

CERF RESULTS REPORT

| 2019
edition



United Nations

FOR ALL, BY ALL

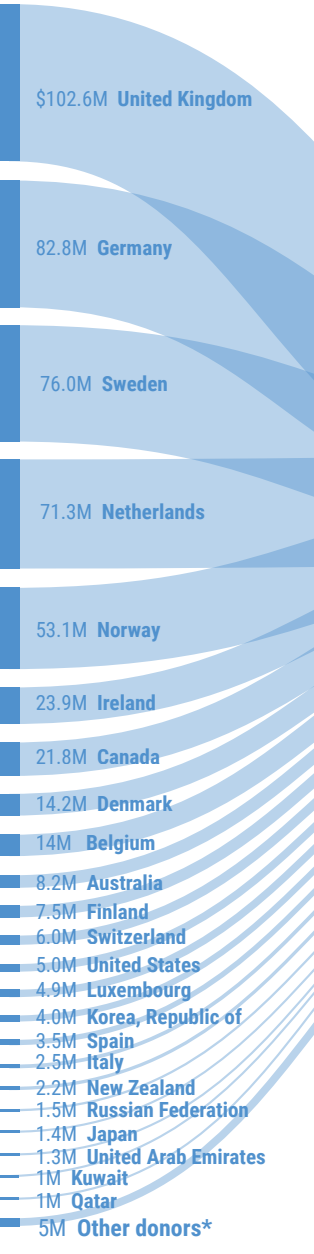
The achievement of results described in this publication would not have been possible without donors' generous contributions to the CERF, which enabled the fund to allocate US \$418.2 million in 2017 for life-saving humanitarian response in 36 countries. This invaluable support benefited almost 25 million people in crisis situations in 2017 and 2018, 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\$)
Iceland	766K
Belgian Government of Flanders	626K
China	500K
India	500K
South Africa	487K
Turkey	450K
Al Jisr Foundation	250K
Indonesia	220K
Liechtenstein	201K
Saudi Arabia	150K
Colombia	113K
Estonia	106K

2017 CERF DONORS

56 MEMBER STATES AND OBSERVERS
1 REGIONAL GOVERNMENT
2 FOUNDATIONS
MULTIPLE PRIVATE CONTRIBUTORS



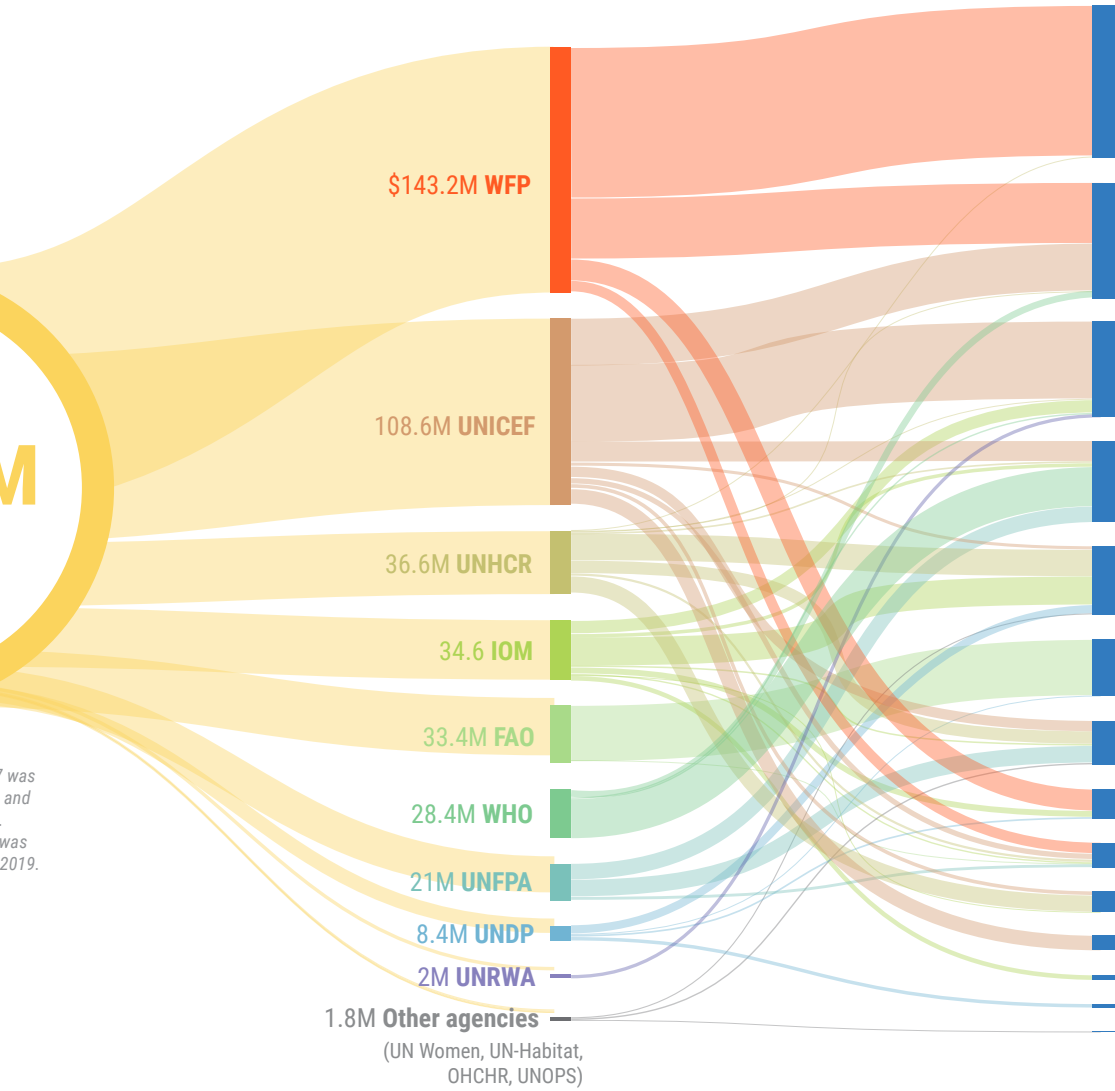
Donor	Contributions (US\$)
Portugal	104K
Slovakia	60K
Private donations	58K
Monaco	52K
Kazakhstan	50K

Donor	Contributions (US\$)
Philippines	50K
Singapore	50K
Chile	40K
Czech Republic	38K
Andorra	24K

CERF funding allocated in 2017 was implemented in 2017 and 2018 and reported on by the end of 2018. Consequently, this publication was prepared in the first quarter of 2019.

IMPLEMENTING ORGANIZATIONS

13 UN AGENCIES, IN PARTNERSHIP WITH:
121 INTERNATIONAL NGOS
286 NATIONAL/LOCAL NGOS
143 GOVERNMENT ENTITIES
18 RED CROSS/RED CRESCENT SOCIETIES



Donor	Contributions (US\$)
Lithuania	22K
Bulgaria	20K
Thailand	20K
Waterloo Foundation	13K
Cyprus	12K

Donor	Contributions (US\$)
Côte d'Ivoire	10K
Myanmar	10K
Pakistan	10K
Vietnam	10K
Armenia	5K

Donor	Contributions (US\$)
Sri Lanka	5K
Peru	4K
San Marino	2K
Bhutan	2K
Sovereign Military Order of Malta	1K

SECTORS

PEOPLE REACHED
IN 36 COUNTRIES
14 SECTORS



CREDITS

This document is produced by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA). 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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In Southern Chad, a returnee mother from CAR is holding her child. © UNICEF Chad/Alliah

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The boundaries and names shown and the designations used on this report do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

Map source: United Nations Geospatial Information Section
Numbers are rounded. Denominations are represented in United States dollars.

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Foreword

Under-Secretary-General and Emergency Relief Coordinator Mark Lowcock discusses the humanitarian situation in Yei, South Sudan.
© UNMISS/Eric Kanalstein



The Central Emergency Response Fund (CERF) is an essential global instrument to provide urgent and life-saving aid to millions of people around the world each year. From man-made to natural crises, from conflict and violence to flooding, droughts and hurricanes, CERF enables humanitarian organizations to save lives and protect people when and where they need it most.

This third edition of the annual Results Report provides a comprehensive overview of the almost 25 million people in 36 countries reached through 2017 CERF funding, the nature of the crises affecting them, and the types of aid they received. Through detailed examples from emergency responses around the world, the report illustrates the strategic value that CERF adds in support of humanitarian response, coordination and resource mobilization.

As CERF continues to grow towards its target of \$1 billion, the insights and evidence included in this report are more critical than ever. Knowing how CERF funds have been used and how vulnerable people have benefitted from them is critical to tracking and improving the efficiency, effectiveness and accountability of CERF-funded humanitarian action in order to increase its impact for people affected by crises.

The life-saving actions enabled by CERF are one of the international community's greatest shared success stories. There is no other global mechanism that enables us to act rapidly and at scale when sudden-onset emergencies strike, and to sustain life-saving assistance to vulnerable people caught up in critically underfunded or forgotten crises. As one of the most effective ways to get urgent aid to people in need, CERF

has consistently lived up to the aspirations and ambitions of the global community to be a fund by all, for all.

None of this would be possible without the generosity of CERF's donors. The Results Report illustrates the link between donors' unearmarked contributions and the results achieved through the fund, providing an overview of the impact their investment makes on people affected by crises. I am extremely grateful to all the donors and partners who make CERF's life-saving work possible. Every dollar contributed to the Fund is an investment in the lives and dignity of millions of crisis-affected women, men and children around the world. I count on your continued engagement as we continue to strengthen and enhance the impact of CERF for those who need it most.

MARK LOWCOCK

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

Introduction

Each year, CERF provides funding to enable the delivery of life-saving, time-critical humanitarian assistance to millions of people in the most severe crises worldwide. The CERF Results Report is an analytical, data-driven publication that provides a comprehensive picture of the results achieved with this funding.

The report was compiled based on information provided by United Nations Resident Coordinators/Humanitarian Coordinators (RC/HCs) and Humanitarian Country Teams (HCTs) through 55 consolidated reports covering the results of 397 projects funded by CERF in 2017. Since the implementation of CERF grants takes up to nine months¹ and is followed by a three-month reporting period, CERF funding allocated in 2017 was implemented and reported on up until the end of 2018. Consequently, this publication was developed in the first quarter of 2019. To provide the most up-to-date picture, the analysis in the report is further complemented by key CERF data covering the past several years.

Part I of the report presents a global overview of results achieved with CERF funding allocated in 2017, focusing on people who received CERF-funded assistance and on CERF's strategic added value to the humanitarian system's efficiency and effectiveness. This is supplemented by analysis on key topics such as CERF funding for displacement-related humanitarian operations; partnerships in the implementation of CERF funding; complementarity between CERF and other funding sources; CERF and gender; cash transfer programming in CERF-funded projects; and how CERF supports accountability to affected people.

In Part II of the report, the global achievements presented in Part I are described in more detail through regional and country summaries. As each humanitarian situation is different, the

summaries describe the context of each CERF allocation, present the specifics of people reached and life-saving assistance provided, and highlight the value added by CERF to the broader emergency response. Such a detailed level of results reporting is possible due to several years of gradual improvements in CERF's reporting framework and recent enhancements to CERF's analytical capacity.

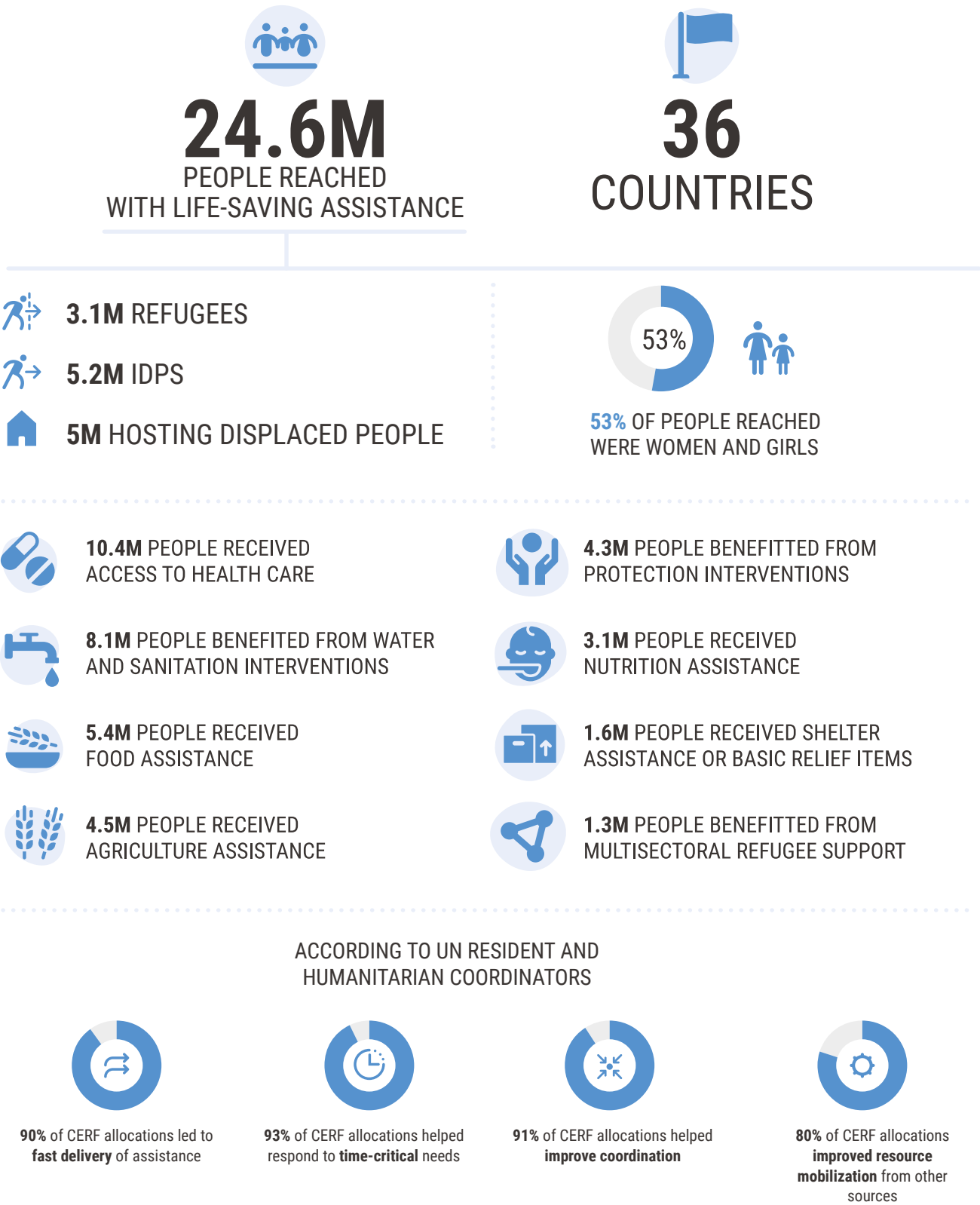
The Results Report presents CERF results in the context of donor funding to CERF. It outlines CERF's allocation methodologies and describes the rationale behind each CERF funding decision. As such, it links the unearmarked contributions of CERF's donors to the concrete results they enabled humanitarian organizations to achieve. Every life saved through CERF funds is a life saved by CERF's donors, without whose generous contributions the results described in this report would not have been possible.

This year's Results Report was enriched by the feedback provided by the 16 donors, 15 CERF Advisory Group members, 10 UN agencies and seven other partners who participated in the CERF secretariat's 2018 survey on the quality and usability of its results reporting. The response to the survey was tremendously positive with 95 per cent of respondents stating that the report was very useful. The numerous comments collected through the survey prompted many improvements made in the report this year.

Although this publication is comprehensive in its coverage, it is not exhaustive of all the results of CERF-funded interventions. It focuses on presenting the top-line results of 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).

¹ Rapid Response grants have up to six months implementation time and Underfunded Emergencies grants have up to nine months implementation time. In exceptional circumstances, the implementation time may be extended by another three months upon request by an implementing agency.

CERF results at a glance



Results achieved with CERF funding allocated in 2017



CERF Results Report 2019 Edition

| Global
overview

A returnee mother in Southern
Chad is holding her baby. ©
UNICEF Chad/Alliah

1 About CERF Annual and Results Reports

The reporting framework of the CERF includes two annual global publications: the Annual Report and the Results Report. While the two documents complement each other, they can also be read individually. As of 2019, the Annual Report and the Results Report are launched jointly as an annual CERF publication package.

ANNUAL REPORT

The Annual Report is a summary document that presents highlights of CERF funding allocated during the previous year, i.e. in 2018.

The report also includes a summary of 2018 donor funding to CERF, key performance information, and information on ongoing efforts to increase the effectiveness of the fund in light of the changing humanitarian landscape.

RESULTS REPORT

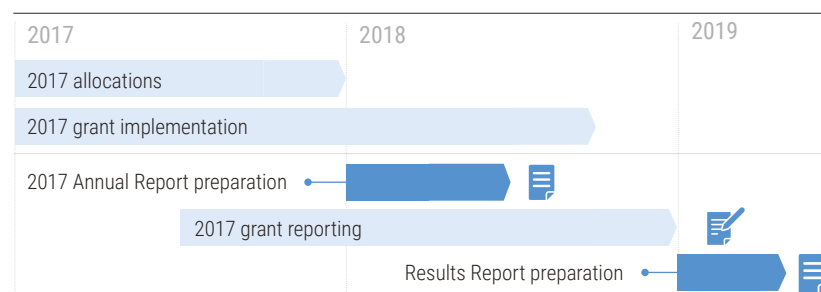
The Results Report is an analytical, data-driven document that provides detailed information on annual results achieved with CERF funding as reported by partners.

Because the implementation of CERF grants takes up to nine months¹ and is followed by a three-month reporting period, CERF funding allocated in 2017 was implemented and reported on until the end of 2018.

This year's Results Report therefore focuses on results achieved through projects that were funded by CERF in 2017 and implemented during 2017 and parts of 2018. The report also includes several analytical sections that use data from across a number of years, including 2018, to present relevant trends and perspectives.

¹ Rapid Response grants have up to six months implementation time and Underfunded Emergencies grants have up to nine months implementation time. In exceptional circumstances, the implementation time may be extended by another three months upon request by an implementing agency.

CERF grant implementation and global reporting timeline



2 About CERF

CERF is one of the fastest and most effective ways to enable life-saving humanitarian action for people affected by crises. Established by the United Nations General Assembly in 2005 as the UN Emergency Response Fund, CERF enables humanitarian responders to deliver life-saving assistance by providing rapid and flexible funding when it is needed most. CERF funds allow UN country teams to kick-start relief efforts immediately through a coordinated and prioritized response, and help partners scale up their relief operations in underfunded emergencies to avoid critical gaps. UN organizations are directly eligible to receive CERF funding and implement grants in partnership with local and international non-governmental organizations (NGOs), host Governments and Red Cross/Red Crescent societies.

In 2018 alone, CERF allocated \$500.5 million to support humanitarian action in 48 countries and territories. Of this, \$321 million went to kick-start and scale up emergency responses in 37 countries and \$180 million was released to bolster aid operations in 18 of the world's most neglected crises.

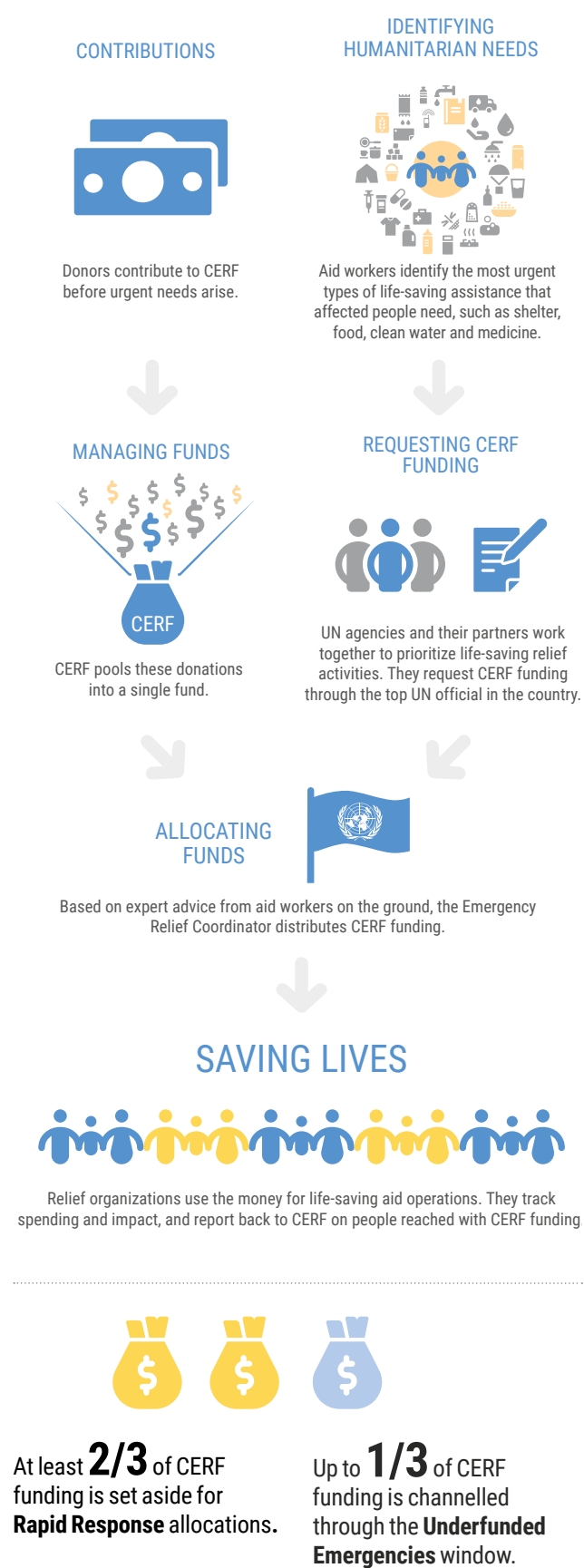
Since the fund's inception, contributions from 126 UN Member States and observers, as well as regional governments, corporate donors, foundations and individuals, have enabled CERF to provide some \$5.8 billion to deliver life-saving assistance in 104 countries and territories. One third of the countries that have donated to CERF have themselves benefited from CERF funding during an emergency, making CERF truly a fund by all, for all. By pooling their fully unearmarked contributions into a single fund, donors invest in a humanitarian funding mechanism that adds

value to every dollar spent. CERF is guided by the humanitarian principles of humanity, neutrality and impartiality and resources are allocated in line with CERF's life-saving criteria. This way CERF ensures that funds help meet the most urgent needs of people caught in crisis around the world and are used where they have the highest potential for saving lives.

The humanitarian context in which CERF operates today has changed significantly from when the fund was established more than a decade ago. Crises have increased in scale, magnitude and duration, and the financial requirements to reach people in need have increased almost five-fold, with UN-led humanitarian response plans requesting \$25.2 billion in 2018 to assist some 97.9 million people. Recognizing the clear need for more substantial and strategic humanitarian financing and considering CERF's impressive track record in resourcing life-saving assistance for crisis-affected people, in 2017 the UN General Assembly endorsed the Secretary-General's call to expand CERF's annual funding target to \$1 billion, commensurate with today's humanitarian needs.

CERF MANAGEMENT

The Emergency Relief Coordinator (ERC) manages CERF on behalf of the UN Secretary-General and approves CERF grants. The ERC is supported by the CERF secretariat, which ensures that funds are allocated properly, disbursed in a timely manner, and reported on appropriately and transparently. The CERF Advisory Group provides policy guidance to the Secretary-General on the use and impact of the fund.



HOW CERF WORKS

Time lost means lives lost. Disasters and conflict can cut people off from the bare necessities for survival, including urgent health care, food, clean water, sanitation, shelter, protection and much more. The effect can be devastating and often immediate. CERF provides a fast and efficient way to channel funds to humanitarian responders, enabling the rapid delivery of life-saving assistance whenever and wherever crises hit.

During emergencies, humanitarian organizations on the ground jointly assess and prioritize humanitarian needs and can decide to apply for CERF funding when new needs exceed their capacity to respond. Determining the level and severity of needs and identifying people who most urgently need assistance requires joint planning and prioritization by United Nations Resident Coordinators/Humanitarian Coordinators (RC/HCs), Humanitarian/UN Country Teams and other humanitarian organizations. By bringing humanitarian partners together to discuss and prioritize activities to be included in the CERF request, CERF helps ensure a coordinated and strategic prioritization and application process. When an application meets the CERF criteria for funding, funds are immediately released to partners on the ground.

TWO FUNDING WINDOWS

CERF can channel funds to UN agencies through its Rapid Response window and its Underfunded Emergencies window. While the process of developing a formal request is similar for both grant windows, the starting point for allocations differs. Rapid Response funding can be requested any time during the year by the RC/HC, in consultation with humanitarian partners on the ground, in the event of a clear trigger causing new needs. Underfunded Emergencies allocations, on the other hand, start with a comparative global analysis of vulnerability and funding levels through two annual consultative processes at headquarters level involving UN agencies, OCHA and NGOs.

