

Fifty-one per cent of projects included other information on AAP or specific examples of measures undertaken to ensure AAP, but they did not provide explicit evidence of having feedback and complaints mechanisms in place.

Design, monitoring and evaluation



The fourth aspect of AAP assessed in this analysis is whether agencies involved local communities in the design, monitoring and evaluation of the goals and objectives of programmes. This can take the form of focus group discussions, surveys and monitoring visits that involve the target population at key points in the project cycle.

Thirty-eight per cent of all CERF-funded projects in 2015 and 2016 reported practices associated with this category. For instance, in Yemen, UNHCR used a participatory assessment that involved focus group discussions with different groups representing the affected communities, as well as joint analysis of the protection risks that they face and the potential solutions they propose. UNHCR continued to work with community representatives daily to adjust programming as required. Furthermore, the UNHCR Protection Unit met with different refugee groups on a bimonthly basis to discuss ways of addressing and correcting possible gaps in programme implementation. In Uganda, UN Women carried out assessments to determine if the services offered were meeting beneficiaries' expectations. The agency used focus group discussions and explorative surveys to address gaps in the design, implementation and monitoring of the project.

Fifty-nine per cent of projects made no explicit mention of having involved beneficiaries in design, monitoring and evaluation. Responses were either too general or focused on one or more of the other aspects of AAP. In these cases, it could not be judged whether this AAP aspect was not practiced or whether agencies simply failed to make it explicit.

Despite the limitations of available information, the analysis has clearly shown that different aspects of AAP have played a role in almost all CERF-funded projects, with initiatives taking a variety of forms. CERF will continue to promote AAP at all stages of the CERF project cycle and work on improving the tracking of AAP practices. In early 2018, CERF revised its reporting template to include more-targeted AAP questions. It is expected that this change will prompt agencies to provide more detailed information and will enable CERF to strengthen its AAP analysis in the future.

Overview of agencies

Over the course of 2016, 12 UN Agencies received funding from CERF to respond to humanitarian crises in 47 countries across the globe. Part II of this publication presents, for each agency, an overview of the results achieved with CERF funds and highlights about the role played by CERF in supporting their humanitarian operations.

The key information on CERF funds received, geographical coverage, people reached and implementing partners is presented in maps, charts and tables for each agency. The analysis is complemented by text and quotes provided by respective agencies, illustrating how CERF funds enabled achievement of their humanitarian priorities and added strategic value to the overall humanitarian response.

UN Agencies are in the frontline, delivering directly or through their partners, life-saving assistance to people affected by conflicts, natural disasters and other humanitarian crises. CERF results reported in this publication are achieved through them. This part of the report offers an insight into the specific contribution of CERF towards the fulfillment of each agency's humanitarian mandate.

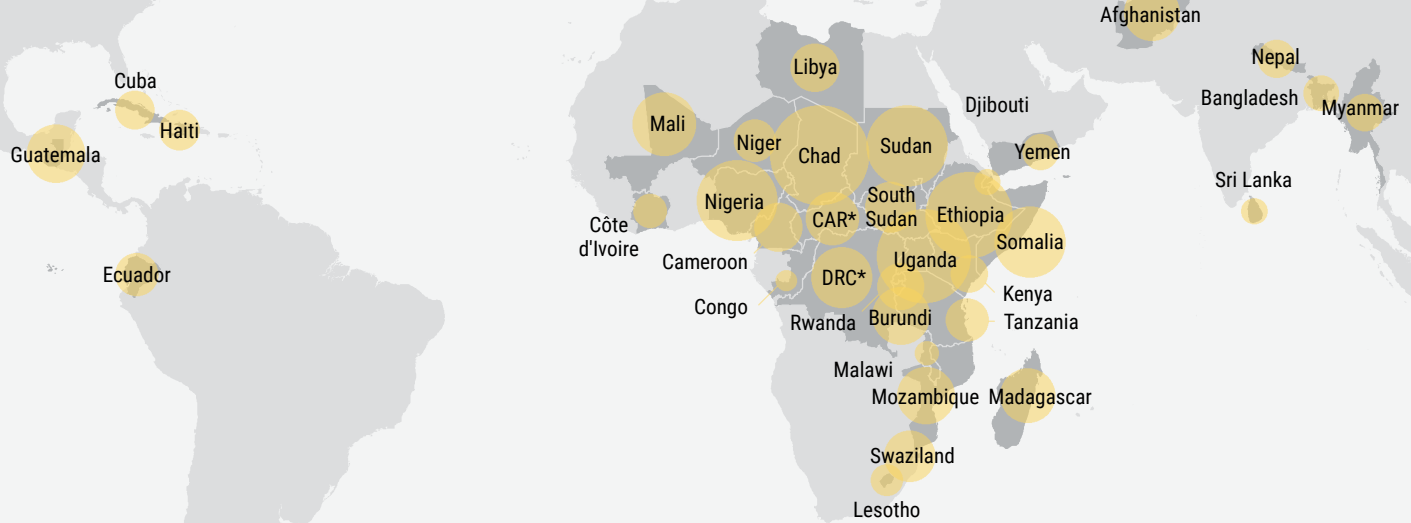
UN agencies funded by CERF in 2016

Agency	CERF funding (in US\$ million)
WFP - World Food Programme	\$122.1M
UNICEF - United Nations Children's Fund	\$105.4M
UNHCR - United Nations High Commissioner for Refugees	\$72.7M
WHO - World Health Organization	\$44.1M
IOM - International Organization for Migration	\$38.1M
UNFPA - United Nations Population Fund	\$23.1M
FAO - Food and Agriculture Organization	\$22.6M
UNDP - United Nations Development Programme	\$6.5M
UN Women - United Nations Entity for Gender Equality and the Empowerment of Women	\$1.9M
UNOPS - United Nations Office for Project Services UNMAS - United Nations Mine Action Service	\$1.0M
UN-Habitat - United Nations Human Settlements Programme	\$0.9M
OHCHR - Office of the United Nations High Commissioner for Human Rights	\$0.5M



WFP

World Food Programme



Total CERF funding

\$122.1M **71** projects in **39** countries
in 2016

Enabling fast and time-critical response

CERF contributions have allowed WFP to respond quickly and effectively in assisting millions of food insecure people around the world who are affected by conflict and natural disasters. Humanitarian needs are most critical in the immediate aftermath of a crisis, when the greatest number of lives can be saved by rapid action. WFP recognizes CERF's key role in this crucial phase, when the time and resources required to advocate, negotiate and sign agreements with donors are often not available. The timely contributions provided by CERF's Rapid Response window, which are released for use immediately, have helped WFP bridge a critical funding gap in the face of unexpected crises and rapidly deteriorating conditions, allowing the organization to provide critical life-saving assistance to severely food insecure people.

Providing a predictable lifeline in underfunded crises

Funding for humanitarian organizations such as WFP can also be a significant challenge in the context of drawn-out, protracted crises. When long-standing political turmoil or repeated natural disasters threaten recovery, and global headlines turn elsewhere to newer crises, it is often a struggle to maintain sufficient donor attention on enduring humanitarian situations to protect the livelihoods of vulnerable affected populations. Through allocations from CERF's Underfunded Emergencies window, which are determined through a transparent selection process, WFP has been able to feed people in need, mainly refugees and IDPs, in some of the world's most neglected and underfunded crises.

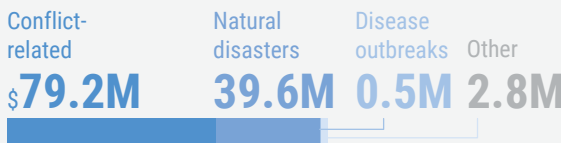


PEOPLE REACHED BY SECTOR

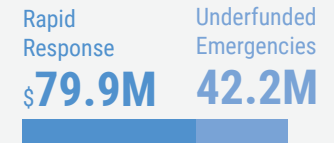
SECTOR	PEOPLE REACHED in millions	ADULTS in millions	CHILDREN in millions	FEMALE in millions	MALE in millions
Food	4.1M	2.1M	2.0M	2.1M	2.0M
Nutrition	0.9M	0.3M	0.6M	0.6M	0.3M
Multisector	14,981	6,891	8,090	10,487	4,494
Common Services and Coordination	Enabling humanitarian response*				

*Includes United Nations Humanitarian Air Service and other strategic services for implementing organizations

FUNDING BY EMERGENCY TYPE



FUNDING BY WINDOW



SUBGRANTS TO IMPLEMENTING PARTNERS



Promoting best practices and coordination

CERF allocations made it possible for WFP to show good practices in attending to women during cash and food distributions. They were carried out at accessible points to avoid security risks, and to enable full attention to protection issues in WFP's operations.

The CERF application processes require agencies to come together to jointly plan and coordinate a strategic response to emergencies. Through this, WFP has benefited from enhanced system-wide collaboration within the UN. WFP supports this framework, which encourages minimized duplication and allows each agency to focus on its area of comparative advantage in order to work collectively to Deliver as One in support of Agenda 2030.

CERF remains a valued and cherished partner of WFP, as it enables WFP to respond faster and more efficiently to complex crises and disasters across the globe.



CERF is literally a life-saver, for it empowers the World Food Programme's ability to respond to hunger crises and emergencies at speed and scale. We appreciate all the donors to CERF who help WFP to save lives and change lives every day.

— David Beasley, Executive Director of WFP

Guatemala
Cuba
Haiti
Ecuador

Jordan
Iraq
Libya
Eritrea
Mali
Niger
Chad
Sudan
Yemen
Djibouti
Guinea
Côte d'Ivoire
Nigeria
CAR*
South Sudan
Ethiopia
Somalia
Uganda
Kenya
Rwanda
Tanzania
DRC*
Burundi
Angola
Malawi
Mozambique
Swaziland
Madagascar
Lesotho

Total CERF funding

\$ 105.4M 126 projects in **43** countries
in 2016

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



Children living amidst conflict and disaster require urgent support – and urgent funding. Every year, thanks to CERF’s timely, flexible funding, UNICEF is able to support and save millions of children’s lives – especially those living through neglected and underfunded crises that do not grab global headlines. Lack of attention must not mean lack of support. As these crises multiply, children’s needs multiply also. A strong, well-resourced CERF will continue to be critical in delivering the help these children need, in every circumstance.

– Henrietta H. Fore, Executive Director of UNICEF

Providing reliable, global, life-saving funding

Since its establishment, CERF has supported UNICEF’s humanitarian operations in 91 countries, with millions of children receiving critical life-saving and protection assistance. In December 2016, this support cumulatively surpassed \$1.1 billion to respond to sudden-onset and acute emergencies, and to complex and protracted crises that are unheard, unseen and underfunded.

CERF continues to be a valued and reliable partner for UNICEF’s humanitarian work. In 2016 alone, UNICEF received \$105 million in CERF grants, 39 countries received support through the Rapid Response window (\$69.5 million/66 per cent), and 15 countries were funded through the Underfunded Emergencies window (\$35.9 million/34 per cent). In line with the trend of the past several years, UNICEF received about 24 per cent of CERF global funding and remained the second largest recipient agency.

FUNDING BY EMERGENCY TYPE



The results of this important partnership are best reflected in the faces of the millions of children who CERF has supported and helped save for more than a decade. CERF funding has been especially critical in helping UNICEF respond to the world’s most neglected, underfunded and protracted crises.

Enabling needs-based response

During the 2016 cholera outbreak in Somalia, CERF funds enabled UNICEF and its partners to reach 400,000 people in acute watery diarrhoea/ cholera hotspot areas with hygiene-promotion messages, and to ensure



PEOPLE REACHED BY SECTOR

SECTOR	PEOPLE REACHED in millions	ADULTS in millions	CHILDREN in millions	FEMALE in millions	MALE in millions
Health	4.2M	1.1M	3.1M	2.3M	1.9M
Water and Sanitation	3.5M	1.7M	1.8M	1.8M	1.7M
Nutrition	1.3M	0.6M	0.7M	0.9M	0.4M
Protection	1.1M	0.3M	0.8M	0.6M	0.5M
Multisector	0.5M	0.1M	0.4M	0.3M	0.2M
Education	0.3M		0.3M	0.1M	0.2M
Shelter and Non-food Items	0.2M	0.1M	0.1M	0.1M	0.1M
Food	121,145	48,458	72,687	61,301	59,844

FUNDING BY WINDOW

Rapid Response

\$69.5M

Underfunded Emergencies

35.9M

SUBGRANTS TO IMPLEMENTING PARTNERS

National/local NGOs

\$5.6M

International NGOs

22.5M

Government entities

14.9M

Red Cross/Red Crescent

0.2M

that 12,400 people in the areas most affected by the outbreak had access to safe water. In north-east Nigeria, nearly 500,000 conflict-affected IDPs received primary health-care services including treatment of common diseases, antenatal care, delivery assistance and immunization.

CERF helped to advance UNICEF's strategic priorities in reaching children in protracted and underfunded crises through underfunded allocations. In the Democratic People's Republic of Korea, CERF funding was critical to treat pneumonia and diarrhoea—the two major killers of children under age 5. Nearly 700,000 children received treatment for pneumonia, while

1.5 million children received case management for diarrhoea through the procurement of oral rehydration salts.

Promoting effective partnerships with local responders

The highlighted results would not have been possible without close collaboration with partners to ensure the fast, effective and efficient delivery of CERF funds to save and improve the lives of children in humanitarian settings. The timely release of subgrants to those front-line partners is a critical part of the response. Every cent counts for local partners and, more importantly, for children.

Embodying the Grand Bargain

CERF has played a key role in delivering against the commitments of the World Humanitarian Summit and the Grand Bargain, strengthening the humanitarian community's ability to deliver timely, coordinated and principled assistance as an important step towards the global commitment to "leave no one behind". CERF is a flexible mechanism that incentivizes the wider inclusion of humanitarian partners. It also improves transparency, promotes multisectoral programming and contributes to minimizing transaction costs.

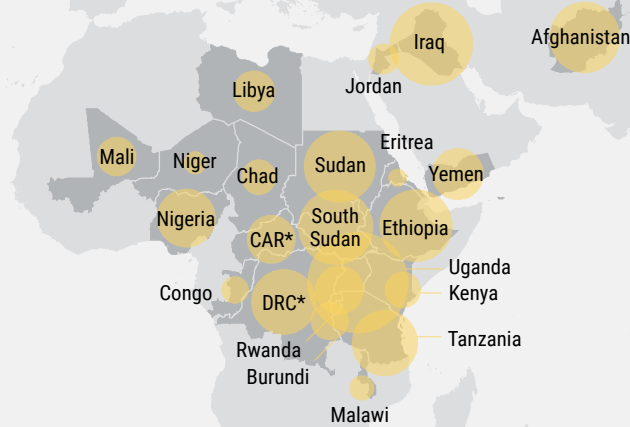


UNHCR
The UN Refugee Agency

UNHCR

United Nations High
Commissioner for Refugees

Ecuador



Total CERF funding

\$72.7M

in 2016

46 projects in **23** countries

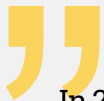
FUNDING BY EMERGENCY TYPE

Conflict-related

\$72.3M

Natural disasters

0.4M



In 2016, hundreds of thousands of refugees – mostly women and children – fled the horrific violence that engulfed South Sudan. Despite rapidly growing numbers, neighbouring countries kept their borders open and continued to offer protection. CERF funds allowed UNHCR to deliver rapid, live-saving protection and assistance to refugees seeking safety throughout the region.

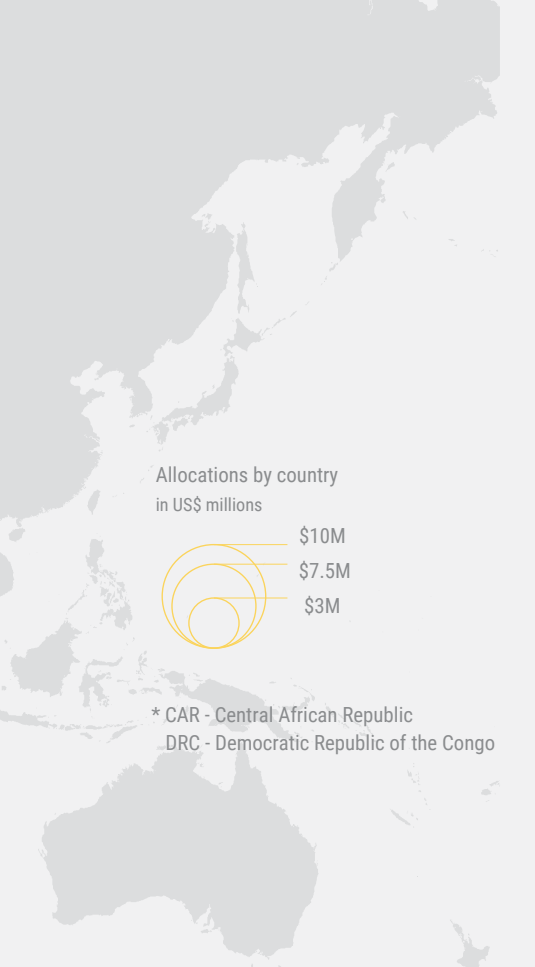
– Filippo Grandi, United Nations High Commissioner for Refugees

Providing reliable, global, life-saving funding

CERF continued to play a vital role to UNHCR, contributing through its Rapid Response window to the majority of the new or deteriorating major crises, including Afghanistan, Iraq, Nigeria and South Sudan. Through its Underfunded Emergencies window, CERF also contributed to the protection and assistance of people of concern for UNHCR in countries where situations were still unresolved, such as Burundi, the Central African Republic (CAR), the Democratic Republic of the Congo (DRC), Libya, Mali, Rwanda, Uganda, the United Republic of Tanzania and Yemen.

Supporting refugees and IDPs

In 2016, violent conflict and persecution, compounded by rising food insecurity, environmental degradation, poor governance and countless other factors, drove more than 3 million people to leave their countries as refugees or asylum seekers, joining millions of others already in exile. Many more people were trapped or uprooted inside their own countries. Meanwhile, at the end of the year, the global number of people of concern to UNHCR exceeded 67 million. With a budget of over \$7 billion in 2016, and an income from donors of \$3.9 billion, UNHCR recorded its highest level of CERF contributions—nearly \$73 million. This moved CERF from being UNHCR’s twelfth largest source of funds in 2015 to its ninth in 2016.



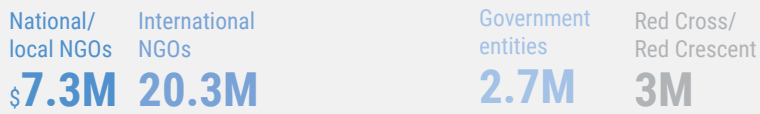
PEOPLE REACHED BY SECTOR

SECTOR	PEOPLE REACHED in millions	ADULTS in millions	CHILDREN in millions	FEMALE in millions	MALE in millions
Multisector	1.6M	0.6M	1.0M	0.8M	0.8M
Shelter and Non-food Items	1.4M	0.6M	0.8M	0.8M	0.6M
Protection	1.1M	0.6M	0.5M	0.5M	0.6M
Health	0.6M	0.3M	0.3M	0.3M	0.3M
Water and Sanitation	0.3M	0.1M	0.2M	0.1M	0.2M
Nutrition	0.1M	35,452	71,376	55,656	51,172
Camp Management*		*Sex and age data are not available due to a reporting error			

FUNDING BY WINDOW



SUBGRANTS TO IMPLEMENTING PARTNERS



Throughout the year, UNHCR was called on to focus heavily on emergency response, which strained capacities and resources across the organization. CERF funding was critical in filling financial gaps during the decisive first weeks of key emergency operations. CERF allocations allowed UNHCR to quickly mobilize resources for life-saving interventions, giving it time to develop resource mobilization strategies for securing medium- to long-term support for its activities.

Promoting a coordinated, needs-based response

In 2016, the South Sudanese refugee crisis was the largest in Africa. The requirements of the 59 partners engaged in the response were reflected in the UNHCR-coordinated Regional Refugee Response Plan. Thanks to CERF's regional strategic approach, UNHCR was able to cover the life-saving needs of refugees in the six host countries (CAR, DRC,

Ethiopia, Kenya, Sudan and Uganda) through allocations from the Rapid Response window and the two rounds of the Underfunded Emergencies window.

By the end of the year, six UNHCR emergency declarations were in place, covering more than 20 countries affected by large-scale internal displacement or refugee influxes. With CERF funding made available throughout the year for emergencies and underfunded operations, UNHCR was able to ensure that protection remained at the heart of the international refugee response. CERF funding also helped UNHCR to foster inclusion through support to host communities.

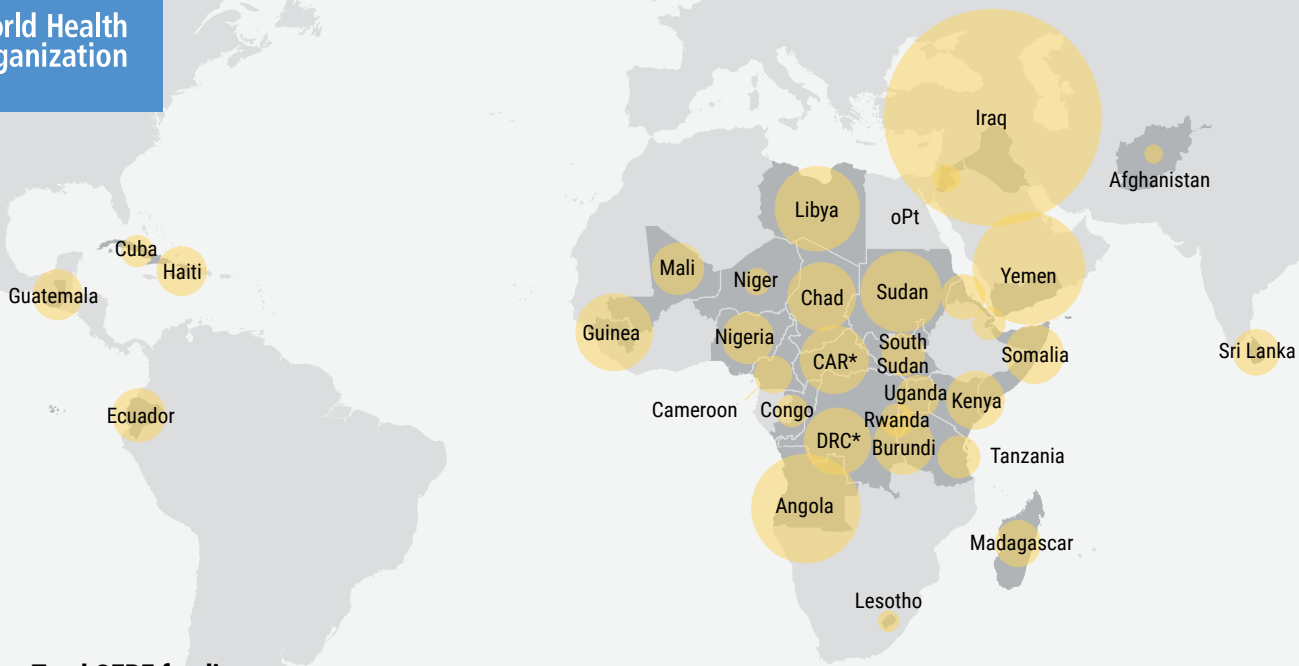
In addition to the funding towards refugee emergencies, CERF supported UNHCR with grants for IDP operations. They included the Iraq emergency following the military operations to retake Fallujah in May and Mosul in October. In this regard, CERF funding towards shelter and non-food items (NFIs) has also been of great importance for UNHCR operations.



World Health Organization

WHO

World Health Organization



Total CERF funding

\$44.1M **49** projects in **35** countries
in 2016

Enabling fast and time critical response

CERF is a critical funding partner for WHO’s Health Emergencies Programme and for the entire Health Cluster community. As requested by OCHA, WHO has committed to conduct an evaluation of its use of CERF funds to determine what internal factors (such as partnerships, policies and practices) influence the effectiveness of CERF projects.

WHO relies on CERF to provide the most urgent, life-saving essential health care for the first few months of a response. This ensures that people in need are reached right away while other funding kicks in. CERF has been central to supporting WHO’s vision of putting people first. WHO’s Director-General laid out this vision, of which the central theme is to ensure that every individual has the right to basic health services. CERF is a vital tool to ensure this in times of emergencies. CERF funding has helped

WHO to rapidly provide health care to millions of people worldwide. CERF funds have demonstrably allowed WHO to implement time-critical and life-saving activities in a range of emergencies, in line with its strategic priorities to serve the most vulnerable people. This includes achieving the Sustainable Development Goals and universal health coverage for all.

In emergencies, extra personnel must quickly be in place to support WHO’s work. With the help of CERF funding, WHO rapidly mobilizes qualified and experienced professionals and NGOs (international and national) to respond to the health consequences of acute and protracted emergencies and disease outbreaks.



Democratic People's Republic of Korea

Viet Nam

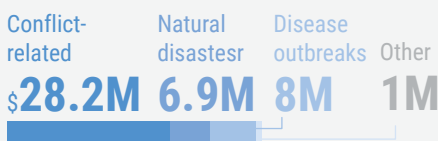
Fiji

* CAR - Central African Republic
 DRC - Democratic Republic of the Congo
 oPt - occupied Palestinian territory

PEOPLE REACHED BY SECTOR

SECTOR	PEOPLE REACHED in millions	ADULTS in millions	CHILDREN in millions	FEMALE in millions	MALE in millions
Health	12.6M	6.6M	6.0M	6.8M	5.8M
Water and Sanitation	51,896	31,113	20,783	25,430	26,466

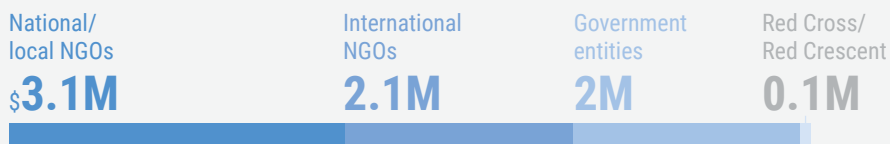
FUNDING BY EMERGENCY TYPE



FUNDING BY WINDOW



SUBGRANTS TO IMPLEMENTING PARTNERS



Providing reliable, global, life-saving funding to forgotten crises

CERF contributions provided the funds necessary for WHO to deliver critical health services not only in the major crises leading the headlines, but also in lesser-known crises. Due to the number and scale of humanitarian crises around the world, some countries have fallen off the global radar. In many forgotten crises, WHO depends heavily on CERF. In 2016, WHO received more than \$44 million from CERF for emergency response operations in 35 countries, and it transferred about \$4 million of its CERF funding to 30 international and national non-governmental organizations (NGOs) in 13 countries.



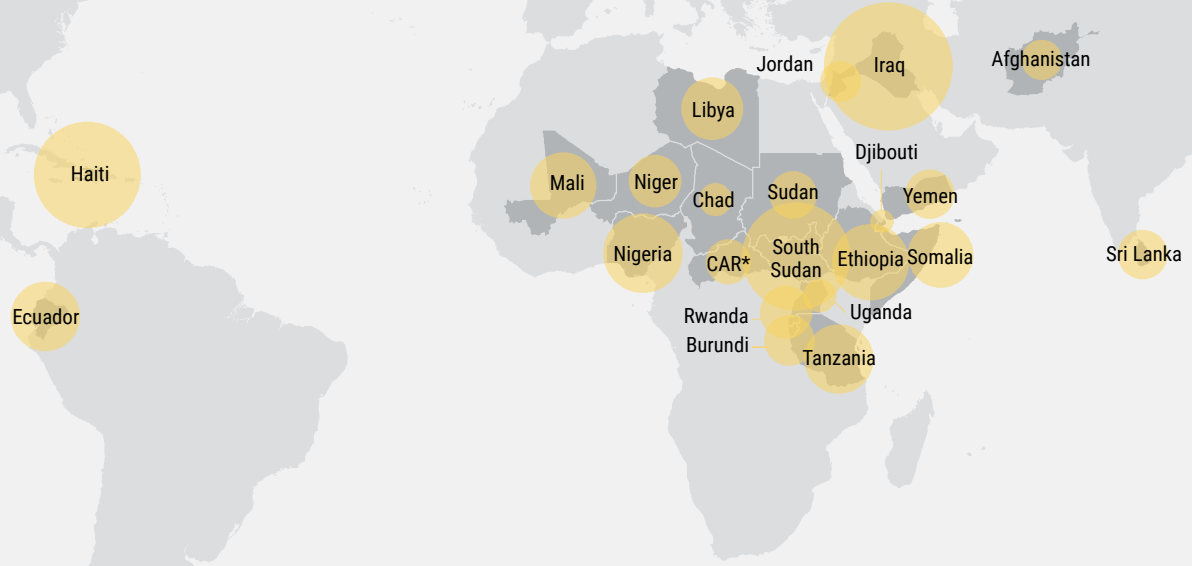
With ever-expanding humanitarian needs in the world, the case for investment to CERF today is most compelling. Our internal, small emergency fund enables us to react to crises and outbreaks immediately, and for the first days. But we rely on CERF to provide the most urgent life-saving essential health care for the first few months of the response.

— Dr Tedros Adhanom Ghebreyesus, Director-General of WHO



IOM

International Organization
for Migration



Total CERF funding

\$38.1M

in 2016

42 projects in **24** countries

FUNDING BY EMERGENCY TYPE

Conflict-related

\$26.5M

Natural disasters

11.6M

Enabling fast, life-saving response

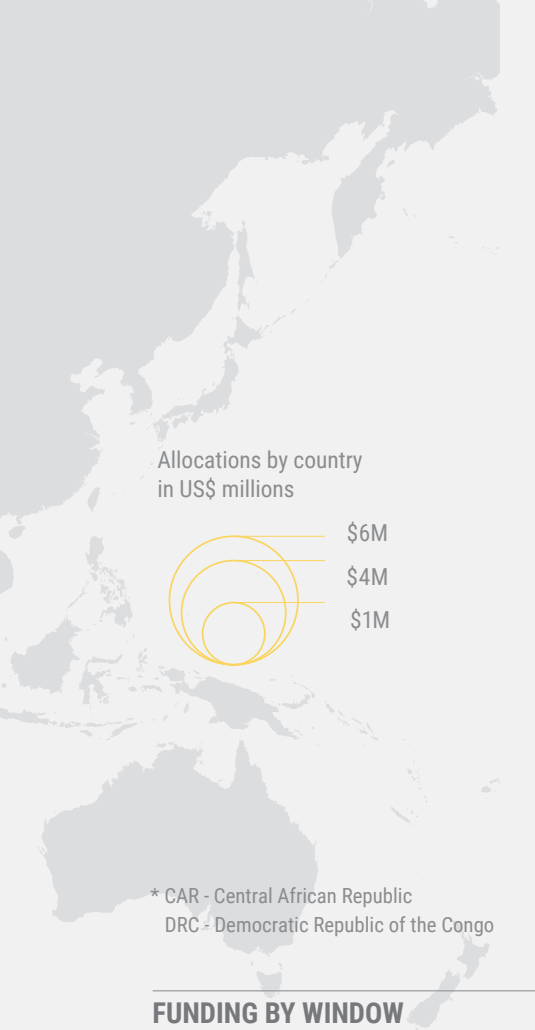
CERF funding to IOM translated into immediate response to life-saving services for displaced populations in countries where few funding sources were available. CERF has been important to immediate operations in the aftermath of a disaster, bridging the gap between immediate needs and when donor funding becomes available. This allows the organization to rapidly deploy staff at the onset of a crisis. Timely funding from CERF allowed IOM's humanitarian response capacity to be responsive, time critical and life-saving. IOM's partnership with CERF prioritizes operations and immediate response, while also

igniting supplementary funding and resources from Member States and other humanitarian funds.

In 2016, CERF supported IOM in reaching 892,000 of the most vulnerable IDPs who were affected by natural disasters in Burundi, Ecuador, Fiji, Haiti, Rwanda, Somalia, Sri Lanka and Tanzania, and approximately 749,000 IDPs affected by conflict in CAR, Chad, Iraq, Libya, Mali, Niger, Nigeria, South Sudan, Sudan and Yemen. IOM aims to meet the urgent needs of the most vulnerable people in humanitarian crises. Meeting IDPs' needs through the coordination of activities prioritized with CERF avoided duplication of services and provided substantial coverage to affected populations.

Addressing time-critical needs globally

IOM's priority is to respond to the needs of the most vulnerable migrants and displaced populations in Rapid Response and Underfunded Emergencies. In 2016, emergencies such as those in Fiji, Haiti, Iraq and South Sudan required immediate response. The timeliness of CERF has kept pace with IOM's own speed and flexibility and increased reliability in response to population movements in humanitarian crises, as per the organization's mandate. CERF supported IOM's focus on data, which is used to support and inform life-saving operations within the organization and the wider



PEOPLE REACHED BY SECTOR

SECTOR	PEOPLE REACHED in millions	ADULTS in millions	CHILDREN in millions	FEMALE in millions	MALE in millions
Multisector	0.9M	0.5M	0.4M	0.5M	0.4M
Shelter and Non-food Items	0.7M	0.3M	0.4M	0.4M	0.3M
Water and Sanitation	0.4M	0.2M	0.2M	0.2M	0.2M
Camp Management	0.3M	0.1M	0.2M	0.2M	0.1M
Health	0.3M	0.1M	0.2M	0.2M	0.1M
Protection	0.2M	0.1M	0.1M	0.1M	0.1M
Common Services and Coordination	Enabling humanitarian response*				

*Includes strategic services for implementing organizations

FUNDING BY WINDOW



SUBGRANTS TO IMPLEMENTING PARTNERS



humanitarian community. IOM's Displacement Tracking Matrix (DTM) helps to identify immediate needs to inform the delivery of humanitarian services to those who need it most. The CERF-funded DTM was critical in the response to Cyclone Winston in Fiji, supporting some 60,000 affected people.

Promoting protection and accountability to affected populations

IOM responds to migration crises and assists affected populations who have specific risks and need specific support and protection, particularly women and girls. In the

context of widespread instability and unrest, such as in Libya in 2016, migrants were particularly vulnerable, facing widespread marginalization and violence, and denial of access to health care or other services. They also endured harsh detention conditions. With CERF funds, IOM provided urgent assistance to 2,800 migrants in Libya through the identification and referral of the most vulnerable migrants, and it provided humanitarian repatriation of the most vulnerable migrants. In line with CERF's prioritization of accountability to affected populations, IOM's projects included the engagement and involvement of affected populations, especially women and girls, in the design, implementation and evaluation of projects.