The details of CERF allocation processes for both windows are described in depth later in this report.

CERF is



GLOBAL

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



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.



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.



FAST

Time lost means lives lost. CERF allocates funding within hours of a crisis, making funding available at the beginning of a crisis when it is needed most.



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.



PREDICTABLE

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



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.



If we are serious about humanitarian coordination, if we are serious about effective system-wide priorities and leaving no one behind, the sure bet is the CERF. It is the best guarantee that, with increased funding entrusted to us by donors, aid reaches people whenever and wherever they are caught up in crises.

— António Guterres
United Nations Secretary-General



FOSTERING PARTNERSHIPS

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



COST-EFFECTIVE

CERF offers value for money by allowing donors to efficiently assist people in need wherever crises strike. When donors contribute to CERF, they ensure that limited resources go as far as they can to save lives and reduce the suffering of millions of women, men, girls and boys caught up in crises around the world.

”

Sweden is fully behind the CERF as a timely and flexible actor that supports the delivery of urgent life-saving activities in fluid and rapidly changing emergency situations

– Peter Eriksson,
Minister for International
Development Cooperation.

About Country-Based Pooled Funds

In addition to CERF at the global level OCHA also manages Country-Based Pooled Funds at the country level. CBPFs are established by the ERC when a new emergency occurs or when an existing crisis deteriorates, informed by specific country contexts including the operational presence and coordination capacity of the humanitarian community and the prospect of sufficient donor contributions to sustain the fund. They are managed by OCHA under the leadership of the Humanitarian Coordinator in close consultation with the humanitarian community. Contributions from donors are collected into a single, unearmarked fund to support local humanitarian efforts. CBPFs directly allocate funds to the highest-priority projects of the best-placed responders (including international and national NGOs, Red Cross/Crescent organizations and UN agencies) through an inclusive and transparent process in support of crisis-specific Humanitarian Response Plans (HRPs). They foster broader and stronger partner engagements in cluster systems, help build local response capacities while minimizing transaction costs, and reinforce collective ownership and accountability of emergency response. For more on CBPFs, visit <http://bit.ly/GiveToCBPFs>

LOAN FACILITY

In addition to the two grant windows, CERF also has a \$30 million loan facility intended to cover critical funding gaps in UN humanitarian operations based on indications that donor funding is forthcoming. When a UN agency, fund or programme experiences a cash flow problem when attempting to provide a rapid and coordinated response to a humanitarian emergency, a loan for up to one year may be requested towards immediate response activities. The ERC determines the amount to be advanced in each situation.

STRATEGIC USE OF CERF AND COUNTRY-BASED POOLED FUNDS

CERF allocations are designed to complement other humanitarian funding sources, such as country-based pooled funds (CBPFs), donor funding, existing agency funding, and Government response efforts. Both CERF and CBPFs enable timely, effective and principled humanitarian action by promoting leadership, coordination and coherence in response. Used jointly and strategically, they are powerful funding tools for the RC/HC and the humanitarian community to meet life-saving needs. By leveraging their comparative advantages — including CERF’s global reach, additionality and focus on life-saving assistance and CBPFs’ abilities to directly fund a wider range of partners including local NGOs through more flexible operational modalities — the strategic use of these funds enables partners to deliver a stronger collective response, maximizing the impact of limited resources.

3 CERF allocation processes

CERF can allocate funds to UN agencies through its Rapid Response (RR) window and its Underfunded Emergencies (UFE) window.

The formal application process for the two windows is similar, in that a CERF allocation request is based on a field-driven process that gives the Resident Coordinator/Humanitarian Coordinator (RC/HC) the overall authority to determine the strategic priorities for funding and submit a consolidated package of proposals to the Emergency Relief Coordinator (ERC) for consideration. Consultations in-country with the Humanitarian/UN Country Team and the inter-cluster coordination mechanism, if present, are key to ensure that needs and activities are jointly agreed and prioritized for the CERF request. For the request to be granted, it is essential that all projects meet the CERF life-saving criteria.

While the process for requesting funds is similar for both grant windows, the starting point for allocations is different. Rapid Response funding is triggered by needs stemming from sudden onset disasters, rapid or significant deterioration of existing crises, or to support a time-critical intervention. Rapid Response funds can be requested at any time by the RC/HC in consultation with humanitarian partners on the ground. Underfunded Emergencies allocations start with a comparative global analysis of vulnerability and funding levels, which is undertaken twice a year through a consultative process at headquarters level.

CERF Life-Saving Criteria

The allocation of funds is guided by CERF’s life-saving criteria, which were established in 2007 through a consultative process with UN agencies and other Inter-Agency Standing Committee (IASC) partners. These guidelines provide a framework for prioritizing critical needs in line with CERF’s humanitarian mandate and help ensure that support provided to projects is rigorous and focused. The criteria reflect the basic humanitarian principle of placing the people affected by crisis at the centre of response and recognize the rights of all people as defined by the Universal Declaration of Human Rights, particularly the right to life with dignity. Considering that the last revision of the criteria was finalized in 2010, the CERF secretariat engaged over the course of 2018 in consultations with UN agencies to assess the need for a new update to adapt to developments in the humanitarian system. These consultations will continue in 2019 and a potential update would need to consider the outcome of the ongoing workstream on defining CERF’s role in early action.

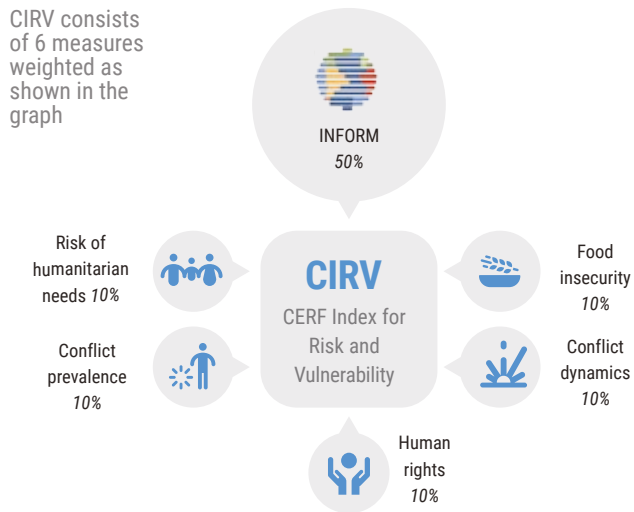
DETERMINING CERF RAPID RESPONSE ELIGIBILITY

When a new crisis hits or an ongoing crisis deteriorates, the RC/HC may contact the ERC or the CERF secretariat with a request for assistance if existing resources are not sufficient to respond to the new needs. The CERF secretariat or an OCHA office may also reach out proactively to an RC/HC to provide guidance if a situation that might warrant CERF assistance is identified.

When informed about a possible CERF request, the CERF secretariat conducts a quick, preliminary assessment of the situation based on information provided by the requesting country team through a concept note, teleconferences or written communication. Aspects considered include the trigger for the request (i.e. the new or

unanticipated needs versus unmet needs as part of agencies’ regular programming), the scale and scope of the life-saving activities, the geographical focus and complementarity of the interventions, and the financial requirements. The available funds in CERF and its fore-casted income also set certain limits independent of the context of a specific emergency and the content of a related CERF application. Given that CERF’s specific role is to jump-start or expand activities, the CERF secretariat also 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. Based on the initial assessment, the CERF secretariat presents the information to the ERC who de-cides on a provisional funding envelope.

CIRV compositions



CERF allocations

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	At least 2/3 of all CERF funding	Up to 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	

DETERMINING CERF UNDERFUNDED EMERGENCIES ELIGIBILITY

Underfunded Emergencies grants target the world’s least funded and most neglected crises and are a lifeline to countries with significant unmet humanitarian needs. Twice a year, the Emergency Relief Coordinator selects these countries based on quantitative data analysis on funding and humanitarian needs, risk and vulner-ability, and qualitative, contextual information collected from consultations with UN agencies, OCHA offices, NGOs and other sources.

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

Funding from the Underfunded Emergencies window goes to crises that have not attracted or are unlikely to attract sufficient and timely funding for life-saving activities, as assessed by:

(a) The degree of funding shortfall (analysis of funding received against total annual re-quirements): The funding analysis is the pri-mary criterion for selection in an Underfunded Emergencies round. It identifies humanitarian operations with the lowest levels of funding by comparing available funding for humanitarian programming to funding requirements. 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. The CERF secretariat also seeks to eliminate as best as possible any known fac-tors that may skew funding-level comparisons between appeals.

(b) The analysis of risk, vulnerability, the sever-ity of humanitarian needs and the type of pro-grammes and activities: For the emergencies identified as eligible by 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 infor-mation 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 combined account for the remaining 50 per cent.

(c) Consultations: Before finalizing the analysis, separate consultations are held with the Un-derfunded Emergencies Working Group, the NGO Finance Working Group led by the International Council of Voluntary Agencies, and the OCHA

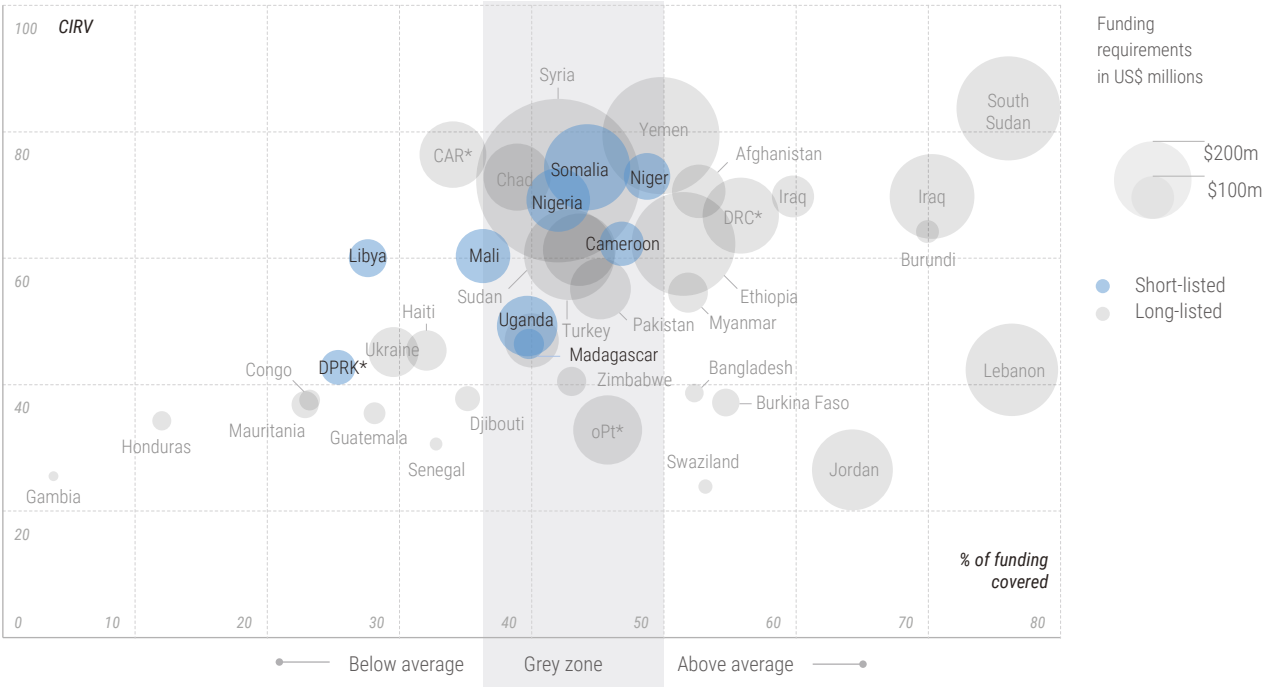
Operations and Advocacy Division. The CERF secretariat then makes a recommendation to the Emergency Relief Coordinator on the selec-tion of countries.

(d) The Emergency Relief Coordinator’s coun-try 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 Un-derfunded Emergencies round and on the funding allocations. The ERC informs the RC/HC in the selected country and may emphasize gaps to consider during the prioritization process.

The figure below shows the funding and vulnera-bility analysis of 36 countries considered for the 2017 UFE Round I. Following rigorous analysis and consultations, 9 countries highlighted in blue were selected by the ERC to receive UFE allocations totaling \$100 million.

1st round of 2017 Underfunded Emergencies analysis

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



* CAR - Central African Republic
DRC - Democratic Republic of the Congo
DPRK - Democratic People’s Republic of Korea
oPt - occupied Palestinian territory

DEVELOPING A JOINT APPLICATION

Once an emergency has been deemed eligible for CERF funding through either the RR or the UFE window, the formal application process begins. For 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 common strategy for the CERF-funded response in the context of the overall emergency and individual agency project proposals in line with this strategy. For Underfunded Emergencies allocations, a provisional allocation and funding envelope is communicated to the selected RC/HCs, who are asked to first submit a prioritization strategy for the use of funds to the CERF secretariat before submitting a full application.

For both grant windows, the joint application sets the collective priorities of humanitarian partners and ensures a well-informed and prioritized CERF response. The process of developing the joint application is meant to 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, eliminate overlap of activities and avoid fragmentation across several disjointed or small projects. The RC/HC and in-country stakeholders may decide to focus the strategy on particular sectors or clusters, a particular caseload, or specific geographic areas.

APPLICATION REVIEW

Once the RC/HC submits the joint application, the CERF secretariat reviews the request in consultation with OCHA's Operations and Advocacy Division and with the relevant OCHA regional office, where applicable. The strategy is assessed in terms of coherence and focus (collective priorities, high impact and complementarity of proposed activities, elimination of overlap) and its alignment with CERF's mandate and life-saving criteria to ensure that the CERF-funded projects have the highest impact targeting the most vulnerable people in need. It should also consider possible operational and security constraints, such as access to people in need and the implementation capacity and presence of UN agencies and their partners. The CERF secretariat also looks for demonstrations of value for money and

economies of scale, cost efficiencies, and administrative and operational efficiency.

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. The project budgets are also 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. To maximize the impact of CERF's often comparably limited investment, the complementarity of CERF funding to other funding sources such as country-based pooled funds, earmarked and unearmarked donor funds, existing agency funds and Government response efforts is an extremely important factor in CERF's review of the application.

ERC DECISION ON FUNDING

Following the application review at the strategic and project levels, the CERF secretariat presents funding recommendations for each project to the Emergency Relief Coordinator. Although applications are assessed as a whole, each project is processed individually. This ensures that grants can be disbursed as soon as individual projects are approved. In cases where agencies have started project implementation or had expenditures related to life-saving activities before CERF funds are disbursed, the agency may request an early project start date not exceeding six weeks prior to the disbursement date and not before the onset of the emergency. This allows agencies more flexibility to begin critical response activities in the initial phase of an emergency and effectively means that CERF funding can achieve an impact prior to disbursement of funds. Once all project grants are disbursed, the Emergency Relief Coordinator officially communicates to the RC/HC the details of the overall allocation, the related implementation timeline and the reporting requirements.

4 | 2017 in review

At the beginning of 2017, more than 128 million people needed humanitarian assistance and OCHA appealed for US\$22.2 billion — at the time, the largest humanitarian appeal ever launched. In response, donors provided record levels of funding, enabling humanitarian responders to reach millions of people with life-saving aid. Nonetheless, the gap between requirements and funding increased over the course of the year. Humanitarian requirements rose to \$24.7 billion the number of people in need of life-saving assistance grew to 145 million.

In February 2017 the Secretary-General called on the world to avert four possible famines in north-east Nigeria, Somalia, South Sudan and Yemen. CERF was one of the first and largest funding sources to be released following warnings that 20 million people were facing famine-like conditions. As a result of effective early warning systems and the rapid commitment of funds from donors, humanitarian organizations scaled up their operations and staved off famine in north-east Nigeria, Somalia and Yemen, and contained a declared famine in South Sudan.

During 2017, several existing crises grew more severe, protracted and complex, particularly in the Democratic Republic of the Congo, Iraq and Yemen. In Afghanistan, the Lake Chad Basin and the Horn of Africa, the impacts of years of drought, displacement and conflict threatened the lives and livelihoods of millions of people in protracted and to some extent forgotten emergencies. New crises also emerged. In August,



humanitarian organizations rapidly mobilized to provide life-saving assistance to refugees fleeing violence in Myanmar's Rakhine State and seeking refuge in Bangladesh's Cox's Bazar district, which quickly became the site of the world's fastest growing refugee crisis.

Throughout the year, humanitarian organizations and donors also helped countries respond to catastrophic storms, droughts and floods that affected hundreds of communities around the world. In September, the world mobilized support to countries in the Caribbean to prepare for and respond to successive hurricanes of a ferocity rarely seen before, including Hurricane Irma, the most powerful hurricane ever recorded over the Atlantic, and Hurricane Maria, which struck just a few weeks later.

Somalia
A pastoralist is feeding her livestock in the drought-affected region of Somaliland, Somalia.
© IOM/Mary-Sanyu OsireAlliah

5 | Summary of 2017 CERF funding

In response to extremely high levels of humanitarian need around the world, CERF funding in 2017 helped kick-start responses to sudden onset emergencies and supported humanitarian organizations to respond to underfunded and forgotten crises. In total, CERF allocated \$418.2 million to humanitarian action in 36 countries, accounting for 1.93 per cent of the total global humanitarian funding recorded for the year.

CERF provided funding to 397 projects in 2017, helping humanitarian organizations to respond to humanitarian needs in 36 countries, including the threat of famine in north-east Nigeria, Somalia, South Sudan and Yemen, natural disasters in southern Africa, Peru and Sri Lanka, and providing a vital injection of funds to crises that had been neglected or underfunded.

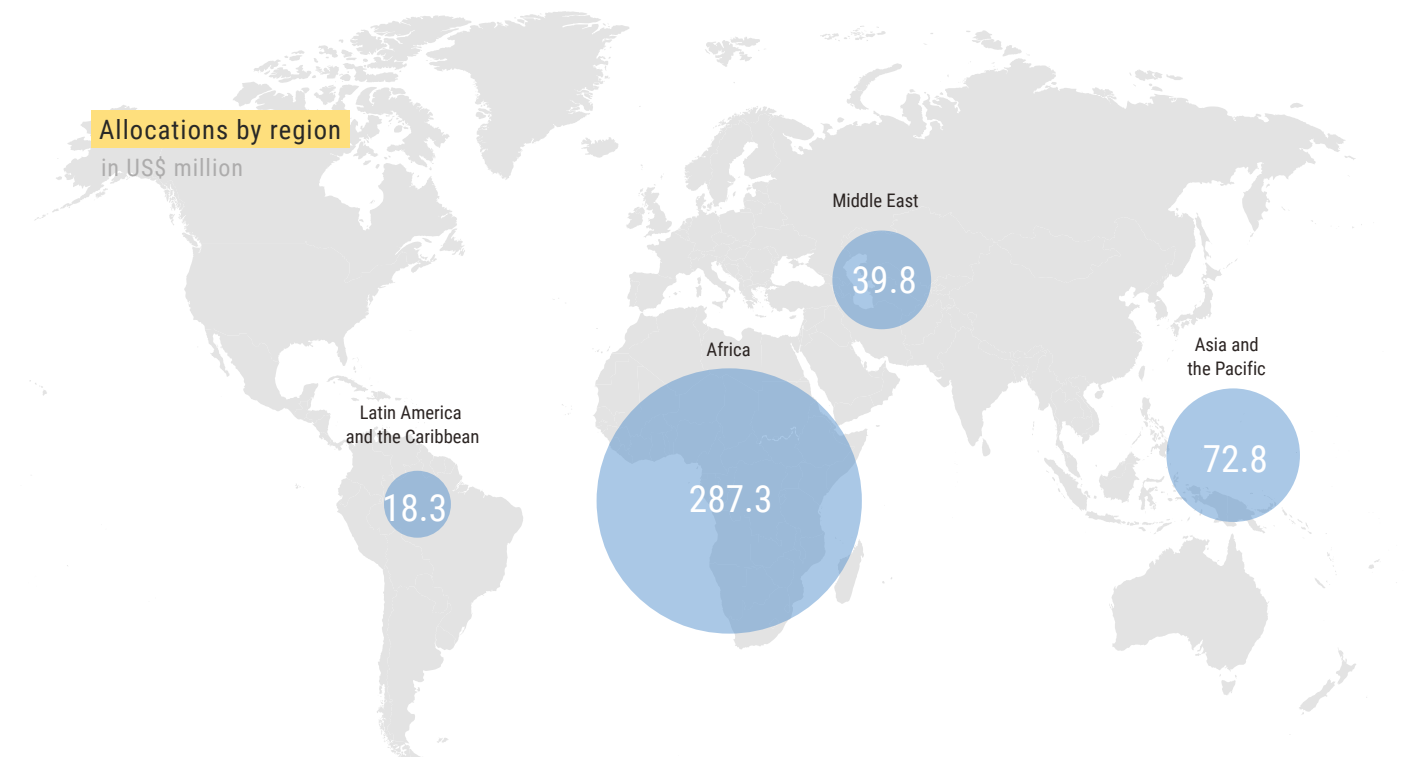
The highest share of CERF funding in 2017 went to meet extensive humanitarian needs in Africa. In 2017, 69 per cent of all CERF funds were allocated in Africa, amounting to a total of \$287.3 million. Allocations were primarily made in response to needs stemming from conflict or internal strife (\$197.4 million) and in response to climate-related emergencies (\$89.9 million), mainly as a result of drought.

A total of \$72.8 million was allocated to address humanitarian needs in Asia and the Pacific in 2017. Nearly 43 per cent (\$31 million) of these funds were for climate-related shocks and 49

per cent (\$35.8 million) went to address needs caused by conflict and internal strife in Afghanistan, Bangladesh, Myanmar and the Philippines.

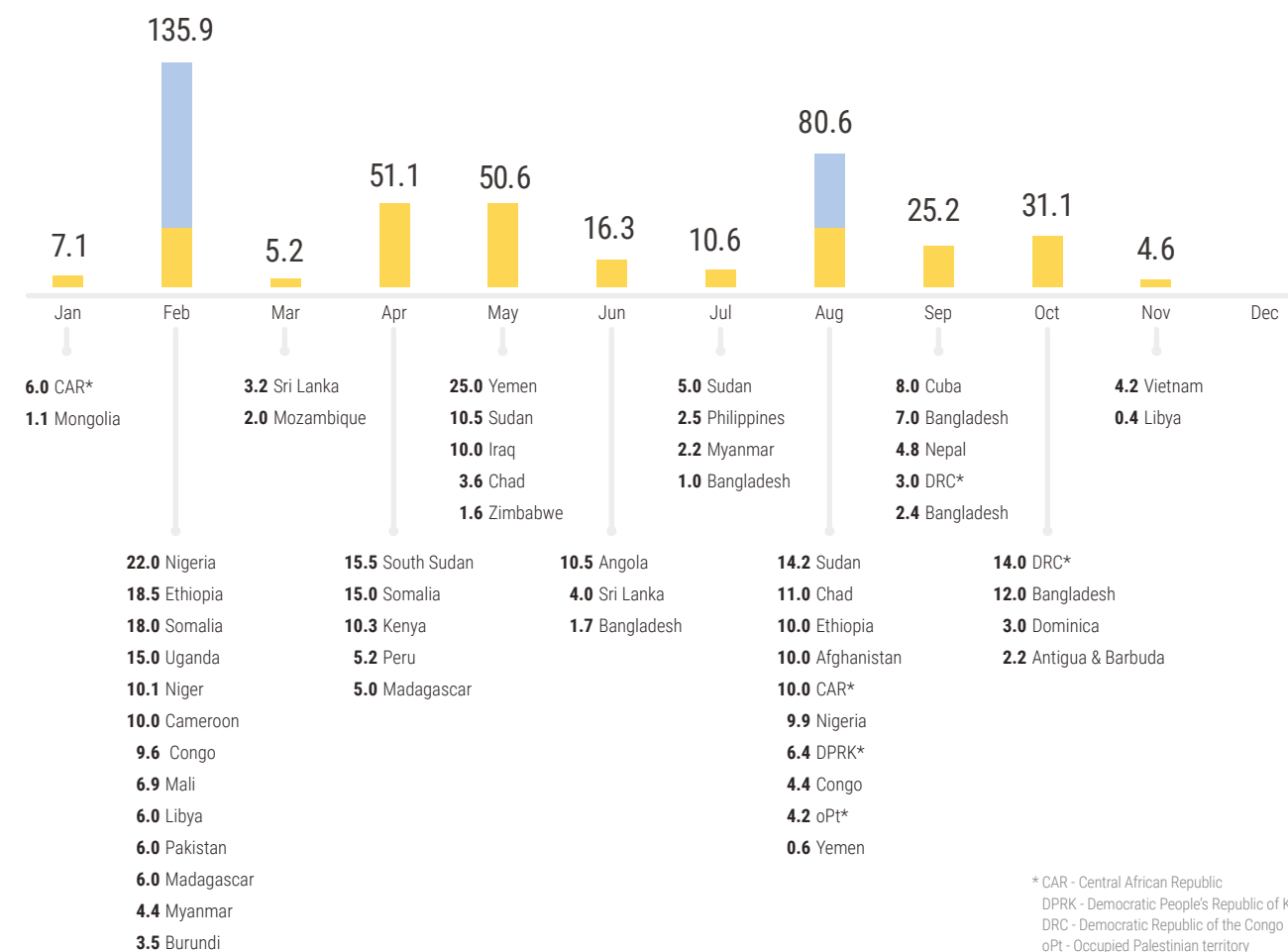
Humanitarian programmes in Latin America and the Caribbean received \$18.3 million from CERF, all of which supported responses to natural disasters. In the Caribbean, humanitarian organizations helped countries respond to the devastation caused by Hurricane Irma in Cuba and Antigua and Barbuda, and by Hurricane Maria in Dominica. This represented the first time that United Nations organizations in Antigua and Barbuda and Dominica had received funds from CERF. In Latin America, humanitarian operations in Peru received funds in response to flooding and landslides caused by heavy rains.

Humanitarian action in the Middle East received nearly \$40 million from CERF in 2017. This funding helped humanitarian organizations deliver essential services to people in the occupied Palestinian territory and provide assistance to people who were internally displaced by conflict in Iraq. In Yemen, CERF funds helped humanitarian organizations scale up their response to the world's largest humanitarian crisis and fight against famine. Later in the year, CERF funds also helped humanitarian organizations in Yemen respond to a deadly cholera outbreak.



Allocations timeline

in US\$ million



* CAR - Central African Republic
DPRK - Democratic People's Republic of Korea
DRC - Democratic Republic of the Congo
oPt - Occupied Palestinian territory

THE DEMOCRATIC REPUBLIC OF THE CONGO

The Democratic Republic of the Congo (DRC) continues to experience one of the world’s most complex and long-standing humanitarian crises. Early in 2017, intercommunal violence in Tanganyika and Kasai provinces escalated dramatically, displacing hundreds of thousands of people within DRC and into neighbouring countries. The humanitarian situation deteriorated throughout the year, compounded by rising food insecurity and a spreading cholera outbreak. In addition, worsening conflict in the Central African Republic forced thousands of people to flee violence and seek refuge in the DRC.

In February 2017, CERF allocated \$9.6 million through the Rapid Response window to enable humanitarian actors to scale up their presence and response in Tanganyika and in Kasai provinces. An additional \$14 million was allocated in September to address the urgent humanitarian needs arising from the sharp deterioration of the situation in areas affected by violence in the Kasai region, the Bantou-Batwa intercommunal conflict in the east and the activities of armed groups in South Kivu. CERF also allocated \$3 million to address the needs of the most vulnerable refugees from the Central African Republic.

A father and his children are fleeing from ongoing conflict in the Kasai provinces, in DRC, packing their belongings onto bicycles to reach safety. © OCHA/Otto Bakano



As part of the CERF Performance and Accountability Framework (PAF), an independent review was commissioned in 2018 to look at the fund’s added value to the humanitarian response in the DRC in 2017 and 2018. The review included strategic questions around CERF’s role in supporting collective operational priorities for the L3 response and also looked at two 2017 CERF Rapid Response allocations in response to conflict-related displacement in the Kasais, Tanganyika, Haut-Katanga and South Kivu leading up to the L3 declaration in those same areas. The review concluded that CERF fulfilled its vital role as an emergency funding instrument. It further emphasized that the allocations targeting the Kasai and Tanganyika regions enabled humanitarian organizations to kick-start emergency operations and fill critical gaps in ongoing response.

YEMEN

Yemen was the world’s largest humanitarian crisis in 2017. At the beginning of the year, 18 million people were in need of humanitarian assistance, including more than 3 million people who had been internally displaced since the escalation of conflict in March 2015. Humanitarian assessments indicated that 45 per cent of the country’s health facilities were not functioning, and 10.4 million people lacked access to health services and clean water and sanitation, putting them at risk of contagious diseases such as cholera. Food security and nutrition rapidly deteriorated across the country as the conflict destroyed people’s livelihoods and deprived many of them of the means to purchase food, leaving 8.2 million people in need of urgent food assistance.

In May 2017, to mitigate the early effects of a famine-like situation in Yemen, CERF allocated \$25 million towards nutrition, food security, logistics, coordination and support services, benefiting an estimated 2 million people. In addition, in July 2017, CERF allocated \$600,000 to support the unimpeded transportation of relief items amidst a deadly cholera epidemic.

ROHINGYA REFUGEE CRISIS

Escalating violence in Myanmar’s Rakhine State in late August 2017 caused hundreds of thousands of people to flee into neighbouring Bangladesh. The speed and scale of the population movement made it the world’s fastest growing refugee crisis. Most refugees arrived at makeshift settlements and registered camps that were overcrowded, under-resourced and stretched to capacity.

In September 2017, CERF allocated \$7 million through the Rapid Response window to support time-critical interventions for the most vulnerable people among the new arrivals in the district of Cox’s Bazar. As the crisis worsened further, CERF released an additional \$12 million in October to scale up life-saving response efforts for refugees in the Kutupalong extension site.

Overall, in 2017 CERF allocated \$19 million to support the response to the Rohingya Refugee Crisis in Bangladesh and provide assistance and protection to 268,110 refugees in need.



Rohingya refugees arrive in newly constructed Kutupalong displacement site in Bangladesh. © UNHCR/Roger Arnold

HURRICANES IRMA AND MARIA

On 6 September 2017 Hurricane Irma, the most powerful hurricane ever recorded over the Atlantic, hit Antigua and Barbuda with Category 5 strength. The storm destroyed over 90 per cent of housing on Barbuda, rendering the island uninhabitable. From 8 to 10 September, Hurricane Irma hovered over Cuba, where it caused severe damage to homes and infrastructure, requiring 2 million people to be evacuated. CERF allocated \$10.2 million through the Rapid Response window to jump-start relief efforts and address urgent needs in Antigua and Barbuda, Cuba and other eastern Caribbean islands and support the regional response.

On 18 September, another Category 5 storm, Hurricane Maria, caused widespread damage and destruction in Dominica. The entire island was affected, with up to 65,000 people suffering direct damage to housing and livelihoods. CERF allocated \$3 million to meet immediate needs and re-establish basic services, as well as sup-

port the logistics capacity to ensure an effective and timely distribution of relief assistance.

In all, CERF allocated \$13.2 million through the Rapid Response window for more than 670,000 people in need as a result of Hurricanes Irma and Maria.

As part of the CERF Performance and Accountability Framework (PAF), an independent review was commissioned in 2018 to look at CERF’s added value to the 2017 hurricane response in Cuba and the Eastern Caribbean. The review concluded that CERF played a very important role in the response and emphasized that it was one of the first funding sources available to kick-start response activities. This was the first time CERF had been used in the eastern Caribbean and the overall positive experience helped to strengthen partnerships between the UN system, regional actors such as the Caribbean Disaster Emergency Management Agency (CDEMA), and affected Governments.



Somalia
A mobile health team is assisting people affected from drought in Somaliland, Somalia.
© IOM/Mary-Sanyu Osire

FAMINE

CERF was one of the first responders to the warning signs of famine in north-eastern Nigeria, Somalia, South Sudan and Yemen. CERF released \$128 million to support the most critical early response and famine prevention activities, making it one of the largest funding sources in the early stages of the response. CERF worked in close complementarity with Country Based Pooled Funds (CBPFs) to support famine prevention efforts. Together, CERF and CBPFs released \$379 million in coordinated allocations that were vital to scale up time-critical humanitarian action in the four affected countries in the first half of 2017.

In Somalia, joint efforts were required to sustain ongoing but underfunded programmes to avert famine in the worst drought-affected areas. In February, CERF allocated \$18 million from the underfunded emergencies window to help cover the needs of 1.3 million drought-affected people. In April, CERF allocated an additional \$15 million in a rapid response allocation to respond to a surge in drought-related displacement. In total, CERF allocated \$33 million to the ongoing humanitarian crisis in Somalia in 2017. CERF also provided a \$22 million loan to FAO to support their response to the drought.

GLOBAL DISPLACEMENT

Forced displacement continued in 2017 as more and more people were forced from their homes. In South Sudan, approximately 4 million people had fled their homes since 2013. New clashes in 2017 caused further displacement, and food insecurity and malnutrition reached unprecedented levels. CERF allocated \$15.5 million to South Sudan to address the needs of 368,958 people affected by the crisis. CERF also allocated \$10.5 million to Sudan to help address the needs of 60,000 newly arrived South Sudanese refugees, and \$15 million to Uganda to sustain and improve life-saving services for existing South Sudanese refugees and establish services in settlements for new arrivals.

The four countries in the Lake Chad Basin continued to face complex and protracted humanitarian displacement emergencies in 2017. About 17 million people across the far north of Cameroon, western Chad, south-eastern Niger and north-eastern Nigeria were living in areas affected by the crisis. By February, 10.7 million people across the region needed assistance, more than 2.3 million people were displaced, 7.1 million people were food insecure and 515,000 children were suffering from severe acute malnutrition.

At the beginning of 2017, CERF provided \$22 million to Nigeria in support of life-saving interventions. CERF allocated an additional \$10 million to Nigeria in July to support humanitarian hubs where front-line responders could establish a permanent and secure presence.

In Cameroon, CERF allocated \$10 million to assist 270,000 people who were displaced by Boko Haram attacks. In Niger, CERF allocated \$10 million to respond to the disruption of basic services caused by conflict. In Chad, CERF allocated \$3.6 million to provide food, health and protection to 40,000 vulnerable internally displaced people (IDPs) returning to their homes, and an additional \$11 million to support 72,559 Chadian returnees and 16,937 refugees from the Central African Republic, as well as 56,060 members of communities hosting them.

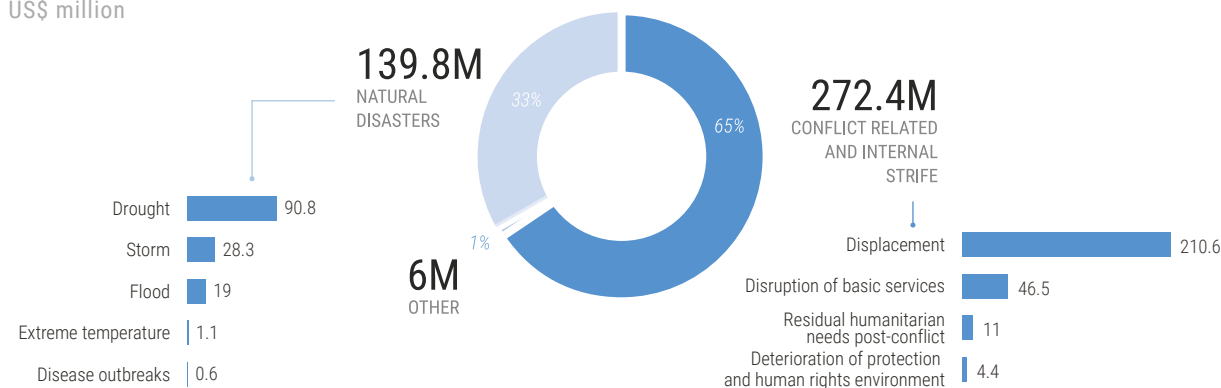
ALLOCATIONS BY EMERGENCY TYPE

In 2017, partners used CERF allocations to assist people facing a range of humanitarian emergencies. A total of \$272.4 million, or 65 per cent of allocated funds, went to projects aiding people affected by conflict or internal strife. This included \$157.3 million in rapid response allocations and \$115.1 million in underfunded emergencies allocations. The countries that received the highest levels of funding for assistance linked to conflict or internal strife were Nigeria (\$31.9 million), Sudan (\$29.6 million), the Democratic Republic of the Congo (\$26.6 million) and Yemen (\$25 million).

Climate-related natural disasters were the second major focus in 2017, accounting for 33 per cent of total funding. CERF allocated \$139.8 million for operations responding to the effects of meteorological, hydrological and climatological events. CERF responses to climate-related natu-

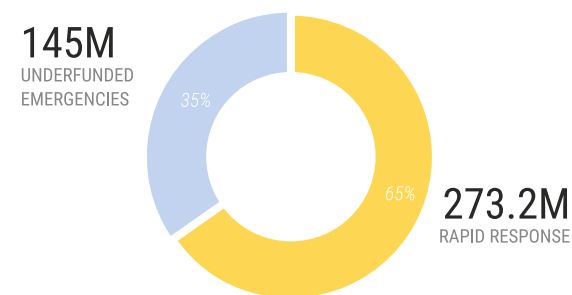
Allocations by emergency type

in US\$ million



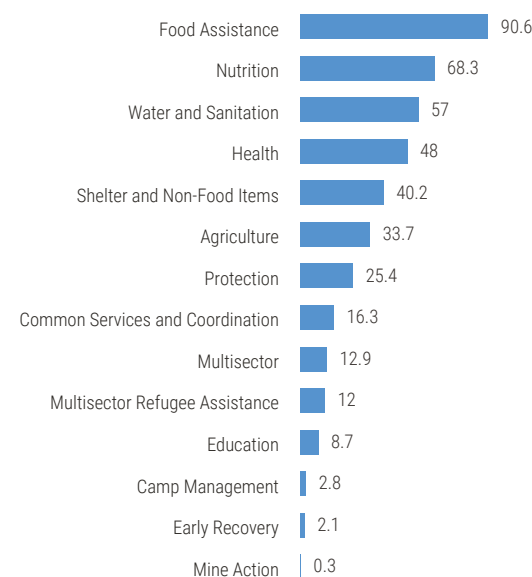
Allocations by window

in US\$ million



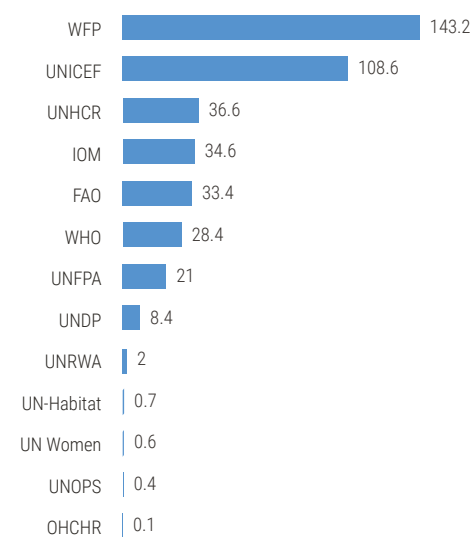
Allocations by sector

in US\$ million



Allocations by agency

in US\$ million



ral disasters included \$90.8 million to address needs in drought-ravaged countries, \$19 million to address needs arising from floods, and \$28.3 million in response to cyclones, typhoons and hurricanes. In Mongolia, CERF allocated \$1.1 million to address needs related to extreme temperatures.

ALLOCATIONS BY SECTOR

Food assistance remained CERF's top-funded sector in 2017, with \$90.6 million in allocations to humanitarian partners. Over a quarter of CERF funding went to food security, which comprises food assistance (\$90.6 million) and agriculture including livestock (\$33.7 million). In addition, \$68.3 million was allocated for nutrition assistance, bringing the total for food security and nutrition to \$192.6 million, or 47 per cent of allocated funds.

A total of \$57 million was allocated for water and sanitation-related humanitarian response in 2017. About \$28.1 million of that amount was allocated for conflict and internal strife-related crises and \$28.9 million for climate-related interventions.

In 2017, \$48 million was allocated to health-related interventions, of which \$32.8 million was allocated in conflict-related crises and \$15.2 million in climate-related emergencies.

ALLOCATIONS BY WINDOW

CERF allocated \$273.2 million to 31 countries through the Rapid Response window in 2017 to kick-start responses to new humanitarian emergencies or to respond to sudden deteriorations of ongoing humanitarian crises. The countries that received the highest levels of funding through the Rapid Response window were Ethiopia (\$28.5 million), DRC (\$26.6 million) and Yemen (\$25.6 million). Overall 57 per cent of Rapid Response funding addressed critical needs caused by conflict.

CERF remained a lifeline for people caught up in the world's most underfunded and protracted crises. In 2017 the Emergency Relief Coordinator approved \$145 million through the Underfunded Emergencies window for humanitarian efforts in 13 countries. In January, CERF released \$100 million to sustain aid operations in nine neglected emergencies. In the second round, CERF released \$45 million to four of the world's most protracted crises, each of which had lasted 15 years or more.

CERF's first underfunded emergencies allocation round provided life-saving assistance to people in nine countries. To address needs stemming from conflict, displacement and severe drought, CERF allocated \$70 million to assist 2.2 million displaced and vulnerable people in Cameroon, Libya, Mali, Niger, Nigeria and Uganda. A further \$24 million went to address the humanitarian needs of 2.2 million people affected by severe drought and food insecurity in Madagascar and Somalia. Finally, \$6 million went to respond to the needs of nearly 825,000 people in the Democratic People's Republic of Korea, with a focus on reducing maternal and under-5 mortality and morbidity.

In the second 2017 round of underfunded emergencies allocations, CERF provided \$45 million to four of the world's most protracted crises in Afghanistan, Central African Republic, Chad and Sudan. These countries were affected by internal conflict and insecurity in neighbouring countries as well as recurrent natural disasters, causing 21.2 million people to need humanitarian assistance. CERF funds enabled United Nations agencies and their implementing partners to provide critical health care, food assistance and access to clean water and sanitation, among other services and support.

”

We estimate CERF as a key mechanism for allocation of urgent, flexible and essential funds to address consequences of disasters during first hours, and also for covering the shortfall of financing “forgotten crises”. Since 2015 the Russian voluntary pledge to CERF has been transferred to the regular annual basis. Total amount of it in 2010-2017 was USD 13 million.

- Sergey Lavrov, Foreign Minister of Russia

ALLOCATIONS BY AGENCY

In 2017, CERF supported the work of 13 UN agencies and their partners. Agencies receiving the highest amounts of funds in 2017 were the World Food Programme (WFP), which received \$143.2 million for 63 projects in 30 countries, the United Nations Children's Fund (UNICEF), which received \$108.6 million for 111 projects in 33 countries and the Office of the United Nations High Commissioner for Refugees (UNHCR), which received \$36.6 million for 32 projects in 16 countries.

In March 2017, CERF provided a loan of \$22 million to the Food and Agriculture Organization (FAO) to enable a response to the drought-affected regions of Somalia. It filled a crucial gap and allowed FAO to immediately save the lives and livelihoods of farmers and herders until additional funds from donors were received. CERF also provided a \$20 million loan to the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) to address the health and food needs of Palestinian refugees in Jordan, Lebanon, the occupied Palestinian territory and the Syrian Arab Republic.

6 | People reached with CERF funding allocated in 2017

24.6 million people reached with life-saving assistance in **36** countries

53% of people reached were women and girls

CERF funding allocated in 2017 enabled an estimated **24.6 million people** severely affected by crises in 36 countries to receive life-saving assistance delivered by 13 UN agencies and 568 implementing partners.













People reached with CERF funding allocated in 2017 received multisectoral assistance tailored to their needs and context. A reported **10.4 million people** received access to health care, **8.1 million people** benefited from water and sanitation interventions, **5.4 million people** received food assistance, **4.5 million people** received agriculture-based livelihood support, **4.3 million people** benefited from protection interventions, **3.1 million people** benefited from nutrition interventions, **1.6 million people** received shelter assistance or basic relief items, **1.3 million people** received multisectoral refugee support, and several hundreds of thousands of people benefited from education, multisectoral, early recovery, camp management and mine action assistance.

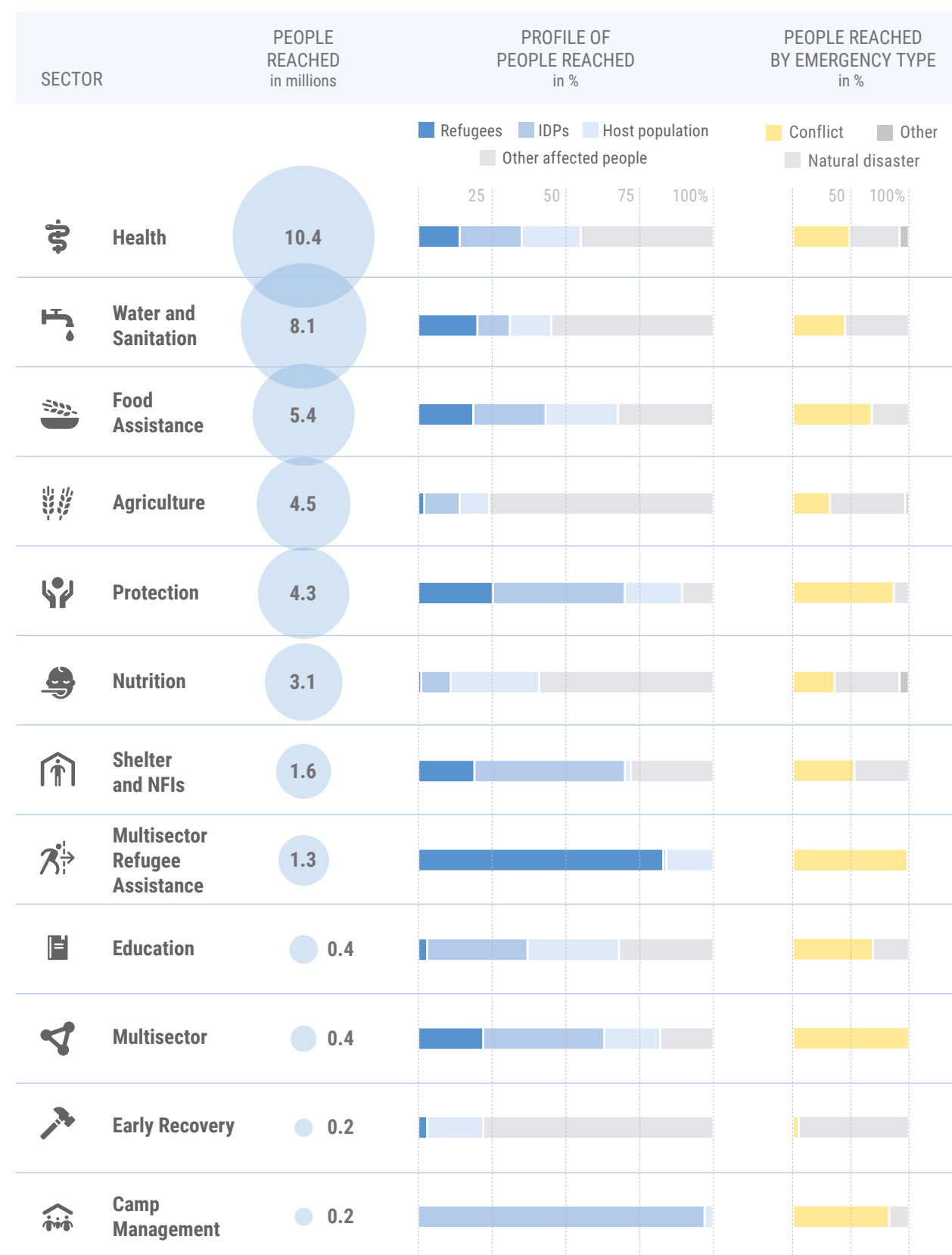
Overall, **53 per cent** of people reached with CERF funding allocated in 2017 were women and girls.

Some CERF-funded projects had specific focus on women and girls. For instance, 25 out of 41 CERF-funded projects in the nutrition sector focused specifically on the provision of supplementary food to pregnant and lactating women and children. In total, 68 per cent of people reached in this sector were women and girls.

CERF-funded projects within the protection and the health sectors also reached a high percentage of women and girls, 59 and 54 per cent respectively. For instance, in the protection sector, 23 out of 58 CERF-funded projects focused on gender-based violence prevention and response.

Approximately half of people reached with CERF funding allocated in 2017 were children under age 18. CERF-funded projects in the education sector focused exclusively on children and more than 60 per cent of people reached with activities in the multisector refugee assistance and nutrition sectors were under age 18.