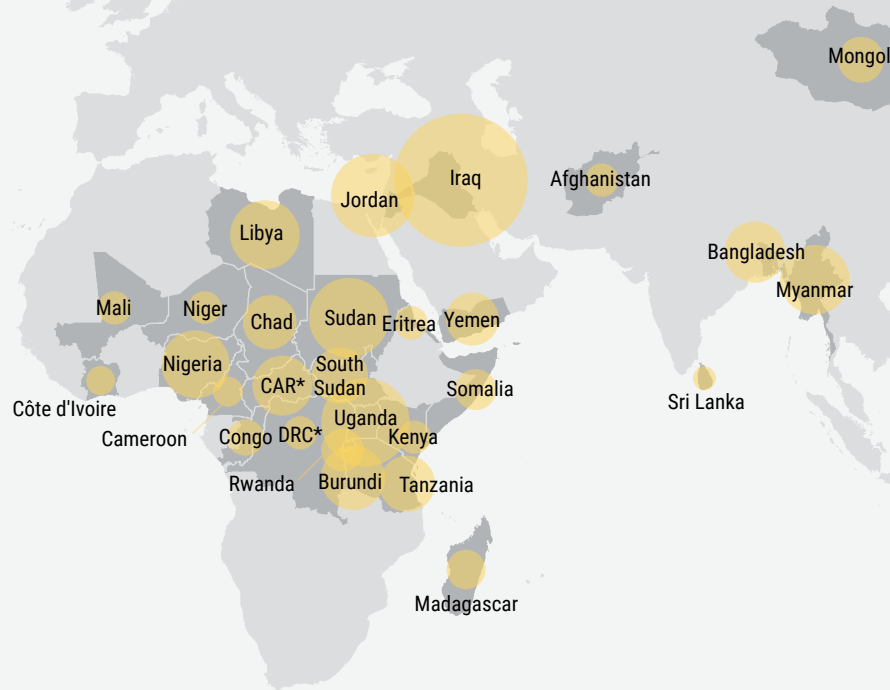


In 2016, CERF funding enabled IOM to respond nimbly and effectively to the most vulnerable populations in dire need of humanitarian assistance. CERF continues to be instrumental to IOM, enabling the provision of life-saving assistance. Beyond 2016, IOM is committed to actively supporting CERF to maintain impact, speed, and focus."

— Ambassador William Lacy Swing, Director-General of IOM

Cuba
Haiti

Ecuador



Total CERF funding

\$23.1M **53** projects in **33** countries
in 2016

Promoting protection of women affected by crises worldwide

Today, more than 75 per cent of people affected by humanitarian crises are women and children. The deaths of more than 500 women every day from complications of pregnancy and childbirth in countries affected by humanitarian crises, fragility and persistently high levels of gender-based violence (GBV) testify to the need for stronger collective action. Further, humanitarian crises have severe, even fatal, consequences for survivors of GBV; those who are forced to adopt risky survival strategies, such as engaging in transactional sex; the HIV-positive population; married and vulnerable girls; and pregnant women, new mothers and their babies.

CERF enables UNFPA to provide timely, life-saving GBV and sexual and reproductive health (SRH) interventions in a multitude of contexts through the provision of equipment and medicines for clinical deliveries, supplies for emergency obstetric care, reproductive health kits, clean delivery kits to help prevent infections among women who cannot reach a medical facility during delivery, hygiene kits, post-rape treatment, and GBV protection and response services.

Providing reliable, global, life-saving funding to forgotten crises

In 2016, CERF supported UNFPA interventions in 33 countries with \$23.1 million in funding. This sum represents a 44 per cent increase from the CERF allocation of \$16.1 million in 2015. Within the context of the Grand Bargain, UNFPA is committed



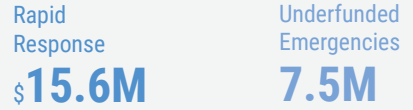
PEOPLE REACHED BY SECTOR

SECTOR	PEOPLE REACHED in millions	ADULTS in millions	CHILDREN in millions	FEMALE in millions	MALE in millions
Health	4.6M	3.0M	1.6M	2.8M	1.8M
Protection	0.8M	0.4M	0.4M	0.5M	0.3M
Nutrition	1,826	1,342	484	1,692	134

FUNDING BY EMERGENCY TYPE



FUNDING BY WINDOW



SUBGRANTS TO IMPLEMENTING PARTNERS



”

Simply put, the urgent needs of women and adolescent girls would not be addressed during humanitarian crises without CERF funding. CERF funding saves lives. It also helps us restore peace of mind and heart for countless women and girls.

— Dr. Natalia Kanem, Executive Director of UNFPA

to providing at least 25 per cent of funding to local and national responders. In 2016 alone, more than 35 per cent of CERF contributions to UNFPA were disbursed to INGOs, Red Cross and Red Crescent Societies and Government partners—a steady increase from 2014 and 2015. Furthermore, in 2016, nearly \$15.6 million (67 per cent of all CERF contributions to UNFPA) was allocated for humanitarian activities in new or rapidly deteriorating crises through CERF's Rapid Response window, and nearly \$7.5 million (33 per cent) was provided to sustain UNFPA emergency operations that lacked sufficient funding for humanitarian action through CERF's support for Underfunded Emergencies. Programmatically, the majority of CERF funds in 2016 were allocated to essential life-saving SRH services (66 per cent of total CERF funding). GBV and integrated GBV/SRH programmes comprised 19 per cent and 15 per cent, respectively, of the remaining programme funding.



FAO

Food and Agriculture Organization
of the United Nations

Cuba
Haiti

Mali

Nigeria

Chad

Sudan

South Sudan

DRC*

Uganda

Burundi

Rwanda

Angola

Mozambique

Madagascar

Lesotho

Nepal

Myanmar

Mongolia

Total CERF funding

\$22.6M

28 projects

in **25** countries

in 2016

Enabling time-critical response to save lives and livelihoods worldwide

Between 70 and 80 per cent of severely hungry people worldwide rely on agriculture-based livelihoods. Yet these livelihoods are regularly undermined by conflict and extreme weather events, leaving tens of millions of people at risk of hunger and malnutrition. CERF is a key partner for FAO to save lives and livelihoods. In 2016, CERF was the fifth largest contributor to FAO's emergency operations, covering 25 countries. This enabled FAO to provide urgent, time-critical support to some of the most vulnerable people.

CERF adds value to FAO emergency response through its timeliness, predictability and flexibility, which allow rapid and efficient response to food security crises through agriculture. Investing in local food production saves lives and livelihoods, promotes recovery, and reduces the gap between dependency and self-reliance, mitigating and averting the loss of lives resulting from hunger, malnutrition and loss of livelihoods.

Promoting early action

Increased CERF funding for early action is key to mitigating the worst effects of disasters on vulnerable people and reducing the costs of humanitarian response. FAO plays a key role in this. Based on its extensive experience, it stands ready to provide CERF with technical expertise to help the Fund frame its own early action interventions.

Providing reliable, global, life-saving funding

From climate-related disasters to conflict or protracted crises, CERF enabled FAO's life-saving response around the world. Thanks to CERF funding, FAO saved lives and protected the livelihoods of 1.3 million people affected by El Niño in 2016. From extreme cold in Mongolia to severe drought across Southern and Eastern Africa, El Niño left 60 million people facing severe food insecurity and hunger. CERF was the largest donor to FAO's El Niño response, accounting for almost one quarter of the funds mobilized by the organization.



PEOPLE REACHED BY SECTOR

SECTOR	PEOPLE REACHED in millions	ADULTS in millions	CHILDREN in millions	FEMALE in millions	MALE in millions
Agriculture	2.7M	1.8M	0.9M	1.4M	1.3M

FUNDING BY EMERGENCY TYPE



FUNDING BY WINDOW



SUBGRANTS TO IMPLEMENTING PARTNERS



Through cash for work; livestock water, feed and vaccinations; and vegetable, cereal and legume production, affected families met their immediate food needs and began recovering. In Somalia, the milk produced by the 3 million goats vaccinated with CERF funding was enough to nourish nearly 280,000 women and children every day.

With CERF support, FAO was able to safeguard the local food production of almost 700,000 people in conflict-affected countries. The effects of violent conflicts from north-eastern Nigeria to South Sudan had severe consequences for food security. Agriculture is resilient, even in the face of conflict, and thanks to CERF funding, FAO was able to help conflict-hit families to restore their livelihoods – their best defence against hunger. In CAR, FAO provided vegetable kits to families that missed the main planting season because of renewed violence. With a kit costing just \$50, each family produced vegetables worth \$225, providing them with three months' worth of nutritious food and a source of income to meet other needs.



When the 2015–16 El Niño weather cycle – one of the most intense in the past 100 years – threatened the food security of 60 million people, CERF funding was crucial in enabling FAO to tackle rising hunger and save lives by rapidly restoring local food production in the worst-hit countries.

– Jose Graziano Da Silva, Director-General of FAO



UN
DP

Empowered lives.
Resilient nations.

UNDP

United Nations Development Programme

Cuba

Guinea

Nigeria

Libya

Jordan

Rwanda

Bangladesh

Mongolia

Total CERF funding

\$6.5M

in 2016

10 projects in **10** countries

Enabling fast, life-saving response

CERF funding has enabled UNDP to respond to the needs of communities in diverse country settings, such as Bangladesh, Cuba, Guinea and Viet Nam, through time-critical activities that fulfil CERF's life-saving criteria. In addition, UNDP facilitated CERF programming towards UNDSS, which was then crucial in supporting further humanitarian action and the UN system in general.



Humanitarian needs are at an all-time high, with an overall 136 million people in need of humanitarian assistance. With the new record appeal of \$22.5 billion, it is essential that humanitarian and development communities continue to work together to achieve the 2030 Agenda and ensure that no one is left behind. UNDP's partnership with CERF helps UNDP provide timely and flexible financing so that lives and livelihoods are saved, and affected people are able to return to a path of sustainable development.

— Achim Steiner, UNDP Administrator

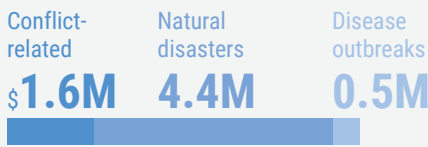


PEOPLE REACHED BY SECTOR

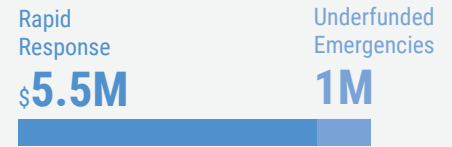
SECTOR	PEOPLE REACHED in millions	ADULTS in millions	CHILDREN in millions	FEMALE in millions	MALE in millions
Early Recovery	209,295	118,475	90,820	101,167	108,128
Shelter and Non-food Items	51,825	32,119	19,706	26,052	25,773
Water and Sanitation	22,956	16,552	6,404	11,888	11,068
Health	12,971	5,351	7,620	4,592	8,379
Common Services and Coordination	Enabling humanitarian response*				

*Includes strategic services for implementing organizations

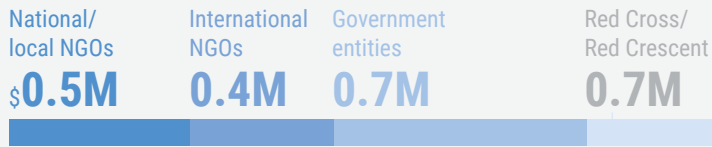
FUNDING BY EMERGENCY TYPE



FUNDING BY WINDOW



SUBGRANTS TO IMPLEMENTING PARTNERS



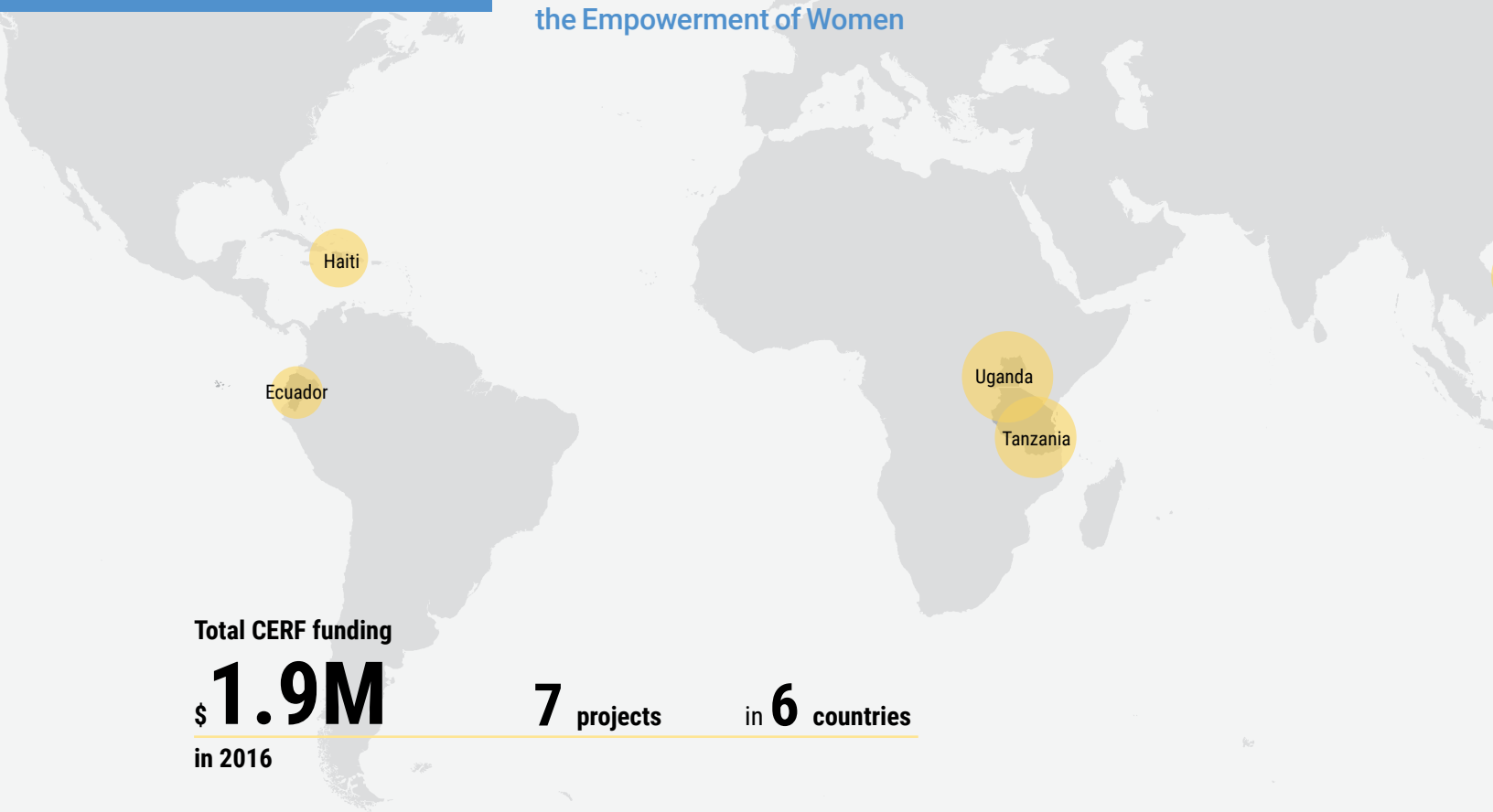
Promoting coordination and effective partnerships with local responders

The key to this success has been the strong partnerships that UNDP forged with UN agencies, NGOs and national partners in the project design and implementation of CERF-funded programmes. For example, CERF-funded UNDP projects also provided a platform, particularly at the provincial level, for improved planning and coordination with and among the main Government partners. In addition, the availability of CERF funds helped implementing partners to operate and coordinate in a more coherent manner during the response to crisis.

During 2016, UNDP worked closely with the CERF secretariat in drafting guidance notes for UNDP country offices to support on programmatic and operational issues. These guidance notes were codified in UNDP's crisis response training packages. UNDP will continue to engage with the CERF secretariat on various training needs.

Providing reliable, global, life-saving funding

UNDP strongly values CERF's critical role of providing predictable, flexible and rapid funding for sudden- and slow-onset crises and underfunded crises. UNDP will continue to use CERF as a key funding source for time-critical interventions that fulfil CERF's life-saving criteria in crisis settings and leverage other possible funding sources and mechanisms, such as country-based pooled funds and bilateral funding. UNDP sees CERF as a key resource for crisis response.



Total CERF funding

\$ 1.9M

in 2016

7 projects in **6** countries

Enabling response to the needs of crisis-affected women worldwide

In 2016, UN Women received \$1.9 million in CERF funding - the highest amount received by UN Women to date and more than all funds received from CERF between 2006 and 2015 combined. This is indicative of UN Women's growing presence in humanitarian response and a reflection of its humanitarian work becoming increasingly operational in nature. For 2016, CERF funding represented 9 per cent of UN Women's total humanitarian funding and was the second biggest contributor to its operational humanitarian global budget. In 2016, this funding covered seven grants in six countries: Ecuador, Fiji, Haiti, Uganda, Tanzania, and Viet Nam.

CERF's contributions have been crucial for UN Women's strategic priority in humanitarian response efforts of ensuring that the needs of women and girls in humanitarian settings are identified and addressed, and that their voices are heard as leaders and equal participants. CERF funding has also enabled UN Women to continue expanding its global humanitarian operational presence from only eight countries in 2014 to 30 in 2016.



With the help of emergency funding, such as CERF, UN Women has been able to increase its global humanitarian operational presence from 8 countries in 2014 to 36 in 2018. This exponential growth has brought a sharpened gender lens to humanitarian response putting the needs of women and girls at the forefront, for lasting change.

— Phumzile Mlambo-Ngcuka, Executive Director of UN Women



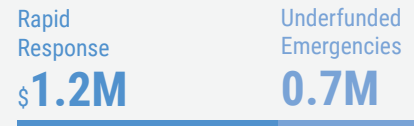
PEOPLE REACHED BY SECTOR

SECTOR	PEOPLE REACHED in millions	ADULTS in millions	CHILDREN in millions	FEMALE in millions	MALE in millions
Protection	0.3M	0.1M	0.2M	0.2M	0.1M
Water and Sanitation	25,000	25,000		25,000	

FUNDING BY EMERGENCY TYPE



FUNDING BY WINDOW



SUBGRANTS TO IMPLEMENTING PARTNERS



Enabling fast, coordinated, life-saving response

CERF's added value for UN Women resides on its speed of response and flexibility, which allows UN Women to provide much needed and timely humanitarian services that specifically address the needs and vulnerabilities of crisis-affected women and girls. This includes life-saving protection and GBV-prevention services. In the same way, CERF funding contributes to the stabilization of emergency situations, as UN Women endeavours to specifically rehabilitate women's lives by focusing on their self-reliance and ability to make their own decisions. Examples include livelihoods-training schemes in Tanzania and cash-for-work opportunities in Haiti. Similarly, improved coordination is facilitated by CERF funding in all six countries where UN Women is an active participant in coordination efforts.

Promoting effective partnerships with local responders

UN Women's local implementing partners play an important role in CERF implementation, as funding can be utilized quickly and in places of greatest need due to UN Women's familiarity with the local context and its existing partnerships with local women's civil-society partners. For instance, in Viet Nam, UN Women's long-term relationship with the Viet Nam Women's Union was a significant advantage that enabled UN Women to implement CERF effectively and efficiently at a time when other UN agencies faced difficulties in receiving Government approval for the fund. The Viet Nam Women's Union is a mass organization that has a strong network at the local level, through which UN Women distributed hygiene kits to the most vulnerable women.



UNMAS (through UNOPS)
United Nations Mine Action Service



UN-HABITAT

United Nations Human
Settlements Programme



OHCHR

Office of the United Nations
High Commissioner for
Human Rights

”

UNOPS supports UNMAS in delivering mine action projects worldwide. Through CERF, in 2016 we provided mine risk education to thousands of Afghans. In Libya, we helped national authorities enable the safe return of civilians in Benghazi. And in Mali, CERF equipped civil society in Kidal to deliver mine risk education training in difficult to reach areas of the country.

– Grete Faremo, Executive Director of UNOPS

UNOPS/UNMAS

Enabling time-critical Mine Action interventions

UNOPS acts as the main operational platform for the United Nations Mine Action Service (UNMAS) by supporting the implementation of mine-action projects around the world, including in challenging humanitarian contexts. Through CERF funding in 2016, three respective projects in Afghanistan, Libya and Mali have added value, contributed to major national and international strategic achievements, and enabled partnerships with implementing partners.

This was achieved in Mali, as CERF enabled a timely humanitarian mine-action response following an increase in victims and attacks. It also contributed to Mali's Humanitarian Response Plan by addressing the impact of explosive hazards while empowering national civil-society organizations. In Libya, CERF contributed to fewer casualties among civil-response personnel returning to Benghazi, thereby helping to ensure safer access for humanitarian actors. In Afghanistan, CERF aided an implementing partner to provide training services to 19 male/female Mine Risk Education teams, ensuring all community members benefited.

UN-HABITAT

Enabling time-critical emergency shelter relief

With CERF funding, UN-Habitat Sri Lanka was able to provide 89,877 people with emergency shelter, NFI assistance and environmental clean-up in underserved urban settlements in Colombo and Gampaha districts.

CERF funding enabled UN-Habitat to reach out to underserved urban communities affected by natural disasters, as per the agency's mandate of resilience and reconstruction. CERF funding also enabled UN-Habitat to mobilize extra funding from donors including the Swiss Development Cooperation and UNHCR to augment CERF funding, which enabled UN-Habitat to address needs in underserved urban settlements that were not supported by other. The partnership with the Red Cross Society enabled the timely implementation of project activities due to increased outreach to communities through their active volunteer network.

Total CERF funding

\$2.4M

in 2016

5 projects

in **5** countries

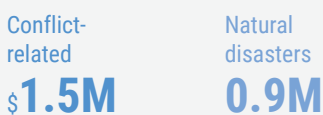
Allocations by country
in US\$ millions



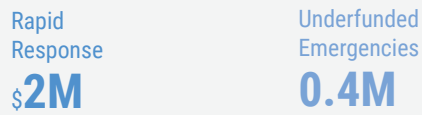
PEOPLE REACHED BY SECTOR

SECTOR	PEOPLE REACHED	ADULTS	CHILDREN	FEMALE	MALE
Mine Action	0.4M	0.2M	0.2M	0.2M	0.2M
Shelter and Non-food Items	89,877	59,939	29,938	46,377	43,500
Protection	28,900	24,000	4,900	11,500	17,400

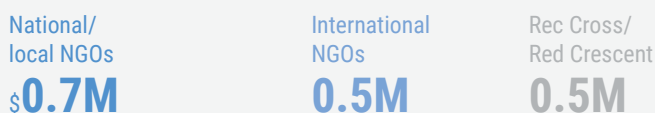
FUNDING BY EMERGENCY TYPE



FUNDING BY WINDOW



SUBGRANTS TO IMPLEMENTING PARTNERS



”

The CERF provides critical timely funding, especially to specialist agencies, to provide support when and where it is most required. As with the Sri Lanka example in 2016, the fund enabled our team to support almost 90,000 people in more complex urban areas and enabled UN-Habitat to generate substantial additional funding.

– Maimunah Mohd Sharif, Executive Director of UN-Habitat

Thanks to the CERF funding, my Office was able to successfully address 50 critical protection cases in Burundi, and facilitate the use of mobile courts to help ease caseloads, with 650 detainees released as a direct result of this action

– Zeid Ra'ad Al Hussein, United Nations High Commissioner for Human Rights

OHCHR

Enabling human rights protection

The OHCHR project funded by CERF in 2016 in Burundi represented an important funding source in ensuring timely and adequate protection and assistance to several hundred victims and their immediate family members, particularly regarding access to health services, trauma counselling and legal aid. In total, OHCHR Burundi successfully managed 50 critical protection cases. Furthermore, the project facilitated the use of mobile courts to help ease caseloads, with 650 detainees released following trials monitored by OHCHR.

Through this project, OHCHR Burundi built the capacity of its local implementing partners in handling sensitive and complex human rights protection cases. For example, the Stamm Foundation provided medical care to victims referred by OHCHR, while the partnership with the Bujumbura Bar Association provided an opportunity for others to benefit from free legal assistance and representation.

Regional and country overview

Part III of this publication complements the global picture of CERF results presented in parts I and II with succinct summaries of each RC/HC report on the use of 2016 CERF funding. The summaries include brief overviews of humanitarian situations, information on key CERF-funded assistance provided to people in need and highlights of the reported information on the strategic added value of CERF.

The allocation summaries are comprehensive in their coverage, but they are not exhaustive of all the results of CERF-funded interventions. They focus 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 - cerf.un.org

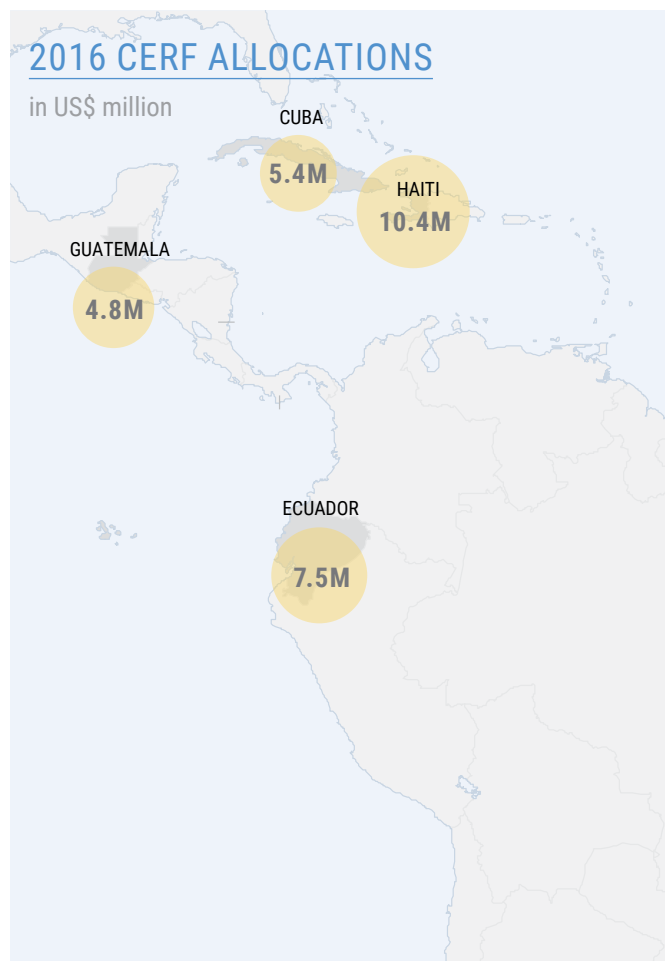
The summaries are presented by region and include key information on 2016 CERF funding at regional level and selected human-interest stories. The following table allows searching for specific allocations by key characteristics.

2016 CERF COUNTRY ALLOCATION PROFILES

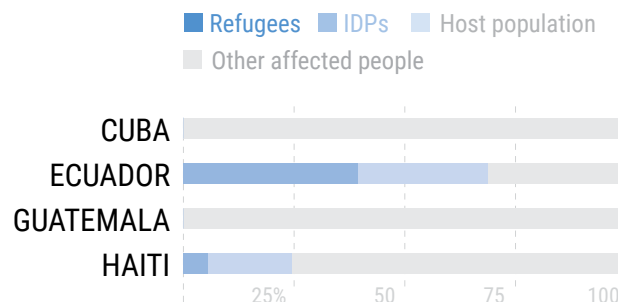
Country	Allocations		Allocation window		Emergency types				Beneficiary profile				Regional and interconnected allocations					Cash transfer programming included	Page number
	Amount - in US\$ million	Number of allocations	Rapid Response	Underfunded Emergencies	Conflict-related and internal strife	Natural disasters	Disease outbreaks	Other	Refugees	IDPs	Host communities	Other affected people	South Sudan	Lake Chad Basin	Burundi	EI Niño effects	Syria		
Afghanistan	9.8M	1	•		•					•	•	•						•	166
Angola	8M	2	•			•		•				•						•	126
Bangladesh	4.9M	2	•		•	•			•			•							167
Burundi	13M	1		•	•				•	•	•			•				•	144
Cameroon	4.2M	1	•		•				•	•				•					127
CAR	12M	2	•	•	•				•	•	•	•	•	•				•	128
Chad	20M	2	•	•	•				•	•	•	•		•				•	129
Côte d'Ivoire	2M	1	•		•				•	•								•	112
Congo	2.4M	1	•		•				•	•									131
Cuba	5.4M	1	•			•					•								106
Djibouti	2M	1	•			•			•		•						•	•	145
DPRK	13.1M	2	•	•		•		•		•	•								169
DRC	16.6M	3	•	•	•			•	•	•	•		•					•	131
Ecuador	7.5M	1	•			•					•							•	106
Eritrea	2M	1		•	•						•							•	146
Ethiopia	20.5M	2	•	•	•				•				•					•	146
Fiji	8M	1	•			•				•	•	•					•	•	170
Guatemala	4.8M	1	•			•					•						•	•	107
Guinea	3M	1	•					•			•							•	112
Haiti	10.4M	2	•			•				•	•	•							108
Iraq	33.4M	2	•		•					•	•	•							158
Jordan	9.4M	1	•		•				•									•	159
Kenya	5M	2	•	•	•			•			•	•	•					•	148
Lao PDR	0.3M	1	•			•					•								171
Lesotho	4.8M	1	•			•					•							•	136
Libya	12M	1		•	•				•	•	•	•						•	120
Madagascar	6M	1	•			•					•							•	136
Malawi	1.4M	1	•		•				•									•	137
Mali	16M	1		•	•					•	•	•							113
Mongolia	2.4M	1	•			•					•						•	•	171
Mozambique	4.7M	1	•			•					•						•		138
Myanmar	3.6M	1	•			•				•		•						•	172
Nepal	1.9M	1	•			•					•							•	173
Niger	5M	1	•		•				•	•	•			•					114
Nigeria	23.5M	3	•		•			•		•	•	•		•				•	115
Papua New Guinea	4.7M	1	•			•					•						•		174
Rwanda	9.2M	2	•	•	•	•			•	•	•			•				•	149
Somalia	12.9M	2	•			•		•		•	•	•					•	•	150
South Sudan	20.8M	2	•		•				•	•	•	•	•						152
Sri Lanka	4.3M	1	•			•				•	•	•						•	174
Sudan	24.6M	3	•	•	•				•	•	•		•					•	121
Swaziland	3.1M	1	•			•					•						•		138
Timor Leste	0.8M	1	•			•					•						•	•	175
Tanzania	12.5M	2	•	•	•	•			•		•	•			•				139
Uganda	28.3M	2	•	•	•				•		•		•					•	153
Viet Nam	3.9M	1	•		•						•							•	175
Yemen	15M	2	•	•	•			•		•	•	•						•	160



Latin America and the Caribbean



PROFILE OF PEOPLE REACHED



In 2016, CERF provided **\$28.1 million** for life-saving action in response to the humanitarian needs resulting from natural disasters in Latin America and the Caribbean.

Rapid Response allocations of **\$5.4 million** to Cuba and **\$10.4 million** to Haiti enabled the provision of life-saving response to humanitarian needs created by Hurricane Matthew; an allocation of **\$4.8 million** enabled timely covering of critical food needs of over 100,000 people caused by drought in Guatemala; and an allocation of **\$7.5 million** allowed for the provision of immediate life-saving response after an earthquake in Ecuador.

NUMBER OF PEOPLE REACHED

	Agriculture	Education	Food	Health	Multisector	Nutrition	Protection	Shelter and NFIs	Water and Sanitation
Cuba	156,958	30,628	159,532	365,602	-	-	-	32,285	156,958
Ecuador	-	-	57,201	87,913	-	-	31,498	60,374	63,500
Guatemala	-	-	116,905	92,951	-	10,986	-	-	-
Haiti	98,200	18,389	201,000	517,272	850,448	3,132	11,680	14,458	96,350
Grand Total	255,158	49,017	534,638	1,063,738	850,448	14,118	43,178	107,117	316,808

Two girls at a UNHCR shelter for people whose homes were destroyed by a powerful 7.8 magnitude earthquake in Ecuador.

© UNHCR/Viktor Pesenti

CUBA

Allocation	\$5.4 million - October 2016 Rapid Response
Emergency type	Natural disasters - Storm
Beneficiary type	Affected people (non-displaced)
Implementing organizations	FAO, UNDP, UNFPA, UNICEF, WFP, WHO

Overview of the humanitarian situation

Hurricane Matthew hit the eastern provinces of Cuba on 4 and 5 October 2017 with winds of up to 220 km/h and torrential rain. The hurricane had an extensive and highly destructive impact. Five municipalities of Guantánamo Province were the most damaged, and several municipalities of Holguin Province were severely affected. The hurricane was the most powerful meteorological event to ever hit Guantánamo Province. It caused widespread flooding, river overflows, landslides, waves of up to 10 metres high and sea water encroachment. As a result, over 1 million people were evacuated and over 120,000 people had their houses damaged or destroyed. Moreover, public infrastructure, social institutions, manufacturing centres and agricultural areas were heavily damaged. In Guantánamo, over 70,500 ha were damaged, accounting for nearly 30 per cent of agricultural production of the province.


CERF-funded assistance provided

Following the hurricane, the Government and partners carried out an assessment of needs and damages. The UN developed a Plan of Response to complement the Government's efforts. The plan was launched in Havana on 20 October and CERF allocated **\$5.4 million** on the same day. This funding allowed UN agencies and partners to provide food to **159,532 people**; micronutrient powder to **2,167 children**; supplementary food to **1,979 pregnant and lactating women**; temporary shelter to **32,285 people**; access to safe water to **156,958 people**; safe and protective learning spaces to **30,628 children**; agricultural inputs benefiting **156,958 people**; and access to emergency health services to **365,602 people**.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries and helped respond to time-critical needs, for example through enabling access and sanitation that prevented disease outbreaks, and provision of tarpaulins to protect people and food from heavy rains. CERF improved resource mobilization from other sources, including the Russian federation and the Republic of Korea, as agencies were able to present results from CERF-funded projects to donors. CERF also improved coordination among UN agencies as well as working relationships with local and national authorities.

ECUADOR

Allocation	\$7.5 million - May 2016 Rapid Response	
Emergency type	Natural disasters - Earthquake	
Beneficiary type	Affected people (non-displaced)	
Implementing organizations	IOM, UN Women, UNFPA, UNHCR, UNICEF, WFP, WHO	
	3 national/local NGOs	
	7 international NGOs	
	1 Government entity	

Overview of the humanitarian situation

On 16 April 2016, a magnitude-7.8 earthquake struck coastal areas in northwest Ecuador. The earthquake caused large-scale damages to housing and infrastructure leaving thousands of people without shelter, water, food, and health services. Moreover, damages to roads and bridges resulted in logistical and communication challenges. Vulnerable communities, which depended on household agriculture as well as small-scale fishing and commerce were the most severely affected. The government reported 671 fatalities and 20,849 people injured. Around 11,319 houses in rural areas were damaged beyond repair and needed to be demolished. Few days after the earthquake, more than 29,000 displaced people were taking shelter in formal collective centres and many more were in spontaneous sites or with host families. The protection of people without shelter and improvement of conditions in collective centres were key humanitarian priorities.