SECTOR	PEOPLE REACHED in millions	ADULTS in millions	CHILDREN in millions	FEMALE in %	MALE in %
 Health	10.4	5.3	5.1	54	46
 Water and Sanitation	8.1	4.6	3.6	51	49
 Food Assistance	5.4	2.7	2.6	52	48
 Agriculture	4.5	2.7	1.8	43	57
 Protection	4.3	2.0	2.3	59	41
 Nutrition	3.1	1.2	1.9	68	32
 Shelter and NFIs	1.6	0.9	0.7	53	47
 Multisector Refugee Assistance	1.3	0.5	0.8	52	48
 Education	0.4	0.0	0.4	51	49
 Multisector	0.4	0.2	0.2	52	48
 Early Recovery	0.2	0.2	0.02	51	49
 Camp Management	0.2	0.1	0.1	51	49



Variations in numbers of people reached over the years

The global figures of people reached vary from year to year, which reflects the types of crises and programmes funded by CERF. CERF-funded assistance ranges from projects aiming to assist specific groups of people to humanitarian assistance benefiting general populations of entire regions.

For instance, in 2017 CERF funded the provision of fuel to water stations and hospitals in the occupied Palestinian territory, which enabled water to be supplied to 1.6 million people. By contrast, in 2016, the biggest CERF-funded project in the water and sanitation sector, in terms of people reached, benefited 288,800 people.

In 2016, CERF 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 than in previous years, including a clearer distinction between people benefiting directly and indirectly from CERF-funded humanitarian action.

Methodology of tracking the sectoral and total numbers of people reached with CERF funding

The CERF secretariat applies a consistent methodology for tracking the numbers of people reached with CERF funding. Nevertheless, the global figures are estimates only due to the great complexity of humanitarian situations and the multisectoral nature of CERF-funded assistance. The challenge of accurately gauging the number of people reached is not unique to CERF; it is an inherent problem across humanitarian action.

The CERF secretariat requires all recipient agencies to provide detailed information on the numbers of people directly reached with each CERF-funded project. After careful review, the numbers are recorded in CERF's Grants Management System.

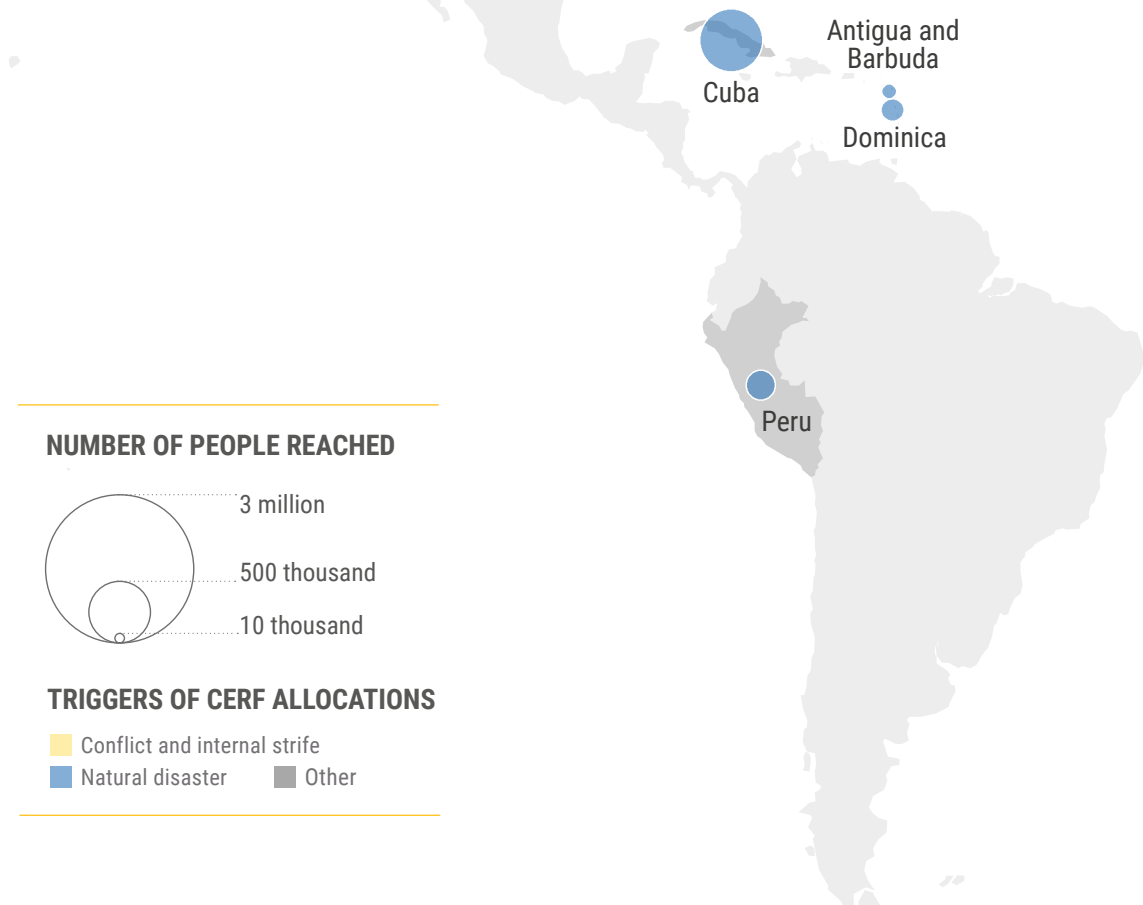
However, the numbers of people reached by each project cannot simply be added to receive sectoral totals. Likewise, the totals by sector cannot be added to receive allocation totals. CERF funds comprehensive multisectoral response, meaning that often the same person receives CERF-funded assistance through several projects and sectors. For instance, a person receives medical care, a vaccination, food and a tent. If the numbers of people reached by all CERF-funded projects were simply added together, this person would be counted four times.

CERF avoids counting the same people multiple times though two steps. First, sector leads in consultation with implementing agencies identify duplications within sectors. Consequently, people reached at sector level are counted only once even if they received assistance through several projects.

Second, OCHA field offices or Resident Coordinator's Offices identify duplications of people reached between sectors within the same CERF allocations. This ensures that people reached at allocation level are counted only once although they may have received assistance in several sectors.

It should be noted that at each step the complexity increases. Consistent application of the above methodology indicated that **24.6 million people** were reached with CERF funding allocated in 2017.

PEOPLE REACHED WITH CERF FUNDING BY COUNTRY

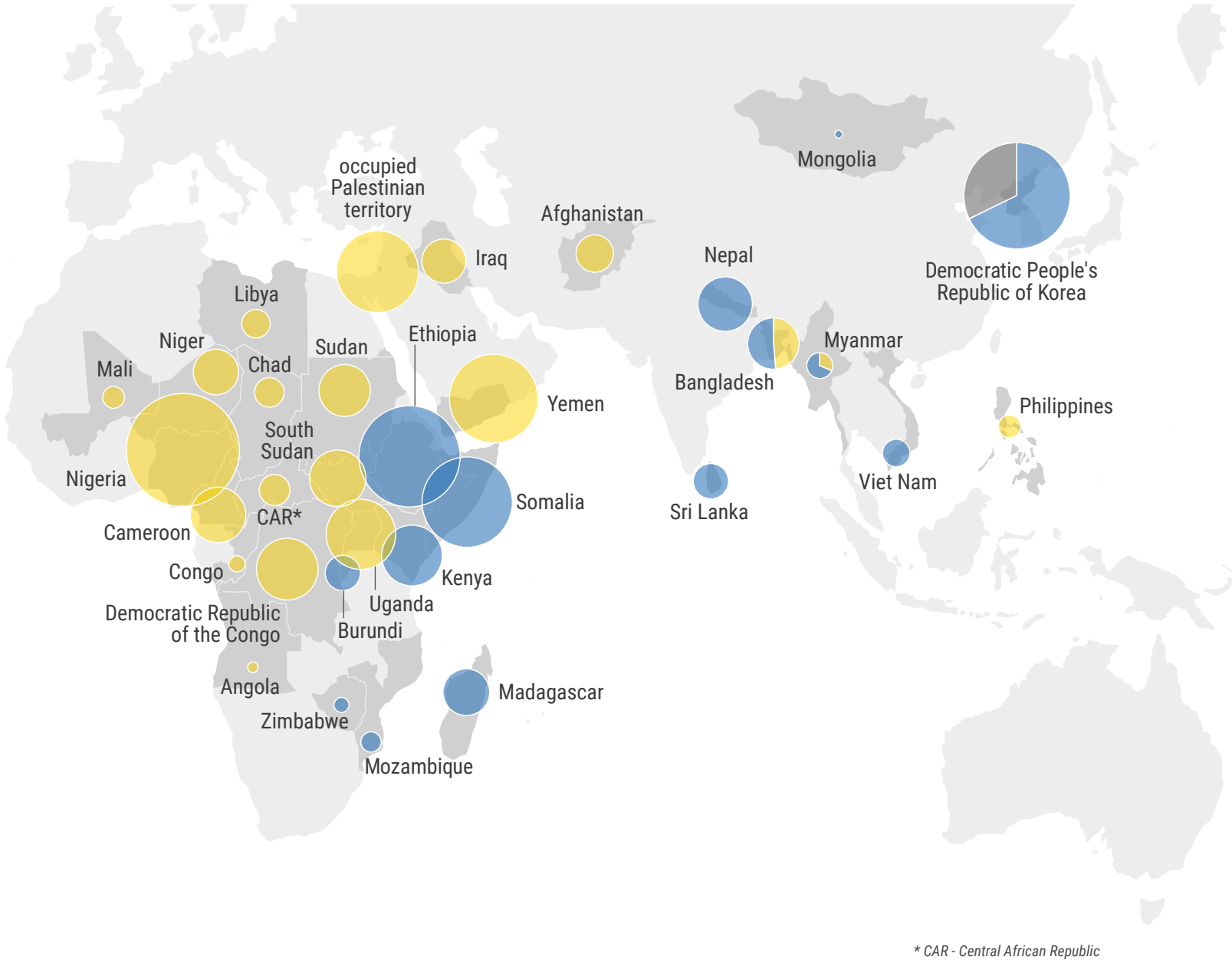


CERF funding allocated in 2017 enabled the provision of life-saving assistance to people in critical emergencies in 36 countries in Africa, Asia, Latin America and the Caribbean and the Middle East.

The emergencies with the highest number of people assisted though CERF in response to conflicts or internal strife were the Boko Haram related crisis in north-east Nigeria, the intensified conflict in Yemen, and the escalated political strife in the occupied Palestinian territory.

Emergencies with the highest numbers of people reached in response to natural disasters were severe droughts that caused widespread humanitarian needs in the Democratic People's Republic of Korea, Ethiopia, Kenya and Somalia, large-scale floods in Nepal, and Hurricane Irma in Cuba.

In 2017, CERF was some of the first funding for response to warning signs of famine in north-east Nigeria, South Sudan, Somalia and Yemen. CERF funding enabled UN agencies and their partners to provide emergency relief assistance



to almost 2 million people in Somalia, 1.9 million people in Yemen, 1.6 million people in Nigeria and nearly 800,000 people in South Sudan. Although the main trigger for CERF allocations for famine prevention in Nigeria, Yemen and South Sudan was conflict, the humanitarian situations in these countries were compounded by natural disasters.

It is important to note that due to the complexity and diversity of humanitarian situations, the numbers of people reached presented in this report can only be considered as estimates. De-

tailed information on the humanitarian context of each CERF allocation made in 2017 and on people reached with CERF funding is presented in Part II of this report.

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 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 46).

7 CERF and population displacement

13.3 million people affected by displacement were reached with life-saving assistance in **28** countries: **3.1 million** refugees, **5.2 million** IDPs and **5 million** people hosting displaced persons

54% of all people reached were refugees, IDPs and people hosting displaced persons

By the end of 2017, war, violence and persecution had uprooted 68.5 million men, women and children around the world. Just over 40 million people were internally displaced by violence within their own countries, and 25.4 million refugees and 3.1 million asylum seekers were forced to flee their countries to escape conflict and persecution. The levels of conflict-related displacements far outstrip returns or other solutions. Although 5 million people returned to their areas or countries of origin in 2017, 16.2 million people were newly displaced – the highest level of new displacement on record.²

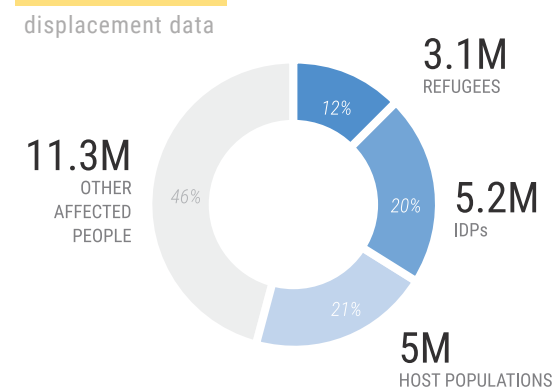
Beyond conflict-related displacement, 18.8 million people were forced to flee their homes in 2017 due to natural disasters. Weather-related hazards triggered the majority of these displacements. Floods accounted for 8.6 million, storms for 7.5 million and droughts for 1.3 million.³

² Global Trends, Forced Displacement in 2017, UNHCR
³ 2018 Global Report on Internal Displacement, internal Displacement Monitoring Centre, NRC

Addressing the humanitarian consequences of population displacement is an essential part of CERF-funded humanitarian action. CERF also plays an important role in mitigating new displacement by enabling the provision of immediate life-saving assistance, which helps to provide affected people with the means to cope with emergencies while remaining in their places of origin.

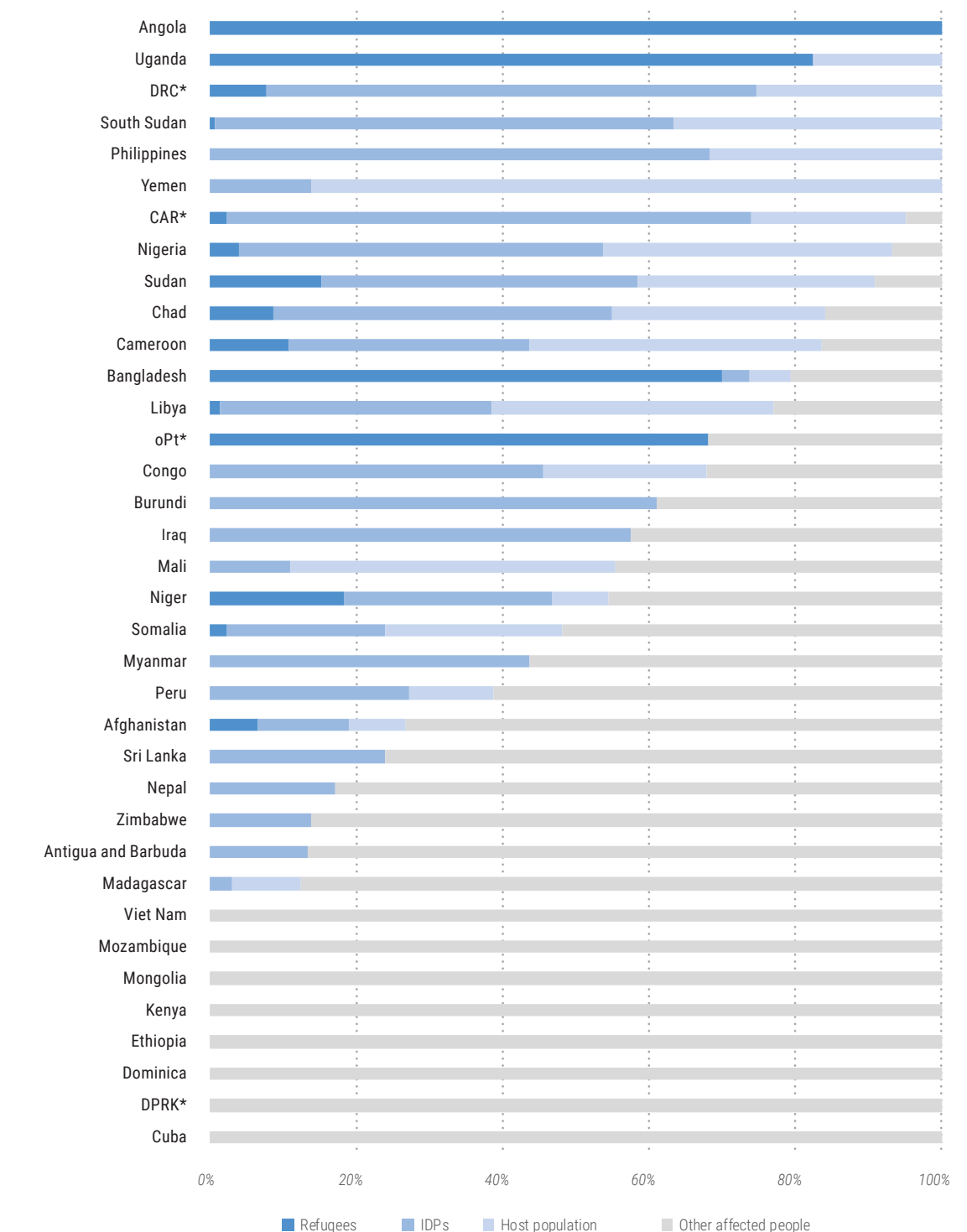
CERF funding allocated in 2017 enabled the provision of life-saving assistance to 3.1 million refugees, 5.2 million internally displaced people (IDPs) and 5 million people hosting displaced persons. In total, CERF funds enabled the provision of critical humanitarian aid to 13.3 million people affected by displacement in the world's most severe new or deteriorating emergencies and in protracted emergencies that were critically underfunded. This represents 54 per cent of all people reached with 2017 CERF funding.

People reached with CERF funding allocated in 2017



People reached with CERF funding allocated in 2017

displacement data



* CAR - Central African Republic
DRC - Democratic Republic of the Congo
DPRK - Democratic People's Republic of Korea
oPt - occupied Palestinian territory

In conflict-related situations, 87 per cent of people reached with 2017 CERF funding were refugees, IDPs and members of communities hosting them. By contrast, only 16 per cent of people reached with 2017 CERF funding in natural disasters were affected by displacement and very few were displaced across national borders.

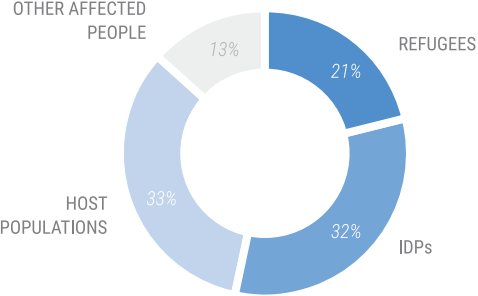
Displaced people benefited from CERF-funded life-saving programmes in 28 out of the 36 countries where CERF allocated funding in 2017. In six countries – Angola, the Democratic Republic of the Congo (DRC), the Philippines, South Sudan, Uganda and Yemen – all people reached with CERF-funded assistance were either refugees, IDPs or populations hosting them.

People reached with CERF funding

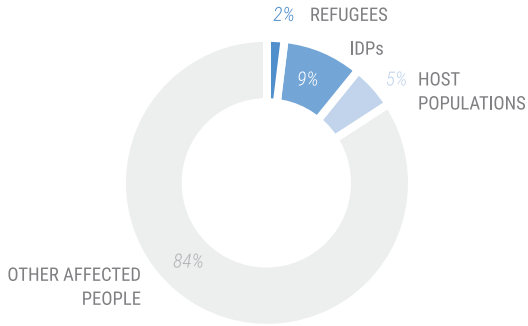
allocated in 2017

displacement and emergency data

CONFLICT-RELATED AND INTERNAL STRIFE



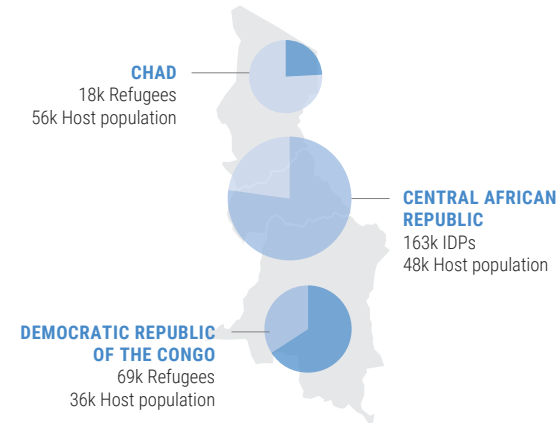
NATURAL DISASTERS



CERF FUNDING TO REGIONAL
DISPLACEMENT CRISES

In 2017, CERF responded to three large-scale crises that caused widespread humanitarian needs and triggered massive regional population movements spreading across the borders of multiple countries.

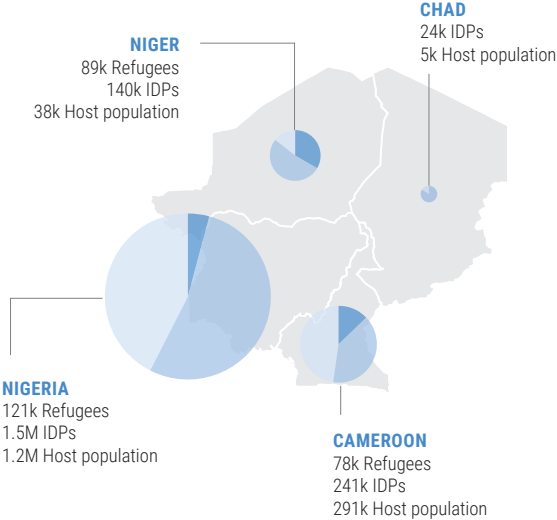
Central African Republic



Despite hopes for stabilization following presidential elections in the Central African Republic (CAR) in 2016, the intercommunal violence that began in 2013 continued, and by mid-2016, 40 per cent of CAR's rural population were facing crisis and emergency levels of food insecurity. In 2017, the ongoing conflict intensified and the humanitarian situation deteriorated dramatically. The number of IDPs and refugees reached a record high level of 1.1 million people. By mid-2017, 145,000 Central African refugees had fled into southern Chad and 117,000 into the Northern Ubangi and Bas-Uélé provinces of DRC. The increasing population displacement within CAR and across borders put tremendous pressure on host communities, straining scarce resources and exacerbating an already fragile situation in the region.

CERF responded to the Central African displacement crisis in 2017 through two allocations to CAR and one allocation each to Chad and DRC. These allocations enabled UN agencies and their partners to provide life-saving assistance to 163,479 IDPs in CAR, 17,928 refugees in Chad and 69,353 refugees in DRC. 2017 CERF allocations also enabled the provision of assistance to nearly 140,000 people hosting displaced Central Africans across the three countries.

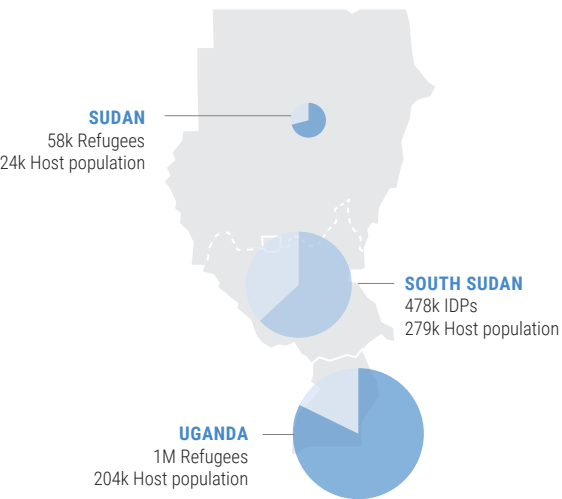
Lake Chad Basin displacement



By the end of 2017, the Lake Chad Basin crisis was among the most severe in the world. The protracted conflict affecting four countries in the region created high levels of insecurity, disrupted livelihoods, caused severe hunger and malnutrition, and subjected millions of civilians to extreme hardship. By the end of 2017, 2.3 million people were displaced across the region, triple the number compared to two years prior. Most of the displaced families were sheltered by communities that were already among the world's poorest and most vulnerable.

CERF responded to the Lake Chad displacement crises in 2017 through multiple allocations to Cameroon, Chad, Niger and Nigeria. This funding enabled UN agencies and partners to provide life-saving assistance to 241,030 IDPs in Cameroon, 24,037 IDPs in Chad, 140,000 IDPs in Niger and over 1.5 million IDPs in Nigeria; as well as to 288,423 refugees across Cameroon, Niger and Nigeria. CERF funds also enabled the provision of critical assistance to 1.5 million people hosting displaced populations in the four countries.

South Sudan displacement crisis



Following the failure of the Agreement on the Resolution of the Conflict in South Sudan in August 2015, the crisis in South Sudan continued largely unabated, affecting people in areas previously considered stable and exhausting the coping capacity of those already impacted. In early 2017, population displacement accelerated rapidly as a result of multiple shocks including conflicts, inter-communal violence, economic decline and a general state of lawlessness. By the end of 2017, the crisis had displaced over one third of the country's 12 million citizens, including over 2 million people who were internally displaced and 2.4 million people who fled to neighboring countries.

CERF responded to the South Sudan displacement crisis in 2017 through allocations to South Sudan, Sudan and Uganda. This funding enabled UN agencies and partners to provide life-saving assistance to 478,003 IDPs in South Sudan and 279,183 people hosting them; 57,830 South Sudanese refugees in Sudan and 23,781 people hosting them; and 951,026 South Sudanese refugees in Uganda and 204,435 people hosting them.