CERF-funded assistance provided

Within days from the emergency, CERF allocated **\$7.5 million** for immediate commencement of life-saving humanitarian action. This funding enabled UN agencies and partners to provide shelter assistance and relief items to **34,535 people**; food assistance through cash transfers to **57,201 people**; improvement of access to health care to **87,913 people**; access to safe water to **38,700 people**; water treatment supplies and water containers to **6,000 people**; access to appropriate sanitation facilities to **13,210 people**; hygiene kits to **17,310 people**; access to reproductive health services and GBV prevention and care services to **19,479 women**; psychosocial support to **6,847 children**; and protection assistance to **31,498 people**.

CERF's strategic added value

CERF partially led to fast delivery of assistance to beneficiaries. Funding was disbursed quickly to most agencies, but WHO received funds later and had to cover the initial implementation period with their own emergency funds. CERF helped respond to time-critical needs, for example, by providing health services to ensure safe delivery,

GUATEMALA

and refrigerators to avoid further loss of vaccines at a time when hospitals and medical centers had collapsed due to the earthquake. CERF improved resource mobilization from other sources. For instance, thanks to CERF-funded displacement tracking IOM could produce displacement information that helped convince additional donors. CERF also improved coordination among the humanitarian community with regular sector meetings being held at national and local levels.



Devastation caused by the 7.8 magnitude earthquake that hit Ecuador in April 2016. © UNHCR/Santiago Arcos Veintimilla

Allocation	\$4.8 million - January 2016	§
	Rapid Response	
Emergency type	Natural disasters - Drought (El Niño)	
Beneficiary type	Affected people (non-displaced)	
Implementing organizations	UNICEF, WFP, WHO	
	2 national/local NGOs	

Overview of the humanitarian situation

The strongest El Niño in decades brought severe rain shortages to east and central Guatemala in 2015. The dry conditions that followed negatively impacted maize and bean harvests. According to the food security assessments undertaken by FAO, the Food Security Secretariat, the Ministry of Agriculture and WFP, 248,000 families needed humanitarian assistance as of September 2015. A task force led by the Ministry of Health with NGOs, UNICEF and WFP identified approximately 5,000 children under age 5 at risk of acute malnutrition, 981 children with acute moderate malnutrition and 144 children with acute severe malnutrition. In addition, the levels of drought-related infectious diseases in the affected areas were much higher than national averages.

CERF-funded assistance provided

In response, the Humanitarian Country Team, in collaboration with the Government of Guatemala, launched the Humanitarian Response Plan. Consequently, CERF provided **\$4.8 million** from its Rapid Response window, which was the first injection of funds towards the plan. This funding enabled the quick commencement of life-saving action, and it allowed UN agencies and partners to provide cash transfers covering the basic food needs of **116,905 people**; treatment to **4,283 children** for acute malnutrition; the deployment of 56 mobile health teams; nutrition supplements to **32,608 pregnant** and lactating women; and the management of **13,165 cases** of foodborne diseases and **27,850 cases** of acute respiratory infections.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries at a time when the Ministry of Health had no funds to deliver emergency health services in the affected areas. CERF helped respond to time-critical needs, for example, by enabling identification and treatment of cases of acute malnutrition in children under five and women. CERF improved resource mobilization as actions implemented with CERF funds allowed WFP and UNICEF to validate data and identify additional needs forming the basis of funding applications. CERF also improved coordination among the humanitarian community with weekly meetings of all CERF-funded partners, led by the Municipal Commission for Food Security and Nutrition.

HAITI

Allocation	\$6.8 million - October 2016	Ⓢ
	Rapid Response	
Emergency type	Natural disasters - Storm	
Beneficiary type	IDPs, host population, other affected people	
Implementing organizations	FAO, IOM, UN Women, UNFPA, UNICEF, WFP, WHO	
	5 national/local NGOs	
	7 international NGOs	
	5 Red Cross/Red Crescent societies	

Overview of the humanitarian situation

Hurricane Matthew, with sustained winds of up to 235 km/h, struck south-western Haiti on 4 October 2016, causing widespread damages, flooding and displacement. A large part of Haiti's population was already vulnerable before the hurricane due to high poverty rates, increasing numbers of cholera cases and severe food insecurity. Consequently, the hurricane resulted in the biggest humanitarian crisis in Haiti since the earthquake in 2010. On 11 October 2016, the Government confirmed 473 deaths, 75 missing people and 175,000 displaced people. Many houses, schools and hospitals were damaged or destroyed. Reports from the Emergency Food Security Assessment indicated that 60 to 90 per cent of crops were lost in the north-west department. An estimated 1.4 million people needed urgent humanitarian assistance, including access to safe water, shelter, health, nutrition, child protection and education. The hurricane also posed a risk of a renewed spike in the number of cholera cases due to flooding and widespread damages to the water infrastructure.

CERF-funded assistance provided

In response, CERF allocated **\$6.8 million** from its Rapid Response window for immediate life-saving action. This funding enabled UN agencies and partners to provide food to **201,000 people**; treatment to **3,132 malnourished children**; agricultural inputs to **19,600 families**; access to safe drinking water to **96,350 people**; improved sanitation to **32,760 people**; sensitization on public health risks and cholera protection to **90,000 people**; improved access to health care to **517,272 people**; information on reproductive health to **389,414 women and girls**; protection for **11,680 women and girls**; cash-for-work assistance to **1,013 women**; and registration for the displaced population.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries and helped respond to time-critical needs, for example agricultural inputs were provided in time for the planting season and essential medical and health supplies contributed to disease control. CERF also improved resource mobilization from other sources and coordination among the humanitarian community.

Allocation	\$3.6 million - December 2016	Ⓢ
	Rapid Response	
Emergency type	Natural disasters - Storm	
Beneficiary type	IDPs, host population, other affected people	
Implementing organizations	IOM, UNICEF	
	1 national/local NGO	
	3 international NGOs	

Overview of the humanitarian situation

On 4 October 2016, Hurricane Matthew struck south-western Haiti with sustained winds of up to 235 km/h and 1,100 mm of rain. The hurricane caused widespread damage to houses and infrastructure. An estimated 175,000 people were displaced, the majority of whom had their houses destroyed. Displaced people took shelter in emergency evacuation centres (mainly schools), where they stayed in overcrowded conditions, with limited sanitation and little or no assistance. Consequently, many schools became unusable for regular activities, which left an estimated 150,000 students without access to education. Growing frustration among students resulted in protests and confrontations. Eight weeks after the hurricane, local authorities began to evict displaced families from school buildings. As the tensions continued to escalate, the critical humanitarian priorities were to ensure a dignified and voluntary evacuation of these shelters, and the students' timely resumption of their education.

CERF-funded assistance provided

In response, CERF allocated **\$3.6 million** to ensure the timely provision of critical assistance to the most vulnerable crisis-affected people. This funding enabled UN agencies and partners to provide shelter kits and cash grants to **14,458 people** and protection kits to **662 families**. CERF funding also enabled the cleaning and sanitization of 53 schools and the repair of the water supply in 18 schools, which allowed **16,273 students** to resume their education.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries, but some delays were experienced in the field due to longer than anticipated formalization of agreements with local authorities. CERF helped respond to time-critical needs, especially relating to housing. CERF improved resource mobilization from other sources and improved coordination among the humanitarian community. For example, IOM's collaboration with the camp coordination and camp management and shelter/non-food item working groups ensured effective targeting.

Resuming agriculture to feed rural households affected by Hurricane Matthew in Haiti



Denis Saint Clair tends to his vegetable field after receiving seeds and equipment from FAO. © FAO

In October 2016, Category 4 Hurricane Matthew cut a path of destruction across Haiti, carrying devastating winds and heavy rainfall that caused widespread damage in the southwestern part of the country. An estimated 2.1 million Haitians were affected. The Hurricane aggravated the effects of El Niño-related events that had already decreased food production and access to water over the past year. Where the Hurricane hit with its strongest winds, 100 percent of staple crop harvests were lost and perennial crops (avocado, banana, cacao, coffee, mango, plantain, etc.) were eradicated. Timely CERF funding contributed to the rapid recovery of the livelihoods of 19 600 affected households (73 000 people). Immediately after the Hurricane, FAO provided 7 500 households with bean seeds and sweet potato cuttings for the winter growing season, allowing for each family to harvest up to 100 kg of beans and 250 kg of sweet potatoes – enough to cover food needs for three months. At the beginning of the spring season, 7 100 households were provided with bean and maize seeds as well as cassava and sweet potato cuttings. The production obtained ensures access to food for over five months. Training on agricultural practices was

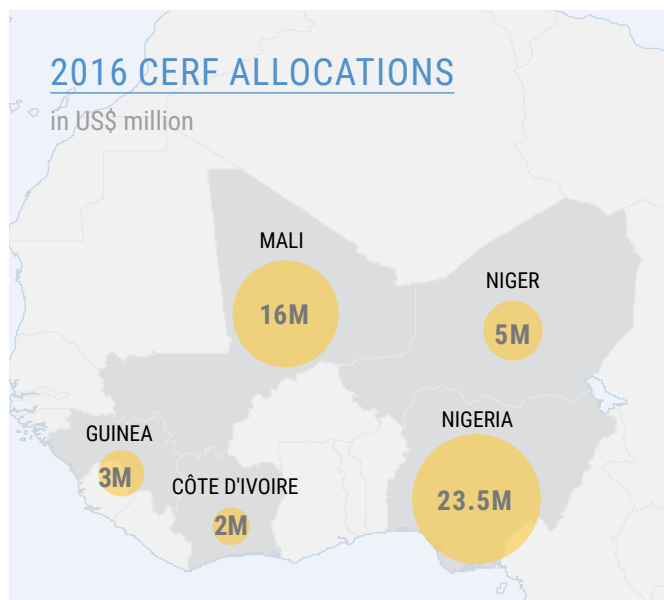
provided to 120 rural community leaders who could pass on the knowledge acquired to their respective community members. An additional 5 000 families received vegetable seeds, which resulted in the production of about 1.3 tonnes of vegetables, ensuring beneficiaries' access to fresh, nutritious food.

Denis Saint Clair, 50 years old, is an agricultural producer of Jérémie (department of Grand Anse) who received support from CERF funded project following Hurricane Matthew. "We have resumed our agricultural production activities thanks to assistance from FAO that provided us with seeds and the necessary equipment (watering cans, tools, etc.) to restore agricultural production. Part of the harvest obtained will be consumed by my family, and I will sell the rest to generate enough money to purchase other food items for my family. For this coming spring season, FAO has provided me with maize and bean seeds to harvest in June, God willing. FAO is helping to revitalize the development of the department of Grand Anse. We ask FAO to continue providing technical assistance in order to strengthen our production capacity", he said.

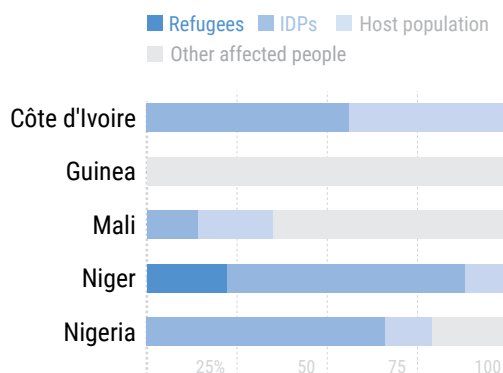


An IDP camp in Boudouri, Niger.
© OCHA/Federica Gabellini

Western Africa



PROFILE OF PEOPLE REACHED



In 2016, CERF provided **\$49.5 million** for life-saving action in response to humanitarian needs resulting from military conflicts, internal strife, disease outbreaks and chronic food insecurity in Western Africa.

More than half of CERF funding to the region, **\$28 million**, was provided for fast response to critical humanitarian needs resulting from Boko Haram-related violence. Niger received **\$5 million** to respond to needs created by the upsurge in Boko Haram attacks in the Diffa region and Nigeria

received **\$23.5 million** in two allocations for relocating displaced people and for response to critical humanitarian needs in Borno state.

CERF also provided **\$2 million** to Côte d'Ivoire for swift response to the critical needs of over 30,000 people evicted from the Mont Peko National Park and communities hosting them; **\$3 million** for life-saving response to the resurgence of Ebola in Guinea; **\$16 million** to boost humanitarian response to the chronic food insecurity crisis in Mali; and **\$399,741** for response to an outbreak of Lassa fever in Nigeria.

NUMBER OF PEOPLE REACHED

	Agriculture	Education	Food	Health	Mine Action	Nutrition	Protection	Shelter and NFIs	Water and Sanitation
Côte d'Ivoire	-	-	30,884	20,468	-	-	-	-	28,651
Guinea	-	-	-	22,182	-	-	-	-	-
Mali	92,400	100,887	31,686	346,273	72,993	68,592	408,677	7,184	81,868
Niger	-	-	-	95,426	-	88,483	98,658	57,842	75,569
Nigeria	137,600	-	109,750	766,169	-	133,949	362,748	90,102	205,250
Grand Total	230,000	100,887	172,320	1,250,518	72,993	291,024	870,083	155,128	391,338

CÔTE D'IVOIRE

Allocation	\$2 million - September 2016 Rapid response	\$
Emergency type	Conflict-related and internal strife	
Beneficiary type	IDPs, host population	
Implementing organizations	UNFPA, UNICEF, WFP 2 national/local NGOs 2 international NGOs 2 Government entities	

Overview of the humanitarian situation

On 25 July 2016, the Government of Côte d'Ivoire evicted illegal inhabitants of the Mont Peko National Park as part of a plan to save and restore the rainforest coverage. Despite the Government's efforts to execute rights-based evacuation plans, measures to ensure the appropriate coverage of the needs of affected populations were not fully addressed. This led to the loss of homes and livelihoods of evicted people, who became displaced among the local communities in surrounding areas. According to the population count carried out by OCHA, UNICEF, and international and local NGOs, 25,532 displaced people were located within host communities, in temporary shelters and in open spaces around the national park. The displaced people put further pressure on already weak social services and exacerbated intercommunity tensions. This situation risked deteriorating the fragile social cohesion and causing intercommunity violence.

CERF-funded assistance provided

Since humanitarian actors did not have sufficient resources to cope with the affected population's basic needs, CERF allocated **\$2 million** for life-saving response. This funding enabled UN agencies and partners to provide food to **30,884 people**; emergency school meals to **10,650 children**; water access to **28,651 people**; improved sanitation and hygiene to **25,740 people**; and access to reproductive health services and SGBV prevention and care services to **20,468 people**.

CERF's strategic added value

CERF lead to fast delivery of assistance to beneficiaries and helped respond to time-critical needs. For example, the treatment of water points and provision of soap for hand washing helped prevent the spread of water-borne diseases and support to obstetric care ensure safe delivery of babies. CERF partially improved resource mobilization from other sources with extra funds being raised for immunization interventions and installation of additional hand pumps. However, no other resources were raised in the food sector despite advocacy efforts. CERF improved coordination among the humanitarian community, leading to the reactivation of regional coordination meetings in the Water and Sanitation and Health sectors.

GUINEA

Allocation	\$3 million - May 2016 Rapid response
Emergency type	Disease outbreaks
Beneficiary type	Affected people (non-displaced)
Implementing organizations	UNDP, UNICEF, WHO 2 national/local NGOs 1 international NGO 2 Government entities 1 Red Cross/Crescent society

Overview of the humanitarian situation

On 30 December 2015, after a two-year epidemic, WHO announced the eradication of the Ebola virus in Guinea. This announcement was followed by three months of intensive surveillance. However, a new outbreak



Young boys in front of their house with an Ebola sensitization poster on the wall. © OCHA/Ivo Brandau

MALI

of Ebola was reported on 17 March 2016 in the Koropara district. By the end of April, eight people had died and five were receiving treatment at a centre that was urgently reactivated after several months of inactivity. The resurgence of the disease exposed the weaknesses of surveillance systems at the community level and poor monitoring of families affected by the previous outbreak. There was a critical need to re-establish surveillance and response mechanisms, but the logistical, operational and financial capacities to fight Ebola in Guinea were already largely reduced.

CERF-funded assistance provided

CERF responded immediately by allocating **\$3 million** for urgent humanitarian action. This funding enabled UN agencies and partners to kick-start response activities, including establishing the intervention centre with **200 staff**, and with tents, beds, mattresses, a water supply, and sanitation and hygiene materials. The funding also provided the medical treatment under established protocol of **11,930 people** at risk of exposure; medicines and medical supplies to health facilities in 29 districts; and the deployment of 174 surveillance missions.

CERF's strategic added value

CERF lead to fast delivery of assistance to beneficiaries and helped respond to time-critical needs, enabling rapid diagnostic tests and safe burials that prevented spreading of the disease. CERF partially improved resource mobilization from other sources. While some additional funding could be raised from the Multi-Partner Trust Fund and ECHO, not all promised funding materialized. CERF improved coordination among the humanitarian community as the intensive collaboration on the CERF request was continued throughout implementation.

Allocation	\$16 million - March 2016 Underfunded Emergencies
Emergency type	Conflict-related and internal strife
Beneficiary type	IDPs, host population, other affected people
Implementing organizations	FAO, IOM, UNFPA, UNHCR, UNICEF, UNOPS/UNMAS, WFP, WHO
	15 national/local NGOs
	19 international NGOs
	2 Government entities
	1 Red Cross/Crescent society

Overview of the humanitarian situation

In 2016, Mali continued to face a multidimensional crisis characterized by chronic food insecurity, malnutrition and population displacement. According to the needs assessments, 2.55 million people were food insecure at the end of 2015, of whom 315,000 were in severe food insecurity. More than 700,000 children under age 5 suffered from acute malnutrition and faced a mortality risk between 5 and 20 times higher than normal. The global acute malnutrition rate among children under age 5 was 12.4 per cent, while the rate of severe acute malnutrition was 2.8 per cent (both above WHO emergency thresholds). There were also close to 62,000 IDPs in Mali and 423,427 former Malian IDPs, who had recently returned.

CERF-funded assistance provided

Mali received only 35 per cent of humanitarian funding requirements in 2015. The levels of risk and vulnerability were high, and similar funding trends continued at the beginning of 2016. To ensure the continuation of life-saving projects, CERF allocated **\$16 million** to Mali in March 2016. This funding enabled UN agencies and partners to provide agricultural inputs to **92,400 people**; food assistance to **31,686 people**; treatment to **13,950 severely malnourished children, 38,215 moderately malnourished children and 4,273 malnourished pregnant and lactating women**; supplementary feeding to **11,578 women and children**; improved access to health care to **93,920 people**; shelter assistance to **2,400 people**; core relief items to **560 families (2,632 people)**; sanitation and hygiene assistance benefiting **46,468 people**; improved access to potable water to **34,900 people**; education assistance to **95,605 children** in conflict-affected areas; protection for **6,483 people**; psychosocial support to **6,635 people**; mine-risk education to **72,993 people**; and polio vaccinations for **242,846 children**.

CERF's strategic added value

CERF lead to fast delivery of assistance to beneficiaries, being the first funding received by several agencies, and partially helped respond to time-critical needs. But more interventions to address unmet needs are still required. Given that the Mali Humanitarian Response Plan had only mobilized 38 per cent of required funds after the CERF contribution, CERF partially improved resource mobilization from other sources. Nevertheless, CERF played an important role as a catalyst that allowed agencies to kick start activities and show results while waiting for addition funds. CERF improved coordination among the humanitarian community, in particular during the process of joint identification and prioritization of needs.

NIGER

Allocation	\$5 million - August 2016 Rapid response
Emergency type	Conflict-related and internal strife (Lake Chad crisis)
Beneficiary type	Refugees, IDPs, host population
Implementing organizations	IOM, UNFPA, UNHCR, UNICEF, WFP, WHO 6 national/local NGOs 8 international NGOs 3 Government entities 1 Red Cross/Crescent society

Overview of the humanitarian situation

The humanitarian situation in the Diffa region of Niger drastically deteriorated following an upsurge in Boko Haram attacks in mid-2016. On 19 and 31 May, Boko Haram attacked Yebi town, killing civilians, burning shelters and looting food stocks. As a result, thousands of people fled the area seeking refuge in Bosso. However, Bosso was repeatedly attacked on 27 May, 3 June and 6 June. The latter two attacks were the deadliest since February 2015. Consequently, the majority of people who escaped from Yebi to Bosso fled for the second time, together with thousands of newly displaced people from Bosso. The Government reported that the new wave of violence displaced an estimated 69,000 people to safer areas in the western part of the Diffa region. Joint assessment missions conducted following the attacks revealed critical needs for immediate health, food, shelter, water and protection assistance among displaced people and affected host communities.

CERF-funded assistance provided

In response, CERF allocated **\$5 million** for life-saving humanitarian action. This funding enabled UN agencies and partners to provide food to **88,483 people**; supplementary food to **7,817 children**; treatment to **4,356 severely malnourished children**, **11,330 moderately malnourished children** and **1,500 pregnant and lactating women**; access to safe drinking water to **20,999 people**; access to safe sanitation facilities to **42,300 people**; hygiene-sensitization messages to **75,569 people**; reproductive health kits to **16 health centres**; assistance for **1,824 deliveries**; medical supplies to 3 hospitals and 11 health centres; emergency shelter to **36,336 people**; relief items to **6,148 people**; protection monitoring benefiting **53,806 people**; and air transport for **802 aid workers**.



A mother and her son in Boudouri IDP camp. Diffa, Niger.

© OCHA/Federica Gabellini

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries and helped respond to time-critical needs, for example by helping to avoid stock out of therapeutic food during the lean season and to reduce the risk of cholera through provision of Water and Sanitation assistance. CERF improved resource mobilization from other sources, enabling agencies to respond rapidly while continuing to search for additional funding. CERF also improved coordination among the humanitarian community as implementing partners set up additional regular coordination meetings for information sharing and analysis.

NIGERIA

Allocation	\$9.9 million - January 2015 Rapid response
Emergency type	Conflict-related and internal strife (Lake Chad crisis)
Beneficiary type	IDPs, host population, other affected people
Implementing organizations	UNICEF, UNFPA, UNHCR, IOM, WHO 2 national/local NGOs 6 international NGOs 8 Government entities 2 Red Cross/Crescent societies

Overview of the humanitarian situation

By the end of 2015, the Boko Haram-related crisis directly affected an estimated 14.8 million people in the six north-east states. A total of 7.4 million of those people urgently needed humanitarian assistance in the three most affected states of Adamawa, Borno and Yobe. The number of IDPs grew from below 400,000 in December 2014 to over 2 million at the end of 2015. As a result, the majority of the 76 camps and camp-like sites hosting displaced people in Adamawa, Borno and Yobe states became severely overcrowded. Moreover, 28 IDP camps were occupying schools, which resulted in suspending classes in Borno state for the entire academic year. Decongesting the camps and relocating the displaced people occupying schools became the key humanitarian priorities at the beginning of 2016. State authorities started to relocate IDPs, but there was insufficient funding for shelter, water, sanitation and health facilities in the new sites and for critically needed improvements in the old locations. In addition, there had been a cholera outbreak in Borno state in September 2015, and by the end of the year there were 1,039 cases and 18 deaths reported. The health system was not in a position

to launch an effective response, as it suffered from the destruction of health facilities, shortages of drugs and supplies and insufficient numbers of health workers.

CERF-funded assistance provided

In view of the critical need to scale up the humanitarian response, CERF allocated **\$9.9 million** to Nigeria in January 2016 for the immediate implementation of life-saving interventions. This funding allowed UN agencies and partners to provide interim care to **2,513 unaccompanied and separated children**; training and support to **637 caretakers**; access to safe water to **205,250 people**; access to latrines and bathing facilities to **30,676 people**; hygiene-promotion messages to **68,000 people**; nutritional support to **89,949 pregnant and lactating women**; improved access to health care to **458,458 people**; the relocation of **18,577 people**; shelters to **5,502 families**; the registration and profiling of **45,342 displaced people**; psychosocial support to **37,844 people** and counselling to **7,200 distressed people**; sensitization on SGBV prevention for **51,647 people**; dignity kits to **7,000 women and girls**; safe-delivery services to **8,000 women**; treatment to **1,550 survivors of SGBV**; basic relief items to **11,342 families**; and improved disease outbreak response benefiting **330,366 people**.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries and helped respond to time-critical needs, for example by being the only donor at the time to respond to a measles outbreak and by enabling fast scale-up of nutrition interventions in newly-accessible areas. CERF enabled partners to improve their understanding of needs and gaps, which in turn improved donor confidence and helped raise additional funds. CERF also improved coordination among the humanitarian community, for example by strengthening the SGBV working groups across states.

Allocation	\$0.4 million - May 2016 Rapid response
Emergency type	Disease outbreaks
Beneficiary type	Affected people (non-displaced)
Implementing organizations	WHO

Overview of the humanitarian situation

The Nigerian Federal Ministry of Health notified WHO about an outbreak of Lassa fever on 7 January 2016, requesting support in response activities. The investigation that followed revealed that the outbreak started on 4 November 2015. By late April 2016, 270 cases had been reported in 23

states, with an extraordinarily high case-fatality rate of 50.4 per cent. The Lassa fever virus is endemic to Nigeria and there are outbreaks almost every year. The case-fatality rate in the 2015 outbreak was 12.3 per cent, whereas in previous years the case-fatality rates on record were below 7 per cent. The 2016 outbreak also showed different patterns than in previous years by spreading faster and also covering non-endemic states. There was, therefore, an urgent need for laboratory testing, surveillance, contact tracing and case management to contain the outbreak.

CERF-funded assistance provided

In response, CERF allocated **\$399,741** for priority interventions. This funding allowed for the strengthening of five virology laboratories conducting Lassa fever diagnosis; improvements in contact tracing; the strengthening of

NIGERIA

infection prevention and control; the monitoring of health-care workers; and the procurement of medicines and medical supplies for the treatment of identified cases.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries and partially helped respond to time-critical needs by enabling

partners to initiate control measures to interrupt the spread of the disease. CERF helped partners to demonstrate results that encouraged other donors to invest in the response. CERF also improved coordination among the humanitarian community at national and state level.

Allocation	\$13.2 million - July 2016	\$
	Rapid response	
Emergency type	Conflict-related and internal strife (Lake Chad crisis)	
Beneficiary type	IDPs, host population, other affected people	
Implementing organizations	FAO, UNDP, UNFPA, UNHCR, UNICEF, WFP	
	4 national/local NGOs	
	2 international NGOs	
	9 Government entities	

Overview of the humanitarian situation

The Boko Haram insurgency created untold human suffering, loss of lives and continued insecurity among people in north-east Nigeria. By April 2016, there were an estimated 2.1 million IDPs in Adamawa, Borno and Yobe states. Moreover, out of 14.8 million people affected by the insurgency in the six north-east states, 7 million people needed humanitarian assistance in the three most affected states of Adamawa, Borno and Yobe, including 3 million people in inaccessible areas. Towards mid-2016, the Nigerian Army recaptured major towns in Borno state, which used to be Boko Haram strongholds. The improved humanitarian space exposed the emergency level of needs among people who had limited access to assistance over the past two years. The joint UN multisector assessment concluded that an estimated 350,000 children under age 5 were severely malnourished; vulnerabilities created by the insurgency resulted in a significant deterioration of the food security situation; there was hugely inadequate access to water, health and other basic services; and civilians, particularly those in newly accessible areas, experienced profound trauma, including exposure to SGBV.

CERF-funded assistance provided

In view of improved humanitarian access, CERF provided **\$13.2 million** for the immediate provision of life-saving assistance to people in previously inaccessible areas. This funding enabled UN agencies and partners to provide cash assistance to **63,000 people**; food assistance to **47,560 people**; emergency nutrition to **44,000 severely malnourished children**; agricultural inputs through vouchers to **17,200 families (137,600 people)**; psychosocial support to **4,000 displaced people**; cash vouchers to **1,928 vulnerable women and girls**; the reunification of **112 children with their families**; care arrangements to **198 unaccompanied children**; reintegration support to **235 children** associated with armed forces; psychosocial support to **25,892 survivors of SGBV**; sensitization on SGBV prevention and response for **2,141 boys and girls**; humanitarian air transport; and security support to humanitarian operations.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries, for example through its backdating option that WFP used to fast track procurement for immediate food distributions. CERF helped respond to time-critical needs such as provision of therapeutic food for children with severe acute malnutrition. CERF also improved resource mobilization from other sources by putting agencies in a better position to communicate gaps and advocate for more funding. CERF also improved coordination among the humanitarian community. For example, the nutrition sector felt that CERF provided an opportunity to come together to discuss joint strategies for expanding the provision of services.

In north-eastern Nigeria, helping to keep displaced families healthy

MAIDUGURI, Nigeria – Safe and smiling now, little Mustapha Zanna Wuroma was just two days old when his family fled their home in north-eastern Nigeria nine months ago, after an attack by the armed group known as Boko Haram.

Until then, Mustapha's 52-year-old father Abba Konto had been a successful fish trader in the family's hometown of Gambarou Ngala, in Borno state. Following the arduous journey to the state capital of Maiduguri, through harsh desert and areas of fighting, the infant Mustapha arrived weak and sickly. Mustapha's extended family of 22 moved into two rooms in the home of Abba's brother in Maiduguri. Abba's brother also has a large family, and now about 40 family members are squashed together, sharing just one pit latrine and fetching water from wells and streams.

The story of Mustapha and his family is typical of many who have been displaced by the violence in north-eastern Nigeria. Of the 1.3 million people forced to flee their homes, only about 10 per cent are living in organized camps. The rest are staying with family or friends, and the cramped conditions and extra mouths to feed have put an enormous strain on the host communities, which are already poor and have limited access to services such as health care, clean water and sanitation.

"There is a lot of pressure on facilities and services in the camps," says Terab Grema, Director General of the Borno State Emergency Management Agency. "In one of the camps, for example, more than 14,000 people are squeezed into living spaces adequate for barely a third of that number. But the real pressure is on the host communities, where 90 per cent of the internally displaced live. It is the hidden face of this crisis." About 775,000 of those displaced are children – and more than a third of these children, like Mustapha, are under 5 years old.

Wulari, the part of Maiduguri where Mustapha and his family are staying, is currently host to about 1,000 displaced persons, accommodated within 435 households. To reduce the pressure caused by the influx of so many people, UNICEF is strengthening water supply systems and health facilities, including immunization services, in 12



A two-year-old boy completes a malnutrition treatment at the Muna Garage IDP camp near Maiduguri in north-eastern Nigeria.

© UNICEF/Njoku

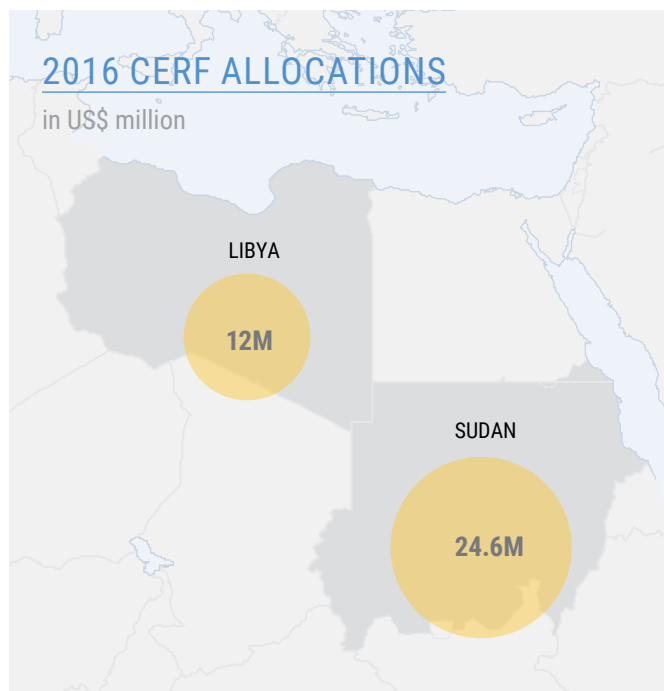
host communities in Maiduguri. With funding from CERF, UNICEF has provided 40 pit latrines for use by about 2,000 people and 10 motorized hand pumps to supply water to more than 7,000 people. This has helped to cut down the problem of open defecation and improve sanitation in the communities, reducing the risk of disease and infection. The residents of Wulari community have also received more than 1,000 cartons of water purification sachets.

"Every household is given a packet of these sachets so they can have safe drinking water," says Kannan Nadar, UNICEF Nigeria's Chief of Water, Sanitation and Hygiene. "This is designed to last the family for a month. Having water that is safe to drink and to clean food helps to prevent diarrhea and avoid disease – even potential cholera outbreaks."

Clutching a pack of the sachets he has just received from UNICEF after a demonstration on how to use them, Abba notes that thanks to the support the family has received from UNICEF's volunteer community health, sanitation and hygiene mobilizers, Mustapha is in good health. "From the beginning, they always came around to teach proper care of babies, sanitation and hygiene practices," he says. "This sachet of water purifiers also helps to provide safe drinking water for Mustapha and the entire family."



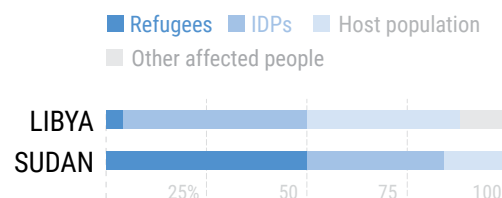
Northern Africa



In 2016, CERF provided **\$36.6 million** for life-saving action in response to the humanitarian needs resulting from conflicts in Northern Africa.

Of that amount, Libya received a **\$12 million** allocation from the Underfunded Emergencies window to sustain the implementation of key underfunded humanitarian interventions throughout the country.

PROFILE OF PEOPLE REACHED



And Sudan received **\$24.6 million** in three allocations: a **\$7 million** Underfunded Emergencies allocation to sustain the provision of critical assistance to nearly 100,000 South Sudanese refugees at the beginning of the year; an **\$8 million** Rapid Response allocation at midyear to respond to another large-scale influx of South Sudanese refugees; and a **\$9.6 million** Rapid Response allocation for response to critical humanitarian needs resulting from clashes between the Sudan Armed Forces and the Sudan Liberation Movement/ Abdul Wahid faction in Darfur.

NUMBER OF PEOPLE REACHED

	Agriculture	Education	Food	Health	Mine Action	Multisector	Nutrition	Protection	Shelter and NFIs	Water and Sanitation
Libya	-	-	183,109	1,065,464	213,260	41,375	-	38,236	15,427	150,675
Sudan	51,000	34,296	100,703	189,152	-	108,458	121,830	52,200	64,425	54,272
Grand Total	51,000	34,296	283,812	1,254,616	213,260	149,833	121,830	90,436	79,852	204,947

UNFPA provides health and hygiene kits for women. © UNFPA

LIBYA

Allocation	12 million - March 2016 Underfunded Emergencies	\$
Emergency type	Conflict-related and internal strife	
Beneficiary type	Refugees, IDPs, host population, other affected people	
Implementing organizations	IOM, UNDP, UNFPA, UNHCR, UNICEF, UNOPS/ UNMAS, WFP, WHO	
	5 national/local NGOs	
	7 international NGOs	
	1 Government entity	

Overview of the humanitarian situation

In 2016, there were 435,000 IDPs in Libya, most of whom fled their homes due to the escalation of conflict in mid-2014. The level of displacement had increased almost sevenfold as compared with before the conflict, both in terms of cross-regional displacement (populations fleeing from one side of the country to another) and localized displacement, with populations fleeing within their own provinces, particularly in the north-west. In addition, there were an estimated 150,000 migrants and 100,000 refugees/asylum seekers in Libya in 2016. Most originated from countries in the Middle East, North Africa and sub-Saharan Africa that have been impacted by war, weak economies and political oppression. Many people came to Libya to find employment and stability, but they found themselves caught up in further instability and violence. They faced dire living conditions and were victims of abuse, discrimination, forced labour, sexual exploitation, SGBV, and arbitrary arrests and detention. They were targeted by smugglers and human trafficking networks, with thousands embarking on high-risk journeys across the Mediterranean Sea to Europe. The continued political, governance and economic crisis further weakened public service provision, while displacement, armed conflict and widespread violence added pressure and increased humanitarian needs in the country in 2016.

CERF-funded assistance provided

Given the low donor funding levels to Libya (the 2015 Humanitarian Response Plan was funded at 39 per cent) and the increased humanitarian needs, CERF allocated \$12 million from its Underfunded Emergencies window in 2016. This funding enabled UN agencies and partners to provide food to **183,109 people**; improved critical health services benefiting **54,750 people**; improved access to health care to **1,065,464 people**; emergency obstetric care kits to **12,120 women**; sustainable access to water sources to **125,000 people**; access to gender-appropriate sanitation facilities to **31,466 people**; hygiene items to **40,472 people**; protection and emergency services to **4,590 survivors of SGBV**; protection activities benefiting **33,734 children**; protection from explosive remnants of war benefiting **213,260 people**; cash grants to **1,512 families (8,074 people)**; winterization kits to **7,763 families (33,815 people)**; core relief items to **13,480 people**; protection activities benefiting **2,009 migrants**; and psychosocial support to **2,253 people**.

CERF's strategic added value

CERF partially led to fast delivery of assistance to beneficiaries. Delays were experienced due to late changes in implementing partners, difficulties related to money transfers to Libya, remote management challenges, and the fluid security situation. Nevertheless, CERF helped respond to time-critical needs, for example by providing important hygiene items that had become inaccessible for vulnerable populations and by ensuring the running of hospitals in the face of long and recurring electricity cuts through solar panel installation. CERF partially improved resource mobilization. Although additional funds were received, CERF remained one of the main sources of funding and essential needs continued to be underfunded. CERF improved coordination as the required prioritization process improved information sharing and reduced overlap.

A migrant stands in the courtyard of a detention centre in Libya. Conditions at the center are difficult; there is no electricity or running water, poor sanitation, no medical care and severe overcrowding. © UNICEF/Romenzi



SUDAN

Allocation	\$7 million - March 2016 Underfunded Emergencies
Emergency type	Conflict-related and internal strife (South Sudan crisis)
Beneficiary type	Refugees, host population
Implementing organizations	UNFPA, UNHCR, UNICEF, WFP, WHO 3 national/local NGOs 4 international NGOs 6 Government entities 1 Red Cross/Red Crescent society

Overview of the humanitarian situation

In 2016, Sudan continued to receive a large influx of South Sudanese refugees. Between the onset of the conflict in South Sudan on 15 December 2013 and the end of 2015, nearly 195,000 South Sudanese refugees sought safety in Sudan. The arrival of another 90,000 refugees was expected in 2016 (the actual number turned out to be 131,000). Nearly 60 per cent of South Sudanese refugees in Sudan were hosted in seven sites in White Nile state and among host communities. The sites were overcrowded, and four of them hosted double the number of refugees than their capacity. At the beginning of 2016, over 10,000 refugee families were residing in communal areas while waiting for shelter. There was an urgent need to establish new sites, as there was no further land available in the existing camps. However, humanitarian response activities for South Sudanese refugees in Sudan were critically underfunded, with only 28 per cent of 2015 funding requirements covered.

CERF-funded assistance provided

In response, CERF allocated **\$7 million** from its Underfunded Emergencies window to ensure the continuation of life-

saving assistance for South Sudanese refugees in Sudan in 2016. This funding enabled UN agencies and partners to register **10,191 newly arrived refugees**, and to provide transport for **10,000 refugees** to new sites; protection for **360 unaccompanied children**; psychosocial support to **9,097 children**; access to safe learning spaces to **12,243 children**; educational materials to **17,403 children**; access to women-friendly spaces to **1,800 women**; access to safe water to **12,500 people**; access to adequate sanitation to **10,000 people**; hygiene kits to **4,185 women**; hygiene and sanitation messages to **18,500 people**; supplementary feeding to **24,246 children and pregnant and lactating women**; malnutrition screenings for **11,694 children**; treatment to **1,265 severely malnourished** and **4,819 moderately malnourished children**; counselling on infant and young-child feeding to **9,638 caregivers**; treatment to **10,370 children** for common childhood diseases; and measles vaccinations for **43,281 children**.

CERF's strategic added value

CERF partially led to fast delivery of assistance to beneficiaries. While funds were allocated and disbursed quickly by CERF and could support the nutrition response, a delay in the selection of the refugee site led to delays in some other response activities. CERF helped respond to time-critical needs, for example, by supporting partners to mitigate major outbreaks of Acute Watery Diarrhea during the rainy season and screening children for acute malnutrition. Thanks to CERF, agencies were able to demonstrate sufficient presence and engagement on the ground to enhance the credibility of other funding appeals. While CERF promoted strong coordination among the agencies involved in the CERF process, challenges remained in the coordination between actors that were not operating with CERF funding.

Allocation	\$9.7 million - April 2016 Rapid Response
Emergency type	Conflict-related and internal strife
Beneficiary type	IDPs
Implementing organizations	FAO, IOM, UNFPA, UNHCR, UNICEF, WFP, WHO 10 national/local NGOs 5 Government entities 1 Red Cross/Red Crescent society

Overview of the humanitarian situation

The Jebel Marra massif, straddling North, Central and South Darfur states, has remained volatile since hostilities began in 2003. Recurrent clashes take place in the region almost

every year, resulting in large population displacements and critical humanitarian needs. On 16 January 2016, new clashes were confirmed between the Sudan Armed Forces and the Sudan Liberation Movement/Abdul Wahid faction. The clashes resulted in population movements of a scale not seen in recent years, with an estimated 126,596 displaced civilians (70,175 of whom have been verified). There was a steady influx of people to the Kabkabiya and Tawilla localities of North Darfur, resulting in the further deterioration of an already severe humanitarian situation among displaced and host populations. Humanitarian actors were neither able to verify all reported displacements nor adequately respond to resulting humanitarian needs. Of particular concern were unconfirmed reports that up to 70,000 civilians had been displaced in the inaccessible areas of Central Darfur.

SUDAN

CERF-funded assistance provided

Given the harsh degradation of the humanitarian situation and the lack of sufficient resources, CERF allocated **\$9.7 million** from its Rapid Response window for immediate life-saving action. This funding enabled UN agencies and partners to provide food to **66,019 people**; treatment to **4,945 malnourished children under age 5 and pregnant and lactating women**; supplementary feeding to **15,338 children under age 5 and pregnant and lactating women**; treatment and vaccinations for 19,000 heads of livestock belonging to displaced people; access to safe water and sanitation to **47,135 people**; relief items to **74,123 people (14,563 families)**; improved access to health care to **51,000 people**; psychological and educational support to **8,909 children**; and assistance to **499 unaccompanied and separated children**.

Allocation	\$8 million - June 2016 Rapid Response
Emergency type	Conflict-related and internal strife (South Sudan crisis)
Beneficiary type	Refugees, host population
Implementing organizations	UNFPA, UNHCR, UNICEF, WFP, WHO 4 national/local NGOs 3 international NGOs 4 Government entities 1 Red Cross/Crescent society

Overview of the humanitarian situation

The political conflict that broke out in South Sudan on 15 December 2013 displaced thousands of civilians and caused a mass outflow of refugees into neighbouring countries. By the end of December 2015, nearly 195,000 displaced people from South Sudan had sought safety in Sudan, making it the biggest recipient of South Sudanese refugees in the region. Another large and unanticipated influx of refugees to Sudan started in February 2016. By the end of May, more than 58,000 new arrivals had been recorded. East Darfur received the largest number of new refugees (more than 46,000 people), approximately 28,000 of whom settled in the Khor Omer IDP camp. Having travelled in difficult conditions for many days to escape ongoing violence, displaced people were reaching border areas exhausted, traumatized, and in a poor nutrition and health status. The available resources for response to the needs of South Sudanese refugees in Sudan were already overstretched, but the unanticipated influx resulted in large additional funding requirements.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries and helped respond to time-critical needs such as family tracing for separated children and alternative care arrangements. CERF had a positive impact on resource mobilization of some sectors, for example, by allowing food security and livelihoods activities to kick-start while agencies were waiting for bilateral funding. CERF improved coordination among the humanitarian community that led to concerted and harmonized deployment of assistance. For example, distribution of emergency shelter/non-food item kits was consolidated and carried out by one implementing partner only as opposed to kits with different content distributed by different partners, as was the case before.

CERF-funded assistance provided

In response to the critical deterioration of the emergency, humanitarian partners, under the leadership of UNHCR, developed a three-month emergency response plan to address the most pressing needs. CERF allocated **\$8 million** for the immediate implementation of priority interventions within the plan. This funding enabled UN agencies and partners to develop a new refugee site for **13,425 people**. They were also able to provide emergency shelter to **23,500 people**; relief supplies to **12,500 people**; food to **34,685 people**; access to primary health care to **40,700 people**; vaccinations for **9,238 children** and **1,275 pregnant women**; hygiene kits to **10,200 women and girls**; psychosocial and education support to 18,861 children; assistance to **314 unaccompanied children**; registration for **13,425 new arrivals**; reception services to **19,500 people**; improved water access to **16,180 people**; improved sanitation facilities to **7,200 people**; safe learning spaces to **2,970 children**; treatment to **3,532 children** with severe acute malnutrition; and supplementary feeding to **8,667 children and pregnant and lactating women**.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries with funding available by June for planned interventions in July. CERF helped respond to time-critical needs through provision of emergency shelter and non-food items, constituting the most basic life-saving items needed, but also by supporting protection of unaccompanied and separated children. CERF improved resource mobilization from other sources by enabling partners to initiate interventions and demonstrate presence on the ground. This positioned agencies to secure funding, for example, from ECHO for the nutrition response. CERF served as the primary mechanism for coordination in East Darfur before the establishment of the state Refugee Working Group and other coordination fora.

Fadila and her Journey to Rwanda Camp - Tawilla, North Darfur

During one of the monitoring visits to Rwanda IDP camp (Tawilla, North Darfur, Sudan), at one of the water stations, I noticed a nice smile on a woman carrying a child in her arms as she was filling a jerry can from a tap stand. I smiled at her and volunteered to help her carry the jerry can back to her shelter. I took this opportunity to introduce myself and enquire about her smile, which prompted her to openly share her story with me.

Her name is Fadila Mohammed and she arrived at the camp in 2016 to escape the conflict that had just broken out in her village, Ro Fatta, in Jebel Marra. She made the journey to the camp with a number of people from her village and neighboring localities.

She explained that the first problem they faced was related to access to safe water. There were only a few places where they could collect water from; they were over-crowded and the queues were very long. To cope with the lack of water they had to walk very long distances to alternative unsafe sources of water, and the water they did manage to collect was usually not clean and not enough. They settled in the camp where they received help from the community and humanitarian agencies, but access to safe drinking water was still their biggest concern.



Latrines constructed in the camp. © IOM



Fadila and her daughter collecting water. © IOM

Thanks to the construction of a new water yard, they can now collect safe water without having to queue and walk for long distances. I asked her directly about the benefits of having better access to water, but she continued as if she had not heard my question and explained further: “We, women, were suffering a lot to collect drinking water for our children. We had to walk for long distances, faced security risks and could not always come back with enough water for our needs. Collecting water for many hours of the day meant that we could not take care of our children, leaving them behind, exposed to possible violence.”

Increased access to safe water has improved the daily lives of vulnerable people, having a positive impact and contributing to safer hygiene practices, decreasing the risks for water borne diseases and disease outbreaks. To complement the water infrastructural activities, latrines were constructed and hygiene campaigns were conducted to promote a behavioural change towards safer hygiene practices.

When asked if the water sources were enough, she looked and smiled happily; to me the answer was clear.

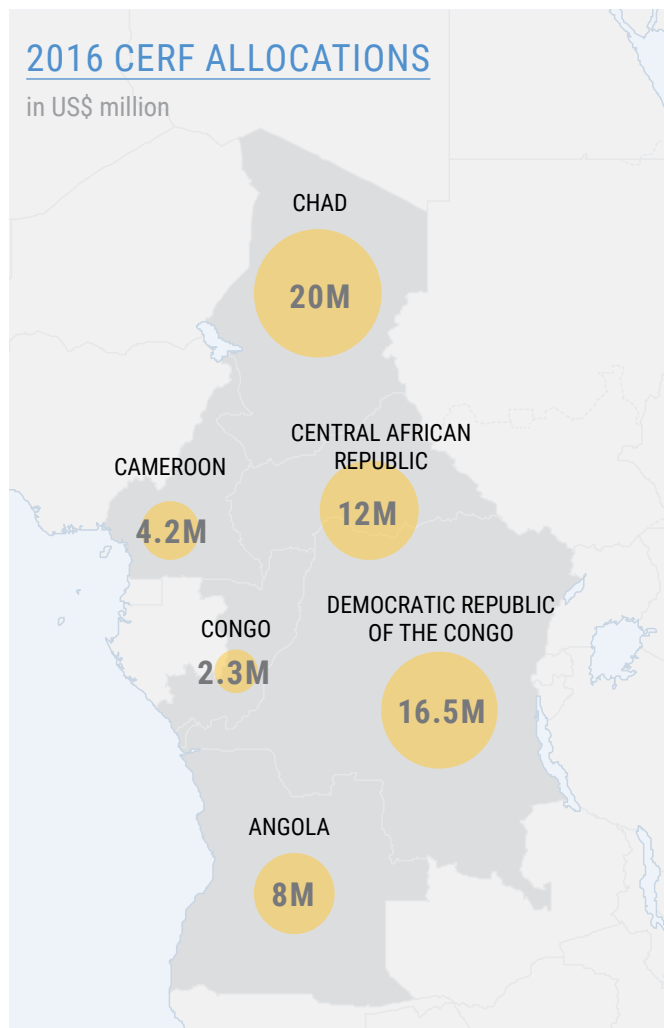


Adam is holding water fetched from the wadi (left) and from the water point (right).
© UNICEF/Bahaji

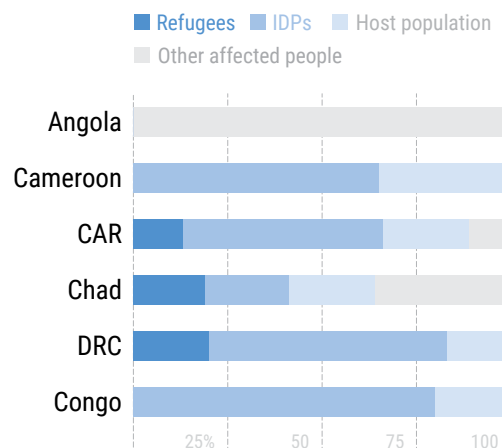
Central Africa

2016 CERF ALLOCATIONS

in US\$ million



PROFILE OF PEOPLE REACHED



In 2016, CERF allocated **\$63 million** to countries in Central Africa, focusing on the provision of life-saving response to situations resulting from regional crises.

The response to the CAR crisis received **\$19 million** in allocations from the Underfunded Emergencies window. This funding included **\$9 million** to CAR to boost the implementation of top priority underfunded humanitarian projects and **\$10 million** to Chad to ensure the continuation of underfunded life-saving projects aiding over 150,000 displaced people from CAR and the communities hosting them.

NUMBER OF PEOPLE REACHED

	Agriculture	Camp Management	Education	Food	Health	Multisector	Nutrition	Protection	Shelter and NFIs	Water and Sanitation
Angola	180,000	-	-	-	2,104,498	-	240,053	-	-	108,790
Cameroon	-	-	-	46,152	40,112	-	-	11,664	-	51,949
Central African Republic	54,500	150,112	2,261	26,039	324,118	4,879	14,353	6,441	81,062	186,059
Chad	139,520	97,705	47,638	237,306	308,969	-	163,578	32,852	100,284	103,441
Democratic Republic of the Congo	47,911	-	40,254	72,219	30,705	56,807	3,430	-	112,406	-
Congo	-	-	-	12,986	19,579	-	-	37,940	14,318	10,630
Grand Total	421,931	247,817	90,153	394,702	2,827,981	61,686	421,414	88,897	308,070	460,869

The Lake Chad Basin crisis received **\$14 million** in allocations from the Rapid Response window. This funding included **\$10 million** to Chad and **\$4.2 million** to Cameroon for immediate responses to critical new needs created by the escalation of Boko Haram-related violence.

The response to the South Sudan crisis received **\$7 million** in allocations from the Rapid Response window. This funding included **\$3 million** to CAR and **\$4 million** to DRC and enabled the provision of immediate life-saving assistance following the sudden influxes of refugees from South Sudan.

CERF funding to the region also included **\$5 million** for life-saving assistance to people affected by droughts in Angola; **\$3 million** for fast response to the yellow fever outbreak in Angola; **\$11 million** to DRC to support key life-saving projects at risk of being scaled back or discontinued due to the lack of funding; **\$1.6 million** to DRC for Rapid Response to the yellow fever epidemic; and **\$2.4 million** to the Republic of Congo for addressing life-saving needs created by post-election violence.

ANGOLA

Allocation	\$5 million - February 2016 Rapid Response
Emergency type	Natural disasters - Drought (El Niño)
Beneficiary type	Affected people (non-displaced)
Implementing organizations	UNICEF, FAO, WHO
	1 national/local NGO
	3 international NGOs
	6 Government entities

Overview of the humanitarian situation

El Niño induced a dire drought in Angola during the second half of 2015, affecting more than 1.5 million people in six provinces. The affected areas were populated by agropastoralist ethnic groups, who seasonally move their livestock from one grazing ground to another seeking water and pasture. The region has experienced drought conditions since the 2011/2012 agricultural season, marked by a combination of rainfall deficits, uneven rain distribution and dry spells. The 2015 El Niño-induced drought led to losses of food, seeds, livelihood assets and livestock (an estimated 360,000 heads of cattle), which further exacerbated the vulnerability of the rural population. In areas with agriculture potential, farmers lost draught animals used for ploughing the fields. The agricultural losses were estimated at 52,000 tons of crops, affecting 82 per cent of the rural population. As a result, approximately 800,000 people were considered food insecure in the three provinces of Cunene, Huila and Namibe. The rates of severe acute malnutrition among children under age 5 increased from 3 to 6 per cent from June to November 2015. Access to safe water and adequate sanitation was also critical. By December 2015, 80 per cent of boreholes were non-functioning and almost all water reservoirs dried up.

CERF-funded assistance provided

In response, CERF allocated **\$5 million** from its Rapid Response window. This funding enabled UN agencies and partners to provide access to safe water sources to **80,000 people**; **access to adequate sanitation facilities to 56,456 people**; livestock inputs benefiting **120,000 people**; seeds and tools to **2,984 families**; access to health care for **48,022 pregnant and lactating women**; nutritional screenings for **83,287 children under age 5**; nutritional treatment to **12,638 severely malnourished children**; and the case management of severely malnourished children with complications, covering **2,080 children**.

CERF's strategic added value

CERF helped respond to time-critical needs and led to fast delivery of assistance to beneficiaries, except for the food security component where funds were allocated too close to the planting season's end and the number of months was too short to follow up with communities until harvesting. CERF partially improved resource mobilization from other sources. For example, UNICEF was able to leverage funding from MAERSK and FAO received funding to implement a similar response in complementary municipalities. CERF improved coordination between the government and the humanitarian community. Regular coordination meetings were set up between government departments, UN agencies, NGOs and the Red Cross.

ANGOLA

Allocation	\$3 million - March 2016 Rapid Response
Emergency type	Disease outbreaks
Beneficiary type	Affected people (non-displaced)
Implementing organizations	WHO

Overview of the humanitarian situation

A yellow fever outbreak was identified in Luanda, Angola, in late December 2015. The outbreak spread quickly to other provinces and was characterized by high case-fatality rates. According to the Government, as of 28 February, there were 634 reported cases and 110 deaths. There was also a growing risk of the outbreak spreading throughout Angola and to other countries. It was necessary to vaccinate, within a short time frame, at least 80 per cent of the population at risk, which left the national capacities overstretched and in need of international assistance.

CERF-funded assistance provided

Due to the urgency of the situation and the lack of other funding sources, CERF allocated **\$3 million** from its Rapid Response window. This funding covered the costs of 2.3 million doses of vaccines, which were used to vaccinate **over 2.1 million people at risk**. According to the implementation reports, the CERF-funded vaccines were crucial in containing the outbreak.

CERF's strategic added value

CERF funds led to fast delivery of assistance and improved resource mobilization from other sources. CERF funds also helped to respond to time-critical needs so that the yellow fever outbreak could be controlled and prevented from spreading further. CERF also improved coordination, in particular between UNICEF and UNDP, but also through improving the relationship between the state coordination mechanism and the international coordination group.

CAMEROON

Allocation	\$4.2 million - September 2016 Rapid Response
Emergency type	Conflict-related and internal strife (Lake Chad Basin crisis)
Beneficiary type	IDPs, host population
Implementing organizations	UNFPA, UNICEF, WFP, WHO 5 national/local NGOs 2 international NGOs 4 Government entities

Overview of the humanitarian situation

In July and August 2016, Boko Haram-related violence intensified at the border between Cameroon and Nigeria, displacing 40,000 people in the Far North region of Cameroon. As a result, by the end of August 2016, there were 180,000 IDPs in the Far North region. The multisectoral assessment conducted after the new wave of displacement revealed a critical humanitarian situation among displaced people. More than 15 per cent of families were separated from at least one family member, 40 per cent of families were food insecure and 33 per cent of displaced people used river water for drinking, exposing them to severe health risks. Displaced people and the vulnerable local population had poor access to basic social services due to the closure of many health centres and schools. The new wave of displacement further aggravated the situation and increased pressure on scarce natural resources.

CERF-funded assistance provided

In response to the deteriorating situation, CERF provided **\$4.2 million** in September 2016 for the immediate delivery of humanitarian assistance to newly displaced people and the most vulnerable host communities. This funding enabled UN agencies and partners to provide interim care to 666 separated children; psychosocial support and learning materials to **10,948 children**; food to **20,000 people**; supplementary feeding to **26,152 children**; access to improved water sources to **25,168 people**; water, sanitation and hygiene kits to **7,697 families**; the construction of 3,206 latrines; emergency health care to **33,672 people**; reproductive health services to **7,029 women and girls**; obstetric kits benefiting **3,000 women and girls**; and dignity kits to **2,450 women and girls**.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries and helped respond to time-critical needs, for example by supporting provision of health care and promotion of good sanitation and hygiene practices in a high-risk epidemic region. CERF also improved resource mobilization from other sources and improved coordination among the humanitarian community through the requirements of the CERF process, resulting in the initiation of regular meetings among the humanitarian community in the Far North of Cameroon.

CENTRAL AFRICAN REPUBLIC

Allocation	\$9 million - September 2016 Underfunded Emergencies	\$
Emergency type	Conflict-related and internal strife	
Beneficiary type	Refugees, IDPs, host population, other affected people	
Implementing organizations	FAO, IOM, UNFPA, UNHCR, UNICEF, WFP, WHO	
	11 national/local NGOs	
	10 international NGOs	
	4 Government entities	
	1 Red Cross/Red Crescent society	

Overview of the humanitarian situation

The complex humanitarian and protection crisis that started in CAR in 2012 continued to intensify in 2016. Violence erupted on a regular basis in several parts of the country, while the crisis remained latent in many other parts, causing defiance and instability. Despite the achievement of key political milestones in 2016, civilians were increasingly attacked, villages were looted and burned, children were abducted, and women and girls were raped by the armed groups. An estimated 2.3 million people needed humanitarian assistance and more than 1.2 million people faced emergency levels of food insecurity (including an estimated 39,000 children under age 5 suffering from severe acute malnutrition). Moreover, there were 384,314 IDPs and 473,400 refugees registered in CAR as of July 2016. However, humanitarian action in 2016 was hampered by a critically low level of funding. As of 18 August, only 23 per cent of funding requirements for humanitarian action in CAR was secured. This funding level was insufficient to ensure the adequate protection of displaced populations and the provision of minimum assistance to people in need.

CERF-funded assistance provided

Consequently, CERF allocated **\$9 million** to CAR from its Underfunded Emergencies window to ensure the continuation of life-saving assistance. This funding allowed UN agencies and partners to provide food to **26,039 people**; therapeutic treatment to **7,244 severely malnourished children** and **7,100 moderately malnourished children**; access to health assistance to **324,118 people**; access to a protection-referral mechanism to **150,112 displaced people**; access to safe water to **176,000 people**; hygiene kits to **16,000 people**; agricultural inputs to **10,900 people**; the reunification of **118 separated children** with their families; child-friendly spaces to **6,122 children**; the identification and separation of **400 children** from armed groups; medical assistance to **484 gender-based violence survivors**; dignity kits to **3,405 women**; shelter kits to **200 families**; and core relief items to **2,262 families**.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries and helped respond to time-critical needs, for example by providing food and shelter assistance and sustaining appropriate access to water and sanitation. While most of the funding was received prior to the CERF allocation, the advocacy efforts in support of the CERF request also supported mobilization of additional funding. CERF improved coordination among the humanitarian community by bringing humanitarian stakeholders around the table to jointly identify priority needs, determine gaps, avoid duplication and clarify areas and sectors for interventions.

Allocation	\$3 million - October 2016 Rapid Response	\$
Emergency type	Conflict-related and internal strife (South Sudan crisis)	
Beneficiary type	Refugees, IDPs, host population, other affected people	
Implementing organizations	UNHCR, UNICEF, WFP	
	1 national/local NGO	
	2 international NGOs	
	2 Government entities	

Overview of the humanitarian situation

The clashes between the armed forces of South Sudan and a group of armed youths in Ezo and South Yubu resulted in a sudden and unexpected influx of South Sudanese refugees to neighbouring Central African Republic (CAR). According to the registration conducted in July 2016 by UNHCR, 4,058 refugees settled in Bambouti, located 4 km from the border with South Sudan. Soon after, refugees started moving to Obo due to security concerns related to Bambouti's proximity to South Sudan. By September 2016, the number of new South Sudanese refugees in Bambouti and Obo rose to 4,931. The Obo region, one of the most vulnerable areas of CAR, hosted 14,038 residents and 8,806 IDPs at the time of the influx. Due to the scarcity of humanitarian funding, South Sudanese refugees received nearly no assistance upon arrival and were in dire need of food, shelter, water and sanitation, protection and health support.

CHAD

CERF-funded assistance provided

Given the critical humanitarian needs among the South Sudanese refugees, CERF allocated **\$3 million** from its Rapid Response window to kick-start the provision of life-saving assistance. This funding enabled UN agencies and partners to provide food for six months to **5,970 people**; core relief items to **1,948 families**; emergency shelter to **1,875 people**; access to primary health care to **4,879 people**; access to safe drinking water to **3,750 people**; hygiene messages to **7,640 people**; psychosocial support to **2,622 children**; the reunification of **83 separated children** with their families; access to a safe and protective learning environment to **2,015 children**; life-skills activities to **989 youths**; and the registration of **4,879 refugees**.

Please refer to the added value description under the Underfunded Emergencies allocation to CAR. The reports for these allocations were merged, with one joint feedback on CERF's added value.

Allocation	\$10 million - August 2016 Rapid Response
Emergency type	Conflict-related and internal strife (Lake Chad Basin crisis)
Beneficiary type	Refugees, IDPs, host population, other affected people
Implementing organizations	IOM, UNFPA, UNHCR, UNICEF, WFP, WHO
	4 national/local NGOs
	6 international NGOs
	2 Government entities
	1 Red Cross/Red Crescent society

Overview of the humanitarian situation

In 2016, violence attributed to Boko Haram continued to cause widespread displacement in Chad. The joint mission that took place in January 2016 in the northern basin of the Liwa-Daboua axis identified 22 sites with an estimated 56,000 newly displaced people. The humanitarian situation in the sites was alarming. The majority of families had fled leaving behind their possessions, and they were in critical need of food, shelter, water and sanitation, health and protection assistance. The displacement crisis was further aggravated by the deteriorating food security situation. The study that took place in March 2016 estimated that 1 million people were severely food insecure in Chad, compared with 600,000 people at the same time the previous year. The reduced food availability resulted from the decline in agricultural production, rising grain prices and deteriorating terms of trade, all linked to the Boko Haram crisis and consequent population displacements.

CERF-funded assistance provided

In response to the rapidly deteriorating humanitarian situation, CERF allocated **\$10 million** to Chad for life-saving assistance to the most vulnerable displaced people and host communities. This funding enabled UN agencies and partners to provide food to **49,741 people**; cash assistance to **47,985 people**; emergency kits and shelter kits to **8,295 families**; improved access to water to **54,235 people**; new access to water to **25,000 people**; improved sanitation to **38,870 people**; sensitization on the basic principles of protection to **15,748 people**; psychosocial support to **6,244 children**; treatment to **13,262 malnourished children**; information on infant and young-child nutrition to **13,262 women**; registration and profiling for **42,753 displaced people**; health-promotion messages to **19,889 people**; measles vaccinations for **10,345 children**; reproductive health services to **8,161 women**; and dignity kits to **2,000 women and girls**.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries as agencies could use their existing stocks as soon as projects were approved, knowing they would be replenished by CERF. CERF helped respond to time-critical needs and improved resource mobilization from other sources, especially for UNFPA, UNICEF and WFP. CERF also improved coordination among the humanitarian community allowing partners to jointly consider new needs and the required deployment.

CHAD

Allocation	\$10 million - September 2016 Underfunded Emergencies	\$
Emergency type	Conflict-related and internal strife	
Beneficiary type	IDPs, host population, other affected people	
Implementing organizations	FAO, IOM, UNFPA, UNHCR, UNICEF, WFP, WHO 6 national/local NGOs 7 international NGOs 3 Government entities 1 Red Cross/Red Crescent society	

Overview of the humanitarian situation

By mid-2016, 3.9 million people were affected by humanitarian emergencies in Chad, including 3.77 million people who were food insecure, 728,000 children under age 5 suffering from acute malnutrition and 400,000 refugees displaced from neighbouring countries. According to the prioritization of needs carried out by the Chad Humanitarian Country Team, the emergency related to displacement from the Central African Republic (CAR) was the highest humanitarian priority. The escalation of the political and humanitarian crisis in CAR, which started in December 2013, forced thousands of people to flee the country. By mid-2016, 73,000 refugees from CAR and 83,000 Chadian citizens who had lived in CAR sought refuge in Chad, putting pressure on an already vulnerable population in the southern part of the country.

CERF-funded assistance provided

Given the critical humanitarian needs and very low funding level (at mid-2016 only 14 per cent of that year's funding requirements were covered), CERF allocated **\$10 million** from its Underfunded Emergencies window to Chad for life-saving assistance to host communities and the population displaced from CAR. This funding enabled UN agencies and partners to provide food to **41,299 people**; food assistance through cash transfers to **76,639 people**; agricultural inputs to **15,414 people**; improved access to health services to **222,994 people**; sustainable access to water to **35,600 people**; hygiene-promotion messages to **49,206 people**; treatment to **6,384 severely malnourished children**; supplementary food to **16,183 moderately malnourished children**; education spaces to **8,591 children**; education and recreational materials to **47,060 children**; hygiene kits to **3,036 girls**; protection messages to **41,842 children**; emergency shelters to **463 families**; cash-for-work assistance to **500 people**; and air services supporting humanitarian operations.

CERF's strategic added value

CERF partially led to fast delivery of assistance to beneficiaries. Strategic and operational changes arising during implementation made extensions of the food security, nutrition and shelter projects necessary. CERF helped respond to time-critical needs and improved resource mobilization, for example for UNICEF's education, water and sanitation, and nutrition activities. CERF also improved coordination among the humanitarian community.



Women and girls at Kobiteye returnee site in Chad await vouchers for cash-based food distribution organized by WFP.

© OCHA/Naomi Frerotte

CONGO

Allocation	\$2.4 million - November 2016	
	Rapid Response	
Emergency type	Conflict-related and internal strife	
Beneficiary type	IDPs, host population	
Implementing organizations	UNFPA, UNHCR, UNICEF, WFP, WHO	
	3 international NGOs	

Overview of the humanitarian situation

The Republic of Congo faced post-electoral violence following the re-election of President Denis Sassou-Nguesso on 20 March 2016. The opposition contested the election results, leading to tensions and violent confrontations. On 4 April 2016, an armed group attacked southern Brazzaville, which resulted in a large population displacement towards the northern part of the city. Soon after, the security forces launched a counteroffensive. The armed confrontations that followed drastically affected the civilian population and resulted in several more waves of displacement. By November 2016, there were 12,986 displaced people who urgently needed food, water, shelter and medical supplies. Given the economic crisis related to the decline of oil prices, the Government was unable to respond to these needs and international funding was critically required.

CERF-funded assistance provided

Consequently, CERF allocated **\$2.4 million** from its Rapid Response window for immediate life-saving action. This funding enabled the UN and partners to provide food to **12,986 people**; nutritional screenings for **10,630 children**; nutritional treatment to **101 severely malnourished children**; psychosocial support to **4,747 people**; protection to **1,488 children**; improved access to water and sanitation to **10,630 people**; dignity kits to **5,729 women**; awareness-raising on gender-based violence to **11,072 people**; emergency assistance to **58 survivors of gender-based violence**; improved access to reproductive health services to **8,019 people**; relief items to **6,493 people**; shelter assistance to **7,790 people**; and improved access to health care benefiting **19,479 people**.

CERF's strategic added value

CERF partially led to fast delivery of assistance to beneficiaries, representing the first external funding to kick start activities in the Pool department. CERF helped respond to time-critical needs and improved resource mobilization from other sources by helping to raise the profile of the crisis that previously had not received much donor attention. CERF also improved coordination among the humanitarian community.