CERF funding to other displacement crises

Beyond the regional displacement crises described above, CERF provided funding for life-saving interventions assisting IDPs, refugees and communities hosting them in 18 countries.

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Italy is convinced of the delivering capacity of the Central Emergency Response Fund (CERF), both in terms of its flexibility and its rapidity of disbursement. CERF has proven to concretely help fill the gap between humanitarian needs and funds made available at global level, also ensuring adequate humanitarian responses to the so-called “forgotten crises”. We are therefore committed to support this instrument.

- Deputy Minister of Foreign Affairs and International Cooperation, Emanuela Del Rea, Italy

The outbreak of violence in northern Rakhine State of Myanmar in August 2017 resulted in a sudden mass displacement of Rohingya people. By the beginning of October, around 515,000 people had crossed the border into Bangladesh. Assessments indicated a severe deterioration of the humanitarian situation, as arriving refugees established new camps and put pressure on the already strained facilities in existing makeshift settlements. In response, CERF funding enabled the provision of critical food, health, nutrition, protection, shelter and water and sanitation assistance to nearly 300,000 refugees and 22,197 members of the communities hosting them.

In early 2017, intercommunal violence in the Tanganyika and Kasai provinces of DRC escalated dramatically, resulting in the displacement of hundreds of thousands of people within DRC as well as into neighbouring countries. The situation continued to deteriorate throughout the year, compounded by rising food insecurity and a spreading cholera outbreak. CERF responded to the deteriorating displacement crisis in DRC through two allocations, which enabled the provision of multisectoral life-saving assistance to 603,260 IDPs and some 200,000 people hosting them.

In Iraq, the violence and conflict linked to the seizure of Iraqi territory by the Islamic State of Iraq and the Levant (ISIL) and a series of counter-insurgency operations launched by the Government and its allied forces caused large-scale suffering and humanitarian needs. By the end of 2016, as many as 11 million people, including over 3 million IDPs, were in critical need of life-saving humanitarian assistance. By May 2017, more than 500,000 people had been newly displaced by ongoing fighting. Reports from displaced people indicated that supply routes into western Mosul had been cut off and that there were severe shortages of food, medicines and other basic services. CERF responded to the new displacement with immediate funding that enabled the provision of Immediate Response Rations to 459,000 people, including highly vulnerable families fleeing conflict, located in hard-to-reach areas, and caught at checkpoints or stranded between military front lines. The CERF funding also enabled the provision of Family Food Rations to 263,500 people who reached displacement camps or were hosted in the newly accessible areas of eastern Mosul.



A Glimmer of light in the darkness: The story of Ayman and Malika

Ayman Zanoun is a 44-year-old Palestine refugee who lives with his wife and ten children in a home of just 33 square metres in Beach refugee camp, Gaza. “Can you imagine how hard it is for 12 people to live in a 33-square-metre home?” asks Ayman. This rented accommodation, squeezed into the narrow streets of the camp, is all they can afford. “I was employed before the blockade; it has been more than 12 years since I’ve been able to find work! Employment opportunities are very hard to find in the collapsed economy of the besieged Strip,” says Ayman.

More than 68 per cent of households in the Gaza Strip, or 1.3 million people, are severely or moderately food insecure, according to the preliminary findings of the latest Socio-Economic and Food Security Survey (SefSec), carried out in 2018 by the Palestinian Central Bureau of Statistics and Food Security Sector. With the unemployment rate at nearly 55 per cent as a result of the long-standing blockade, one in every two Gazans lives under the poverty line. Gaza’s fragile political situation further challenges any chance for stability for its residents, which include some 1.4 million registered refugees.

“I am still in good health and able to work, my sons also are able to work. We all look for jobs but haven’t had any luck getting hired. We spend long hours without electricity every day, all of my children, four girls and six boys are all forced to sleep in the same very small room. How can I talk or even think about hope?” Ayman adds.

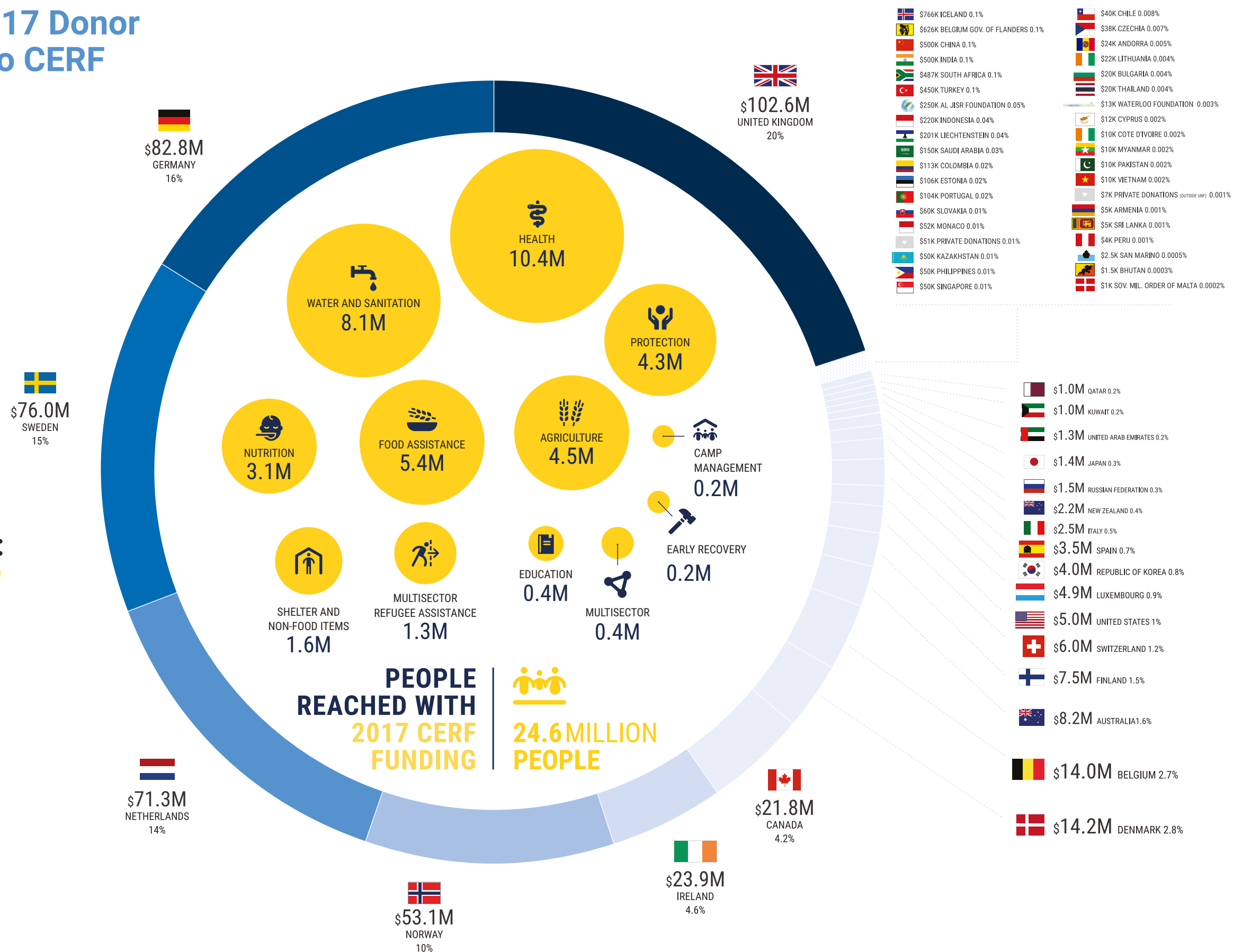
The Zanoun family is classified as abject poor, which means they have an income below US\$1.74 per person a day. Humanitarian partners provide a critical humanitarian lifeline to almost one million Palestine refugees, who have been rendered dependent on food aid as a result of a decade-long air, land and sea blockade and repeated cycles of conflict. “Our lives have never been this hard. Since my husband lost his job our situation has gotten so much worse. The food assistance UNRWA provides is crucial to us, and helps us to survive. We totally are dependent on it. It helps us tolerate our difficult lives in the camp until it hopefully gets better one day,” says Malika, Ayman’s wife.

Ayman Zanoun and his wife Malika in front of their home in Gaza, occupied Palestinian territory © UNRWA/Khalil Adwan

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

TOTAL 2017 CONTRIBUTIONS TO CERF:

\$515 MILLION
61 DONORS



CERF’s success as an indispensable enabler of global humanitarian action is only possible due to the generous contributions of its donors. The donor community’s support to CERF is remarkable in its span and consistency, and it allows CERF to respond to crises with the pace, flexibility and impartiality that is necessary to ensure aid is provided to the millions of people globally who need it the most, when they need it the most.

Since the fund’s inception in 2006, a total of 126 Member States and observers, as well as many international organizations, regional and local authorities, private companies and individuals have contributed more than \$5.8 billion to the fund, showing good humanitarian donorship, extraordinary solidarity and strong faith in CERF.

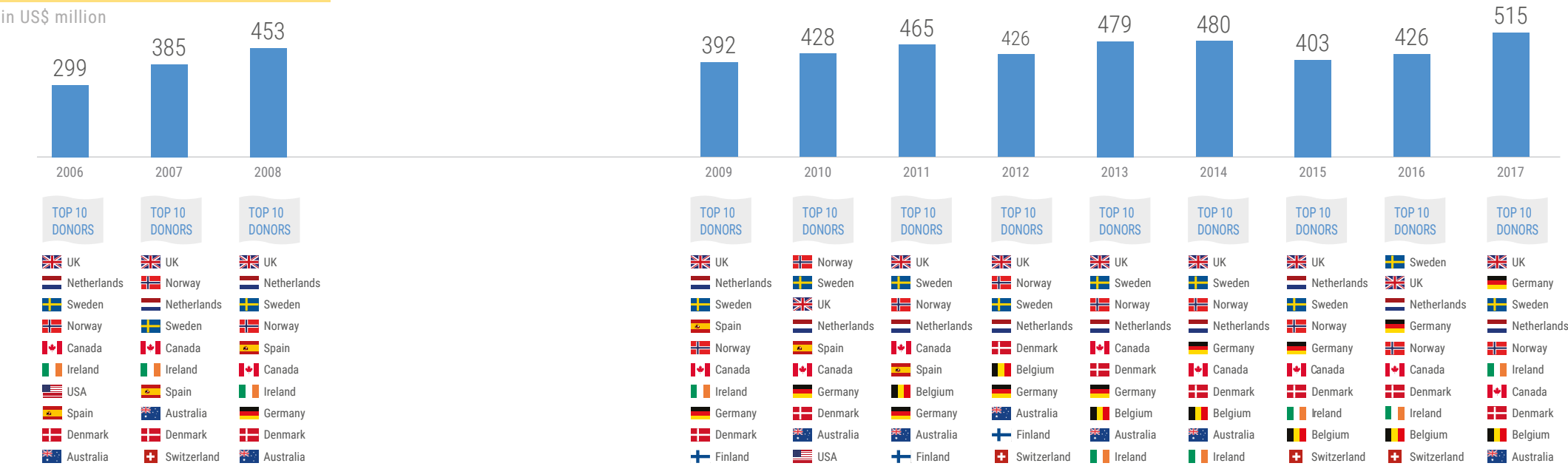
DONOR FUNDING AND CERF RESULTS

The funds that donors provided to CERF for 2017 enabled 13 UN agencies together with 568 implementing partners to provide life-saving assistance to an estimated 24.6 million people in humanitarian emergencies worldwide. Thanks to CERF’s donors, in 2017: 10.4 million people received access to health care; 8.1 million people benefited from water and sanitation interventions; 5.4 million people received food assistance; 4.5 million people received agriculture-based livelihood support; 4.3 million people benefited from protection interventions; 3.1 million people benefited from nutrition interventions; 1.6 million people received shelter assistance or basic relief items; 1.3 million people received multisectoral refugee support; and several hundreds of thousands of people benefited from camp management, education, early recovery, mine action and multisectoral assistance.

Since CERF pools unearmarked donor funding before emergencies occur, the results achieved through CERF cannot be individually 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.

Historical donor contributions to CERF

in US\$ million



OVERVIEW OF 2017 CONTRIBUTIONS TO CERF

In 2017, CERF received a then record high income of \$514.6 million. This was an increase of \$88.2 million over the \$426.4 million received in 2016, demonstrating CERF donors’ spirit of global solidarity despite a challenging fundraising environment. In total, 56 Member States and observers, one regional authority, and several private sector donors, including two foundations, contributed to the fund for 2017, ensuring that life-saving humanitarian action reached those most in need.

The number of Member States and observers that gave to CERF increased from 52 in 2016 to 56 in 2017. Many individual donors increased their contributions to the fund as compared to 2016. These included: Andorra, Australia, Belgium, Chile, Germany, Iceland, Indonesia, Ireland, Japan, Kazakhstan, Luxembourg, the Netherlands, Norway, the Philippines, Portugal, South Africa, Spain, the United Arab Emirates, the United Kingdom and the United States.

To help CERF respond to growing humanitarian needs, the following donors made further contributions on top of their initial 2017 pledges, together contributing an additional \$100 million

to the fund: Andorra, Chile, Germany, Iceland, Ireland, the Netherlands, Norway, Portugal, Spain, Sweden, Switzerland and the United Kingdom. In addition, between 1 January and 31 December 2017, \$0.6 million was received against previous pledges, and nine donors advanced a total of \$6.8 million for 2018.

For 2017, the top 20 donors contributed 98 per cent of CERF funds. The largest contribution was received from the United Kingdom, followed by Germany, Sweden, the Netherlands and Norway. Six Member States signed new multi-year agreements with CERF in 2017. They were: Australia, Belgium, Iceland, Luxembourg, Qatar and the United Kingdom.

A total of nine Member States returned as CERF donors in 2017 after varying lengths of time. They were Bhutan, Bulgaria, Colombia, Côte d’Ivoire, Czech Republic, Lithuania, Qatar, Slovakia and Sri Lanka.

Myanmar, Peru, Sri Lanka and Viet Nam all received allocations from and contributed to CERF in 2017, a testament to their solidarity with the fund. Between 2006 and 2017, a total of 47 Member States had both received CERF funding and contributed as donors to the fund.

GROWING HUMANITARIAN NEEDS

At the beginning of 2017, more than 128 million people needed humanitarian assistance in 33 countries with Humanitarian Response Plans and other consolidated appeals. OCHA appealed for \$22.2 billion – at that time the largest humanitarian appeal ever launched. By mid-year, the number of people in need had increased to some 145 million people and funding requirements had risen to \$24.1 million.

In 2016, the General Assembly endorsed the Secretary-General’s recommendation for expanding CERF’s annual funding target to \$1 billion to be commensurate with the growing global humanitarian needs. The endorsement underscores the global community’s confidence in CERF.

Increasing the available resources for CERF is crucial to enable fast, flexible and impartial aid to millions of people around the world caught up in conflicts or disasters. The continued support of Member States is vital to the effort to expand CERF, diversify its funding base and find innovative ways to meet the \$1 billion target.

9 CERF's strategic added value beyond the provision of funds

According to RC/HC reports on the use of 2017 CERF funding:

90% of CERF allocations led to **fast delivery of assistance**

93% of CERF allocations helped respond to **time-critical needs**

91% of CERF allocations helped **improve coordination**

80% of CERF allocations **improved resource mobilization from other sources**

CERF is designed to ensure that every dollar it allocates leverages additional strategic gains in support of humanitarian response. Although CERF represents a relatively small portion of global humanitarian funding, the strategic and catalytic nature of CERF funding has a multiplier effect, making the fund an indispensable element of the global humanitarian architecture. Key ways in which CERF adds strategic value to global humanitarian action include:

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CERF has consistently proven its value as a vital mechanism in global humanitarian response - responding first and responding where it's needed most. CERF's early, coordinated, and targeted action has contributed to saving countless lives and improving our collective humanitarian response. This is why CERF remains a core pillar of Ireland's humanitarian assistance and I am proud that this year we made our first multi-annual commitment to the fund.

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

CERF's added value



Speed

ENABLING FAST DELIVERY OF ASSISTANCE TO PEOPLE IN NEED

CERF funds are mobilized prior to emergencies and are always on standby. With its tried and tested allocation and disbursement systems, CERF provides funding quickly and efficiently when and where it is needed most.

CERF allocations can be announced within hours of sudden-onset emergencies or deteriorations of existing crises. Consequently, CERF is often the fastest source of external funds for immediate life-saving responses.

The speed is further amplified by agencies being able to begin life-saving humanitarian operations as soon as they know that CERF funds are forthcoming.



Timeliness

ENSURING BETTER RESPONSE TO TIME-CRITICAL HUMANITARIAN NEEDS

The ability to meet time-critical needs is just as important as speed of delivery. These are needs that must be addressed at a specific time to reduce loss of lives and livelihoods and minimize human suffering.

Since CERF funds are always on standby, CERF has the flexibility to provide funds to humanitarian operations when they are needed the most. Resident Coordinators /Humanitarian Coordinators (RC/HCs) can call upon CERF any time to respond to top-priority time-critical needs, whether at the onset of a new emergency or at crucial moments during an ongoing response.



Coherence

IMPROVING COORDINATION AMONG THE HUMANITARIAN COMMUNITY

CERF funding is allocated by Humanitarian Country Teams (HCTs) under the leadership of the RC/HCs informed by priorities identified jointly by sector partners under the leadership of sector leads. This strengthens leadership and coordination and improves the coherence of humanitarian action. The highest-priority needs are determined jointly by the humanitarian organizations involved in the response, which ensures that CERF funding is used where it is most needed.

CERF funding is allocated to multiple humanitarian organizations according to a joint intersectoral strategy. As such, CERF goes beyond focusing on individual projects and supports the achievement of collective humanitarian outcomes. The implementation of CERF funding and the results achieved are later reviewed and reported on jointly by implementing organizations, which fosters collective ownership and accountability for the use of CERF funds.



Catalytic effect

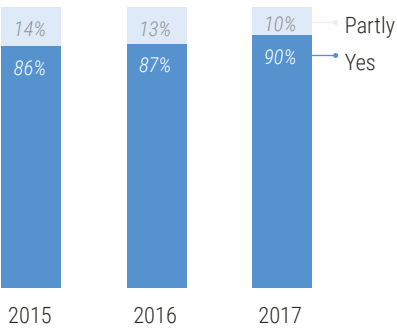
LEVERAGING ADDITIONAL RESOURCES FROM OTHER SOURCES

CERF allocations signal the severity and urgency of humanitarian needs and are often leveraged by the humanitarian community to bring attention to crises and attract funding from other sources. CERF funds allow partners to kick-start humanitarian operations and achieve results, which gives donors assurance of the humanitarian community's readiness and capacity to deliver.

CERF results are therefore measured not only in terms of the number of people assisted and lives saved but also in terms of the strategic benefits generated. To gauge CERF's strategic added value, RC/HCs and HCTs are asked to assess CERF's contribution to the above-mentioned four strategic benefits in their reports. The RC/HC reports include a qualitative rating along with a narrative justification against each of the four objectives. The following is an analysis of added value assessments from all 2017 RC/HC reports.



DID CERF LEAD TO FAST DELIVERY OF ASSISTANCE TO PEOPLE IN NEED (RR ALLOCATIONS ONLY)?



The RC/HC reports on Rapid Response CERF allocations made between 2015 and 2017 strongly confirmed CERF's important strategic role in enabling quick delivery of life-saving assistance.

Ninety per cent of RC/HC reports on 2017 Rapid Response allocations (38 reports) indicated that CERF funding led to the fast implementation of humanitarian response, while the remaining four reports indicated that CERF partly did so. No reports stated that CERF did not contribute to the fast delivery of assistance.

Four RC/HC reports on 2017 Rapid Response allocations indicated that CERF only partially led to the fast delivery of assistance to people in need. Two of these reports, on the allocations in response to population displacement in Chad and in response to Cyclone Mora in Myanmar, quoted access problems related to deteriorating security situations as the main reasons for delays. The report on the drought allocation in Sri Lanka indicated that delays were due to changes in the situation on the ground and difficulties with procurement processes.

The report on the CERF allocation in response to an influx of refugees to Sudan stated that the project proposal review process was lengthy and delayed the start date of CERF-funded projects. The CERF secretariat works hard to ensure that delays in allocation processes are avoided, and took note of this report. CERF continues to provide support to process facilitators in recipient countries and continues to refine its allocation processes to deliver funding as quickly as possible.

The independent reviews of the value added by CERF funding allocated in 2017 also confirmed CERF's strong contribution to improving the humanitarian system's ability to start life-saving response in a timely way.

The review of CERF funding for responses to hurricanes Irma and Maria that struck Cuba and the Eastern Caribbean in September 2017 concluded that CERF was one of the first funding sources available to kick-start response activities. In addition, the review highlighted that CERF was considered a "lifeline" in Cuba by UN agencies and the Cuban government, because it made an essential and timely contribution to alleviate the severe humanitarian consequences of the hurricanes in the country.

The review of CERF funding for response to the conflict-related displacement in the eastern part of the Democratic Republic of Congo (DRC) identified CERF's important role in quickly responding to the emergency. Amongst the positive aspects of CERF's role in kick-starting the response, the review highlighted that CERF enabled agencies to significantly expand their operational footprint in the Kasai regions within a short time span.

The following quotes from RC/HC reports on 2017 Rapid Response allocations exemplify CERF's role in enabling fast delivery of assistance to people in need in 2017 and 2018:



CERF funds were among the first to be received ... They bridged the funding gap before other donor commitments materialized. ... The speed of disbursement of CERF funds worked well as it ensured supplies were readily available for UN partners to implement interventions expeditiously.

- Somalia RC/HC report (Drought)

CERF allocations helped to rapidly scale up life-saving interventions and avoid pipeline breaks. As a result, highly vulnerable refugees, including women, children and the elderly, received life-saving assistance in a timely manner.

- Bangladesh RC/HC report (Displacement)

The CERF funding proved to be critical in jump-starting the response.

- Kenya RC/HC report (Drought)

The CERF funds enabled UN agencies to quickly provide relief to Dominica. It accelerated the implementation of the Flash Appeal and enabled agencies to quickly meet the needs of the most vulnerable communities.

- Dominica RC/HC report (Storm)

The smooth application process facilitated a quick approval of the CERF allocation. ... The quick disbursement of CERF funds helped partners to deliver a timely and effective response.

- Myanmar RC/HC report (Deterioration of protection and human rights environment)

CERF funding significantly enhanced partners' capacity to rapidly deliver life-saving services.

- Sudan RC/HC report (Displacement)

CERF funds were critical in supporting the scale-up of core operational functions and supply chain infrastructure ... Given the initial entry rate of 500 refugees per day, CERF funds were crucial to the delivery of timely life-saving response.

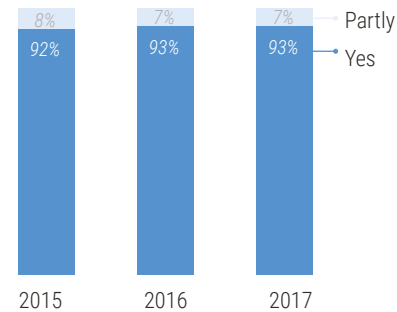
- Angola RC/HC report (Displacement)

CERF funding enabled fast delivery of assistance to beneficiaries through rapid procurement and distribution of vital emergency supplies.

- South Sudan RC/HC report (Displacement)



**DID CERF FUNDS HELP
RESPOND TO TIME-
CRITICAL NEEDS?**



The RC/HC reports on CERF allocations made between 2015 and 2017 reaffirmed CERF’s ability to provide timely funding that strengthens the humanitarian system’s ability to respond to time-critical needs.

Ninety-three per cent of reports on 2017 CERF allocations (50 reports) indicated that CERF funds helped respond to time-critical needs, while the remaining four reports indicated that CERF funds partly did so. There were no reports stating that CERF did not help respond to time-critical needs.

The reports on 2017 allocations that indicated that CERF only partially helped respond to time-critical needs were from Cameroon, Sudan, Sri Lanka and Viet Nam. The reports from Cameroon and Sudan indicated that CERF funding was provided in a timely way, but the volume of funding was only partially sufficient to cover all time-critical needs.

The report from Viet Nam on the CERF allocation in response to Typhoon Damrey indicated that CERF-funded shelter distribution was not timely due to unclear assessment criteria, which caused delays in damage verification and resulted in tardy project delivery. The report from Sri Lanka quoted difficulties with procurement processes as the reason for delays.

The following quotes from RC/HC reports on 2017 allocations exemplify CERF’s role in enabling response to time-critical needs:



CERF funding enabled the provision of agricultural inputs to vulnerable farming households in time for the 2017 autumn cultivation and winterization assistance to vulnerable families before the winter season.