DEMOCRATIC REPUBLIC OF THE CONGO

Allocation	\$1.6 million - July 2016
	Rapid Response
Emergency type	Disease outbreaks
Beneficiary type	IDPs, host population
Implementing organizations	UNICEF, WHO
	1 national/local NGO
	3 Government entities
	1 Red Cross/Red Crescent society

Overview of the humanitarian situation

DRC experienced a major yellow fever epidemic following the influx of people seeking treatment from Angola. The epidemic was declared in Angola in January 2016, and the first case in DRC was recorded at the Lufu border crossing on 28 February 2016. Subsequently, the number of reported cases in DRC continued to increase, leading the Ministry of Health to declare a yellow fever outbreak on 23 April 2016. By 23 June, 68 confirmed cases, 1,307 suspected cases and 75 deaths were reported. In total, 60 health zones in six provinces were affected, which is just over 10 per cent of the total number of health zones in DRC. There was a high risk of the epidemic spreading to other provinces and outside DRC. The porous border between Angola and DRC, as well as frequent cross-border population movements, largely contributed to the spread of the disease. The size of the epidemic and the scope of the required response far exceeded the sizes of yellow fever outbreaks in the past 10 years. Following the trend of the outbreak, an estimated 10,474,988 people were at high risk. The Government requested international assistance to respond to the epidemic, as its capacity was stretched beyond its limits and there was an urgent need to act immediately to contain the outbreak.

CERF-funded assistance provided

In response, CERF allocated **\$1.6 million** from its Rapid Response window for timely life-saving assistance. This funding enabled UN agencies and partners to provide surveillance and early warning tools to cover **10,474,988** at-risk people; community mobilization and advocacy campaigns, reaching an estimated **8,163,557 people** with messages on yellow fever prevention; training for **360 health-care providers**; emergency kits to manage **3,363 yellow fever cases**; and treatment for all yellow fever cases in 45 prioritized health districts.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries, helping to kick start the response immediately after the government's declaration of the emergency, in an area where humanitarian actors had not been present. CERF helped respond to time-critical needs as it enabled humanitarian actors to meet the limited window of time for preventing the spread of the yellow fever epidemic. CERF improved resource mobilization from other sources, for example from the Japanese Government and the Red Cross, and improved coordination among the humanitarian community. For example, in Kinshasa, three groups of local-level mayors were set up and united civil and religious authorities in a coordination structure to ensure follow up of prevention actions.

DEMOCRATIC REPUBLIC OF THE CONGO

Allocation	\$11 million - September 2016 Underfunded Emergencies	
Emergency type	Conflict-related and internal strife (South Sudan crisis)	
Beneficiary type	Refugees, IDPs, host population	
Implementing organizations	FAO, UNHCR, UNICEF, WFP	
	4 national/local NGOs	
	7 international NGOs	
	5 Government entities	

Overview of the humanitarian situation

In 2016, DRC remained one of the world's most complex and protracted humanitarian crises, with 7.5 million people in need of humanitarian assistance due to armed conflict in the east, food insecurity, limited basic social services, localized natural disasters and disease outbreaks. According to the 2016 Humanitarian Needs Overview, the humanitarian situation was the most severe in the eastern part of the country, where there were over 1.6 million IDPs. More than 50 armed groups were operating in DRC, most of which were also concentrated in the eastern part of the country.

Since the beginning of 2016, the humanitarian situation had steadily deteriorated in two geographical areas: the South Irumu – Nord Kivu line, where a resurgence of armed groups caused numerous mass-scale displacements, and in Dungu territory, which had received an influx of nearly 12,000 refugees fleeing the conflict in South Sudan. Displaced populations were particularly vulnerable and their arrival further destabilized the already fragile situation of host communities.

CERF-funded assistance provided

In view of the critical, large-scale humanitarian needs and only 22 per cent funding for the DRC Humanitarian Response Plan at mid-2016, CERF allocated **\$11 million**

from its Underfunded Emergencies window, which supported life-saving humanitarian operations in Dungu and the South Irumu – Nord Kivu line. This funding enabled UN agencies and partners to provide food to **45,129 people**; nutritional assistance to **5,397 malnourished children** and **573 pregnant women**; information on nutritional practices to **4,808 caregivers**; relief items to **87,724 people**; multisectoral cash assistance to **35,858 people**; education materials to **27,696 children**; childhood development kits to **1,001 children**; agricultural inputs to **4,206 families**, allowing for the improvement of agricultural production; agricultural kits and trainings to **2,000 families**; cash-for-work programmes to **1,978 people**; transitional shelters to **3,576 families**; food to **14,981 refugees**; sensitization on gender-based violence prevention to **19,966 people**; medical care to **90 gender-based violence survivors**; reproductive health services to **350 women**; access to safe water to **26,660 people**; emergency shelters to **12,216 people**; treatment to **401 malnourished children**; and registration for **11,966 refugees**.

CERF's strategic added value

CERF partially led to fast delivery of assistance to beneficiaries with some delays experienced due to the security situation and difficulties in identifying capable implementing partners on the ground. CERF helped respond to time-critical needs, for example providing agricultural support during the second planting season and enabling fast registration of refugees. CERF improved resource mobilization from other sources with USAID and ECHO providing funding following the CERF allocation. CERF also improved coordination, in particular between UNHCR, FAO and the national refugee commission, but also by involving the protection cluster in the response.

Allocation	\$4 million - December 2016 Rapid Response	
Emergency type	Conflict-related and internal strife (South Sudan crisis)	
Beneficiary type	Refugees, host population	
Implementing organizations	FAO, UNFPA, UNHCR, WFP, WHO	
	3 national/local NGOs	
	3 international NGOs	

Overview of the humanitarian situation

The escalation of violent clashes in South Sudan on 10 and 11 September 2016 created another massive wave of population displacement. According to UNHCR's data, between the end of August and 22 November, 35,327 people fled South Sudan to the Democratic Republic of the Congo (DRC), raising the number of South Sudanese refugees in DRC to 64,369. The majority of new refugees were stranded in the border areas, which exposed them to security risks, and they settled in makeshift settlements with little or no access to health, water and sanitation services. Consequently,

the Government authorities identified four new sites where refugees could be hosted in a safer environment and have access to basic services. UNHCR started to relocate refugees at the beginning of November, but critical funding gaps affected the timely completion of the operation.

CERF-funded assistance provided

In response, CERF allocated **\$4 million** to ensure the timely relocation of South Sudanese refugees to safer locations. This funding enabled UN agencies and partners to relocate **24,516 people** and provide them with shelter, food, water and sanitation, health and cash assistance. It also enabled them to provide agricultural inputs benefiting **8,575 people**; treatment to **1,250 malnourished children** and **1,004 malnourished pregnant and lactating women**; medical and psychosocial care to **4,796 victims of SGBV**; dignity kits to **1,000 women and girls**; and assistance in child delivery and infant care to **962 women**.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries, as it was the only mechanism that allowed quick access to funds in the face new needs. CERF partially helped respond to time-critical needs. While CERF supported the establishment of essential assistance infrastructure in new areas, the funding was not enough to cover all required inputs and staff. CERF improved resource mobilization from other sources by giving visibility to the crisis and enabling agencies to better quantify needs. CERF also improved coordination among the humanitarian community, enabling OCHA and UNHCR to clarify mechanisms for operational and strategic coordination as well as operational follow up.



Joseph, 32, a refugee from Tore (Central Equatoria, South Sudan) arrived in DRC together with his 11 month-old nephew Runi. They were fleeing violence against civilians in their home region. © UNHCR/Kirchhof

Aid and shelter to South Sudanese refugees in DRC

Since mid-2016, the Democratic Republic of the Congo (DRC) has seen a strong increase in the arrival of refugees from South Sudan. Many of the new arrivals were exhausted and still under shock from the atrocities they had witnessed in their home areas. They camped out in the open, lacking food, shelter and health care, when UNHCR teams first met them in remote border areas in DRC.

One of the refugees UNHCR workers talked to was Joseph, 32. He held his 11-month old nephew Runi on his arm while recounting their flight: "We walked through the forest for seven days, and we had to carry Runi and the other kids on our shoulders. It was very difficult."

Joseph was forced to flee his home in South Sudan when soldiers infiltrated his city. "When they come, you need to run. You hide with your children in the bush. But in the bush, there is no hospital, nothing. I wanted the children to be safe, so we came here." Behind Joseph, dozens of women, men and children sat under a large tree. The group did not know where to find shelter.

With the support of CERF emergency funding, UNHCR has been able to set up two refugee sites in north-eastern DRC. The group with whom Joseph had arrived was transferred to Meri site (Haut-Uele Province). By March 2017, Meri hosted over 17,000 refugees. A smaller site in Biringi (Ituri Province) hosted close to 2,000 refugees, while transfers from the border areas where ongoing.

Thanks to CERF funding, the refugees received support to construct temporary shelter. They now have access to clean water and food assistance. In the longer term, they will be increasingly able to cater for themselves, as UNHCR and the authorities facilitate their access to farming land.

Three little children brush their teeth at a water point in Kigoma, Tanzania. New and rehabilitated water systems improve access to water and sanitary conditions.

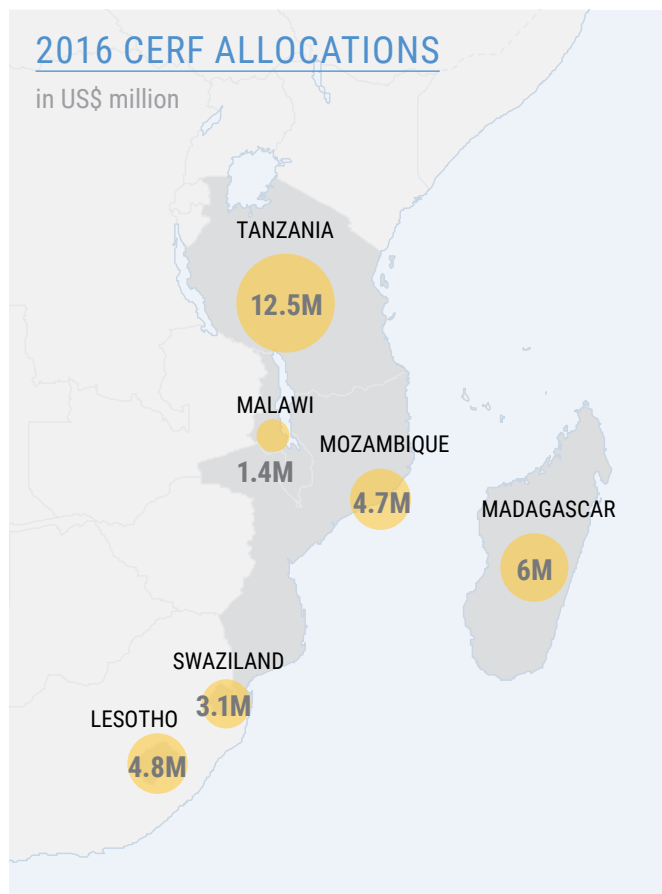
© UN/Julie Pudlowski



Southern Africa

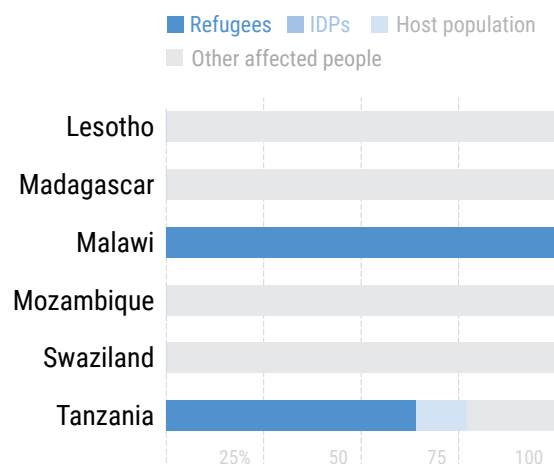
2016 CERF ALLOCATIONS

in US\$ million



In 2016, CERF allocated **\$32.5 million** for life-saving humanitarian action in Southern Africa, of which **\$20.5 million** was for responses to natural disasters and **\$11.8 million** was for assistance to refugee situations created by conflicts and internal strife.

PROFILE OF PEOPLE REACHED



CERF funding in response to natural disasters included **\$19 million** for life-saving assistance to people affected by droughts in Lesotho, Madagascar, Mozambique and Swaziland; and **\$1.5 million** for priority humanitarian action in response to an earthquake in Tanzania.

While CERF funding in response to man-made disasters included **\$1.4 million** for life-saving assistance to 12,000 people, who fled Mozambique to Malawi following the escalation of conflict between Government forces and a rebel movement; and **\$10.4 million** for priority humanitarian assistance to over 200,000 Burundian refugees and their host communities in Tanzania.

NUMBER OF PEOPLE REACHED

	Agriculture	Education	Food	Health	Nutrition	Protection	Shelter and NFIs	Water and Sanitation
Lesotho	105,875	-	131,595	50,722	38,664	-	-	61,475
Madagascar	187,620	-	187,620	600,000	81,873	-	-	52,360
Malawi	-	-	8,304	1,262	-	-	3,135	-
Mozambique	111,375	-	105,600	-	13,959	-	-	77,960
Swaziland	-	-	71,565	-	-	-	-	86,190
Tanzania	-	11,423	201,962	861,535	-	231,649	415,234	246,102
Grand Total	404,870	11,423	706,646	1,513,519	134,496	231,649	418,369	524,087

LESOTHO

Allocation	\$4.8 million - March 2016	\$
	Rapid Response	
Emergency type	Natural disasters - Drought (El Niño)	
Beneficiary type	Affected people (non-displaced)	
Implementing organizations	UNICEF, FAO, WFP, WHO	
	2 international NGOs	
	2 Government entities	

Overview of the humanitarian situation

In 2015 and 2016, Lesotho experienced its most severe drought in the past 35 years. The prolonged drought followed a poor 2015 agricultural season and was compounded by a weak South African rand and overall food shortages in the region. Consequently, the food security situation largely deteriorated in the first half of 2016. The January/February needs assessment indicated that 534,000 people (38 per cent of the rural population) were food insecure. This number further increased to 679,437 (48 per cent of the rural population), as indicated by the May/June assessment. According to the Ministry of Water, more than 302,000 people needed water. Due to the delayed onset of rains by up to 40 days, most farmers did not plant for the 2016 agricultural season. This resulted in a 68 per cent decrease of maize production compared with 2015.

CERF-funded assistance provided

In response, CERF allocated **\$4.8 million** from its Rapid Response window for the implementation of life-saving activities. This funding enabled UN agencies and partners to provide food assistance through cash transfers to **121,145 people** and through food transfers to **10,450 people**; agricultural inputs to **105,875 people**; therapeutic nutritional support to **4,402 severely malnourished children**; water purification tablets to **12,295 households (61,475 people)**; and health-care inputs benefiting approximately **50,000 people**.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries, kick starting humanitarian activities in Lesotho, and helped respond to time-critical needs. For example, CERF enabled the timely provision of agricultural inputs so that farmers could meet the planting window. Projects raising awareness on clean and safe water helped prevent outbreaks of water-borne diseases. CERF also improved resource mobilization from other sources and improved coordination among the humanitarian community. Through the joint deliberation of priorities during the CERF application process, sectoral coordination was fostered, including with government ministries and implementing partners.

MADAGASCAR

Allocation	\$6 million - April 2016	
	Rapid Response	
Emergency type	Natural disasters - Drought (El Niño)	
Beneficiary type	Affected people (non-displaced)	
Implementing organizations	FAO, UNFPA, UNICEF, WFP, WHO	
	19 national/local NGOs	
	1 international NGO	
	5 Government entities	
	1 Red Cross/Red Crescent society	

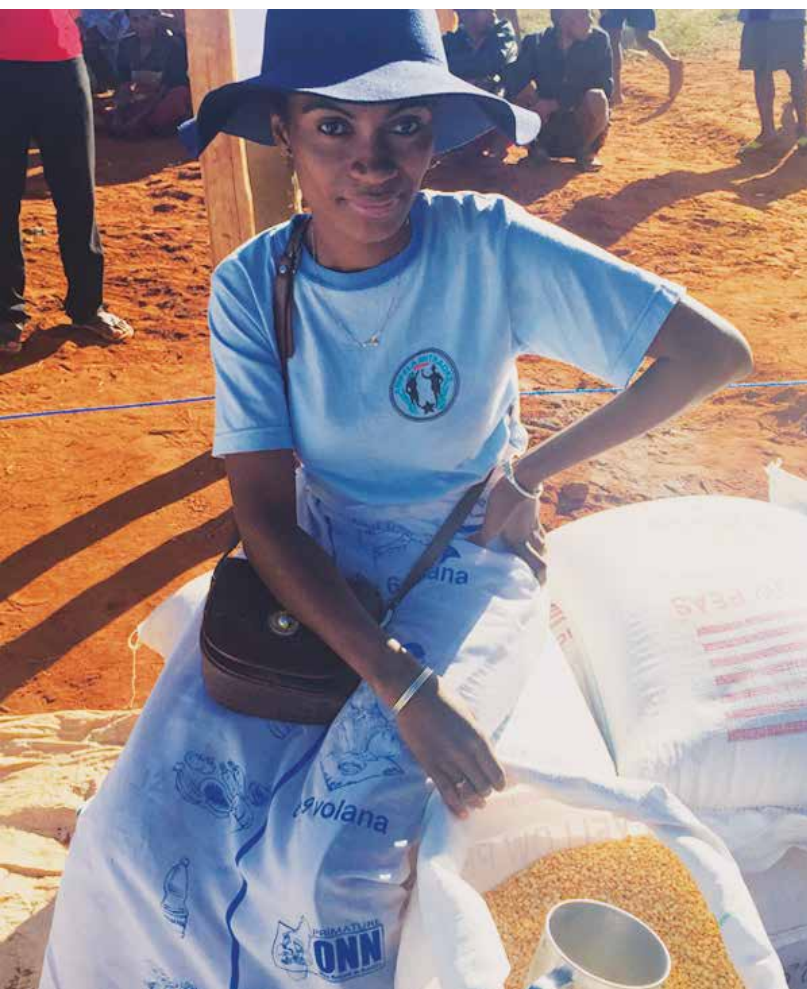
Overview of the humanitarian situation

Madagascar experienced a long period of drought in 2015 and 2016, which led to significant losses in agricultural production and a slow-onset humanitarian emergency. A prolonged rain deficit caused large shortfalls in major food crops in the south, such as maize, cassava and rice. Apart from having a severe impact on livestock and agricultural production, the drought also caused a spike in the cost of water, resulting in an alarming decrease of water consumption among vulnerable communities. According to information collected by UNICEF, the price of 20 litres of water increased in 2016 from Ar200 to Ar1,400 in the most affected areas. As a result, the most vulnerable people in rural areas had to pay up to 28 times more for water than the people in urban areas. Three joint needs assessments conducted between January and February 2016 indicated that the number of people who were food insecure in southern Madagascar increased to 1.1 million (665,000 of whom were found to be severely food insecure). Moreover, 22,520 children under age 5 were found to be suffering from moderate acute malnutrition and 5,212 children from severe acute malnutrition.

CERF-funded assistance provided

Due to the significant deterioration of the humanitarian situation and a critical funding shortage, CERF allocated **\$6 million** from its Rapid Response window for life-saving response. This funding enabled UN agencies and partners to provide food assistance to **187,620 people**; treatment to **5,413 severely malnourished children under age 5** and **20,650 moderately malnourished children under age 5**; agricultural inputs to **20,518 families**; a sufficient quantity of potable water to **52,000 people**; water filters to **26,060 people**; and improved access to health care to **120,000 people**.

MALAWI



In southern Madagascar, CERF funded emergency food assistance and support for households facing severe food insecurity due to the impact of El Niño. © OCHA/ Laila Bourhil

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries, for example, enabling the procurement of medicine for immediate distribution to health centers and hospitals. CERF also helped respond to time-critical needs, providing pregnant women suffering from malnutrition with much needed food items and strengthening the surveillance system for epidemics. As the Government did not declare an emergency, the CERF allocation helped mobilize funding from other sources. CERF also improved coordination among the humanitarian community. For example, following the CERF allocation the food security and livelihood sub cluster was activated.

Allocation	\$1.4 million - August 2016	⌘
	Rapid Response	
Emergency type	Conflict-related and internal strife	
Beneficiary type	Refugees	
Implementing organizations	UNHCR, UNICEF, WFP	
	3 international NGOs	

Overview of the humanitarian situation

Since mid-2015, approximately 12,000 people have fled Mozambique to neighbouring Malawi following the escalation of conflict between Government forces and the Renamo rebel group. The highest numbers of new arrivals were recorded in January and February 2016, peaking at 300 people per day in mid-February. The majority of refugees initially settled along the border line with some 13,000 host-community members. To address the unfolding humanitarian crisis, the Government of Malawi decided to reopen Luwani refugee camp to host the refugees in safer conditions. Luwani camp hosted Mozambican refugees during the 1977-1992 civil war and was eventually closed in 2007. The humanitarian community began relocating refugees to the camp in mid-April 2016. Preliminary reports indicated that there were critical needs for shelter, food, water, health and protection assistance among refugees.

CERF-funded assistance provided

In response, CERF provided **\$1.4 million** from its Rapid Response window for the immediate implementation of top priority projects. This funding enabled UN agencies and partners to provide food to **8,304 people**; shelter assistance and core relief items to **600 families (3,135 people)**; and nutritional screenings, health treatment and measles immunizations for **622 children under age 5**.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries and helped respond to time-critical needs, for example, averting outbreaks of measles and preventing the escalation of acute malnutrition among children under five years of age. CERF improved resource mobilization, making it easier for organizations to lobby for funds to complement the ongoing CERF-funded efforts. CERF also improved coordination among the humanitarian community.

MOZAMBIQUE

Allocation	\$4.7 million - March 2016 Rapid Response
Emergency type	Natural disasters - Drought (El Niño)
Beneficiary type	Affected people (non-displaced)
Implementing organizations	UNICEF, FAO, WFP 6 national/local NGOs 2 international NGOs 21 Government entities

Overview of the humanitarian situation

In 2015 and 2016, Mozambique faced a severe El Niño-related drought. The southern regions and parts of the country's central regions received less than 50 per cent of the average rainfall, which severely affected agricultural production. Assessments conducted in January 2016 showed that about 525,178 ha of farmland were affected, which impacted 260,730 people. By April 2016, the situation significantly deteriorated with the loss of 875,818 ha of crops affecting approximately 464,879 people. The assessments also indicated that the drought had a particularly serious impact on the nutritional status of children: an estimated 72,374 malnourished children needed emergency assistance.

CERF-funded assistance provided

In view of the significant deterioration of emergency and widespread humanitarian needs, CERF allocated **\$4.7 million** from its Rapid Response window for life-saving action. This funding enabled UN agencies and partners to provide food assistance to **105,600 people**; agricultural inputs to **22,275 families**; nutritional screenings for **6,758 children** and treatment to **616 children with acute malnutrition**; nutritional support to **7,201 pregnant and lactating women**; a water supply to **13,258 people**; water treatment tablets to **23,960 people**; water storage supplies to **14,025 people**; and public information messages on water, sanitation and hygiene.

CERF's strategic added value

CERF led to fast delivery of assistance in the Water and Sanitation sector thanks to timely disbursement of funds that enabled fast procurement of supplies and contracting of implementing partners. However, in the nutrition sector, high demand limited the availability of super cereal, leading to some delays in delivery of assistance. CERF helped respond to time-critical needs, for example, by ensuring critical water supply through water trucking. CERF also improved resource mobilization. For example, WFP was able to advocate for additional funding given that the CERF-funded interventions had improved the capacity for scale up. CERF improved coordination among the humanitarian community. For instance, the food security cluster became more active with the arrival of CERF funding.

SWAZILAND

Allocation	\$3.1 million - March 2016 Rapid Response
Emergency type	Natural disasters - Drought (El Niño)
Beneficiary type	Affected people (non-displaced)
Implementing organizations	UNICEF, WFP 1 national/local NGO 3 international NGOs

Overview of the humanitarian situation

In 2015 and 2016, Southern Africa experienced the driest agricultural season of the past 35 years. For those two consecutive years, Swaziland was one of the most affected countries in the region. Between October 2015 and February 2016, rainfall in the country was 42 per cent lower than in the same period in the previous season, and 51 per cent lower as compared with two years prior. The drought resulted in significant losses of crops and poor pasture conditions, which negatively affected the food security situation. In past years, most households in the drought-affected areas were able to produce approximately half of their yearly food requirements and purchase another half to fill the gap. However, in 2016, three quarters of the households produced less than two months' worth of their food requirements. The results of the July 2016 Swaziland Vulnerability Analysis Committee assessment indicated that 350,000 people needed emergency food assistance.

CERF-funded assistance provided

In view of the crisis, CERF provided **\$3.1 million** from its Rapid Response window to launch the life-saving response. This funding enabled UN agencies and partners to provide emergency food to **71,565 people**; access to safe drinking water to **25,030 people**; water treatment kits to **1,760 households (8,800 people)**; safe drinking water to **20,903 children** and **976 teachers** through water trucking to **68 schools**; and hygiene and sanitation promotion activities benefiting **16,063 children**.

CERF's strategic added value

CERF helped respond to time-critical needs and led to fast delivery of assistance to beneficiaries, enabling the UN agencies to be among the first partners to respond to urgent needs. For example, within 30 days of the CERF start date UNICEF signed an agreement with World Vision who could start implementation immediately. The ability to demonstrate results achieved with CERF funding provided a basis for leveraging additional funding for the Water and Sanitation response to scale up emergency interventions. CERF also improved coordination among the humanitarian community by ensuring that partners discussed priorities and the strategic direction of the response. The requirements of the CERF application process strengthened Water and Sanitation sectoral assessment processes and ensured better identification of needs and targeting of the response.

TANZANIA

Allocation	\$11 million - March 2016 Underfunded Emergencies
Emergency type	Conflict-related and internal strife (Burundi crisis)
Beneficiary type	Refugees, host population, other affected people
Implementing organizations	IOM, UN Women, UNFPA, UNHCR, UNICEF, WFP, WHO
	3 national/local NGOs
	5 international NGOs
	1 Government entity
	1 Red Cross/Red Crescent society

Overview of the humanitarian situation

Since the civil unrest began in Burundi in April 2015, more than 240,000¹ people had fled to Tanzania, making it the largest host of Burundian refugees in the region. Prior to the influx, Tanzania had one refugee camp (Nyarugusu), which was established in 1996 and hosted 60,000 primarily Congolese refugees. Due to the large numbers of refugee arrivals from Burundi in 2015 and 2016, Nyarugusu camp quickly exceeded its maximum capacity. This had negative consequences on living conditions, dignity and the protection of refugees in the camp. It also resulted in tensions between the pre-influx refugee population and the new arrivals from Burundi. Two former refugee camps were reopened (Mtendeli and Nduta) to decongest Nyarugusu camp and host new arrivals. By the end of 2016, each camp hosted 85,000 and 55,000 refugees respectively, which also exceeded their capacities. Insufficient space and shelters, lack of basic relief items, and poor water and sanitation conditions resulted in life-threatening situations and great psychological distress in all three camps.

1 Figures from 5 March 2017

Allocation	\$1.5 million - October 2016 Rapid Response
Emergency type	Natural disasters - Earthquake
Beneficiary type	Affected people (non-displaced)
Implementing organizations	IOM, UNICEF
	1 national/local NGO
	3 Government entities
	1 Red Cross/Red Crescent society

Overview of the humanitarian situation

On 10 September 2016, a 5.9-magnitude earthquake hit north-west Tanzania, causing widespread damage to housing and infrastructure. The joint needs assessment

CERF-funded assistance provided

The humanitarian needs of the Burundian refugees in Tanzania in 2016 were critical, but response programmes were largely underfunded, which undermined humanitarian actors' ability to deliver life-saving assistance. Consequently, CERF allocated **\$11 million** from its Underfunded Emergencies window to ensure the continuation of life-saving operations. This funding enabled UN agencies and partners to provide food to **201,962 people**; a maintained and increased supply of potable water to **204,102 people**; sanitary materials to **54,865 people**; 11,190 community latrines and bathing cubicles; tents to **1,000 families**; shelter materials benefiting **10,000 families**; core relief items to **8,000 people**; emergency protection, including SGBV services, to **16,368 women and girls**; safe transport to **30,000 people**; treatment to **1,723 malnourished children under age 5**; and chlorine-based water tablets benefiting 514,285 people.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries as it enabled UN agencies to expand their interventions to respond to the newly arriving refugees. CERF also helped respond to time-critical needs at a time when the refugee situation received less and less donor attention. CERF partially improved resource mobilization from other sources. WFP was able to use the CERF contribution to request forward loans from WFP headquarters and start food procurement early. For UNHCR, CERF funding complemented the identified requirements, but did not assist with further fundraising. CERF improved coordination among the humanitarian community as agencies and implementing partners worked together in the prioritization process, developed joint projects and jointly prepared the CERF report. CERF funding helped agencies to be more predictable in their funding of implementing partners, which also improved coordination.

undertaken by the Government, UN agencies and NGOs indicated that 117,721 people lost their houses, and many of those people were forced to live in the open air without basic assistance. Protection risks were exacerbated by damaged schools, which would otherwise provide shelter to the affected population. In Bukoba municipality, up to 70 per cent of primary schools and 36 per cent of secondary schools were damaged. Stress and signs of trauma were evident among the affected people, who found themselves in critical need of humanitarian assistance.

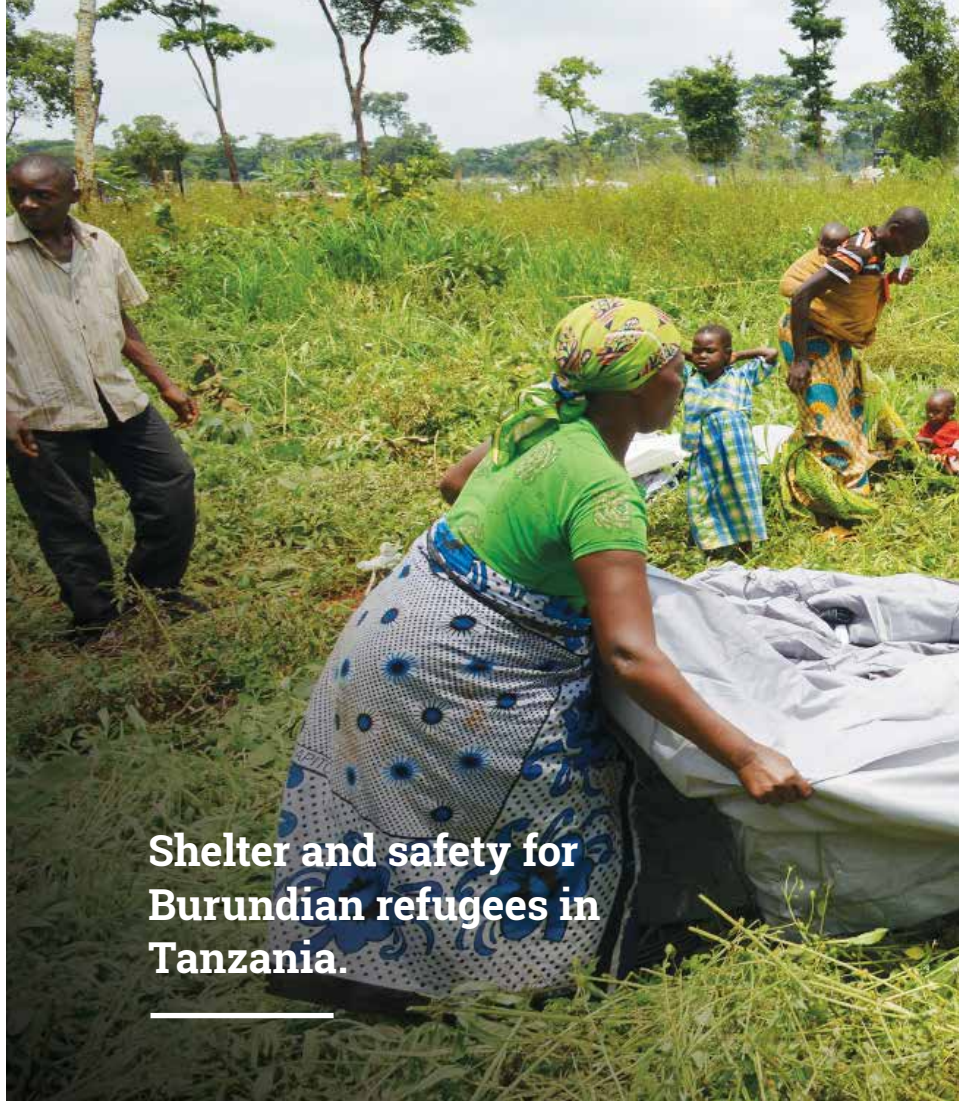
CERF-funded assistance provided

In response, CERF provided **\$1.5 million** for the rapid implementation of life-saving assistance. This funding enabled UN agencies and partners to provide shelter to

1,244 people; shelter kits to **1,580 families;** core relief items to **3,182 families;** water storage supplies and chlorine tablets to **9,715 families;** protection and education assistance benefiting **16,500 children;** and improved sanitation and hygiene to **6,000 children.**

CERF's strategic added value

CERF partially led to fast delivery of assistance to beneficiaries. Resources for the earthquake response were very limited, so CERF funding enabled interventions that would not have been possible otherwise. However, as the national authorities requested the rehabilitation of a special needs school instead of construction of temporary learning spaces, projects became delayed. According to the RC/HC report, CERF also partially helped respond to time-critical needs and improved resource mobilization from other sources. Following the rehabilitation of the school with CERF funding, various organizations began to provide complementary support. CERF improved coordination among the humanitarian community as UN agencies worked together to develop a joint proposal and report. At local and regional level, the CERF allocation led to collaboration between authorities, implementing partners and UN agencies as they planned and worked together, minimizing duplication.



Shelter and safety for Burundian refugees in Tanzania.

In 2016, CERF, through its Underfunded Emergencies window, provided funding to UNHCR Tanzania for interventions in the areas of Protection, Water and Sanitation (WASH), Shelter and Non-Food Items (NFIs) to support refugees from Burundi. Following pre-election violence that had broken out in Burundi in April 2015, high numbers of Burundians were crossing the border seeking safety in the north-western part of Tanzania. New arrivals were initially hosted in the only existing refugee camp called Nyarugusu. The camp already hosted 65,000 persons before April 2015, mainly from the Democratic Republic of the Congo. The camp quickly ran out of capacity prompting the opening of two new camps, Nduta and Mtendeli, both located in Kibondo District, not very far from the Burundian border.

In early October 2015, Alphonse and Nathalie had to flee their home in Makamba Province in Burundi with their two young children as they were afraid to be persecuted due to family ties with politicians from the opposition. They had no time to pack their belongings and were too worried to say goodbye



Alphonse helping to set up tents for newly arriving refugees.
© UNHCR/S.Rich

even to their long-time neighbours. The situation was so tense that no one was trusting anyone anymore. In the middle of the night they started their journey by foot towards the Tanzania border, carrying Bernadette (3 years old) and Edouard (2 years old) in their arms. In Tanzania, they first stayed in a reception centre waiting to be transferred to a camp. Due to the high number of newly arriving refugees, the pre-existing Nyarugusu camp reached its limit and a new camp had to be opened in October 2015, in Nduta. Nathalie and her family were among the first to get a plot in the new camp in Nduta where they set up their emergency shelter provided thanks to CERF funding.

An emergency shelter is made of some wooden poles from local trees and covered with plastic sheets. Nathalie and her family particularly appreciated the safety and privacy of their own shelter. With the help from CERF, UNHCR was able to provide such emergency tents to almost 9,500 Burundian families. Besides the emergency tents, CERF helped to provide NFIs

such as cooking sets, mosquito nets, sleeping mats, water buckets, jerry cans and blankets to meet the families' basic needs. A total of 131,646 Burundian refugees were reached with the contributions received through CERF.

The plot that Nathalie and Alphonse got has very fertile soil, so they started creating a vegetable garden and planting some banana trees to keep them busy but also to provide some additional nutritious food intake to complement the food rations they receive from the World Food Programme. Despite the calm and the security in the Nduta camp in Tanzania, the family dreams about going back to their own home in Burundi. Nathalie wishes for Bernadette and Edouard to grow up in their own country, to be able to go to school and live in peace and harmony with their neighbours. Nathalie said: "I am worried about my family back in Makamba. If I knew they are alive and doing okay, I would be very happy, but I haven't heard from them for weeks. I am scared to receive bad news one day."

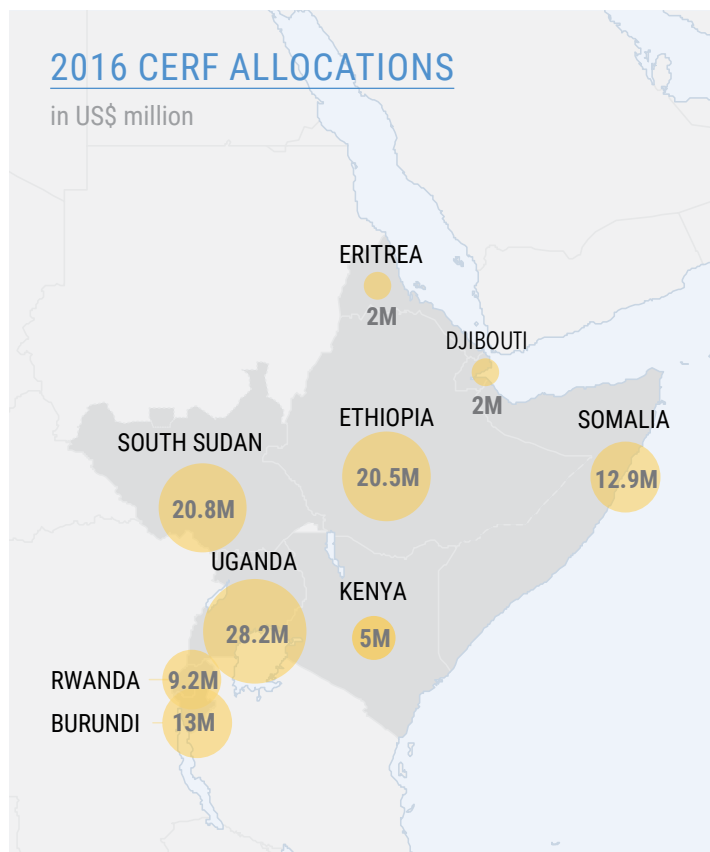


Seed distribution in Ethiopia.
© GOAL/ Anteneh Tadele

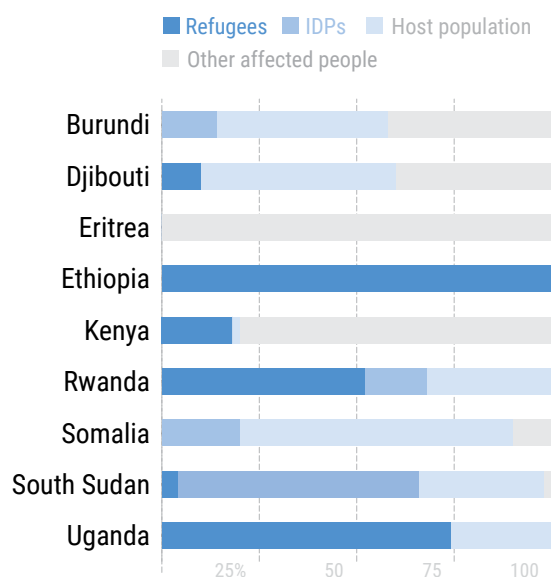
Eastern Africa

2016 CERF ALLOCATIONS

in US\$ million



PROFILE OF PEOPLE REACHED



NUMBER OF PEOPLE REACHED

	Agriculture	Camp Management	Education	Food	Health	Multisector	Nutrition	Protection	Shelter and NFIs	Water and Sanitation
Burundi	85,150	-	-	129,860	946,279	-	42,899	242,569	103,246	28,654
Djibouti	5,580	-	-	23,240	20,983	-	4,481	-	-	8,640
Eritrea	-	-	-	-	633,400	2,239	38,350	-	-	-
Ethiopia	-	-	-	80,000	338,823	39,052	121,833	338,823	354,990	241,893
Kenya	-	-	-	82,294	460,200	84,983	26,344	-	-	-
Rwanda	25,902	-	-	189,834	134,764	63,073	-	-	8,320	25,000
Somalia	100,444	-	-	34,272	138,000	-	46,897	-	-	323,800
South Sudan	187,699	32,090	19,120	187,699	157,226	13,585	14,744	51,282	32,014	181,145
Uganda	49,750	-	-	670,907	938,554	1,097,242	-	574,110	94,461	116,601
Grand Total	454,525	32,090	19,120	1,398,106	3,768,229	1,300,174	295,548	1,206,784	593,031	925,733

In 2016, CERF allocated **\$113.6 million** to provide life-saving assistance in response to humanitarian crises in Eastern Africa. The majority of this funding, **\$92 million**, was provided in response to large-scale population displacement driven by conflicts and internal strife, while **\$22 million** was for priority interventions in response to natural disasters.

More than half of all CERF funding to the region, **\$68 million**, was provided to Ethiopia, Kenya, South Sudan and Uganda for life-saving response to the displacement resulting from the South Sudan crisis.

Another **\$24 million** was provided to address critical humanitarian needs of Sudanese refugees in South Sudan, IDPs in Burundi, and Burundian and Congolese refugees in Rwanda.

Of the funding for response to natural disasters, **\$15 million** was provided for drought response in Djibouti, Eritrea and Somalia; **\$1 million** for response to a measles outbreak in Kenya; **\$4.2 million** for response to landslides and flooding in Rwanda; and **\$1.9 million** for response to Acute Watery Diarrhoea (AWD) and cholera in Somalia.

BURUNDI

Allocation	\$13 million - March 2016	\$
	Underfunded Emergencies	
Emergency type	Conflict-related and internal strife (Burundi crisis)	
Beneficiary type	IDPs, host population, other affected people	
Implementing organizations	FAO, IOM, OHCHR, UNFPA, UNHCR, UNICEF, WFP, WHO	
	7 national/local NGOs	
	14 international NGOs	
	3 Government entities	
	1 Red Cross/Red Crescent society	

Overview of the humanitarian situation

The political crisis that began in April 2015 increasingly affected Burundi's population in 2016. As per the 2016 Humanitarian Response Plan, an estimated 1.1 million people required protection and humanitarian assistance. The worsening socioeconomic conditions, reduced access to basic services, insecurity and natural disasters resulted in the deterioration of the humanitarian situation. The escalation of violence also led to large population displacements. At the beginning of 2016, there were 25,081 IDPs in Burundi and 239,754 Burundian refugees in neighbouring countries.

CERF-funded assistance provided

Widespread humanitarian needs continued in 2016, but recorded international donor funding to Burundi covered only 22 per cent of 2015 requirements. Consequently, CERF allocated **\$13 million** to Burundi in March 2016 from its Underfunded Emergencies window. This funding allowed for the continuation of life-saving projects, and it enabled UN agencies and partners to provide food to **129,860 people**; treatment to **19,727 malnourished children**; supplementary feeding to **13,292 women and children**; medical services to **118,146 people**; emergency care to 396 violence-injured patients; access to safe water to 28,654 people; agricultural inputs to 20,040 families; protection services to 10,000 people; shelter kits and relief items to 6,407 people; hygiene kits to 9,150 families; dignity kits to 5,859 women; and the documentation of 4,515 human rights violations.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries, being one of the very few funding sources available and enabling agencies to start activities upon approval of projects, even before funds were disbursed. CERF helped respond to time-critical needs. For example, emergency reproductive health interventions contributed to alleviating the suffering and death of mothers and newborns as well as the consequences of gender-based violence. CERF helped some agencies to mobilize additional funds. In the case of OHCHR, CERF highlighted the relevance of protection activities, which prompted other donors, including the Peacebuilding Support Office and the European Union, to provide additional funding for protection work. By enabling the deployment of additional personnel with humanitarian expertise in a development-focused context, CERF helped to strengthen sector coordination and data collection and analysis.

DJIBOUTI

Allocation	\$2 million - April 2016 Rapid Response	\$
Emergency type	Natural disasters - Drought (El Niño)	
Beneficiary type	Refugees, host population, other affected people	
Implementing organizations	UNICEF, FAO, IOM, WFP, WHO 4 national/local NGOs 2 international NGOs 2 Government entities	

Overview of the humanitarian situation

Between November 2015 and March 2016, Djibouti was confronted with the arrival of 7,500 nomadic pastoralists from the Somali Region of Ethiopia fleeing from one of the harshest droughts in the last decades. Given the severity of the drought in Ethiopia (10.2 million people affected), those numbers were expected to increase considerably over the following months, thus increasing the impact on already vulnerable host communities. The new arrivals indicated that they intended to stay in Djibouti until the situation improved, which meant they would not return before the next rainy season in July 2016. The new arrivals lost many of their livestock, were malnourished and had severe health problems, including measles. Pregnant women and children under age 5 showed signs of acute malnutrition and anemia. The influx of these vulnerable people put serious pressure on the country's already fragile health system, scarce natural resources and the availability of water points. Djibouti had been facing drought for years, leading to an erosion of people's coping mechanisms and a deterioration of the humanitarian situation.

CERF-funded assistance provided

In response, CERF allocated **\$2 million** for top priority humanitarian interventions to save lives and restore the health of arriving people and affected host populations. This funding enabled UN agencies and partners to provide food to **23,240 people**; supplementary feeding to **1,813 moderately malnourished women and children under age 5**; therapeutic treatment to **178 severely malnourished children**; micronutrient powders and vitamin A supplementation to **813 children**; sensitization for **1,012 women** on child-feeding practices; access to health services to **2,383 people**; measles vaccinations for **4,460 children**; heads of livestock, supplementary feed and veterinary drugs to **580 families**; cash assistance and agricultural tools to **350 families**; sanitation and hygiene kits to **360 families**; and awareness-raising on sanitation and hygiene to **6,000 people**.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries and helped respond to time-critical needs, for example through provision of Water and Sanitation services that helped mitigate escalation of potential acute watery diarrhea and through replenishment of therapeutic food stocks. CERF did not improve resource mobilization from other sources (no information provided as to why), but improved coordination among the humanitarian community, which was able to intervene more efficiently and target specific constituencies.

The barren environment of Obock, Djibouti. Migrants cross this terrain on foot from Ethiopia (a 4 week walk) to reach the Djibouti coast and try to Yemen. © : OCHA/Tamara van Vliet



ERITREA

Allocation	\$2 million - September 2016	\$
	Underfunded Emergencies	
Emergency type	Conflict-related and internal strife	
Beneficiary type	Affected people (non-displaced)	
Implementing organizations	UNFPA, UNHCR, UNICEF, WHO	
	2 Government entities	

Overview of the humanitarian situation

Recurrent drought and the residual effects of the border conflict with Ethiopia are underlying causes of vulnerability in Eritrea. Two thirds of the population rely on subsistence farming and pastoralism for livelihoods, rendering them vulnerable to climate variability. In a year of good agricultural production, Eritrea can produce an estimated maximum of 70 to 80 per cent of the annual cereal requirements. In a bad year, it can be as little as 20 to 30 per cent. El Niño, which disrupted rainfall patterns in 2015 and 2016, led to several consecutive poor harvests in Eritrea. However, the exact severity of the food shortfall could not be determined in the absence of recent assessment data. The latest official nutrition information from the Eritrea Population and Health Survey was conducted in 2010. The survey showed an increasing trend across all three child-nutritional status indicators (stunting, wasting and underweight).

CERF-funded assistance provided

CERF allocated **\$2 million** to Eritrea from its Underfunded Emergencies window to enable the continuation of life-saving programmes. This funding allowed UN agencies and partners to provide supplementary food to **29,980 people**; safe drinking water to **1,500 people**; nutritional support to **1,342 pregnant and lactating mothers**; treatment to **277 malnourished children**; health-promotion messages to **150,000 people**; and improved access to health services for **633,400 people**.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries at a time when little other funding was available and helped respond to time-critical needs, for example, by ensuring that supplementary feeding supplies, water and sanitation services were available in time during the lean season. CERF improved resource mobilization, allowing agencies to scale up response activities in other parts of the country. CERF also improved coordination among the humanitarian community with regular monitoring meetings held and reports shared.

ETHIOPIA

Allocation	\$11 million - March 2016
	Underfunded Emergencies
Emergency type	Conflict-related and internal strife (South Sudan crisis)
Beneficiary type	Refugees
Implementing organizations	IOM, UNHCR, UNICEF, WFP
	1 national/local NGO
	1 international NGO
	3 Government entities

Overview of the humanitarian situation

Violence and insecurity in South Sudan, which started in December 2013, resulted in a steady influx of South Sudanese refugees to Ethiopia. By the beginning of 2016, Ethiopia hosted 281,471 South Sudanese refugees, the majority of whom were in six refugee camps in the Gambella region. Ethiopia opened its border, but South Sudanese refugees had limited or no access to productive assets and were entirely dependent on humanitarian assistance. The drastic increase in the number of refugees in the region put a lot of pressure on the Government's capacity to provide basic social services in affected areas. Refugees and host communities suffered from limited access to health facilities, shortage of water and sanitation infrastructure, and a lack of schools. The level of global acute malnutrition in refugee camps ranged from 10 per cent in Okugo camp to 28 per cent in Tierkidi camp.

CERF-funded assistance provided

The levels of vulnerability among South Sudanese refugees and host communities were alarming, but the response activities were critically underfunded. Consequently, CERF allocated **\$11 million** from its Underfunded Emergencies window to Ethiopia to allow for the continuation of life-saving interventions to **338,823 people**. This funding enabled UN agencies and partners to provide access to safe water, sanitation and hygiene to **172,243 people**; health services, NFIs and protection to **338,823 people**; access to sanitation facilities to **3,280 people**; food to **40,000 people**; supplementary feeding to **9,500 women and children**; nutritional screening and vitamin A supplementation to **105,857 children**; treatment to **1,900 malnourished children**; treatment against parasites to **72,580 children**; the registration of **59,780 refugees**, including screening for specific needs and vulnerabilities; and the relocation of **42,971 people**.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries and helped respond to time-critical needs such as the installation of a water supply system and procurement of food commodities. CERF improved resource mobilization from other sources by giving agencies more time for fundraising and kick starting the response at the same time. CERF improved coordination among the humanitarian community, helping to ensure complementary and avoid duplication.

ETHIOPIA

Allocation	\$9.5 million - October 2016	§
	Rapid Response	
Emergency type	Conflict-related and internal strife (South Sudan crisis)	
Beneficiary type	Refugees	
Implementing organizations	IOM, UNHCR, UNICEF, WFP	
	1 national/local NGO	
	4 international NGOs	
	2 Government entities	

Overview of the humanitarian situation

The eruption of fighting in Juba on 8 July 2016 caused another wave of population displacement in South Sudan and across the borders. By 3 September 2016, over 40,000 new refugee arrivals from South Sudan were recorded in Ethiopia, the majority of whom were women and children (87 per cent). An average of 1,000 South Sudanese asylum seekers arrived daily at the Pagak reception centre, which had limited services available. Refugees were arriving with little or no belongings, having walked for several days through insecure areas, while all shelters in all six camps on the Ethiopian side of the border were occupied. To accommodate new arrivals, UNHCR established a new camp called Nguenyiel, adjacent to Kule and Tierkidi camps in Gambela. This influx was sudden and unexpected—the Regional Refugee Response Plan included projections of only 3,500 new arrivals from South Sudan in 2016. Consequently, additional funding was urgently needed to respond to the critical needs of newly arriving refugees.

CERF-funded assistance provided

In view of the emergency, CERF allocated **\$9.5 million** from its Rapid Response window for life-saving assistance. This funding enabled UN agencies and partners to provide food to **40,000 people**; blanket supplementary feeding to **12,500 women and children**; treatment to **680 severely malnourished children**; emergency shelter to **9,675 families**; improved access to safe water to **40,000 people**; core relief items to **29,436 people**; medical consultations to **25,000 people**; the registration of **39,062 people**; the identification of **1,724 unaccompanied children**; transport for **18,413 people**; vitamin supplementation to **11,159 children**; deworming services to **8,264 children**; measles vaccinations for **21,408 people**; and polio vaccinations for **23,242 people**.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries and helped respond to time-critical needs. For example, provision of Vitamin A supplementation and deworming was one of the key interventions to strengthen children's ability to fight diseases and treat worm infestations. CERF improved resource mobilization from other sources for several agencies. For instance, UNICEF was able to demonstrate effectiveness of the interventions, which helped to attract other donors. CERF also improved coordination among the humanitarian community through joint proposal development, implementation and reporting.

Refugee children from South Sudan in Gambella, Ethiopia.
© UNHCR/Rika Hakozaiki



KENYA

Allocation	\$4 million - March 2016 Underfunded Emergencies	§	Allocation	\$1 million - April 2016 Rapid Response
Emergency type	Conflict-related and internal strife (South Sudan crisis)		Emergency type	Disease outbreaks
Beneficiary type	Refugees, host population		Beneficiary type	Affected people (non-displaced)
Implementing organizations	UNICEF, WFP, UNFPA, UNHCR, WHO 3 international NGOs 1 Government entity		Implementing organizations	UNICEF, WHO 2 Government entities

Overview of the humanitarian situation

In 2016, violence and insecurity in South Sudan continued to cause a large influx of South Sudanese refugees to Kakuma camp in Turkana County, Kenya. At the beginning of 2016, 184,550 people were living in the camp, 93,413 of whom were South Sudanese refugees. It was estimated that an additional 9,000 South Sudanese would arrive in 2016. The health and nutrition status of refugees arriving from South Sudan was poor and the majority of them required life-saving interventions from the onset. However, Kakuma camp had already largely exceeded its capacity, which led to congestion and put a lot of pressure on infrastructure and the provision of basic services. The results of the survey conducted in November 2015 indicated a deterioration in the camp's nutrition situation, with a global acute malnutrition rate of 11.4 per cent, compared with 7.4 per cent in November 2014.

CERF-funded assistance provided

Providing assistance to refugees in Kakuma camp was one of the key humanitarian priorities, but only 23 per cent of the 2015 funding requirements for South Sudanese refugees in Kenya had been received. Consequently, CERF allocated **\$4 million** to enable the continuation of life-saving projects for refugees in Kakuma camp. This funding allowed UN agencies and partners to provide food to **82,924 people**; screenings and vaccinations for **5,122 newly arrived refugees**; nutritional screenings for **2,143 children under age 5**; treatment referrals for **256 malnourished children**; nutrition education to **634 pregnant and lactating women**; HIV/AIDS interventions benefiting **15,659 people**; reproductive health services benefiting **5,102 people**; and access to primary health-care services to **84,983 people**.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries and helped respond to time-critical needs. CERF improved resource mobilization from other sources, for example from USAID and Japan. UNHCR was also able to demonstrate to its regular donors that efforts were being made to secure additional funds for the Kakuma programme which supported fundraising efforts targeting both governmental and EU donors. CERF also improved coordination among the humanitarian community by promoting a consultative prioritization process and regular meetings among partners throughout the implementation period.

Overview of the humanitarian situation

Mandera County in Kenya began reporting suspected measles cases on 16 December 2015. The disease spread quickly and more than 145 new cases were reported in March 2016 alone. The population of Mandera and bordering areas mostly comprises nomadic people, who frequently move from one place to another, which causes high risks of disease spread. Measles outbreaks are a major humanitarian concern, since they can cause high mortality rates and severe complications among children, especially if the situation is compounded by malnutrition. At the time of the outbreak, Mandera County had global acute malnutrition rates of 24.7 per cent and severe acute malnutrition rates of 3.7 per cent (both above the emergency threshold). There was an urgent need to conduct the vaccination campaign, but Mandera's health-care system was overstretched and unable to adequately respond to the outbreak.

CERF-funded assistance provided

Given the time-critical nature of the emergency, CERF provided **\$1 million** from its Rapid Response window for immediate humanitarian response. This funding enabled UN agencies and partners to coordinate humanitarian actors; conduct a successful community-mobilization campaign; procure vaccines and medical supplies; deploy **350 health teams**; vaccinate **387,119 children** and provide them with vitamin A supplementation; and conduct a final evaluation of the intervention.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries as it led the Ministry of Health to quickly release routine immunization stocks knowing that these would be replenished with CERF funding. CERF helped respond to time-critical needs, supporting activities in time so that measles transmission could be disrupted. CERF also improved resource mobilization from other sources and improved coordination among the humanitarian community and also with political and religious leaders in support of the vaccination campaign.

RWANDA

Allocation	\$4.2 million - July 2016 Rapid Response	\$
Emergency type	Natural disasters - Flood	
Beneficiary type	IDPs, host population	
Implementing organizations	FAO, IOM, UNDP, UNFPA, UNICEF, WFP, WHO 1 international NGO 1 Government entity 1 Red Cross/Red Crescent society	

Overview of the humanitarian situation

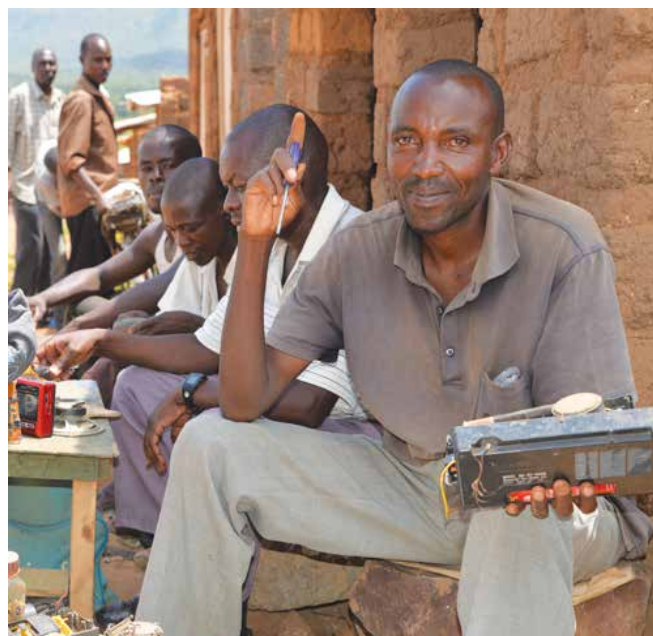
From 7 to 9 May 2016, Rwanda was affected by a series of landslides and flooding, which occurred in the Gakenke, Muhanga and Ngororero districts. The landslides and flooding were triggered by torrential rains resulting from El Niño and La Niña. The disasters resulted in the loss of 50 lives, the destruction of 2,317 houses and partial destruction of 1,500 houses, and the displacement of approximately 6,000 households. A further 80,000 households were affected by widespread damages of agricultural land, loss of livestock and disruption of infrastructure. Crop damage occurred just before the harvest season in June and was expected to cause food insecurity in the following three to six months. A high percentage of the population of the affected districts was identified as poor and extremely poor, hence many households had little or no capacity to cope with the disasters. The joint needs assessment conducted by the Government and UN agencies between 15 and 22 June identified critical needs for food, water and sanitation, shelter, basic relief items and health assistance among displaced people and the host population.

CERF-funded assistance provided

In view of the emergency, CERF allocated **\$4.2 million** from its Rapid Response window for the immediate implementation of life-saving response. This funding enabled UN agencies and partners to provide food to **57,585 people**; shelter materials to **1,864 families**; basic relief items to **1,264 families**; improved access to maternal and reproductive health services to **16,850 women**; improved access to health services to **20,000 people**; a cash-for-work land rehabilitation programme engaging **4,317 people**; the restoration of basic infrastructure benefiting **16,934 people**; and the rehabilitation of a water supply system benefiting **25,000 people**.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries as agencies could kick-start activities upon approval of CERF grants and before fund disbursement. CERF helped respond to time-critical needs, for example providing shelter in time before the start of the heavy rainy season. CERF improved resource mobilization from other sources, including the Government of Rwanda and bilateral donors. CERF also improved coordination among the humanitarian community by encouraging UN agencies to work together based on comparative advantages and catalyzing Government efforts.



Despite significant hardships, Burundian refugees are demonstrating entrepreneur spirit in Mahama refugee camp.

© UNHCR/Eugene

RWANDA

Allocation	\$5 million - September 2016 Underfunded Emergencies	\$
Emergency type	Conflict-related and internal strife (Burundi crisis)	
Beneficiary type	Refugees	
Implementing organizations	UNFPA, UNHCR, UNICEF, WFP, WHO 1 national/local NGO 4 international NGOs	

Overview of the humanitarian situation

In mid-2016, there were 169,244 refugees and asylum seekers in Rwanda, the majority of whom originated from Burundi and DRC. Refugees from DRC fled their country due to conflicts in two major waves, the first in the mid-1990s and the second in 2012/2013. Refugees from Burundi arrived in a sudden mass influx in 2015 due to election-related violence. Of the 169,244 refugees, 135,685 lived in six camps and the remaining refugees lived in urban areas, where they were mainly self-reliant. According to the results of joint assessments and nutrition surveys, the refugees living in camps relied almost entirely on humanitarian assistance for survival. Due to the chronic underfunding of the protracted Congolese refugee situation and the low level of funding for response to the refugee influx from Burundi, there were critical gaps in the provision of life-saving assistance to refugees in Rwanda in 2016. Of the \$152 million required for 2016, only 25 per cent was funded by the end of August.

CERF-funded assistance provided

In view of critically low funding levels and large-scale humanitarian needs, CERF allocated **\$5 million** from its Underfunded Emergencies window in August 2016 to ensure the continuation of life-saving assistance to refugees in Rwanda. This funding enabled UN agencies and partners to provide food to **132,249 people** (including to **46,000 people through cash assistance**); supplementary food to 10,559 pregnant and lactating women and **11,311 children under age 2**; family shelters to **24,836 people**; temporary shelter support to **1,843 families**; improved sanitation to 53,858 people; improved disease surveillance and response benefiting **53,858 people**; access to improved latrines to **3,520 people**; vaccinations for **6,986 children** and **1,557 pregnant women**; and improved access to family planning methods, antenatal care services and youth-friendly services in Kigeme and Mahama camps.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries thanks to its fast application process and helped respond to time-critical needs of the Burundian refugees. CERF improved resource mobilization from other sources as it helped raise the visibility and interest for the refugee response, but also from agencies' core funds. CERF improved coordination among the humanitarian community, especially at sector level, through the required process of prioritization.

SOMALIA

Allocation	\$11 million - March 2016 Rapid Response	\$
Emergency type	Natural disasters - Drought (El Niño)	
Beneficiary type	IDPs, host population, other affected people	
Implementing organizations	UNICEF, FAO, UNFPA, IOM, WFP, WHO 25 national/local NGOs 6 international NGOs 7 Government entities 1 Red Cross/Red Crescent society	

Overview of the humanitarian situation

2016 was a particularly difficult year for parts of northern Somalia, as seven regions in Puntland and Somaliland experienced severe drought conditions linked to El Niño. The limited pasture and water availability, an outbreak of contagious caprine pleuropneumonia (CCPP) and increased livestock offtake led to a sharp decline in livestock holdings, particularly among poor households. The crisis was further compounded by the near-total failure of cereal production (87 per cent below the five-year average). An estimated 385,000 people (11,000 in emergency and 374,000 in crisis) were adversely affected and in critical need of humanitarian assistance. The burden on malnourished children increased steadily throughout the year in all affected zones, with reported rising levels of global acute malnutrition. Health facilities also recorded an increased incidence of diseases associated with lack of water, including AWD, respiratory infections, skin diseases and febrile illnesses.

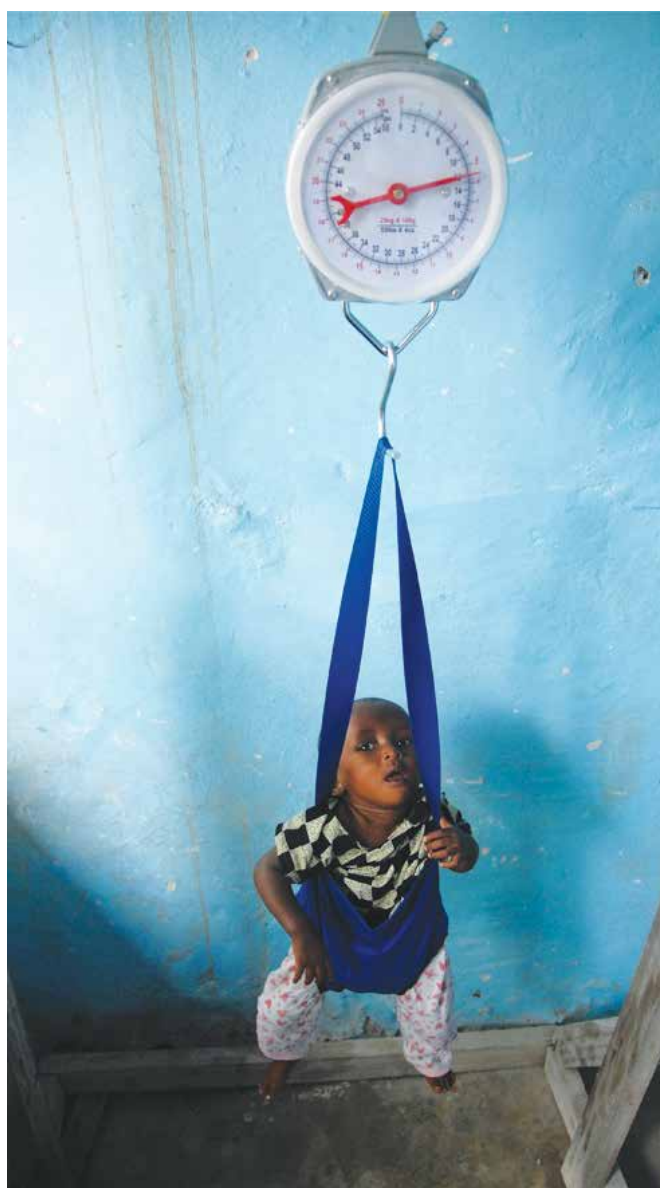
CERF-funded assistance provided

In response, CERF allocated **\$11 million** for scaling up humanitarian action in affected areas. These resources were allocated at a critical time during the rapidly deteriorating emergency and were one of the first funds available towards new needs. These funds enabled UN agencies and partners to provide cash transfers to **5,712 households (34,272 people)** covering their food needs; hygiene kits and access to safe water to **224,000 people**; nutrition support through targeted supplementary feeding to **10,755 children under age 5** and **12,801 pregnant and lactating women**; medical supplies to health facilities, benefiting an estimated **103,000 people**; access to maternal and newborn health services to **6,691 pregnant women**; and CCPP vaccinations for **2,990,822 goats** belonging to **99,694 households**.

SOMALIA

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries, thanks to quick disbursement of funding within three to four days of grant approvals, and helped respond to time-critical needs. CERF improved resource mobilization as several agencies reported receiving funding from other donors to complement the CERF-funded projects. CERF also improved coordination among the humanitarian community as agencies jointly prioritized target areas and populations, and continued to share information on project activities throughout the implementation period. This helped avoid overlaps and duplication.



A little child is weighed in Somalia. © OCHA/Matija Kovač

Allocation	\$1.9 million - June 2016 Rapid Response
Emergency type	Disease outbreaks
Beneficiary type	IDPs, host population
Implementing organizations	UNICEF, WFP, WHO 5 national/local NGOs 2 international NGOs

Overview of the humanitarian situation

There was a major spike in acute watery diarrhoea (AWD) and cholera cases in southern and central Somalia in the first half of 2016. By the end of May, 8,838 cases were reported, compared with 5,257 cases in 2015 overall. The case-fatality rate of 4.98 per cent was more than double the WHO emergency threshold. Cases were confirmed in 11 districts, including in areas where there had been no AWD/cholera in the previous two years. Access to safe drinking water, a key requirement in containing the outbreak, remained a major challenge in the affected locations. The outbreak control was further compounded by inadequate sanitation facilities and limited awareness of safe hygiene practices. Without an urgent intervention, the outbreak was likely to quickly spread. Health, sanitation and hygiene supplies were available to cover an estimated caseload of 500 severe and 12,000 moderate cases, but the projections of 75,000 cases over the coming months necessitated a large and rapid scale up of the response.

CERF-funded assistance provided

In view of the emergency, CERF allocated **\$1.9 million** for life-saving interventions in the critical four-month window following the outbreak. This funding enabled UN agencies and partners to provide access to safe water to **56,000 people**; treatment to **35,000 people**; hygiene kits to **5,700 families (34,200 people)**; case-management training to **280 health workers**; and AWD/cholera-prevention messages to **400,000 people**. The case-fatality rate dropped from 4.98 per cent at the time of the CERF application to 1.25 per cent at the end of the project implementation, with CERF-funded activities playing a key role in containing the outbreak.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries, for example allowing UNHAS to prioritize and fast track all cholera response requests. CERF helped respond to time-critical needs, helping to avoid an expansion of the outbreak as well as an increase in malnutrition rates. CERF also improved resource mobilization from other sources and improved coordination among the humanitarian community.

SOUTH SUDAN

Allocation	\$14.8 million - April 2016 Rapid Response
Emergency type	Conflict-related and internal strife (South Sudan crisis)
Beneficiary type	IDPs, host population, other affected people
Implementing organizations	FAO, IOM, UNFPA, UNICEF, WFP, WHO 4 national/local NGOs 12 international NGOs

Overview of the humanitarian situation

Despite the signing of the peace agreement in August 2015, violence and conflict continued across South Sudan and spread to places previously considered stable. In February 2016, violence escalated in multiple locations. In Jonglei, fighting displaced more than 37,500 people. In Malakal, a UN Protection of Civilians site was attacked, resulting in the deaths of at least 35 people and the displacement of more than 30,000. In Western Equatoria, fighting between local youths known as Arrow Boys and the Sudan People's Liberation Army (SPLA) displaced more than 10,000 people. And in Western Bahr El Ghazal, tens of thousands of people were displaced due to clashes between SPLA and non-State armed groups.