- Afghanistan RC/HC Report (Displacement)

CERF funds prevented critical health and water services in Gaza from total collapse through the timely provision of fuel to targeted facilities.

- occupied Palestinian territory RC/HC report (Disruption of basic services)

CERF funds allowed WFP to address urgent time-critical food and nutrition needs of conflict-affected people who had had limited or no access to food for several months.

- Iraq RC/HC report (Displacement)

The CERF allocation helped respond to time-critical needs by enabling the procurement and distribution of core supplies during the opportunity offered by the dry season.

- South Sudan RC/HC report (Displacement)

The CERF funding provided conflict-affected communities with emergency livelihood assistance to ensure the quick recovery of agricultural production during the 2017 monsoon season.

- Myanmar RC/HC report (Deterioration of protection and human rights environment)

The CERF Rapid Response funds enabled UN agencies to focus on time-critical needs and priority populations, therewith averting famine.

- Yemen RC/HC report (Disruption of basic services)

CERF funding helped preserve the livelihoods of pastoral communities in the most critical time of the year, namely the pastoral lean season.

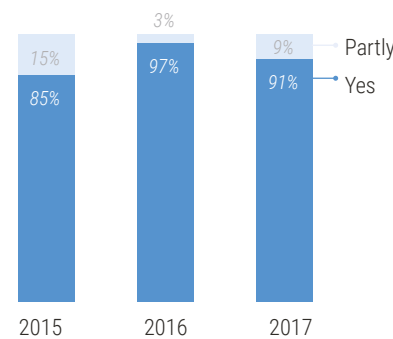
- Niger RC/HC report (Disruption of basic services)

The time-critical needs of the refugees were met with CERF funding as planting materials were delivered in time for the planting season.

- Uganda RC/HC report (Displacement)



DID CERF HELP IMPROVE COORDINATION AMONG THE HUMANITARIAN COMMUNITY?



The RC/HC reports on CERF allocations made between 2015 and 2017 strongly confirmed CERF’s important role in strengthening coordination in emergency responses.

Ninety-one per cent of reports on 2017 CERF allocations (49 reports) stated that CERF improved coordination among the humanitarian community, while the remaining five reports said it partly did so. There were no reports stating that CERF did not help improve coordination.

The reports on 2017 CERF allocations which indicated that CERF only partially helped improve coordination among the humanitarian community were from Myanmar, Iraq, the Philippines, Sudan and Yemen. The report from Myanmar in response to Cyclone Mora pointed to coordination challenges related to the cash-based shelter component of the CERF-funded UNHCR project. The report from the Philippines on the CERF allocation in response to population displacement described insufficient joint planning between agencies as the reason. The report from Sudan on CERF allocation in response to post-conflict humanitarian needs pointed to weak coordination during service delivery.

The two reports from Iraq and Yemen did not provide clear reasons as to why CERF’s contribution was assessed as only partially supportive of coordination among the humanitarian community, and in general emphasized the positive impact that CERF made on coordination.

The independent review of CERF’s added value to the humanitarian response to address needs of conflict affected and displaced people in DRC also recognized CERF’s convening power as an important comparative advantage. The review found that CERF allocations strengthened coordination on a national level and reinforced inclusive, transparent and structured decision-making. The prioritization of needs for CERF allocations had been made through coordination groups in Kinshasa and inputs had been sought from the appropriate coordination mechanisms at provincial level. However, the review also found that implementing partners, especially those in field locations, had little or no knowledge of CERF prioritization processes.

The review of CERF funding for responses to hurricanes Irma and Maria found that CERF helped to considerably strengthen coordination in Cuba, Dominica and, at a regional level, in Barbados. For instance, in Cuba, the prioritisation process was carried out in consultation with the government and respective ministries appreciated the working relationships developed with UN agencies in CERF processes.

The following quotes from RC/HC reports on 2017 CERF allocations exemplify CERF’s role in improving coordination among the humanitarian community:

“CERF significantly improved the coordination of humanitarian aid by setting a clear basis for targeting, leading to the elimination of duplications, working with other humanitarian projects to promote complementarity, and fostering collaboration with Government and NGOs.

- Mongolia RC/HC report (Extreme temperature)

The CERF process helped UN agencies and partners to work in a transparent and coordinated manner through a multisectoral approach.

- Bangladesh RC/HC report (Displacement)

CERF brought multiple partners together to determine and test the most effective way to disseminate information about gender-based violence and psychosocial support.

- Myanmar RC/HC report (Deterioration of protection and human rights environment)

The CERF grants strengthened coordination through bringing humanitarian stakeholders together to identify priority needs, determine gaps and avoid duplications.

- Central African Republic RC/HC report (Displacement)

CERF funding proved to be a very effective channel for coordination among the humanitarian community as it provided a forum to discuss progress, challenges and the way forward for the humanitarian situation.

- Democratic People's Republic of Korea RC/HC report (Drought)

The CERF funding enabled a coordinated response towards the needs of affected populations. There were no duplications of efforts and all agencies delivered as one.

- Ethiopia RC/HC report (Drought)

CERF provided an opportunity among many humanitarian actors to coordinate and share information about the humanitarian needs and response.

- Libya RC/HC report (Residual humanitarian needs post-conflict)

The CERF process, from the initial development to the implementation, contributed extensively to improved humanitarian coordination at the national and subnational level, within the UN and with the Government and other partners.

- Viet Nam RC/HC report (Storm)

CERF enabled better coordination within UN agencies and fostered inter-cluster communication and collaboration, thus adding value to the humanitarian system’s ability to provide life-saving assistance and avert famine.

- Somalia RC/HC report (Drought)

CERF funds facilitated strong collaboration with local government, NGOs and affected communities.

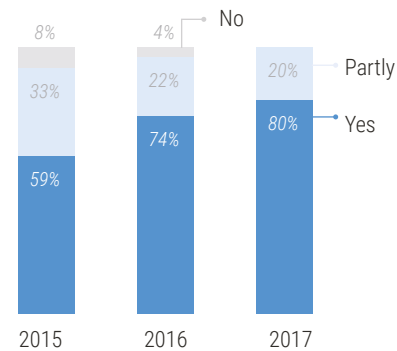
- Afghanistan RC/HC report (Displacement)

CERF-related inter-agency consultations to determine priority needs and design a comprehensive multi-agency response helped strengthen coordination among humanitarian and development partners, including identifying synergies and avoiding duplications.

- Angola RC/HC report (Displacement)



**DID CERF HELP IMPROVE
RESOURCE MOBILIZATION
FROM OTHER SOURCES?**



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, 80 per cent of RC/HC reports on CERF allocations made in 2017 (43 reports) assessed that CERF funds helped improve resource mobilization from other sources. The remaining 20 per cent (11 reports) stated that CERF did so partly.

The assessments from RC/HC reports on 2015 and 2016 CERF allocations had slightly fewer affirmative answers. Still, the large volume of information provided in support of this strategic added value 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 hurricanes Maria and Irma also identified CERF's role in leveraging funding from other sources as an added value. Considering the limited donor funding pool for the affected countries, the review found several examples of agencies using the results from CERF-funded activities to leverage additional funding. For instance, in Cuba CERF funding and subsequent coordinated response within the UN system provided the RC with the necessary legitimacy to raise funds from other sources and to cultivate a close working relationship with the Cuban authorities as a trusted humanitarian partner. In addition, the implementation of CERF-funded projects helped to launch other recovery efforts such as UNDP's European Union-funded support to 8,000 Cuban families affected by Hurricane Irma.

The independent review of CERF's added value to the humanitarian response addressing the needs of conflict-affected and displaced people in DRC concluded that in addition to complementarity with the DRC Humanitarian Fund, CERF grants helped partners to leverage additional funding from bilateral donors. For instance, UNFPA was able to mobilize funding from the Japanese Government by capitalizing on the results achieved with CERF-funded interventions.

The following quotes from RC/HC reports on 2017 CERF allocations exemplify CERF's role in improving resource mobilization from other sources:

CERF funding was critical to accelerating resource mobilization towards additional funds. It highlighted to donors that UN agencies participate in coordinated response with other humanitarian organizations and that they are addressing priority, life-saving needs. Further, once donors were informed that funding had been provided by CERF, they were able to ensure continuity of a life-saving intervention.

- Yemen RC/HC Report (Disruption of basic services)

The CERF grant was one of the first sources of funding for agencies responding to the Marawi crisis. It helped agencies leverage funds from other donors and draw from headquarters rapid response funds. Awarding of the CERF funding also raised the credibility of implementing partners and helped them mobilize funds from other donors and expand partnerships with the private sector.

- Philippines RC/HC Report (Displacement)

The CERF rapid response grant helped raise awareness amongst the donor community about the need for an urgent response to the deteriorated situation in Gaza over the summer months in 2017. The funding from CERF thus helped to bridge the gap in available resources for the health cluster while other resources were mobilized.

- occupied Palestinian territory RC/HC Report (Disruption of basic services)

As the immediate needs were addressed through CERF funding, other donors were willing to contribute resources to complement the water and sanitation response, addressing long term needs like drilling new boreholes.

- Ethiopia RC/HC Report (Drought)

WFP's traditional donors welcomed CERF's contribution and pledged additional resources, thus allowing longer-term assistance to vulnerable Iraqis affected by the conflict.

- Iraq RC/HC Report (Displacement)

CERF funding helped to attract bilateral donors' attention to the emergency by giving it more visibility at a critical time.

- Sudan RC/HC Report (Displacement)

The funds received from CERF raised awareness among donors about the gravity of the situation in South Sudan and helped mobilize other resources for the response.

- South Sudan RC/HC Report (Displacement)

CERF funding strengthened FAO's resource mobilization as it could show a strong presence on the ground when mobilizing additional funding from donors.

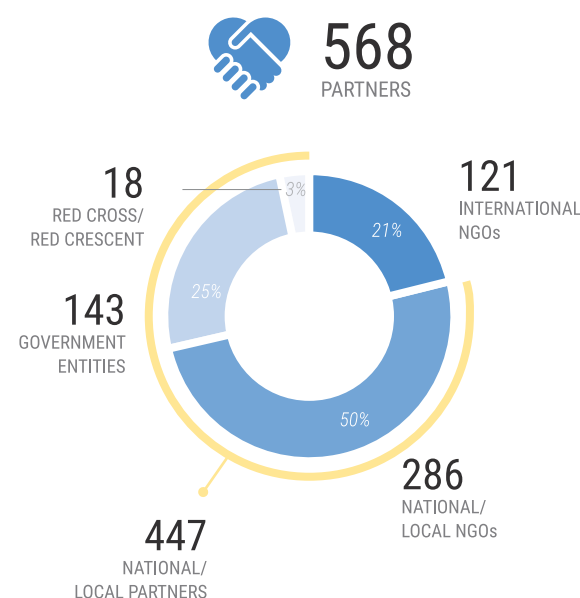
- Ethiopia RC/HC Report (Drought)

10 Partnerships in the implementation of 2017 CERF funding

568 non-UN partners, including **447** national and local partners, were involved in the implementation of 2017 CERF funding

\$95.4 million of 2017 CERF funding (23 per cent) was subgranted by UN agencies to non-UN partners, including \$52.2 million to national and local partners

Number of partners in the implementation of CERF funding allocated in 2017



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 non-governmental organizations (NGOs) as active participants. Subsequently, CERF funding is implemented through partnerships between UN agencies and NGOs, host Governments and Red Cross/Red Crescent societies.

According to the information provided in CERF Resident Coordinator/Humanitarian Coordinator (RC/HC) reports, UN agencies entered into partnerships to implement 2017 CERF funding with 568 non-UN organizations in 33 countries. This included 121 international NGOs and 447 local and national partners, of which 286 were national/local NGOs, 143 were Government entities and 18 were Red Cross/Red Crescent societies.

This represents a 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 been achieved.

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. Subsequently, non-UN organizations receive CERF funding from UN agencies as implementing partners through subgrants.

Of the \$418.2 million allocated by CERF in 2017, \$95.4 million, or 23 per cent, 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.

In 2017, more than half of all subgranted funding, \$52.2 million, went to national and local partners. This represents 55 per cent of subgranted funding and 12.5 per cent of total CERF funding allocated in 2017. National and local NGOs received \$24.6 million in 2017 CERF subgrants, Government partners received \$22 million and Red Cross/Red Crescent societies⁴ received \$5.7 million.

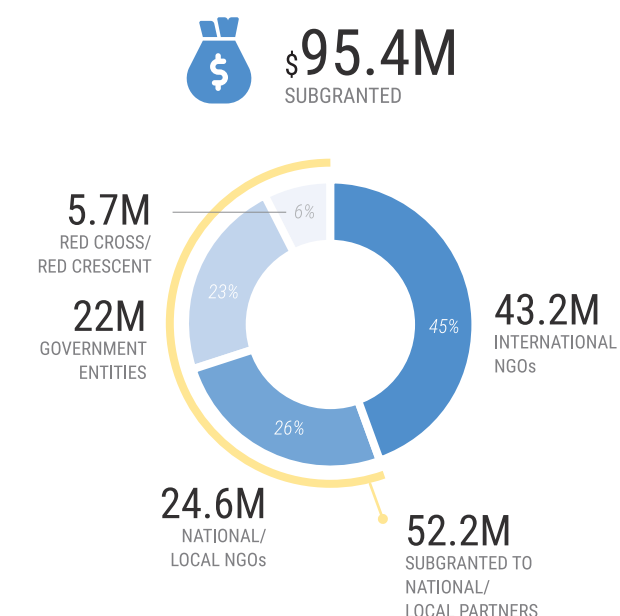
Partnerships with local organizations familiar with the context and with an existing operational presence close to the people in need help to localize humanitarian response and support more sustainable solutions anchored in local structures.

Partnerships between UN agencies and NGOs leverage their comparative strengths to deliver the most effective responses. For instance, UN agencies are able to procure bulk relief supplies, which are then distributed through the networks of non-governmental partners with an existing presence on the ground. According to the budget breakdown of all 2017 CERF-funded projects, recipient agencies used 50.1 per cent of

⁴ 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.

Subgranted 2017 CERF funding

in US\$ million



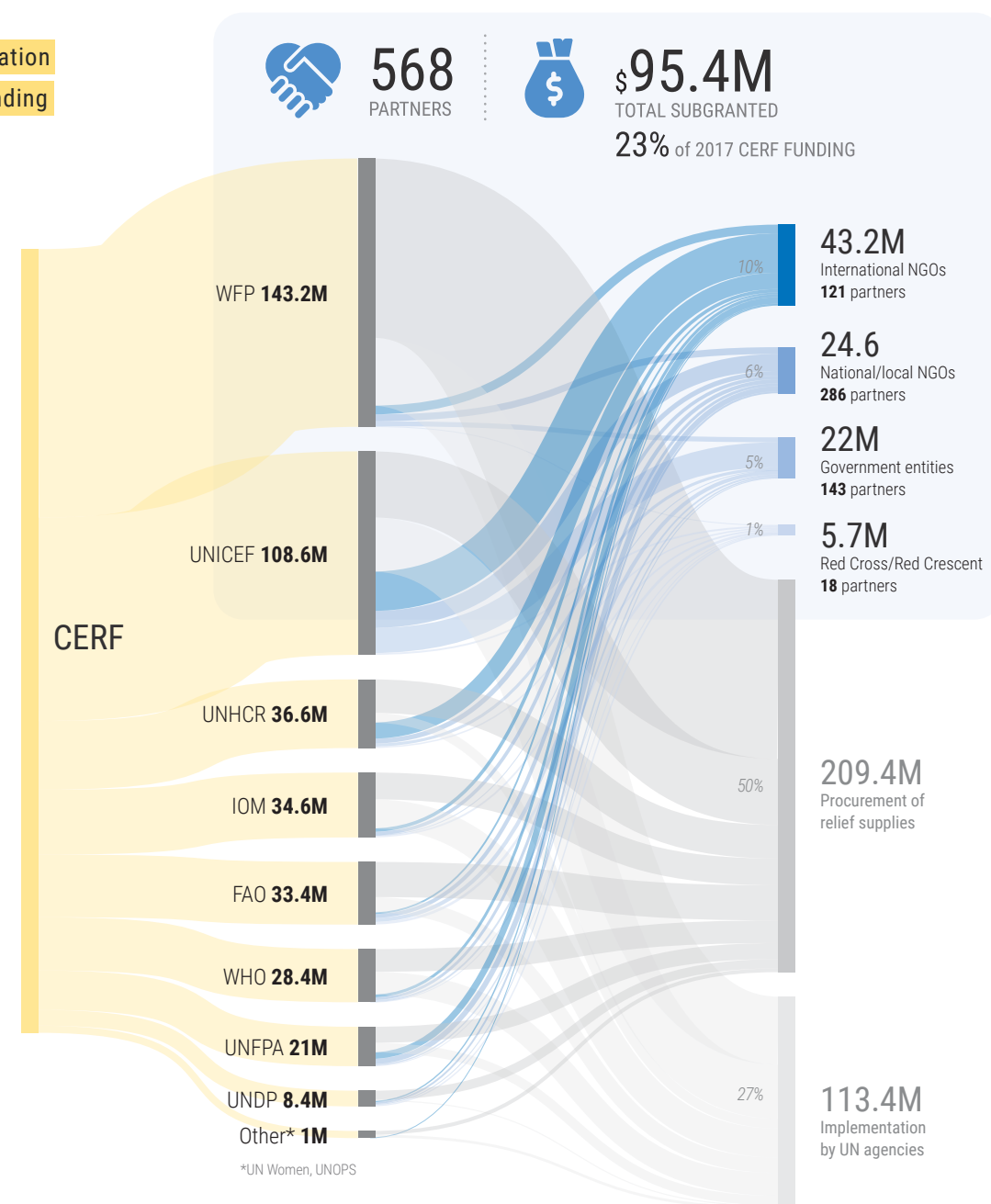
CERF funding, or \$209.4 million, to procure relief supplies, such as food, shelters or medicines.

In the implementation of CERF funding, UN agencies entered into partnerships with non-UN organizations in 33 out of 36 countries supported by CERF in 2017.

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 in Peru, Sri Lanka and Viet Nam, and more than 40 per cent of CERF funding in Cameroon, the Democratic Republic of the Congo (DRC), Nepal and the Philippines.

By contrast, in Mongolia, Myanmar and Yemen, less than 10 per cent of CERF funding went to non-UN organizations. In Cuba, the Democratic People's Republic of Korea (DPRK) and Iraq, CERF funding was implemented entirely by UN agencies.

Partnerships
in the implementation
of 2017 CERF funding
in US\$ million



The proportion of subgranted funding also varied significantly between sectors. UN agencies receiving CERF funding for early recovery, education, protection and water and sanitation sectors subgranted more than 40 per cent of 2017 CERF funding received.

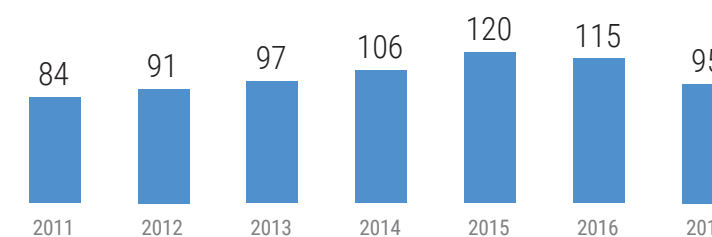
CERF projects in the food sector, the largest CERF-recipient sector, subgranted the smallest proportion of 2017 CERF funding received (10 per cent), which reflects the significant in-kind element of projects in this sector. CERF funding

in the common services and coordination and mine action sectors was entirely implemented by UN agencies.

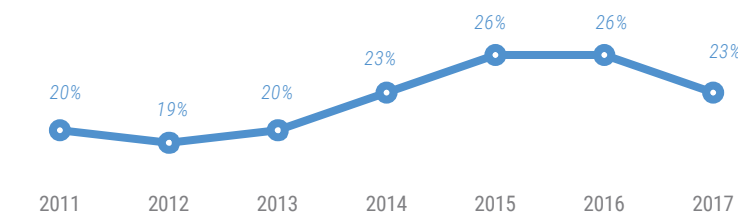
Most CERF-recipient agencies reported working with partners through CERF subgrant arrangements. UNICEF, the second-largest recipient of CERF funds in 2017, provided the largest total amount in subgrants to partners (\$44.4 million, or 41 per cent of CERF funding received). UNHCR implemented the second-largest amount of CERF funding through subgrants to partners

Amount of subgranted CERF funding 2011 - 2017

in US\$ million



Per cent of subgranted CERF funding 2011 - 2017



(\$13.6 million, or 37 per cent of CERF funding received). By comparison, WFP, the largest CERF recipient, subgranted \$11.4 million, or 8 per cent of CERF funding received. OHCHR, UN-Habitat and UNRWA did not report any subgrants.

The proportion of subgranted CERF funding progressively increased from 20 per cent in 2011 to a high of 26 per cent in 2016, then dropped to 23 per cent in 2017.

In dollar terms, the amount of subgranted funding steadily increased from \$84 million in 2011 to \$120 million in 2015, and then dropped to \$115 million in 2016 and to \$95 million in 2017.

The proportions of subgranted funding by partner type across the years for which data has been collected are almost identical, 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.

“Norway is a long-standing supporter of CERF, because it is an effective instrument for delivering rapid, life-saving assistance and protection to people affected by humanitarian crises. CERF also provides much-needed support for underfunded and often neglected crises, and strengthens humanitarian leadership and coordination. This is why Norway signed a four-year agreement with CERF in 2018.

- Ine Eriksen Søreide, Norwegian Minister of Foreign Affairs

CERF funding implemented by partners

 **\$418M**
TOTAL 2017 CERF FUNDING

\$95.4M
SUBGRANTED TO PARTNERS

23%
PERCENTAGE SUBGRANTED

 **568**
PARTNERS

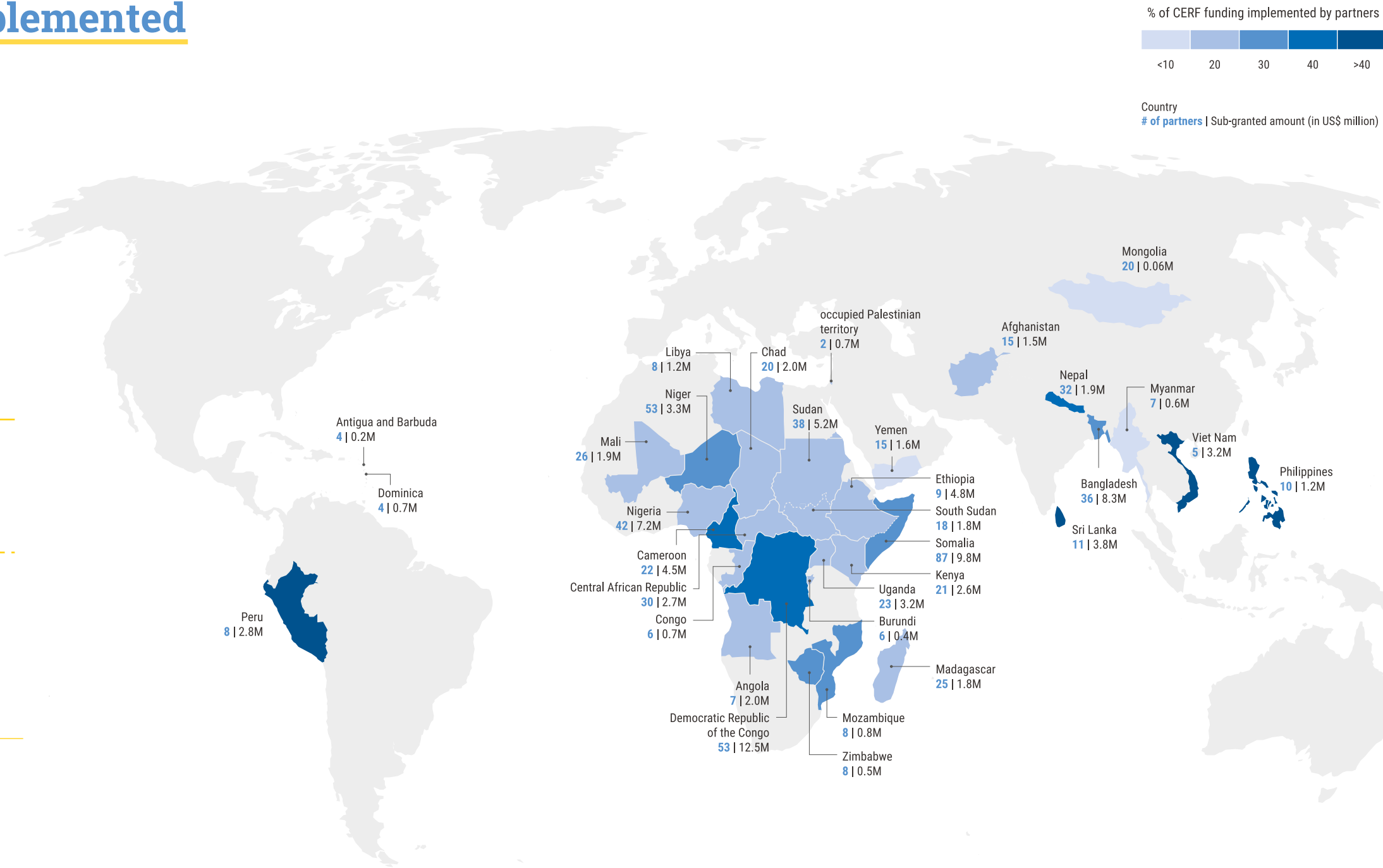
121
International NGOs
\$43.2M | 10.3% of 2017 CERF funding

447
National/local partners
\$52.2M | 12.5% of 2017 CERF funding

286
National/local NGOs
\$24.6M | 6% of 2017 CERF funding

143
Government entities
\$22M | 5% of 2017 CERF funding

18
Red Cross/Red Crescent
\$5.7M | 1% of 2017 CERF funding



11 CERF and gender

Many factors may increase a person's vulnerability to crises, including their gender, age, the presence of a disability, or whether they are a member of a marginalized community. Armed conflicts and natural disasters impact women, men, girls and boys differently. In humanitarian emergencies, women and girls are disproportionately at risk of malnutrition, sexual- and gender-based violence (SGBV), unwanted pregnancy, maternal death, unsafe abortions and sexually transmitted diseases. Women are often on the front lines of crises and play a central role in the survival of their families and communities, but they frequently face challenges in accessing and benefitting from humanitarian assistance. Recognizing the different needs, challenges and opportunities faced by women, men, girls and boys is central to CERF-funded humanitarian action.