An initial needs assessment highlighted serious protection concerns in each location, including sexual violence, harassment, abductions and separation of children from their families. Health conditions worsened, with a dramatic increase of malaria cases, acute respiratory infections and measles. In Western Bahr El Ghazal and Western Equatoria, people were unable to access land and plant crops due to insecurity, which further disrupted livelihoods and increased food insecurity. The Integrated Food Security Phase Classification updates in June and August 2016 indicated that between 4.3 million and 4.4 million people (about 37 per cent of the country's population) were severely food insecure—the highest level of hunger recorded in South Sudan since the conflict began.

CERF-funded assistance provided

In response, CERF allocated **\$14.8 million** for comprehensive life-saving assistance to the most vulnerable people. This funding enabled UN agencies and partners to provide appropriate living spaces for **17,285 people** without shelter; emergency shelter materials benefiting **12,485 people**; communal shelter materials benefiting **4,800 people**; food to **44,000 people**; emergency livelihoods assistance to **143,000 people**; emergency health care



The conflict in South Sudan has taken a brutal and deadly toll on civilians. Malakal, South Sudan. © OCHA/Charlotte Cans

to **157,226 people**; malaria case management covering 86,250 children; antenatal care for **41,032 pregnant women**; clean delivery kits benefiting **5,000 women**; immunization services benefiting over **40,000 children**; nutrition assistance to **14,744 acutely malnourished women and children**; targeted supplementary feeding to **5,744 pregnant and lactating women** with moderate acute malnutrition; protection assistance to **51,282 people**; access to safe water, sanitation and hygiene to **181,145 people**; emergency items to **131,000 people**; education assistance benefiting **19,120 children**; and the restoration of the Protection of Civilians site in Malakal benefiting **32,027 people**.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries and helped respond to time-critical needs, for example by supporting distribution of emergency livelihood kits during the dry season. However, delays in the processing of some project proposals meant that the time-critical construction of a health facility had to be funded through other sources as CERF funding came too late. CERF did not directly improve resource mobilization, but CERF being the main source of funding for the response helped the HC to encourage donors to step up their bilateral commitments. CERF improved coordination among the humanitarian community as discussions on the prioritization of the CERF allocation were extended to the rest of the response.

SOUTH SUDAN

Allocation	\$6 million - March 2016 Rapid Response
Emergency type	Conflict-related and internal strife
Beneficiary type	Refugees
Implementing organizations	UNHCR 1 national/local NGO 4 international NGOs

Overview of the humanitarian situation

In November 2015, the Government of South Sudan decided to close Yida refugee camp by mid-2016, a year earlier than planned. Considering the unanticipated acceleration of the timeline, urgent funding was needed to expedite the setting up of a new site in Pamir and the relocation of Sudanese refugees from Yida. At the end of 2015, Yida refugee camp hosted an estimated 70,000 Sudanese refugees who lived in overcrowded conditions and were exposed to security concerns. By June 2016, the number of refugees in Yida had slowly decreased to 59,291 people who were facing severe risks related to the camp's imminent closure.


CERF-funded assistance provided

In view of the life-threatening and time-critical consequences of the unfolding emergency, CERF allocated **\$6 million** from its Rapid Response window for immediate humanitarian action. This funding enabled UN agencies and partners to prepare adequate facilities in Pamir camp to accommodate **20,000 people**; set up reception centres; provide shelter, relief items, primary health care and a water supply to **13,585 relocated and newly displaced refugees**; and provide access to primary education to **7,000 refugee children**.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries and helped respond to time-critical needs, providing food, shelter and other core relief items for new refugees who arrived with almost no belongings and who had been trekking for days. CERF improved resource mobilization from other sources as funding could be raised for projects complementary to those funded by CERF. CERF also improved coordination among the humanitarian community as CERF-funded partners ensured to attend weekly inter-agency coordination meetings organized by UNHCR.

UGANDA

Allocation	\$10.3 million - September 2016	
	Rapid Response	
Emergency type	Conflict-related and internal strife (South Sudan crisis)	
Beneficiary type	Refugees, host population	
Implementing organizations	UN Women, UNFPA, UNHCR, UNICEF, WFP, WHO 16 international NGOs 5 Government entities 1 Red Cross/Red Crescent society	

Overview of the humanitarian situation

In the first half of 2016, Uganda was facing an ongoing influx of refugees from South Sudan, averaging at approximately 6,000 new arrivals a month. However, the situation dramatically deteriorated following the onset of fighting in Juba on 7 July, which triggered another massive population displacement. Between 7 July and 14 August, almost 80,000 South Sudanese refugees arrived in Uganda, amounting to over a tenfold increase as compared with the previous months. The increased influx of South Sudanese refugees continued until the end of the year. In total, 489,265 South Sudanese refugees arrived in Uganda in 2016. The unprecedented influx put enormous pressure on Uganda's natural resources, basic service-delivery systems and humanitarian response capacities. Consequently, coping with the influx and addressing the critical humanitarian needs of South Sudanese refugees became the highest humanitarian priority in Uganda in the second half of 2016.

CERF-funded assistance provided

CERF responded by providing **\$10.3 million** for the delivery of life-saving assistance in the critical moment following the sudden increase in the influx of refugees. This funding enabled UN agencies and partners to provide registration, emergency shelter materials and food to **94,000 people**; the registration of **2,127 separated and unaccompanied children**; psychosocial support to **27,551 children**; treatment to **3,165 severely malnourished children**; vitamin A supplementation and deworming medication to **31,634 children**; measles and polio immunizations for **80,000 children**; strengthened communicable disease outbreak control and response systems benefiting **256,496 people**; and reproductive health and gender-based violence prevention and response services benefiting **157,081 people**.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries and helped respond to time-critical needs, including shelter, water supply and hygiene at a time when the sudden upsurge in South Sudanese arrivals overwhelmed response capacities. CERF improved resource mobilization as donors could witness the positive impact of CERF-funded interventions during visits. CERF also improved coordination among the humanitarian community, especially by encouraging agencies in the same sector to work closely together such as UNFPA, UN Women and UNHCR on protection and sexual and gender-based violence.

UGANDA

Allocation	\$18 million - March 2016	\$
	Underfunded Emergencies	
Emergency type	Conflict-related and internal strife (South Sudan crisis)	
Beneficiary type	Refugees, host population	
Implementing organizations	FAO, IOM, UN Women, UNFPA, UNHCR, UNICEF, WFP, WHO	
	3 national/local NGOs	
	21 international NGOs	
	12 Government entities	

Overview of the humanitarian situation


At the beginning of 2016, Uganda hosted over half a million refugees, including 214,000 from DRC and over 200,000 from South Sudan. In 2015 alone, Uganda received over 112,000 new refugees and the situation became the most severe humanitarian emergency in the country. Conservative analysis of risks at the beginning of the year suggested that a similar number would arrive in 2016. However, the worst-case scenario planning foresaw the influx of 300,000 refugees by the end of the year. Ongoing humanitarian operations in Uganda were critically underfunded (with only 37 per cent of their 2015 requirements covered), but the funding requirements were highly likely to increase in 2016.

CERF-funded assistance provided

In view of the situation, CERF allocated **\$18 million** to Uganda from its Underfunded Emergencies window to sustain the provision of life-saving assistance to South Sudanese and Congolese refugees in 2016. This funding enabled UN agencies and partners to provide livelihoods support benefiting **49,750 people**; food aid through cash transfers to **55,263 people**; access to safe water and appropriate sanitation to **22,101 people**; access to emergency protection, including SGBV response services to **18,100 women and girls**; SGBV sensitization for **9,428 people**; reproductive health services to **30,304 women**; registration, protection, core relief items and access to transit and reception facilities for **75,000 people**; the registration of **6,561 unaccompanied children**; psychosocial support to **31,627 children**; vitamin A and deworming tablets to **83,340 children**; polio vaccinations for **81,676 children** and measles vaccinations for **85,217 children**; and strengthened access to health care benefiting **517,299 people**.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries and helped respond to time-critical needs such as food, protection, and water and sanitation at a time when the Refugee Response Plan was severely underfunded. CERF improved resource mobilization by enabling agencies to be operational on the ground, which gave them credibility vis-à-vis other donors. CERF also improved coordination among the humanitarian community. For example, CERF-funding to FAO enabled the agency to play a key role in the establishment of a new sector working group for livelihoods. In addition, CERF funds helped enhance coordination between humanitarian and development partners as the UNCT under the leadership of the RC ensured that the CERF allocation was aligned with Uganda's unique refugee and host community model.



Fighting mothers' and children's undernutrition among Burundian refugees in Rwandas

Emeline Bukera was four months pregnant when she fled her home in northern Burundi to escape the violence caused by the Burundian socio-political crisis.

She left her village in Cibitoke province and headed for the Rwandan border on foot, but had no food for the long and difficult journey. By the time the 26-year-old pregnant mother reached the Nyanza refugee transit centre in Rwanda, she was dehydrated and had drastically lost weight, putting her at risk of pregnancy complications that could threaten both her life and that of her unborn child.

"I was much troubled thinking about my expected baby's nutrition status," said Emeline.

From Nyanza she was transferred to the Mahama refugee camp, one of the six refugee camps in Rwanda where WFP and UNHCR jointly coordinate the refugee response for food and nutrition with support from UNICEF and other partners. With a \$1.5 million allocation from CERF in 2016, WFP provided crucial support to the 132,190 vulnerable refugees living in these six camps, who depend entirely on humanitarian food assistance to meet their basic food needs.

Because undernutrition rates have been high among Burundian refugees, in addition to monthly general food distributions, WFP adopted an approach called "blanket supplementary feeding" to ensure adequate nutrition support for younger children in the Mahama camp. Under this approach, WFP provides fortified supplementary foods to all camp-based refugees identified as

Refugee and mother Anonciate Kwizera feeds her baby, Annie Gaella Akimana, with fortified porridge mix. © OCHA/Charlotte Cans

particularly vulnerable, notably to all children under age 2, pregnant women and breastfeeding mothers as well as people living with HIV and tuberculosis patients under treatment.

Upon arriving in the camp, Emeline registered for the programme and began receiving specially formulated, highly nutritious porridge in addition to her regular food rations. As a result of her improved nutrition status, she was able to deliver a healthy baby girl, Akimana Happy Claire Happuouk.

"I'm happy with my baby girl and so grateful to WFP for helping me and my baby to be treated for malnutrition with the fortified porridge that we receive," she said.

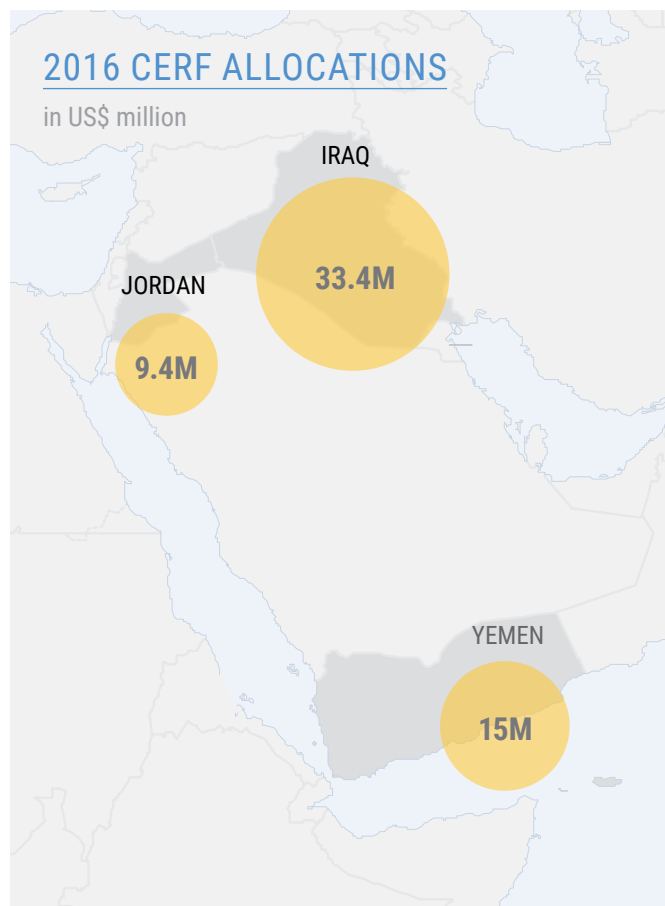
The standardized expanded nutrition survey (SENS), which was carried out jointly by UNHCR and WFP in May 2016 in all six refugee camps in Rwanda, found a significant reduction in rates of chronic malnutrition among children under the age of 5. The acute malnutrition rate has significantly dropped in Mahama camp – home to Emiline and other Burundian refugees – where it reduced by 10 percent compared to the previous year. There have also been major reductions in the other camps, which mainly host Congolese refugees. This is in part because of WFP's intensive work to treat and prevent undernutrition among mothers and young children, which would not have been possible without the timely and flexible contribution from CERF.



An internally displaced family in Iraq carries winter supplies back to their tent. Khazer 2 camp, Niniveh Governorate, Iraq.

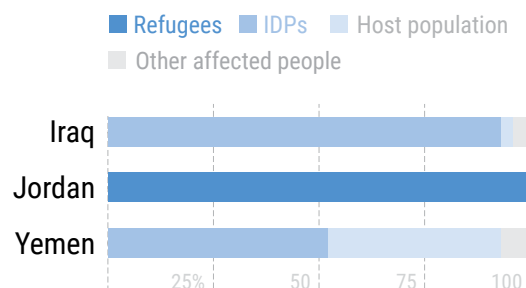
© UNHCR/Ivor Prickett

Middle East and Western Asia



In 2016, CERF allocated **\$57.7 million** to provide life-saving humanitarian assistance in the Middle East and Western Asia. The majority of this funding was provided to enable response to critical humanitarian needs resulting from military conflicts.

PROFILE OF PEOPLE REACHED



Two Rapid Response allocations to Iraq, **\$15.4 million** in July and **\$18 million** in December, enabled the provision of life-saving assistance to hundreds of thousands of people affected by fighting between the Islamic State of Iraq and the Levant (ISIL) and Iraqi Security Forces (ISF).

Two allocations were granted for humanitarian response in Yemen. **\$13 million** from the Underfunded Emergencies window sustained the implementation of critically underfunded life-saving programmes addressing the needs of displaced people. And **\$2 million** from the Rapid Response window enabled quick response to a cholera outbreak.

An allocation of **\$9.4 million** from the Rapid Response window to Jordan enabled timely provision of humanitarian assistance to 100,000 Syrians stranded at the Jordanian border.

NUMBER OF PEOPLE REACHED

	Camp Management	Health	Multisector	Nutrition	Protection	Shelter and NFIs	Water and Sanitation
Iraq	17,552	295,712	-	-	163,102	240,984	198,880
Jordan	-	39,102	-	1,523	4,553	-	75,000
Yemen	-	859,024	184,900	51,765	-	29,248	104,761
Grand Total	17,552	1,193,838	184,900	53,288	167,655	270,232	378,641

IRAQ

Allocation	\$15 million - July 2016 Rapid Response
Emergency type	Conflict-related and internal strife
Beneficiary type	IDPs, host population, other affected people
Implementing organizations	IOM, UNFPA, UNHCR, UNICEF, WHO 4 national/local NGOs 4 international NGOs 1 Government entity 1 Red Cross/Red Crescent society

Overview of the humanitarian situation

In May and June 2016, military operations by the Iraqi Security Forces (ISF) and allied armed groups to retake areas held by the Islamic State of Iraq and the Levant (ISIL) intensified. In addition to the estimated 3 million internally displaced persons (IDPs) throughout the country, over 160,000 people became newly displaced along the Anbar and Mosul corridors due to intense military activity. Major efforts were needed to provide emergency assistance to the newly displaced people, including shelter, water, food, basic household items and health care. Having experienced years of war and trauma, the newly displaced population was also at a substantial risk of outbreaks of communicable diseases due to rising temperatures, the lack of clean water and inadequate sanitation.

CERF-funded assistance provided

In response, CERF allocated **\$15 million** from its Rapid Response window for the immediate implementation of life-saving activities. This funding enabled UN agencies and partners to provide basic relief items to **11,300 families**; hygiene kits to **7,000 families**; shelter kits to **3,000 families**; four camps accommodating **1,000 families**; access to water and sanitation to **198,880 people**; protection monitoring covering **107,140 people**; support to local authorities on the coordination and management of 10 camps benefiting **17,552 people**; access to health support benefiting **251,805 people**; support to **55,962 survivors of gender-based violence**; and dignity kits to **4,500 people**.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries and helped respond to time-critical needs, including provision of shelter and basic services at a time when displacement was outpacing humanitarian capacity. CERF gave visibility to the crisis, which helped leverage contributions from other sources. CERF also improved coordination. For example, at operational level it provided an opportunity for UNHCR and IOM to jointly plan distribution of non-food items and for UNFPA and WHO to closely coordinate reproductive health services with primary care facilities.

Allocation	\$18.4 million - December 2016 Rapid Response
Emergency type	Conflict-related and internal strife
Beneficiary type	IDPs, host population, other affected people
Implementing organizations	IOM, UNFPA, UNHCR, WHO

Overview of the humanitarian situation

Towards the end of 2016, 11 million people in Iraq required humanitarian support (including over 3 million IDPs) due to the violence linked to ISIL's seizure of Iraqi territory and a series of military operations to recapture that territory. On 17 October 2016, ISF commenced military operations to reclaim Mosul, a city of an estimated 1.5 million people. The response to address imminent humanitarian needs arising from the fighting in Mosul was envisaged to be one of the largest and most complex humanitarian operations in the world. With fierce resistance from ISIL, the battle for Mosul continued for nine months at unimaginable cost to the civilian population. The impact of the military campaign on civilians had already been extreme. Displaced families had no option but to remain outside their homes during the bitterly cold winter months, and they required support to survive. Trauma care became a notable priority, with a spike in civilian casualties. ISIL snipers were seeking to stall ISF advances by directly targeting civilians, firing at people trying to flee. The heavy contamination of improvised explosive devices and other protection issues posed serious concerns, as did a lack of access to potable water, food and other basic services. By the time the CERF request was submitted in mid-December, over 100,000



JORDAN

additional people were displaced due to the military operations in Mosul, and there was a critical need to scale up the response. By the time the Mosul operation concluded, nearly 1 million people had been forced from their homes.

CERF-funded assistance provided

As a result, CERF provided **\$18.4 million** from its Rapid Response window for immediate life-saving action. This funding enabled UN agencies and partners to provide winterization assistance to **10,000 displaced families** (each family received 1 heater, 200 litres of fuel and 6 blankets); shelter kits to **4,322 families**; additional fuel support to **15,011 families**; basic relief items to **4,100 families**; emergency treatment to **17,135 war-wounded casualties** in three newly established field hospitals; and emergency obstetric and neonatal care to **26,772 women**.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries and helped respond to time-critical needs by enabling provision of urgent winterization assistance that had not formed part of earlier response planning. While CERF complemented projects funded by other donors, the allocation also encouraged donors to provide additional earmarked support for the Mosul crisis. CERF reinforced coordination among the humanitarian community as the application was based on coordinated needs assessments and a joint response implementation strategy developed by all clusters.



At the newly built Khazer 2 camp, internally displaced Iraqis who fled the onslaught in Mosul receive winter supplies distributed by UNHCR's partner organisation the Barzani Charity Foundation.

© UNHCR/Ivor Prickett

Allocation	\$9.4 million - November 2016 Rapid Response
Emergency type	Conflict-related and internal strife (Syria crisis)
Beneficiary type	Refugees
Implementing organizations	IOM, UNDP, UNFPA, UNHCR, UNICEF, WHO 1 national/local NGO 1 international NGO

Overview of the humanitarian situation

Between 2013 and 2015, small numbers of Syrians crossed the inhospitable As Sweida desert seeking safety at two unofficial crossing points to Jordan: Hadalat and Rukban. However, by mid-2015, due to increased fighting in Dar'a governorate and the presence of ISIL at the eastern borders, the numbers of Syrian people arriving in Hadalat and Rukban gradually increased. By February 2016, there were 20,000 asylum seekers in Hadalat and Rukban, and by June their number exceeded 100,000. The Jordanian authorities restricted this population's access to the Jordanian territories due to national security concerns, and they suspended the delivery of humanitarian assistance to these people following an attack at Rukban on 21 June 2016.

CERF-funded assistance provided

In view of the emergency, CERF allocated **\$9.4 million** from its Rapid Response window for life-saving response. This funding enabled UN agencies and partners to install four mobile structures for the Jordanian Armed Forces personnel to protect humanitarian operations; establish security support for **200 humanitarian personnel**; and install safe distribution centres. CERF funding also provided access to water, sanitation and hygiene services to **75,000 people**; emergency health assistance to **12,881 people**; treatment to **1,523 children and pregnant/lactating women**; winter clothing kits to **4,553 children**; reproductive health services to **849 women**; antenatal services to **349 women**; and communicable disease surveillance and response preparedness benefiting **39,102 people**.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries, enabling UNDSS and IOM to implement their projects in time, a pre-requisite for the Jordanian authorities to allow other humanitarian operations to resume. CERF helped respond to time-critical needs, for example by supporting the construction of health clinics which assisted persons who had been without access to medical care. CERF partially improved resource mobilization from other sources. For example, UNFPA was able to raise additional funding to continue the work of the established clinics. In addition, CERF improved coordination, especially among the health sector partners who implemented a joint program and conducted regular coordination meetings.

YEMEN

Allocation	\$13 million - August 2016 Underfunded Emergencies	\$
Emergency type	Conflict-related and internal strife	
Beneficiary type	IDPs, host population, other affected people	
Implementing organizations	IOM, UNFPA, UNHCR, UNICEF, WFP, WHO	
	6 national/local NGOs	
	9 international NGOs	
	7 Government entities	

Overview of the humanitarian situation

In mid-2016, 21.2 million people needed humanitarian assistance in Yemen, including 14.4 million people unable to meet their food needs; 19.3 million people who required humanitarian assistance to ensure access to safe drinking water and sanitation; and 14.1 million people who needed access to basic health care. The conflict resulted in the destruction and damage of infrastructure, economic decline and the collapse of public services. More than 2.3 million people were internally displaced and 170,000 fled the country. Yemen's economy was in a state of near collapse, leading to sharp price increases of basic commodities, limited imports of food, fuel and medicines, a depreciation of the Yemeni rial and near exhaustion of central bank reserves. The Yemen Humanitarian Country Team developed the 2016 Humanitarian Response Plan based on the most urgent needs of the most vulnerable population. The plan aimed to assist 13.6 million of the most vulnerable people (65 per cent of those in need) with a range of essential life-saving and protection programmes. However, by mid-2016 only 25 per cent of funding requirements were covered and only 4.5 million people were reached with humanitarian assistance.

CERF-funded assistance provided

In view of the widespread critical humanitarian needs and low funding levels, CERF provided **\$13 million** to Yemen from its Underfunded Emergencies window to support the implementation of top priority projects. This funding enabled UN agencies and partners to provide treatment to **34,043 severely malnourished children**; supplementary food to **24,400 moderately malnourished children and 27,365 pregnant and lactating women**; micronutrient supplementation to **75,068 children and 31,248 pregnant and lactating women**; access to safe water to **219,661 people**; basic hygiene kits to **35,274 people**; hygiene-promotion messages to **48,267 people**; water trucking to **1,020 people**; solid-waste-management services to **70,000 people**; protection to **4,439 children**; protection information to **2,134 caregivers**; safe delivery services to **1,693 pregnant women**; antenatal care services to **6,391 pregnant women**; reproductive health services to **10,214 people**; emergency services to **2,746 gender-based violence survivors**; shelter assistance to **29,248 people**; and improved access to health care to **567,240 people**.

CERF's strategic added value

CERF provided the first funding to initiate the cholera response, enabling fast assistance to beneficiaries. CERF helped respond to time-critical needs and, thereby, helped to reduce the number of cholera cases. In addition, CERF improved resource mobilization from other sources by allowing the Health and Water and Sanitation Clusters to prepare an integrated plan that helped to convince other donors to allocate additional funding or allow reprogramming of their funds. CERF also improved coordination, by providing an opportunity for the establishment of good coordination mechanisms with humanitarian partners and government authorities.

Ali, 6 years old, stands in the rubble of what used to be his home. Four families used to live in this four-story house. It got completely destroyed on 13 June when a missile hit the house next door.

© OCHA/Charlotte Cans

YEMEN

Allocation	\$2 million - October 2016 Rapid Response
Emergency type	Disease outbreaks
Beneficiary type	IDPs, host population, other affected people
Implementing organizations	UNICEF, WHO 2 national/local NGOs 6 Government entities

Overview of the humanitarian situation

Health authorities confirmed eight cholera cases in Sana'a city on 12 October 2016. An additional seven cases were confirmed in Al Bayda and Sana'a governorates and 186 suspected cases were identified across the country. The outbreak posed a significant threat, given the drastic deterioration of the country's health-care infrastructure. In 2016, only 45 per cent of health facilities in Yemen were fully functional and only one third of the population had adequate access to a safe water supply. The 2.3 million IDPs and 1 million returnees were particularly vulnerable to the outbreak. WHO estimated that 76,018 people were at risk of cholera infection. Consequently, UNICEF, WHO and other organizations developed an integrated cholera response plan.

CERF-funded assistance provided

In supporting attempts to contain the outbreak at an early stage, CERF allocated **\$2 million** to initiate priority response activities. This funding enabled UN agencies and partners to strengthen surveillance, laboratory testing, case management and health promotion benefiting **121,042 people**; and to improve access to safe drinking water through the procurement and distribution of 4 million chlorine tablets.

CERF's strategic added value: CERF led to fast delivery of assistance to beneficiaries through quick disbursement of funds and helped respond to time-critical needs of IDPs and host communities. CERF improved resource mobilization from other sources by providing seed funding to kick-off the implementation of action plans that could then be funded by other donors. UN agencies prepared CERF proposals in collaboration with implementing partners on the ground, which helped improve coordination among the humanitarian community.



Promoting sexual and reproductive health among women affected by the conflict in Yemen.

Inside a UNFPA-supported mobile clinic where women with complications during pregnancies, like Warda, are treated thanks to CERF support. The clinic travels to crisis-affected areas, providing a range of reproductive health services. © YFCA Yemen 2016



When CERF proposals were submitted in 2016, it was estimated that 15.2 million women, men and children in Yemen were in need of essential health assistance and 14.1 million in need of protection. CERF funds allowed UNFPA Yemen to provide “real-time” response to meet the pressing needs of affected populations in hard-to-reach areas, carry out immediate critical interventions for the prevention and response to gender-based violence for displaced persons in targeted areas and support the operation of mobile health teams delivering life-saving maternal and neonatal services to the most vulnerable. Through the implementation of these activities, CERF furthered coordination and communication among governmental and non-governmental partners contributing to a more effective response.

CERF funds enabled UNFPA to support services for sexual and reproductive health and gender-based violence in seven governorates. The local health partner, Yemen Family Care Association, dispatched seven mobile teams with a female gynecologist, a lab technician and a midwife to provide maternal and neonatal health services benefiting nearly 51,000 vulnerable women and families. To help displaced women and girls maintain their personal hygiene, 17,500 dignity kits were distributed with the support of CERF funds.

In addition, CERF funds helped ensure health workers were well trained to provide services that were part of the minimum initial service package for reproductive health in emergencies, with 214 health workers trained in the targeted governorates. CERF funds also helped increase



A mobile team sets up its services to provide maternal and neonatal health services in a remote and hard-to-reach area of Taizz thanks to CERF funds. Access to health facilities is extremely difficult in such areas due to lack of roads, constant bombing and air strikes.

© UNFPA Yemen 2016

awareness of sexual reproductive health, including family planning and prevention of gender-based violence among 20,000 conflict-affected women and girls.

The ongoing conflict in Yemen has destroyed health facilities and has increased the risks of maternal death and gender-based violence. Educating women and girls on ways of seeking services, planning their families and protecting themselves from violence becomes critical. Thanks to CERF funds, some 20,000 women and girls were reached through such awareness raising sessions.

Through the Yemen Family Care Association, seven mobile teams were dispatched with a female gynecologist, a lab technician, and a midwife to provide maternal and neonatal health services benefiting nearly 51,000 vulnerable women and families with CERF support.

As the fighting intensified in Sa'ada Governorate, Warda and her husband ran for safer ground. "I began to bleed heavily," Warda, 20, said while fighting back tears. She was three months pregnant at the time. "I did not realize what was happening to me. I was just focused on getting to a safer place."

When they reached Amran Governorate, her clothes were soaked in blood and Warda was almost unconscious. Her husband rushed her to a UNFPA-supported mobile clinic. The staff there examined Warda and determined she needed additional help. They quickly directed her to the nearest hospital. She was told at the hospital that she had lost the baby, but she survived.

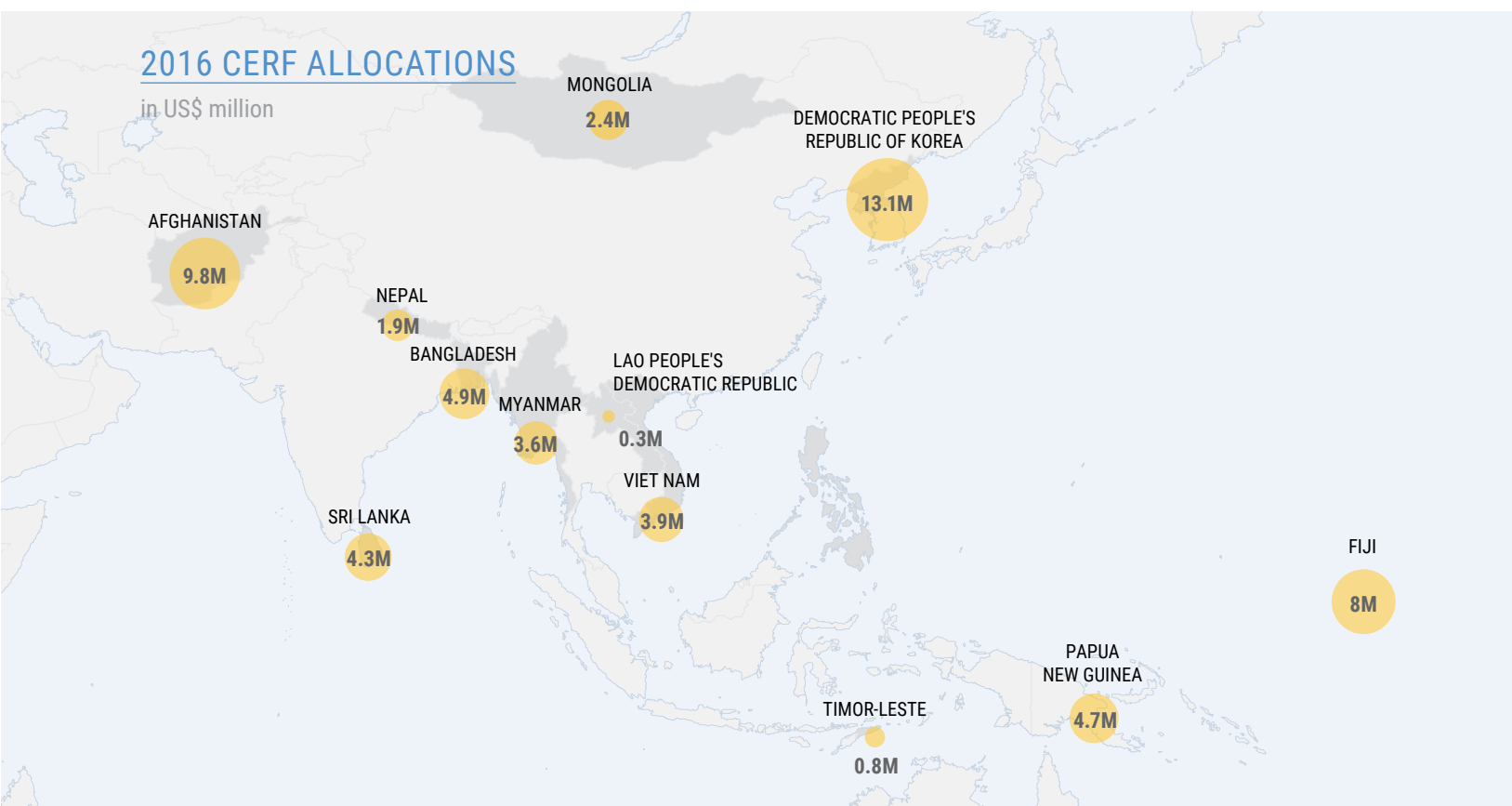


Thein Gei and her family receive emergency quality seeds and fertilizer after floods destroyed their farlands in Shwe Hlayvillage, Magway region, Myanmar.

Asia and the Pacific

2016 CERF ALLOCATIONS

in US\$ million

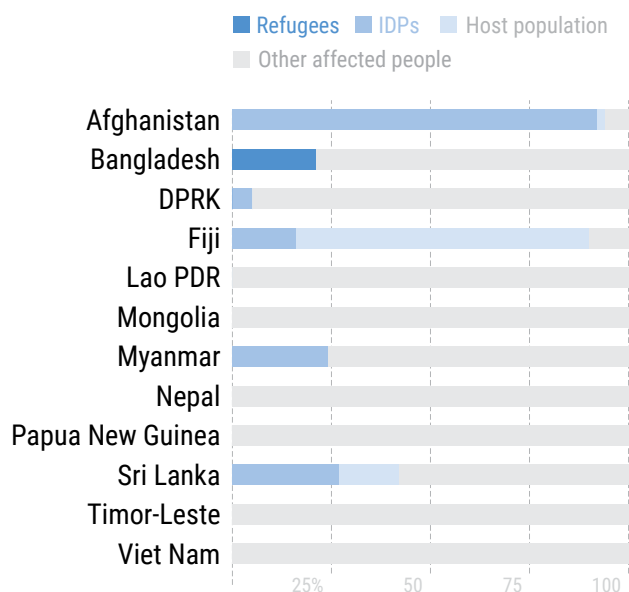


NUMBER OF PEOPLE REACHED

	Agriculture	Education	Food	Health	Mine Action	Multisector	Nutrition	Protection	Shelter and NFIs	Water and Sanitation
Afghanistan	-	-	123,324	86,720	134,861	373,196	-	-	14,713	-
Bangladesh	-	-	53,466	61,070	-	-	13,999	106,223	42,417	82,877
Democratic People's Republic of Korea	435,926	-	143,330	1,991,600	-	-	169,224	-	-	176,027
Fiji	112,864	16,417	112,864	350,000	-	-	16,573	127,516	43,685	77,267
Lao People's Democratic Republic	126,000	-	-	-	-	-	-	-	-	-
Mongolia	15,804	-	-	13,035	-	-	19,076	-	-	-
Myanmar	101,902	-	101,902	64,905	-	-	-	31,447	-	-
Nepal	30,273	-	30,589	-	-	-	176,203	-	-	-
Papua New Guinea	-	-	108,831	-	-	-	19,147	-	-	-
Sri Lanka	-	-	13,312	216,602	-	-	-	-	96,586	165,250
Timor-Leste	-	-	-	-	-	-	16,469	-	-	-
Viet Nam	15,408	-	-	167,565	-	-	65,636	-	-	234,461
Grand Total	838,177	16,417	687,618	2,951,497	134,861	373,196	496,327	265,186	197,401	735,882

PROFILE OF PEOPLE REACHED

in US\$ million



In 2016, CERF allocated **\$57.8 million** to provide life-saving humanitarian assistance to the victims of natural disasters and conflicts in Asia and the Pacific.

Of that amount, **\$37 million** was allocated for rapid life-saving response to natural disasters, namely to cyclones that had caused widespread destruction and displacement in Bangladesh, DPRK, Fiji and Sri Lanka; El Niño-induced droughts that led to food insecurity in Papua New Guinea, Timor-Leste and Viet Nam; disruptive rainfall patterns in Nepal and Myanmar; extreme temperatures in Mongolia; and a locust infestation in Lao PDR.

Another **\$13 million** enabled the provision of life-saving assistance to half a million Afghan returnees from Pakistan and 22,000 Rohingya refugees displaced from Myanmar to Bangladesh; while \$8 million sustained key underfunded life-saving projects in Food, Health and Nutrition sectors in the Democratic People's Republic of Korea (DPRK).

AFGHANISTAN

Allocation	\$9.8 million - November 2016	\$
	Rapid Response	
Emergency type	Conflict-related and internal strife	
Beneficiary type	IDPs, host population, other affected people	
Implementing organizations	IOM, UNFPA, UNHCR, UNOPS/UNMAS, WFP, WHO	
	4 national/local NGOs	
	1 international NGO	
	1 Red Cross/Red Crescent society	

Overview of the humanitarian situation

In 2016, over half a million documented and undocumented Afghan refugees returned from Pakistan to Afghanistan in response to heightened political pressure and security threats. Approximately 40,000 refugees returned between January and June and over 480,000 between July and December. The sudden and unprecedented spike in returns in the second half of the year was not planned for, and it far exceeded available response capacities. This mass movement was attributed to the unrelenting pressure on Afghan communities by Pakistani authorities through new visa requirements, police raids, detentions, deportations, and restricted access to livelihoods and social services. According to the findings of the initial rapid needs assessment conducted in August 2016, the majority of returnees had few assets and were arriving in a highly vulnerable physical and mental state. The assessment identified critical needs for shelter, food and water assistance among returning communities. However, only an estimated 20 per cent of returnees who arrived after July received any form of assistance, as the Government and humanitarian organizations struggled to cope with the influx.

CERF-funded assistance provided

In response, CERF allocated **\$9.8 million** to Afghanistan to enable the provision of life-saving assistance to returning refugee communities. This funding allowed UN agencies and partners to provide registration and screening for **365,000 people**; food to **123,324 people**; cash and in-kind support to **66,078 people**; emergency shelter and winter kits to **14,712 people**; reproductive and maternity health services to **17,377 women**; delivery kits to **3,802 pregnant women**; emergency obstetric and newborn care services to **5,200 women**; immunizations for **14,052 children**; and messaging on mines and explosives to **134,861 people**.

BANGLADESH

CERF's strategic added value

According to the RC/HC report, CERF partially lead to fast assistance to beneficiaries as the application process became delayed due to agencies' changing priorities and delays in finalizing project proposals. Once funding was disbursed it allowed agencies to act quickly, for example using existing stocks that were replenished by CERF and using CERF to continue activities whose funding was running out. As winter was about to start, CERF helped respond to time-critical needs, in particular through provision critical health services and urgently needed winterization packages. CERF improved resource mobilization from other sources, for example UNFPA and WFP were able to raise funding to continue activities started with CERF funding. CERF also improved coordination among the humanitarian community by encouraging joint assessments and information sharing as well as joint programming, for example by WHO and UNFPA.



A chief village elder returns to his homeland Afghanistan. He lives with his family in shelter constructed by UNHCR, just outside Kabul. © UNHCR/Rich

Allocation	\$1.8 million - July 2016	\$
	Rapid Response	
Emergency type	Natural disasters - Flood	
Beneficiary type	Affected people (non-displaced)	
Implementing organizations	UNDP, UNFPA, UNICEF, WFP	
	5 national/local NGOs	
	1 international NGO	
	1 Government entity	

Overview of the humanitarian situation

Tropical Cyclone Roanu made landfall in the southern coastal region of Bangladesh on 21 May 2016, bringing heavy rain, winds of over 100 km/h and storm surges of up to 2.7 metres. The storm had a particularly devastating impact on the highly vulnerable people living in precarious conditions along the coastal areas. Roanu affected a large area (18 districts) and had a higher death toll than similar natural disasters in the last five years. According to the results of the joint needs assessment, 1.3 million people were affected in the seven most severely hit districts, and at least 75,533 houses were damaged or destroyed due to the wind, rain and embankment breaches. Early warning systems were activated and 513,363 people took refuge in 3,494 cyclone shelters. The destroyed embankments caused floods that swept away fisheries and interrupted the power supply. Moreover, waterlogging, strong winds and falling trees caused widespread damage to the infrastructure, including more than 100 schools.

CERF-funded assistance provided

In response, the Humanitarian Coordination Task Team developed a Joint Response Plan targeting 432,162 people. CERF responded immediately by providing **\$1.8 million** to the plan's highest priority projects. This funding allowed for the timely commencement of life-saving activities, and it enabled UN agencies and partners to provide food (through cash transfers) to **3,960 families**; emergency shelter and basic relief items to **4,860 families**; reproductive health care benefiting **19,233 women**; rape treatment kits to 13 health facilities; dignity kits to 3,000 women; women-friendly spaces benefiting **35,350 women**; emergency latrines benefiting **30,000 people**; access to safe drinking water to **10,000 people**; hygiene kits to **2,200 families**; and hygiene-promotion messages to **60,000 people**.

CERF's strategic added value

CERF added value to the response by leading to fast delivery of assistance to beneficiaries. For example, it enabled WFP to quickly organize a much-needed second round of food distribution. A constraint for fast delivery of cash assistance was the lack of liquidity in some local banks. CERF also helped to respond to time-critical needs, preventing further loss of lives during the severe and prolonged monsoon season that followed Cyclone Roanu. CERF improved coordination among the humanitarian community and improved resource mobilization. For example, Bangladesh's Department of Public Health Engineering provided 2000 water containers matching with the related CERF-funded interventions.

BANGLADESH

Allocation	\$3.1 million - December 2016 Rapid Response
Emergency type	Conflict-related and internal strife
Beneficiary type	Refugees
Implementing organizations	IOM, UNFPA, UNICEF, WFP 5 national/local NGOs 2 international NGOs

Overview of the humanitarian situation

Due to the escalating violence in Myanmar, a sudden surge of Rohingya refugees from Myanmar to Bangladesh took place in November 2016. By 3 December, at least 22,000 people had crossed the border and settled in Cox's Bazar district, joining the hundreds of thousands of Rohingya who had arrived in Bangladesh in previous years. Before the influx, Rohingya were already extremely vulnerable in Myanmar, suffering marginalization, poverty, food insecurity and high rates of malnutrition. New Rohingya refugees reached Bangladesh with few or no personal belongings, and there were many unaccompanied children and victims of torture and abuse. The sudden influx resulted in a marked deterioration of the humanitarian situation in Cox's Bazar, including high levels of psychosocial stress, increased vulnerability to sexual and gender-based violence (SGBV), the disruption of services, poor sanitation and hygiene practices, and inadequate access to safe drinking water.

Newly arrived Rohingya families build homes in makeshift sites with any materials they can find in Cox's Bazar, Bangladesh. © UNHC/RSaiful Huq Omi

CERF-funded assistance provided

CERF responded immediately by allocating **\$3.1 million** in December 2016 for the rapid implementation of life-saving response. This funding enabled UN agencies and partners to provide food to **34,026 people**; supplementary feeding to **3,633 malnourished women and children**; access to health services to **26,914 people**; first aid emergency assistance to **8,127 people**; nutritional screenings for **6,122 children under age 5** and treatment to **750 children** with severe malnutrition; micronutrient powder supplementation to **2,632 children**; deworming treatment to **9,352 children**; psychological support related to gender-based violence for **11,320 women and girls**; dignity kits to **7,200 women and girls**; emergency shelter assistance and access to safe water and sanitation to **22,877 people**; hygiene kits to **6,450 families**; and emergency protection services to **8,653 children**.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries with emergency latrines being constructed within 48 hours and dignity kits distributed within three weeks thanks to CERF. CERF helped respond to time-critical needs by enabling response to disease outbreaks. Thanks to CERF, complementary funding was raised from several other donors, including the Canadian Humanitarian Assistance Fund, Denmark, the United Kingdom's Department for International Development and the US Bureau of Population, Refugees and Migration. CERF also improved coordination among the humanitarian community. For example, for the first time a multi-sectoral service provision for GBV survivors was coordinated outside refugee camps.



DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Allocation	\$8 million - March 2016 Underfunded Emergencies	Allocation	\$5.1 million - September 2016 Rapid Response
Emergency type	Other	Emergency type	Natural disasters - Flood
Beneficiary type	Affected people (non-displaced)	Beneficiary type	IDPs, other affected people
Implementing organizations	FAO, UNFPA, UNICEF, WFP, WHO	Implementing organizations	FAO, UNFPA, UNICEF, WFP, WHO

Overview of the humanitarian situation

Food insecurity and undernutrition are the biggest humanitarian challenges in DPRK. About 18 million people (70 per cent of the population) depend on Government food rations and are highly vulnerable to shortages in food production. As per the latest national nutrition survey, the average chronic malnutrition rate among children under age 5 is 27.9 per cent. About 25 per cent of pregnant and lactating women suffer from undernutrition, which predisposes them to complications during pregnancy and childbirth. An estimated 30 to 50 per cent of all under age 5 child mortality has undernutrition as the underlying cause. The problem is further exacerbated by inadequacies in the health system and the water and sanitation infrastructure. The health system is undermined by the lack of qualified personnel, essential medicines and basic equipment, and the hospitals and health facilities face chronic shortages of clean water and sanitation.

CERF-funded assistance provided

At the beginning of 2016, humanitarian programmes in DPRK were severely underfunded. Humanitarian funding requirements increased as compared with the previous year, while the 2015 Humanitarian Needs and Priorities Plan was only 21 per cent funded. Consequently, CERF allocated **\$8 million** to DPRK to enable the continuation of key life-saving projects. This funding allowed UN agencies and partners to provide agricultural inputs benefiting **312,000 people**; fortified food to **31,915 pregnant and lactating women** and **89,932 children under age 5**; nutritional treatment to **40,000 children**; reproductive health medicines to **130,000 pregnant women**; and access to improved health services to **551,000 people**.

CERF's strategic added value

CERF lead to fast delivery of life-saving assistance to beneficiaries which would otherwise have had to be interrupted or scaled back. For some agencies, the approval of a CERF project in itself was sufficient to initiate procurement even before funds had been disbursed, which additionally helped ensure fast delivery. CERF helped respond to time-critical needs, for example by providing life-saving medical equipment and essential medicines. The CERF allocation underlined the urgency or needs, which helped improve resource mobilization. In addition, CERF funding generally triggers additional support from the Government of DPRK who contribute up to 30 per cent of project resources in kind. By requiring a focused, well-aligned and effective proposal, CERF improved coordination among the humanitarian community.

Overview of the humanitarian situation

On 29 August 2016, Typhoon Lionrock made landfall in DPRK, causing heavy rains and floods in the northern part of the country. Over the next three days, 208 mm of rain deluged Hoeryong City. By 31 August, the Tumen River had risen between 6 and 12 metres, breaking its banks. As a result, six counties of Hamgyong Province were affected, which further exacerbated the protracted humanitarian crisis in the country. The flooding destroyed more than 18,500 houses and inundated some 27,500 ha of agricultural land. According to the Government, 138 people were killed, about 69,000 people were displaced and an estimated 140,000 people were severely affected. On 19 September, international organizations launched an Emergency Response Plan requesting \$29 million, as in-country emergency stockpiles were insufficient to cover the emergency response.

CERF-funded assistance provided

In view of the critical humanitarian needs, CERF provided **\$5.1 million** from its Rapid Response window for the implementation of top priority projects. This funding enabled UN agencies and partners to kick-start the response by providing food, agricultural inputs and some non-food items (NFIs) to **267,256 people**; fortified foods to **21,337 children under age 5** and **9,481 pregnant and lactating women**; treatment to **16,559 malnourished children**; access to safe water and sanitation to **176,027 people**; reproductive health-care services to **35,000 women** and improved access to health care to **331,577 people**.

CERF's strategic added value

CERF lead to fast delivery of assistance to beneficiaries as it allowed agencies to immediately release stocks to flood-affected areas knowing that they would be restocked with CERF-funding. CERF helped respond to time-critical needs and also improved resource mobilization from previously inactive donors. According to the RC/HC report, CERF funding sends a signal about the seriousness of a crisis and can trigger the release of additional funding from agencies' regional or headquarters emergency reserves. CERF improved coordination among the humanitarian community through the joint preparation of project proposals and encouraged the participation of national stakeholders in the joint assessments.

Allocation	\$8 million - March 2016	\$
	Rapid Response	
Emergency type	Natural disasters - Storm (El Niño)	
Beneficiary type	IDPs, host population, other affected people	
Implementing organizations	FAO, IOM, UNDP, UNFPA, UNICEF, UN Women, WFP, WHO	
	10 national/local NGOs	
	2 international NGOs	
	4 Government entities	

Overview of the humanitarian situation

On 20 and 21 February 2016, Category 5 Tropical Cyclone Winston cut a path of destruction across Fiji. The storm directly affected approximately 350,000 people and was estimated to be one of the most severe storms to hit the South Pacific. Recognizing the severity of the disaster, the Government of Fiji requested international assistance on 22 February and declared a 30-day state of natural disaster. The widespread destruction of crops and loss of livestock had a devastating impact on food security, particularly among communities already struggling with the effects of El Niño. In Fiji's western division, 43 out of 57 health centres were damaged. Based on estimates by assessment teams, 30,369 houses were damaged or destroyed. In the immediate aftermath of the cyclone, the Government opened 758 designated evacuation centres in all divisions. At their peak (26 February), the centres sheltered 62,000 people. Due to the lack of adequate resources and supplies, the living conditions in the shelters posed a significant public health and protection concern, including a high risk of SGBV.

CERF-funded assistance provided

The Government launched the Flash Appeal in March, requesting \$38.7 million for the initial three months of emergency response. To enable a fast commencement

of life-saving activities, CERF allocated **\$8 million** through its Rapid Response window. This funding allowed UN agencies and partners to provide shelter assistance to **43,685 people**; cash assistance to **12,300 families**; access to child-friendly spaces benefiting **20,147 children**; access to education to **10,005 children**; learning materials to **16,000 children**; psychosocial and nutrition services to **3,500 children**; vitamin A and deworming tablets to **7,390 children**; nutritional screenings for **7,390 children under age 5** and treatment to **70 identified severely malnourished cases**; iron and folic acid supplements to **8,000 pregnant and lactating women and adolescent girls**; access to safe water to **11,617 displaced people**; hygiene supplies and messages to **26,242 people**; restored water, sanitation and hygiene services benefiting **67,467 people**; child-protection training to **543 welfare officers**; child-protection information to **928 caregivers**; debris clearance for **157 ha**; agricultural inputs to **4,120 households**; livestock inputs to **300 households**; fishing gear benefiting **14,091 people**; support to health-care facilities benefiting **5,600 women and 1,750 newborn children**; **4,000** dignity kits to the **most affected women**; support to the health sector benefiting **350,000 people**; and coordination support in emergency response.

CERF's strategic added value

CERF enabled agencies to quickly mobilize partners and procure supplies allowing for a fast delivery of assistance to beneficiaries. CERF helped respond to time-critical needs. For example, the provision of safe water helped prevent the outbreak of water-borne diseases and the procurement of medical equipment and supplies enabled the severely damaged health facilities to function again. CERF also improved resource mobilization from other sources, with CERF funds used as initial support for services that were later supported by other donors. CERF required communication and articulation of capacities and needs, which improved coordination and prevented duplication.



Damage caused by Category 5 Cyclone Winston in Koro, Fiji. Even concrete and brick buildings had collapsed.

© OCHA/Danielle Parry

LAO PDR

Allocation	\$0.3 million - March 2016 Rapid Response
Emergency type	Natural disasters - Insect infestation
Beneficiary type	Affected people (non-displaced)
Implementing organizations	FAO 1 Government entity

Overview of the humanitarian situation

In 2015, the north-east of Lao PDR was affected by an unprecedented locust infestation. Vulnerable minority communities living in remote areas were the most affected. The losses caused by the infestation were assessed by a joint surveillance mission, which included the Government, FAO and WFP. The mission determined that by the end of 2015, widespread infestations had damaged approximately 4,300 ha of food and cash crops. The Ministry of Agriculture and Forestry (MAF) had no experience of locust management, and minimal control measures were initially undertaken. At the beginning of 2016, FAO and MAF developed a detailed Locust Management Plan to control the hatching of second-generation hoppers. During a renewed outbreak in 2016, an estimated 11,600 ha of food and cash crops were assessed to be at high risk of crop damage, with an agricultural population of 78,823 people. The timing of the response (April to June) was critical in order to reduce the locust population while it was at its most vulnerable stage.


CERF-funded assistance provided

In view of the critical, time-sensitive needs, CERF provided **\$328,811** from its Rapid Response window, which complemented the funding provided by China, FAO and Lao PDR. This funding allowed FAO to mobilize **36 ground control teams** and undertake timely control operations, which protected **16,491 ha of crops** benefiting an estimated **126,000 people**. The reported mortality percentage of treated locust nymphs was between 70 and 100 per cent.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries and helped respond to time-critical needs, enabling spray teams to operate during the window of opportunity that allows locating and targeting locusts while the infestations were in the hopper stage. CERF also improved resource mobilization from the Lao Government and partially improved coordination among the humanitarian community. The emergency only involved one sector and one agency, hence coordination focused on a Government-led multi-sectoral locust committee and briefings for the Humanitarian Country Team.

MONGOLIA

Allocation	\$2.4 million - March 2016 Rapid Response	
Emergency type	Natural disasters - Extreme temperature (El Niño)	
Beneficiary type	Affected people (non-displaced)	
Implementing organizations	FAO, UNDP, UNFPA, UNICEF 1 international NGO 48 Government entities	

Overview of the humanitarian situation

The winter of 2015-2016 was extremely harsh in Mongolia, with about 60 per cent of the country's territory in dzud or near-dzud conditions. Dzud is a cyclical slow-onset disaster unique to Mongolia. It consists of a summer drought followed by a severe winter, with temperatures between -40°C and -50°C, and a dry spring, during which the shortage of pasture and water leads to large-scale livestock loss. Dzud events have a far-reaching impact on the livelihood of Mongolian herders, who depend entirely on livestock for food and income. Between January and March 2016, some 464,000 heads of livestock perished. As a result, approximately 107,623 people lost their main livelihood source. The conditions were further exacerbated by a capripox outbreak that spread quickly, as livestock were weakened by the extreme cold and lack of adequate nutrition. Several rapid assessments revealed that many families had exhausted their food and cash reserves, and the deaths of their livestock meant they were unable to meet their food requirements and other basic needs.

CERF-funded assistance provided

Since the emergency exceeded country-level capacities, CERF allocated **\$2.4 million** for immediate response to ensure that the most vulnerable households survived the winter and their livelihoods were protected. This funding enabled UN agencies and partners to provide emergency food rations to **19,076 people**; animal feed and animal care kits to **4,390 families**; vaccinations for **500,000 heads of livestock**; dignity kits to **13,035 women and girls**; and access to life-saving sexual and reproductive health services to **1,333 pregnant and post-partum women**.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries as CERF funds allowed recipient agencies and their partners to use fast track procedures for procurement, delivery and distribution of supplies. CERF also helped respond to time-critical needs, although agencies initially delayed the decision to apply because the Government had not yet declared an emergency. CERF improved resource mobilization from other sources, including the Start Fund and UNICEF's own emergency fund, and helped increase the visibility of the situation. In addition, the CERF allocation was the first time that UN agencies, international NGOs, and national partners worked in close collaboration from the inception until the end of the project implementation.

MYANMAR

Allocation	\$3.6 million - August 2016 Rapid Response	\$
Emergency type	Natural disasters - Flood	
Beneficiary type	IDPs, other affected people	
Implementing organizations	FAO, UNFPA, WFP 5 national/local NGOs 5 international NGOs 3 Government entities	

Overview of the humanitarian situation

Myanmar experienced unusually heavy monsoon rains in mid-2016. They caused main rivers to overflow and resulted in widespread floods across 11 regions of the country. According to the information provided by the Government's Relief and Resettlement Department, more than 488,000 people were displaced by 22 August. The floods also damaged padi crops and destroyed a large portion of food stocks in the affected areas, which had an immediate negative impact on the food security situation. The Government quickly initiated humanitarian response efforts, but due to the lack of funding there were critical gaps in the provision of food security and health and protection assistance to the affected people. Moreover, given the dynamic expansion of floods, there was an urgent need to scale up the response.

Residents of Aung Mingalar in Rakhine State, Myanmar.

© OCHA/P.Peron

CERF-funded assistance provided

In view of the emergency, CERF provided **\$3.6 million** to Myanmar from its Rapid Response window for the immediate provision of life-saving assistance. This funding enabled UN agencies and partners to provide food to **28,761 people**; cash assistance to **50,137 people**; agricultural inputs, including enhanced livestock husbandry, to **5,825 families**; access to reproductive health services to **55,271 women**; emergency reproductive health kits and dignity kits to **7,950 women**; gender-based violence response activities benefiting **31,447 people**; and health awareness-raising activities benefiting over **40,000 people**.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries, allowing partners to use locally purchased commodities and existing stocks that could then be replenished with CERF funding. CERF helped respond to time-critical needs, for example by enabling FAO to distribute agricultural inputs in time for production in the winter season. CERF partially improved resource mobilization from other sources, for example for WFP. For FAO, CERF did not help to raise additional funds, but enabled a pilot mapping project that led to the establishment of a specialized unit which is now funded by another donor. CERF improved coordination among the humanitarian community by bringing sectors together in the process of prioritization. For instance, the health cluster and protection sector worked together on identifying common needs and supporting collaborative program design.



NEPAL

Allocation	\$1.9 million - July 2016	§
	Rapid Response	
Emergency type	Natural disasters - Drought	
Beneficiary type	Affected people (non-displaced)	
Implementing organizations	FAO, UNICEF, WFP	
	7 national/local NGOs	

Overview of the humanitarian situation

Erratic rainfall patterns in 2015 and early 2016 severely affected the food security situation in the mid- and far-western regions of Nepal. A weak monsoon in 2015 caused drops in agricultural production of up to 50 per cent in several districts, as compared with the previous year. The combined loss of crops was an estimated 8,100 metric tons. In early 2016, satellite monitoring tools indicated that the drought was the worst to affect the region since 1960. Moreover, the impact of the drought was compounded by movement restrictions across the India-Nepal border, which commenced in late 2015. These restrictions largely reduced the flow of fuel and agricultural inputs to Nepal. In July 2016, the Nepal Food Security Monitoring System assessed that out of 152,000 households in mid- and far-western regions, 30,000 households (150,000 people) were in acute need of food assistance. Additional assessments by UNICEF showed that in several districts, the rates of severe acute malnutrition had increased by up to 100 per cent and the global acute malnutrition rate was at the critical level.

CERF-funded assistance provided

Given the forecasts of a further deterioration of the food security situation and the insufficient funding for adequate emergency response, CERF allocated **\$1.9 million** from its Rapid Response window for life-saving interventions. This funding enabled UN agencies and partners to provide food rations to **30,589 people**; supplementary food to **81,674 children** and pregnant and lactating women; nutritional screenings for **38,329 children**; treatment to **9,202 malnourished children**; vitamin A supplementation and de-worming tablets to **50,000 children**; and agricultural inputs to **5,752 households**.

CERF's strategic added value

Because of the remote and inaccessible nature of the targeted communities, CERF only partially led to fast delivery of assistance. Agencies worked together with civil society and government systems to overcome this challenge. CERF helped respond to time-critical needs. For example, at a time when nutrition rates were deteriorating rapidly, UNICEF's assistance to children with moderate and severe acute malnutrition helped to stop rates from declining further and prevented mortality. CERF improved coordination among the humanitarian community, with regular meetings of CERF-supported agencies at capital level and nutrition cluster coordination meetings at district level. CERF did not improve resource mobilization from other sources, but the RC/HC report did not provide any explanation for this.



PAPUA NEW GUINEA

Allocation	\$4.7 million - April 2016 Rapid Response
Emergency type	Natural disasters - Drought (El Niño)
Beneficiary type	Affected people (non-displaced)
Implementing organizations	UNICEF, WFP 1 international NGO 1 Government entity

Overview of the humanitarian situation

As of April 2015, El Niño-induced drought began to severely impact rural areas in Papua New Guinea. By September 2015, many areas had only received 40 per cent of the average rainfall. Moreover, the reduced cloud cover associated with these dry conditions resulted in frosts at high altitudes. From April to August 2015, the growth of staple crops was stunted, while crops in high-altitude areas were destroyed. The communities replanted the crops in November and December, but intensive rains that followed led to the high rate of crop failure. The poor harvest that followed in January 2016 led to the depletion of available food reserves. The food security assessment conducted by WFP indicated that 1.31 million people were experiencing food insecurity, including approximately 162,000 people facing severe food insecurity and requiring immediate humanitarian assistance.


CERF-funded assistance provided

Due to the critical humanitarian needs and lack of sufficient donor funding, CERF allocated **\$4.7 million** for immediate emergency response. This funding enabled UN agencies and partners to provide food rations to **108,837 people**; training for **120 health workers** on the management of severe acute malnutrition; nutritional screenings for **19,147 children under age 5**; and treatment for **680 children** diagnosed with severe acute malnutrition.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries with interventions commencing within six weeks of grant approval in a context of highly inaccessible target locations and limited existing logistic chains. CERF helped respond to time-critical needs, enabling interventions to stem the risk of child and adult mortality due to food insecurity. CERF improved resource mobilization from other sources by demonstrating the severity of the situation and providing justification for other donors to release additional funding. CERF improved coordination among the humanitarian community and the PNG government through the process of joint prioritization and targeting. The CERF allocation also ensured closer operational coordination between implementing partners and (sub-)provincial governments.

SRI LANKA

Allocation	\$4.3 million - June 2016	
	Rapid Response	
Emergency type	Natural disasters - Flood	
Beneficiary type	IDPs, host population, other affected people	
Implementing organizations	IOM, UNFPA, UNICEF, UN Habitat, WFP, WHO 2 national/local NGOs 3 international NGOs 2 Government entities 1 Red Cross/Red Crescent society	

Overview of the humanitarian situation

On 15 May 2016, a severe tropical storm hit Sri Lanka causing widespread flooding and landslides. The joint needs assessment conducted by the Government, UN agencies, the EU and the World Bank indicated that approximately 493,319 people (124,398 families) were affected. The flooding damaged 58,925 houses, of which 6,382 were destroyed. The Government established 350 safety centres, which provided shelter to 114,035 displaced people at the peak of the emergency. However, the centres were severely overcrowded and underresourced. Moreover, the water and sanitation infrastructure was severely damaged, causing an elevated risk of a public health crisis. Due to the large-scale damage, the Government issued an international appeal for relief assistance and declared a state of emergency in the most severely affected provinces.

CERF-funded assistance provided

CERF responded immediately by allocating **\$4.3 million**, allowing for the quick commencement of life-saving response. This funding enabled UN agencies and partners to provide cash transfers covering food needs to **10,000 families**; emergency shelters to **386 families**; relief supplies to **15,250 families**; improved water sources benefiting **150,000 people**; hygiene materials to **4,600 people**; emergency sanitation for temporary camps benefiting **1,025 families**; and improved access to health care to **216,318 people**.

CERF's strategic added value

CERF led to fast delivery of assistance to beneficiaries. For example, CERF funding allowed WFP to jump-start cash distribution immediately after government donations had run out. CERF helped respond to time-critical needs, for example, by providing transitional shelters with essential latrines and water supply and storage. CERF improved coordination among the humanitarian community by requiring partners to conduct activities that would complement each other. CERF also improved resource mobilization from other sources, for example, compelling the Government in Sri Lanka to build transitional infrastructure complementary to the shelters.

TIMOR-LESTE

Allocation	\$0.8 million - August 2016	Ⓢ
	Rapid Response	
Emergency type	Natural disasters - Drought (El Niño)	
Beneficiary type	Affected people (non-displaced)	
Implementing organizations	WFP	
	1 national/local NGO	
	1 international NGO	

Overview of the humanitarian situation

Timor-Leste was severely affected by El Niño-induced drought. The 2015/2016 wet season had a delayed start and there was low rainfall across the country. In May and June 2016, northern and eastern coastal areas and Oecusse continued to suffer from up to a 70 per cent reduction in rainfall, as compared with the average. Between 2011 and 2014, the annual cereal production was 162,000 tons, but this dropped to 129,000 tons in 2015 due to the drought and was forecast to be 70,082 tons in 2016. According to estimates by the Ministry of Agriculture and Fisheries, more than 70,000 farm animals died between November 2015 and March 2016. The 2015 Global Food Hunger Index for Timor-Leste was at an alarming level and the country was ranked number four out of the 52 most World Hungry Countries. Nearly two thirds of the population suffered from food shortages, and 11 per cent of children under age 5 suffered from moderate acute malnutrition.

CERF-funded assistance provided

In response, CERF allocated **\$846,703** to enable the provision of food assistance to the most vulnerable people. This funding allowed WFP and partners to provide fortified blended food to **9,660 pregnant and lactating women** and ready-to-use supplementary food to **6,809 malnourished children under age 2**.

CERF's strategic added value

CERF only partially lead to fast delivery of assistance to beneficiaries, mainly because high demand for nutritious food on the international market caused delays in procurement. However, CERF still helped respond to time-critical needs as the CERF-funded response coincided with the most severe period of the lean season. CERF improved coordination among the humanitarian community and with the Government. CERF did not improve resource mobilization, but no reasoning was provided in the RC/HC report.

VIET NAM

Allocation	\$3.9 million - May 2016	Ⓢ
	Rapid Response	
Emergency type	Natural disasters - Drought (El Niño)	
Beneficiary type	Affected people (non-displaced)	
Implementing organizations	FAO, UNDP, UNICEF, UN Women, WHO	
	1 international NGO	
	11 Government entities	
	1 Red Cross/Red Crescent society	

Overview of the humanitarian situation

In 2015 and 2016, Viet Nam experienced the strongest El Niño-induced drought and saltwater intrusion on record. In the first quarter of 2016, the South-Central Region had 80 to 90 per cent less rainfall than the 10-year annual average. Due to the low water level, saltwater intrusion in coastal areas extended up to 30 km further inland than average levels. During the peak of the drought (February-May 2016), an estimated 2 million people had no access to water for consumption and domestic use, more than 1.75 million people lost income due to damaged or lost livelihoods and 1.1 million people were food insecure. An estimated 27,500 children under age 5 suffered from moderate to severe acute malnutrition, and 39,000 pregnant and lactating women suffered from micronutrient deficiencies. On 26 April 2016, the Government and the UN jointly launched the Emergency Response Plan, requesting \$48.5 million. It was the first time Viet Nam had called for international support since the historic floods in 1999.

CERF-funded assistance provided

CERF responded immediately by allocating **\$3.9 million** from its Rapid Response window to cover priority interventions included in the plan. This funding enabled UN agencies and partners to provide hygiene-promotion messages and access to water treatment methods to **186,284 people**; access to clean water to **22,956 people**; water storage tanks to **6,377 families**; nutritional screenings for **28,017 children under age 5** and treatment to **2,126 identified cases of acute severe malnutrition**; multiple micronutrients to **35,493 pregnant and lactating women**; support to medical centres, allowing **167,595 people** to access primary health care; agricultural inputs to **3,082 families**; and hygiene items for **25,000 women and girls**.

CERF's strategic added value

CERF partially lead to fast delivery of assistance. This was, on the one hand, because the process of development and approval of the application took longer than agencies had expected and, on the other hand, because the government applied development cooperation procedures rather than fast-tracked emergency procedures for approving activities. However, CERF still helped respond to time-critical needs,

particularly through enabling better monitoring of and preventing increases in malnutrition and disease outbreaks. By providing seed resources and highlighting the severity and magnitude of the drought, CERF helped improve resource mobilization. In addition, CERF extensively contributed to improved coordination among the

humanitarian community, enabling the advancement of the UN 'Delivering as One' approach in the humanitarian sector through facilitating joint programming, implementation and monitoring.

Enabling access to water for drought-affected families in Viet Nam

Local people in Giong Trom district, Ben Tre have long relied on rain water and small local canals to meet their daily water needs. However, during the worst drought and salt water intrusion in 60 years, the price of fresh water rose drastically; at the same time, many families' income was severely reduced.

Le Thi Huong and her husband have been critically affected. Whilst she stays at home to care for their two-year-old daughter, her husband depends on seasonal farming or construction work. "His work is not stable as he only works when others hire him, sometimes two or three days a week or sometimes even less than that," says Huong. "During the drought and salt water intrusion, there was no work to harvest coconuts, and no work in construction."

When work is available, Huong's husband earns roughly \$5 per day. However, to care for her family, she has had to spend nearly half of that amount daily on bottled water. "We have three cement water tanks to collect and store rain water in. Normally we try to save it, because most days in the year we are short on water. We only use fresh water for cooking, drinking and bathing my two-year-old daughter. We use water from the channel for washing dishes, clothes as well as ourselves. But the situation this year is much worse because of the drought and salt water contamination." Huong started raising livestock as another means of support. However, her pig got sick with diarrhea because of drinking salt-contaminated water, which meant she had to sell it at a loss.

Through CERF funding, UNDP Viet Nam distributed water vouchers equivalent to 15 litres of water per person per day and households also received water tanks to help store the water they received.

The CERF allocation also enabled UNDP to introduce more systematized early recovery measures into already existing response



Le Thi Huong by her home, washing dishes.

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interventions in the provinces. During the Emergency Response planning process and CERF proposal development with other UN agencies, there were several viable resilience-based solutions introduced to the provinces, central governments or the UN in their response/recovery plans. For example, provinces and other UN agencies were encouraged to top up investment to increase households' water capacity, which would also improve their resilience for the future. The central government and provinces were also recommended to explore options to apply a robust early warning system for drought and saline intrusion, to upscale community based desalination techniques and review social assistance packages to integrate good practices on cash programming. This improved the Government's effectiveness and efficiency in responding to the identified needs in the affected communities in their first three to five months of the response phase, as well as redirecting the Government to strategic resource mobilization.

Meanwhile, Huong and her husband are delighted with their large water storage tank and fresh water. Huong states: "Now we have fresh water for our child, and more water tanks for storage. Hopefully we will be much better prepared for the next drought season!"



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