CERF mainstreams gender in its programme cycle in several ways. At the strategic level, Humanitarian Country Teams (HCTs) are asked to outline how gender was considered during the strategy formulation and prioritization of needs for CERF funding. At the project level, agencies are required to provide age- and sex-disaggregated data on people targeted and reached, as well as assign a Gender Marker and a gender-based violence (GBV) assessment.

The gender-related information included in CERF funding proposals is assessed by the CERF secretariat during the review of applications for CERF funding. To enhance the visibility of gender aspects in CERF allocations, the CERF secretariat also includes gender-focused sections in the CERF Results and Annual Reports.

SEX AND AGE DATA – PEOPLE REACHED WITH CERF FUNDING ALLOCATED IN 2017

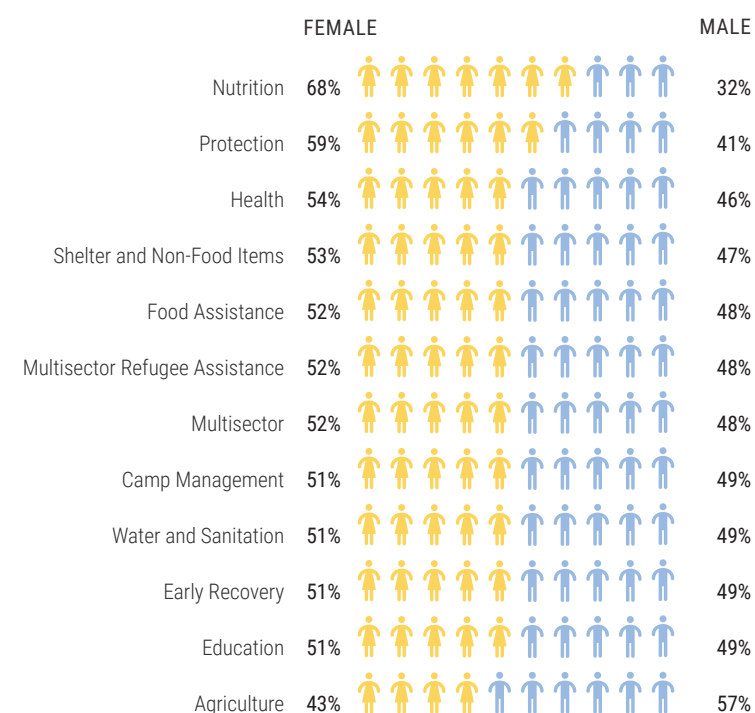
The CERF secretariat systematically collects sex and age disaggregated data on people targeted and reached to ensure that the specific needs and vulnerabilities of affected people are adequately considered in the design of CERF-funded projects. The analysis of RC/HC reports on the use of CERF funding allocated in 2017 indicates that 53.3 per cent of people reached with this funding were women and girls.

Some CERF-funded projects had a specific focus on women and girls. For instance, 25 out of 41 CERF-funded projects in the nutrition sector focused on the provision of supplementary food to pregnant and lactating women and children. In total, 68 per cent of people reached in this sector were women and girls.

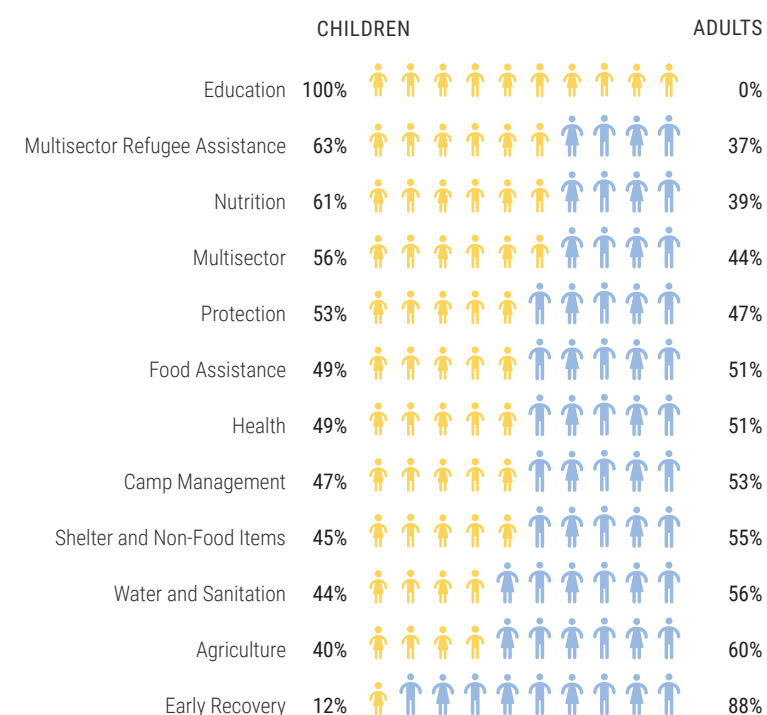
CERF-funded projects in the protection and health sectors also reached a high proportion of women and girls, 59 and 54 per cent respectively. In the protection sector, 23 out of 58 CERF-funded projects focused on gender-based violence prevention and response.

The analysis of RC/HC reports on the use of 2017 CERF funding also indicates that 49.6 per cent of people reached with this funding were children below age 18. CERF-funded projects in the education sector focused entirely on children and more than 60 per cent of people reached with activities in the multisector refugee assistance and nutrition sectors were under age 18.

Sex disaggregated data – people directly reached with CERF funding allocated in 2017



Age disaggregated data – people directly reached with CERF funding allocated in 2017



GENDER MARKER IN CERF-FUNDED PROJECTS (2015 – 2018)

The Inter-Agency Standing Committee (IASC) Gender Marker, which CERF has required UN agencies to provide in CERF proposals since 2015, is a tool that codes on a scale of 0-2 whether a humanitarian project is designed to effectively respond to the different needs of men, women, girls and boys within the affected population. If the project has the potential to respond to their different needs, the marker indicates whether the results are likely to be limited or significant.

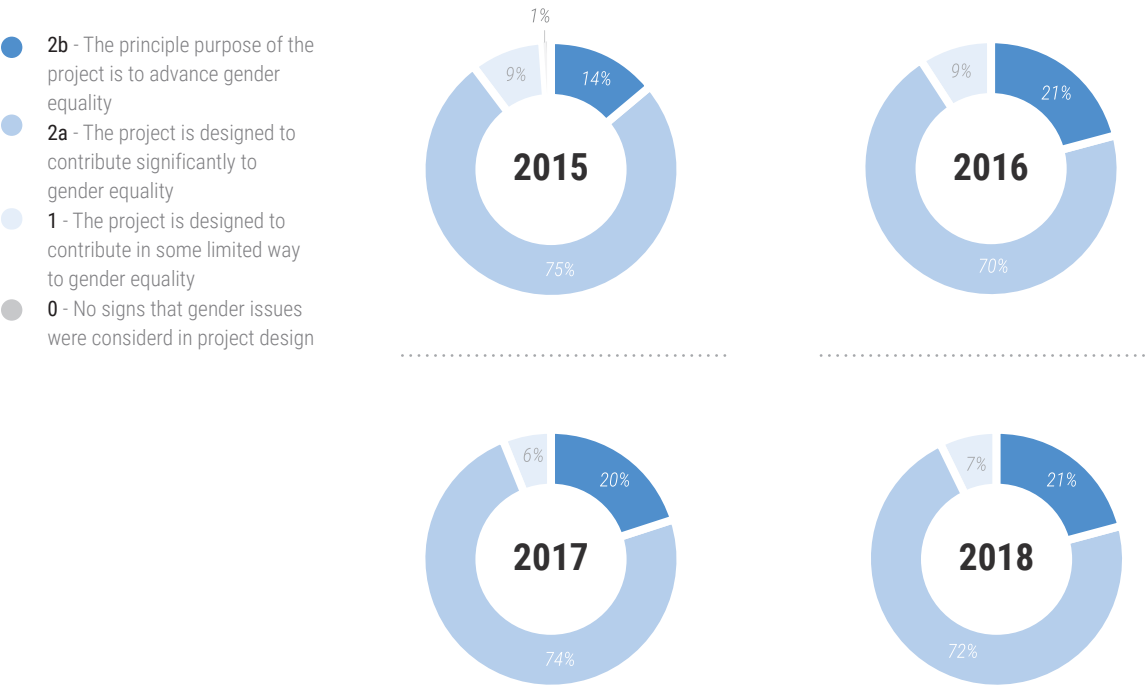
The Gender Marker shows that 93 per cent of CERF-funded projects in 2018 were designed to have a gender transformative impact. In total, 21 per cent of CERF-funded projects had a gender marker of 2b, indicating that they were exclusively focused on advancing gender equality by addressing gender-related inequalities. Another 72 per cent of projects had a gender marker of 2a, meaning that they contributed significantly

to gender equality by mainstreaming gender considerations in all project stages.

An analysis of the Gender Marker in CERF proposals for the period of 2015 to 2018 shows a consistent focus on gender transformative action among CERF-funded projects. The percentage of projects with Gender Marker 2b, indicating an exclusive focus on enhancing gender equality, increased from 14 per cent in 2015 to 21 per cent in 2016 and remained stable around 21 per cent thereafter. Projects with Gender Marker 2a, indicating a significant contribution to gender equality, varied between 70 and 75 per cent. The percentage of projects with Gender Marker 1, indicating a limited consideration of gender, decreased from 9 per cent in 2016 to 6 per cent and 7 per cent in 2017 and 2018 respectively. The number of projects marked “non-applicable” decreased from 24 in 2015 to 17 in 2018 and were excluded from the analysis.⁵

⁵ In addition, three projects in 2015 and three projects in 2016 were not marked due to human error during the application phase and were excluded from the analysis.

Gender Marker in CERF-funded Projects (2015-2018)



GBV ASSESSMENT IN CERF-FUNDED PROJECTS (2015 – 2018)

As a follow-up to OCHA’s commitments to the Call to Action on the Protection from Gender-Based Violence in Emergencies initiative, the CERF secretariat incorporated in its project template a dedicated GBV self assessment in 2015. The GBV assessment indicates if the projects funded by CERF have dedicated GBV components and requires agencies to provide a brief description of how GBV protection was considered in the project design.

In 2018, the GBV assessment indicated that 58 per cent of CERF-funded projects included a GBV protection component and that 8 per cent of the projects had GBV protection as their main objective. The percentage of projects with a GBV protection component increased by almost one third from 47 per cent in 2015 to 59 per cent in 2017, and remained stable in 2018. At the same time, projects with a GBV assessment indicating no integrated GBV protection decreased by more than one third, from 47 per cent in 2016

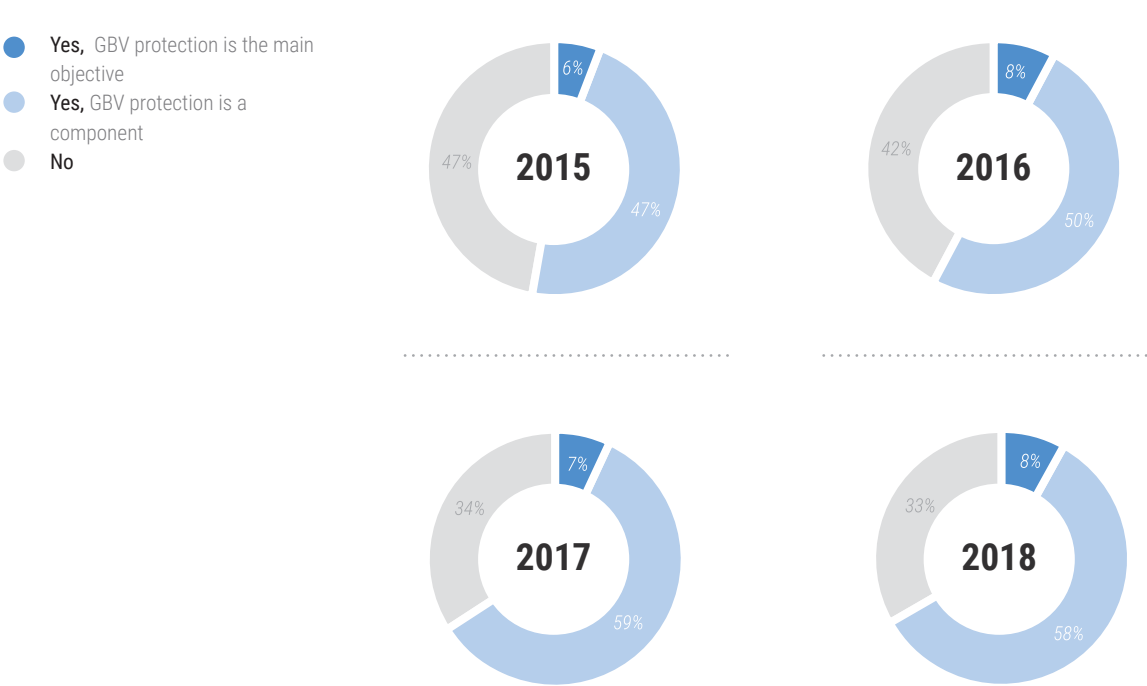
Denmark is a strong supporter to the CERF because it is an effective instrument to ensure a more predictable and timely response in humanitarian emergencies. I am also satisfied with CERF’s emphasis on protection from gender-based violence and support to the victims. It is positive that the majority of projects funded by the CERF include a component on gender-based violence.

- Ulla Tørnæs, Minister for Development Cooperation of Denmark

to 33 per cent in 2018. The percentage of projects indicating GBV protection as their main focus remained relatively stable between 6 and 8 per cent.⁶

⁶ Five projects in 2015 and three projects in 2016 were not marked due to human error during the application phase and were excluded from the analysis.

GBV Assessment in CERF-funded Projects (2015 -2018)



**EXAMPLES OF GENDER
FOCUSED RESULTS REPORTED
FOR 2017 CERF GRANTS**

A comprehensive analysis of results achieved with all CERF-funded projects that contribute to gender equality is not possible because gender is mainstreamed in different ways across a wide range of CERF-funded projects. However, key gender transformative results achieved can be exemplified by the following summaries of Resident Coordinator/Humanitarian Coordinator (RC/HC) reports on the use of CERF funding.⁷

” CERF brought multiple partners together to determine and test the most effective way to disseminate information about gender-based violence and psychosocial support.

- Myanmar RC/HC report (Deterioration of protection and human rights environment)

In Bangladesh, CERF funding was the only available source of funds for UNFPA in the early stage of its emergency response to the urgent needs of women and girls fleeing from Myanmar. With CERF funds, UNPFA was able to establish Women and Girls’ Safe Spaces in Cox’s Bazar and ensure that mobile health facilities were operational. Almost 50,000 women and girls benefitted from the life-saving sexual and reproductive health (SRH) and GBV protection services that the funds provided. CERF funds also contributed to the prevention of life-threatening pregnancy-related and childbirth-related complications by supplying 2,500 safe delivery kits to improve hygiene during delivery and by hiring midwives who provided almost 22,000 women with access to antenatal care and skilled birth attendance.

⁷ The examples cover CERF funding allocated in 2017 and reported on by the end of 2018.

In Peru, CERF funding enabled UNFPA to provide GBV protection services to some 8,000 women and girls affected by the floods in early 2017 and help almost 300 women of reproductive age gain access to SRH care. This included the establishment of protection mechanisms and the provision of mobile reproductive health services for pregnant women to mitigate the risk of maternal and fetal mortality.

In the Democratic Republic of the Congo, where the conflict in the Kasai province displaced more than 1.4 million people, a CERF-funded education project implemented by UNICEF reached 23,500 children, of whom 79 per cent were girls. Among other things, the project established nine safe spaces for children, trained 210 teachers on peace education and trained 246 NGO staff members on child protection.

In Zimbabwe, a CERF-funded joint UNFPA and UNICEF project kick-started GBV and protection interventions following widespread floods. The project provided 16,800 displaced women and girls with dignity kits and access to post-rape services. More than 3,000 children were provided with child-friendly spaces and referrals to other child protection services, and almost 300 orphans, unaccompanied and separated children were reached with family tracing, reunification and interim care services.

In Uganda, CERF funding enabled UNDP to assist South Sudanese refugees in two newly opened refugee settlements through a cash-for-work intervention. Given that a majority of newly arriving refugees were women and children, 73 per cent of the 1,700 targeted households were female-headed. The cash-for-work intervention enabled women heads of household to address the needs of their families in terms of food security and access to health and education.



Overcoming fear to reach reproductive care in the Kasai region

20-year-old Yvonne Mboi was already pregnant when she, her husband and their firstborn daughter scrambled to safety in Angola to escape the killings. In January 2018, she came to the Dundo maternal and child hospital, one of the main hospitals in the province. “I realized I was too big. I was afraid,” said Mboi.

Throughout 2017, more than 35,000 people fled violence in DR Congo’s Kasai region to Lunda Norte, Angola. This massive influx of people put crippling pressure health systems and strained the national capacity to respond.

At the hospital, medical staff had received supplies and training and were able to quickly diagnose Yvonne as being pregnant with twins. Doctors performed a successful C-section and Mboi is now a proud mother of two small, healthy girls.

“I am very happy to now have two healthy twins,” Mboi said, resting at a hospital bed with a newborn baby in each arm.

UNFPA continues to work with refugees and host communities in Angola to ensure that all women and girls have access to maternal health facilities, so no mother will needlessly die while giving life.

Yvonne Mboi is a proud mother of twins.
© UNDP Angola

12 | Cash transfer programming in CERF-funded projects

2017 CERF funding enabled the delivery of life-saving assistance through cash transfers to **1.1 million** people in **21** countries

The total value of cash transfers provided to people in need amounts to **\$27.3 million** for 2017 CERF grants and an expected **\$50.5 million** for 2018 CERF grants

The number of CERF grants with cash transfer programming increased from **45** in 2017 to **79** in 2018

For CERF-funded interventions, the decision to use cash-based programming lies with humanitarian partners and Resident Coordinators/Humanitarian Coordinators (RC/HCs) in the field. In response to the increasing use of cash in humanitarian assistance, 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 the use of cash in humanitarian response has been reflected in an increase in the number of projects with cash-based components in CERF applications and more recently, in requests for CERF funding for multipurpose cash interventions addressing intersectoral needs. The increase in the use of cash in CERF-funded projects is consistent with

the commitments laid out in the Grand Bargain, which encourages the use of cash-based programming in contexts that demonstrate market functionality which can support the intended project objectives.

The number of projects with cash-based components funded by CERF increased from one project in 2006 to 79 projects in 2018.⁸ In addition, 40 out of 67 CERF allocations in 2018 included at least one project with a cash-based component.

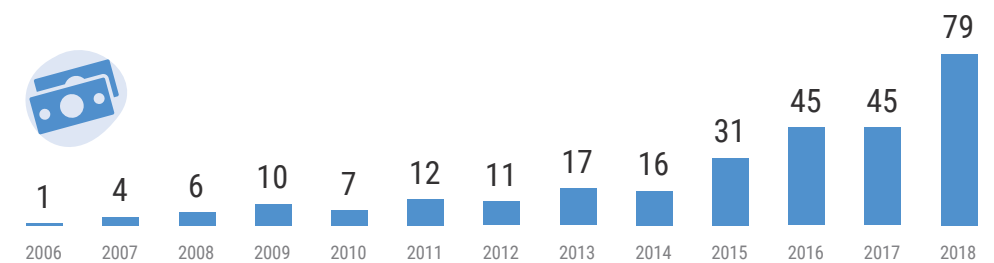
The total value of cash planned to be transferred to affected people through projects funded by CERF in 2018 amounted to \$50.5 million, an increase of 85 per cent over the \$27.3⁹ million reported for 2017 CERF grants. More than half of the planned cash amount for 2018 (\$29 million) was in the food sector, followed by shelter and non-food items (\$6.4 million) and agriculture (\$6.1 million).

In 2018, WFP submitted the highest number of project proposals with cash transfer programming (23 projects), followed by FAO and UNHCR (12 projects each), and IOM (11 projects). Other agencies that received CERF funding for cash transfer programming in 2018 were UNDP, UNFPA, UNICEF, UNRWA and UN Women.

⁸ CERF established a formalized methodology for tracking projects with cash-based components in 2014. The data from 2006 to 2013 may therefore underestimate of CERF-funded projects with cash components.

⁹ The transferred amount differs from the planned figure of \$29 million due to changes in the operational context during project implementation.

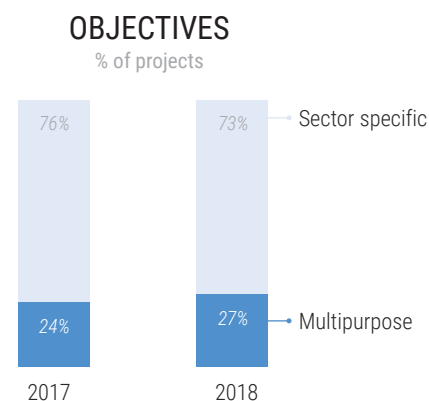
Number of projects with cash transfer programming funded by CERF (2006 – 2018)



MODALITIES OF CASH-BASED PROJECTS FUNDED BY CERF IN 2017 - 2018

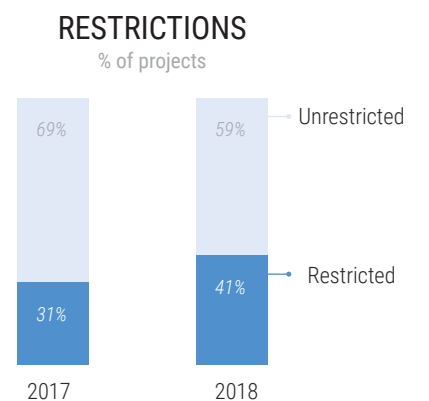
OBJECTIVES

The proportion of cash projects with a multipurpose scope remained similar in 2017 and 2018. About a quarter of CERF-funded cash projects in these years were designed to cover a range of household needs through multipurpose cash grants, while three quarters were designed to cover needs within specific sectors.



RESTRICTIONS

Between 2017 and 2018 there was an increase in restrictions on the use of cash in CERF-funded projects. While 31 per cent of projects funded in 2017 provided assistance restricted to specific goods or services (usually through the use of vouchers), the proportion of restricted projects increased to 41 percent among the projects funded in 2018.



The Cash Learning Partnership (CaLP) definition of Multipurpose Cash (MPC)/Multipurpose Cash Assistance (MCA):

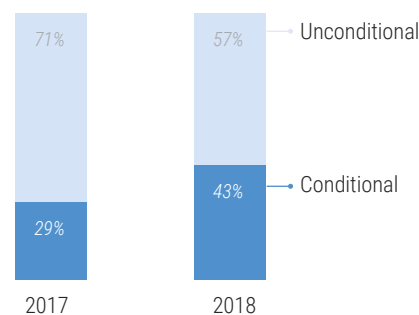
A transfer (either regular or one-off) corresponding to the amount of money a household needs to cover, fully or partially, a set of basic and/or recovery needs. They are by definition unrestricted cash transfers. The MPC/MCA can contribute to meeting a Minimum Expenditure Basket or other calculation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

CaLP definition of 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

CONDITIONALITY

% of projects



CONDITIONALITY

Between 2017 and 2018 there was an increase in conditionality on the use of cash in CERF-funded projects. While 29 per cent of projects funded in 2017 required undertaking a specific action or activity to receive the assistance, the proportion of conditional projects increased to 43 percent among the projects funded in 2018. However, only 25 per cent of the value of cash in 2018 was conditional.

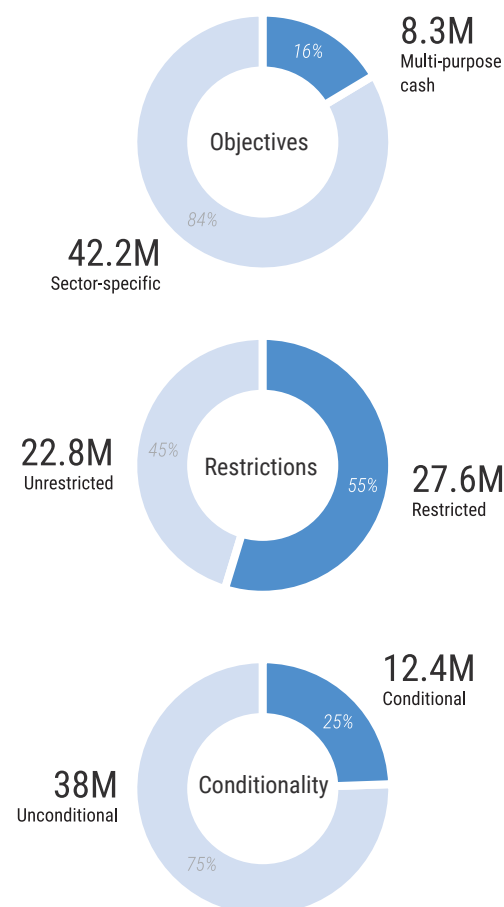
CaLP definition of conditional transfer:

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 and cash for assets or training are all forms of conditional transfers.

Value of cash transfers in 2018

CERF project proposals

in US\$ million



In 2017, the CERF secretariat introduced improvements to its application and reporting templates enabling better analysis of cash transfer programming in CERF funding. These improvements resulted in the availability of more detailed information on the modalities of cash-based projects funded by CERF, amounts of cash transferred to people reached and results achieved. Consequently, as of 2018, CERF is able to track the value of cash to be transferred to affected people through CERF-funded projects.

”Being among the proactive donors for CERF, Kuwait is proud to be an active member in pledging its support and providing assistance to one of the most important humanitarian response mechanisms, and is inspired by the results that CERF has achieved in countries suffering dire humanitarian situations. Kuwait is committed to continuously supporting the CERF in its ongoing operations.

-H.E Ambassador Jamal Al Ghunaim, the Permanent Representative of the State of Kuwait in Geneva

RESULTS REPORTED FOR CASH-BASED PROGRAMMING IN 2017 CERF GRANTS

An analysis of the information provided in the RC/HC reports on the use of CERF funding allocated in 2017¹⁰ revealed that an estimated 1.1 million people in 21 countries received CERF-funded life-saving assistance through cash transfers. The total value of CERF-funded cash transfers provided to people in need was \$27.3 million, which closely matched the planned figure of \$29 million in submitted CERF projects.

Nearly half of all people reached with cash transfers (548,361 people) received assistance in the food sector and almost a quarter of people reached with cash transfers (222,372 people) received assistance in the shelter and non-food items sector. The remaining sectors combined assisted 339,144 people through cash-based assistance.

Countries with the highest numbers of people who received CERF-funded cash transfers were the Democratic Republic of the Congo (157,950 people), Uganda (146,351 people) and Madagascar (129,800 people).

Considering that the overall objective of CERF is to promote a coordinated approach to emergency response, CERF is uniquely placed to act as a catalyst enabling integrated multi-agency cash programmes. Such programmes use common platforms, coordinated transfers covering multisectoral needs, and harmonized targeting criteria to identify people in need.

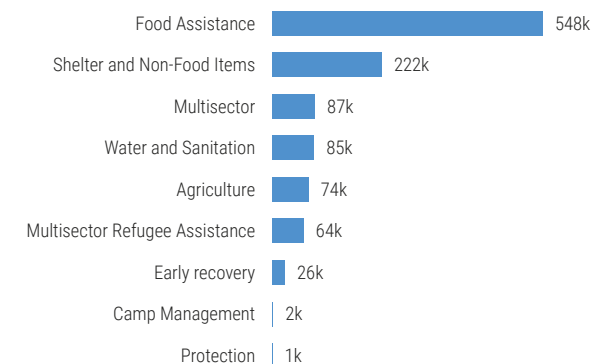
In 2017 CERF funded several joint projects that used a common platform to provide cash-based interventions. For instance, the joint cash programme supported by CERF in Chad brought together FAO, UNFPA, UNHCR, UNICEF and WFP to provide multipurpose cash through a common platform administered by WFP. The coordination between implementing agencies enabled the joint provision of cash assistance resulting in efficiency gains. In total, \$4.4 million was provided to 60,455 people in need. The use

¹⁰ Since it takes up to nine months to implement CERF-funded projects and three months to report on their results, the information on results achieved in this section covers CERF funding allocated in 2017.

People reached with 2017 CERF funding

through cash transfers

1.1M
PEOPLE REACHED
THROUGH CASH TRANSFERS



of the common platform eliminated duplication and ensured that the most vulnerable people received the aid they needed.

The same approach was applied in the Occupied Palestinian Territories where a CERF-funded UNICEF project used a platform previously established by WFP to provide over 10,000 individuals with electronic vouchers (e-vouchers) to purchase hygiene items. Capitalizing on the existing e-voucher platform allowed UNICEF to minimize transaction and operational costs, thereby maximizing the amount of funds available to meet affected people's needs.

CERF-funded projects also contributed to the strengthening of national social protection mechanisms by channeling cash transfers through existing safety net systems. For example, following the impact of Hurricane Maria in Dominica, CERF funding enabled WFP to provide 1,111 households with cash transfers to meet their basic needs. The cash was delivered through the national Public Assistance Programme, which was managed by the local government through village councils. This partnership allowed WFP to quickly establish a response mechanism while reinforcing government capacities at a local and national level.



Joyce Moga, a South Sudanese refugee who struggled with domestic violence in her home. A scar remains on her right arm.
© UNDP/Natsuki

Regaining strength through cash-for-work

When Joyce Moga* decided to flee to Uganda from South Sudan, it was not just the conflict in her home country she was running away from. She was also running from domestic abuse at the hands of her husband. Together with her four children, Joyce crossed to Uganda on foot and started a new life in one of the refugee settlements in the West Nile sub-region of Northern Uganda. Her husband soon followed.

Joyce's story is not the only one. Displacement has changed the relationship in the family and women often bear the heaviest burden in childcare and maintaining the household, while men no longer feel they have a place within the community.

“Alcohol and drug use is on the increase in both the refugee settlements and host communities leading to domestic violence, family disputes and sexual abuse,” Martina Azireo, Secretary for Gender in Moyo district says.

Ms. Azireo explains that many of the refugee women and girls have deep psychological trauma because they have already survived or witnessed rape by rebels from the places they have escaped in their countries of origin.

In such situations, victims do not have any source of income to support their families. For this reason, the United Nations Development Programme (UNDP) in Uganda is providing emergency employment opportunities (cash-for-work) to refugees to enable them have a source of income to fend for their families.

The project aims to meet the different needs of women and men including those who have specific needs due to their exposure to gender-based violence (GBV). As women and children constitute 82 per cent of the refugee population, including recent arrivals, the project prioritizes women, especially survivors of GBV, and youth at risk.

Participants can choose from a variety of activities, including rehabilitation and improvement of life-saving community facilities; strengthening community-based facilities for women and children; tree planting and woodlot establishment; hygiene maintenance at social service centres like schools, health centres and markets; and clearing and maintenance of community access roads, among others. After thirty days' work, participants receive \$120 as payment.

Joyce was one of the 2,250 participants from Arua and Moyo districts who took part in the project's cash-for-work activities this year.

“I was thinking of going back to South Sudan because of the burden and depression. I was tired of the harassment from my husband while trying to raise my children alone with limited support. After I joined the project, I became motivated to restart life here,” Joyce said after her participation in the project.

She plans to use the daily wage she receives to buy clothes and food first, and a goat to boost her income in the future.

**not her real name*

13 | Accountability to Affected People in CERF-funded projects

67% of CERF-funded projects in 2017 demonstrated efforts to ensure the participation of affected people in decisions about project design and delivery

55% of projects provided evidence of approaches that inform and listen to communities, address feedback and lead to corrective action

In November 2017, the Inter-Agency Standing Committee (IASC) Principals endorsed four updated Commitments on Accountability to Affected People (AAP) and Protection from Sexual Exploitation and Abuse (PSEA). These new principles replaced the previous five commitments adopted in 2011 in order to reflect essential developments such as the Core Humanitarian Standard (CHS) and the work done by the IASC on inter-agency community-based complaints mechanisms including for PSEA. The updated commitments also reflect the importance of meaningful collaboration with local stakeholders, which came out as a priority recommendation from the 2016 World Humanitarian Summit and in the Grand Bargain.

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

Since 2015, the CERF secretariat has used the IASC commitments as a framework to analyze

2017 IASC Commitments on Accountability to Affected People and Protection from Sexual Exploitation and Abuse*

1. Leadership
2. Participation and Partnership
3. Information, Feedback and Action
4. Results

* <https://interagencystandingcommittee.org/accountability-affected-populations-including-protection-sexual-exploitation-and-abuse/documents-61>

how AAP has been considered in CERF-funded projects. For 2015 and 2016, CERF assessed projects against four out of the five original AAP commitments: a) information-sharing and transparency, b) participation, c) feedback and complaints, and d) design, monitoring and evaluation. The 2017 revision regrouped these commitments, and the reported AAP information in the 2017 RC/HC CERF reports was assessed against two out of the four revised commitments, Commitment 2: Participation and Partnership, and Commitment 3: Information, Feedback and Action. The other two updated IASC commitments, Leadership and Results, were not included in this analysis since they involve activities that go beyond a single project and are measured at the agency and collective level. The changed scope of the commitments also means that a comparison of results from previous years is not feasible.

PARTICIPATION AND PARTNERSHIP

In 2017, 67 per cent of all CERF-funded projects demonstrated efforts fitting into this commitment.

For example, in Sudan, IOM ensured the direct involvement of both South Sudanese refugees and host communities in the design of a life-saving water and sanitation project. The increased collaboration and dialogue between the two groups helped to ensure that the scarce resources available did not create or escalate tensions between the two communities. The locations for the water points were chosen through community consultations, which explicitly encouraged the participation of women, and locations selected where the newly established water points would benefit both the refugees and the host communities.

In Ethiopia, WFP worked with community leaders and government staff to ensure that food distribution sites were established in locations where women and people with disabilities could receive nutrition services with minimal difficulty.

In the Philippines, displaced indigenous Maranao people were engaged in discussions with health workers and NGOs on how best to meet their needs in a culturally appropriate way, and were involved in the planning and design of response activities.

In Antigua and Barbuda, UN Women ensured that a community-based participatory methodology was used in all outreach activities associated with a gender-responsive protection programme for survivors of Hurricane Irma. This afforded affected people an opportunity to shape the project during design and implementation, and ensured that the specific needs of women, men and children were taken into account.

In designing a child protection programme in drought-affected counties in Kenya, UNICEF engaged local authorities and community leaders to help identify areas where children were

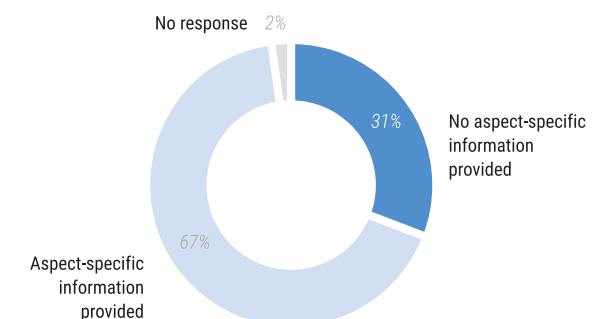
IASC AAP Commitment 2 - Participation and Partnership

“Adopt agency mechanisms that feed into and support collective/coordinated people-centred approaches that enable women, girls, boys, men, including the most marginalized and at-risk people among affected communities, to participate in and play an active role in decisions that will impact their lives, well-being, dignity and protection. Adopt and sustain equitable partnerships with local actors to build upon their long-term relationships and trust with communities.”

most affected by the drought and where few or no other partners were present. UNICEF also involved children in the project design. The children highlighted the various forms of violence, abuse, and exploitation that they faced during the drought and suggested appropriate ways in which implementing partners could support them. They played a key role in identifying fellow children in need of support, and in reporting to the authorities and local organizations whenever they witnessed any child experiencing abuse, violence and exploitation within the community. They also participated in radio talk shows to disseminate messages on child protection.

About 31 per cent of project reports did not provide any references of having incorporated participation processes in their responses or the language in the reports was too general or limited to conduct analysis.

Participation and partnership



INFORMATION,
FEEDBACK AND ACTION

In 2017, 55 per cent of the analyzed CERF-funded projects demonstrated in their AAP response that this commitment was to a large extent fulfilled.

In Angola, for example, WFP and UNHCR conducted information sessions before food distributions to ensure that affected people were aware and actively involved in decisions related to assistance received. These sessions provided them with information on programme objectives, selection criteria, implementation modalities, rations to be received, and on how to provide feedback and lodge complaints about the programme.

In Ethiopia, WFP ensured its nutrition sensitization and awareness materials were image-based to account for high rates of female illiteracy, particularly in rural areas.

In Libya, WFP drafted and disseminated a poster with information on entitlements, programme objectives and modalities. It was split into sections with the first part explaining what WFP is as well as its mandate and the food entitlement

IASC AAP Commitment
3 – Information,
Feedback and Action

“Adopt agency mechanisms that feed into and support collective and participatory approaches that inform and listen to communities, address feedback and lead to corrective action. Establish and support the implementation of appropriate mechanisms for reporting and handling of sexual exploitation and abuse (SEA)-related complaints. Plan, design and manage protection and assistance programmes that are responsive to the diversity and expressed views of affected communities.”

that people in need could expect to receive. The second part explained the targeting criteria used by WFP and answered the question, “Can I receive assistance from WFP and for how long?”. Lastly, the poster provided two helpline numbers, one for men and one for women. Feedback and complaints could be received through complaint boxes and hotlines with defined procedures for recording, referring, taking action and providing feedback to the complainant within a specified timeframe.

Some 43 per cent of projects did not provide sufficient evidence of having fulfilled this AAP commitment. They might have provided other information on AAP in their response but failed to provide concrete details on how this specific aspect of the commitment was met.

CERF REPORTING ON AAP

CERF has requested AAP information in its application template since 2014 and in its reporting template since June 2015. In mid-2017, CERF’s application template was revised to include a dedicated AAP section providing detailed guidance on AAP and requesting information on how AAP is ensured during project design, implementation and monitoring. The revision resulted in the availability of more detailed information on AAP commitments throughout the CERF programme cycle.

The data analyzed in this section was extracted from grant reports prepared by UN agencies at the field level. Since the CERF reporting template used for 2017 grants preceded the launch of the revised IASC commitments on AAP, it did not explicitly ask for reporting against these. The template posed a general question (“How has AAP been ensured during design/planning phase, implementation phase and monitoring and evaluation?”) and left space for agencies to provide as much detail as they chose in their response. As a result, an accurate analysis according to the two AAP aspects identified is challenging and underreporting on some aspects is possible or even likely.

There may also be underreporting of AAP practices due to other 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, the results should be viewed bearing in mind

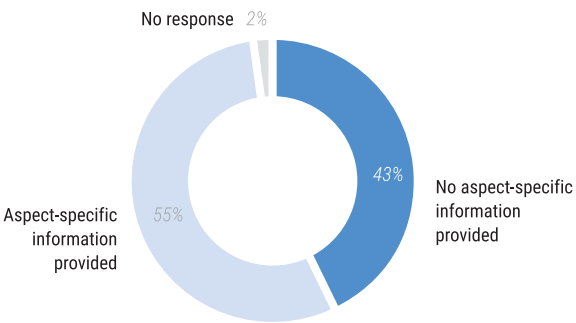
“Luxembourg is and will remain a reliable partner of CERF. The role of the fund remains essential, especially in the context of underfunded and “forgotten” crises. Our support for CERF is a sign of our commitment to strengthening the international humanitarian system and an appreciation of the outstanding work that humanitarian actors are doing around the world.

- Paulette Lenert, Minister of Cooperation and Humanitarian Action in Luxembourg

that operational factors beyond agency control can impact the feasibility of implementing some or all aspects of AAP, such as a security context or government policies that limit interaction with affected people. Finally, some CERF-funded activities may not involve direct work with communities, such as those under the common logistics and common telecommunications clusters.

For 2018 CERF grants the reporting template has been adjusted to request AAP information according to the three phases of a project: design and planning; implementation; and monitoring and evaluation. This may improve the quality and clarity of reported AAP information. The CERF secretariat will continue improving its templates to ensure that updated AAP commitments are fully reflected in CERF programme cycle and that AAP information is systematically analysed in CERF results reports.

Information, feedback and action





Aasha and her friends discuss their support to people affected by flooding in Southern Nepal.
© UNFPA Nepal/
Santosh Chhetri

Therapy restores hope and dignity for refugee women and girls

Flooding in Southern Nepal affected over a million people and displaced tens of thousands. The destruction was widespread in Rautahat District, where 20-year-old Priyanka Singh lives.

Despite being forced from their homes, Ms. Singh and her friends decided to take action and help their fellow villagers.

“Even though we ourselves were among the victims, we realized that we were physically stronger than the pregnant women, new mothers and their children, not to mention the women with disabilities and the elderly affected by the floods,” she said.

Ms. Singh leads a girls’ group in her village, Basan-tapatti. In normal times, the young women and girls

mobilize their peers against child marriage. But as they saw the flood crisis unfold around them, they decided to put their skills to use helping those in need.

The young women had all been displaced in the flood-ing. Their homes were either waterlogged or destroyed. Some were living with host families, and others were living in temporary camps on higher land.

Even so, said 18-year-old Gayatri Sah, “we thought that our support could help families cope with and recover from the floods. Eight of us had three meetings – one while caught in pouring rain without umbrellas or raincoats – to discuss what we could do.”

They decided to work with the government’s Women and Children Office and UNFPA to provide dignity

kits to displaced women and girls. The UNFPA-provided kits contain supplies to meet the unique hygiene and safety needs of women and girls, including sanitary napkins, underwear and flashlights.

“Many of the women who received the dignity kits told us that we were of great help to them,” said Ms. Singh.

They also helped authorities collect details about the flood-affected families in their villages.

And because the risk of gender-based violence increases in crisis settings, the young humanitarians also spoke to women and girls about the dangers they might experience, and where to find help.

“We met around 85 women and girls and shared information with them about available services and support,” said Aasha Kumari Pandit, 19. “Equipped with information, women and girls are less vulnerable.”

The girls’ group Ms. Singh leads is one of 30 supported by UNFPA and the Women and Children Office.

All together, these groups reach around 900 girls with empowering messages about health and hygiene, gender equality, human rights, and sexual and reproductive health. The groups even teach skills such as basic accounting and entrepreneurship.

To help her facilitate weekly group sessions, Ms. Singh has received training through a programme called Rupantaran, meaning “transformation.” The training even touched on the topic of natural disasters.

“Chapter 10 in Rupantaran has helped us understand more about disaster risks, climate change and related topics,” she explained.

It was with this knowledge and leadership experience that she and her friends decided to take action.

“The girls who fight against child marriage can also play a critical role before, during and after flood-ing,” she said.



Flood response Southern Nepal (2017) Priyanka Singh (second from right) and others plan their advocacy strategy against child marriage.
© UNFPA Nepal/
Santosh Chhetri

14

Strategic synergies and complementarity with other funding sources

\$1.12 billion allocated from CERF and CBPFs in 2017

Synergies between **CERF** and **CBPFs** strengthened for greater collective impact

CERF's global reach, convening power and speed in channelling substantial resources towards the most urgent and time-critical emergency responses make it a unique tool in the humanitarian financing landscape. CERF allocations are most effective when used in complementarity with other funding sources and mechanisms, enabling CERF funds to be used where they will have the most impact and catalytic effect, and maximizing the collective effect of available resources. In line with Grand Bargain commitments to ensure more effective humanitarian financing, CERF continuously seeks to enhance the strategic and efficient use of its funds through inter-stakeholder coordination, response prioritization and programmatic synergies with other funding sources.

JOINT STRATEGIC PLANNING WITH COUNTRY-BASED POOLED FUNDS

In 2017, CERF and Country-Based Pooled Funds (CBPFs) together allocated \$1.12 billion for humanitarian action. As CBPFs have grown in number and size across countries, their complementarity with CERF has strengthened. Both are designed to enable timely, effective and principled humanitarian action by promot-

ing leadership, coordination and coherence in response. When used jointly and strategically, leveraging their comparative advantages – such as CERF's additionality and focus on immediate life-saving assistance and CBPFs' abilities to directly fund a wider range of partners, including local NGOs, through more flexible operational modalities – these two funding mechanisms can help partners deliver an even stronger collective response.

CERF allocated a total of \$237 million, 57 per cent of all CERF funds allocated in 2017, to support humanitarian responses to underfunded or unexpected needs in 12 of the 18 countries and territories with an active CBPF. Many of these countries have been long-standing recipients of significant CERF funding, such as the Democratic Republic of the Congo (DRC), Ethiopia, Somalia, South Sudan, Sudan and Yemen.

The Humanitarian Coordinators and Humanitarian Country Teams in these countries have pursued different strategies to ensure programmatic synergies and complementarity between the two different OCHA-managed pooled funding mechanisms. In most OCHA country offices, the same staff support CBPF and CERF allocation processes, which further helps to ensure coherent and effective allocation of the funds. These strategies include:

- Coordinated approach at inter-cluster level to identify priority humanitarian needs to target with CERF- and CBPF-funded assistance;

- Joint selection and strategic division of sectoral activities and geographic coverage;
- Awarding funds to different types of humanitarian actors and interventions according to CERF's and CBPFs' comparative advantages;
- Sequencing funding
- Joint communication and messaging on CERF and CBPF allocations to leverage additional donor funding.

For example, in response to monsoon floods that displaced over 160,000 people in southeast Myanmar from early July to mid-August 2018, CERF and the Myanmar Humanitarian Fund (MHF) launched an integrated allocation to ensure programmatic synergies and the best value for money of the two pooled funding mechanisms. The integrated allocation utilized \$3 million from CERF's Rapid Response window and \$1 million from MHF's Reserve Allocation modality to address critical unmet needs of flood-affected people with concurrent sectoral responses informed by joint strategic prioritization of humanitarian partners and their activities. CERF funds enabled UN agencies to deliver life-saving food security (both in-kind and cash-based), water and sanitation, health and protection assistance, while the MHF directly funded NGOs with proven access and operational experience in the prioritized geographical areas to deliver cash-based interventions, shelter and non-food items, and education services. The joint allocation provided some 50,000 flood-affected people with multisectoral assistance.

In Sudan, \$20 million was allocated from CERF's Underfunded Emergencies window in October 2018, alongside the Sudan Humanitarian Fund (SHF)'s Standard Allocation of \$13 million, to avert an escalating food insecurity and malnutrition crisis affecting 5.5 million people. A joint strategic prioritization for the two allocations resulted in coordinated geographic targeting based on the results of nutrition assessments and aligned interventions in food security, nutrition, health and water and sanitation sectors. The SHF funds were allocated predominantly to NGOs to support their frontline operations while

Country-Based Pooled Funds (CBPFs)

CBPFs may be established by the Emergency Relief Coordinator (ERC) when a new emergency occurs or when an existing crisis deteriorates, informed by specific country contexts including the operational presence and coordination capacity of the humanitarian community and the prospect of sufficient donor contributions to sustain the fund. They are managed by OCHA under the leadership of the Humanitarian Coordinator in close consultation with the humanitarian community. Contributions from donors are collected into a single, unearmarked fund to support local humanitarian efforts. CBPFs directly allocate funds to the highest-priority projects of the best-placed responders (including international and national NGOs, Red Cross/Crescent organizations and UN agencies) through an inclusive and transparent process in support of crisis-specific Humanitarian Response Plans. They foster broader and stronger partner engagements in cluster systems, help build local response capacities while minimizing transaction costs, and reinforce collective ownership and accountability of emergency response. For more on CBPFs, visit <http://bit.ly/GiveToCBPFs>

“The Integrated [CERF-MHF] Allocation Strategy ensured a more strategic decision-making process, informed by a joint needs analysis and prioritization, and more effective use of pooled fund mechanisms.

- MHF 2018 Annual Report

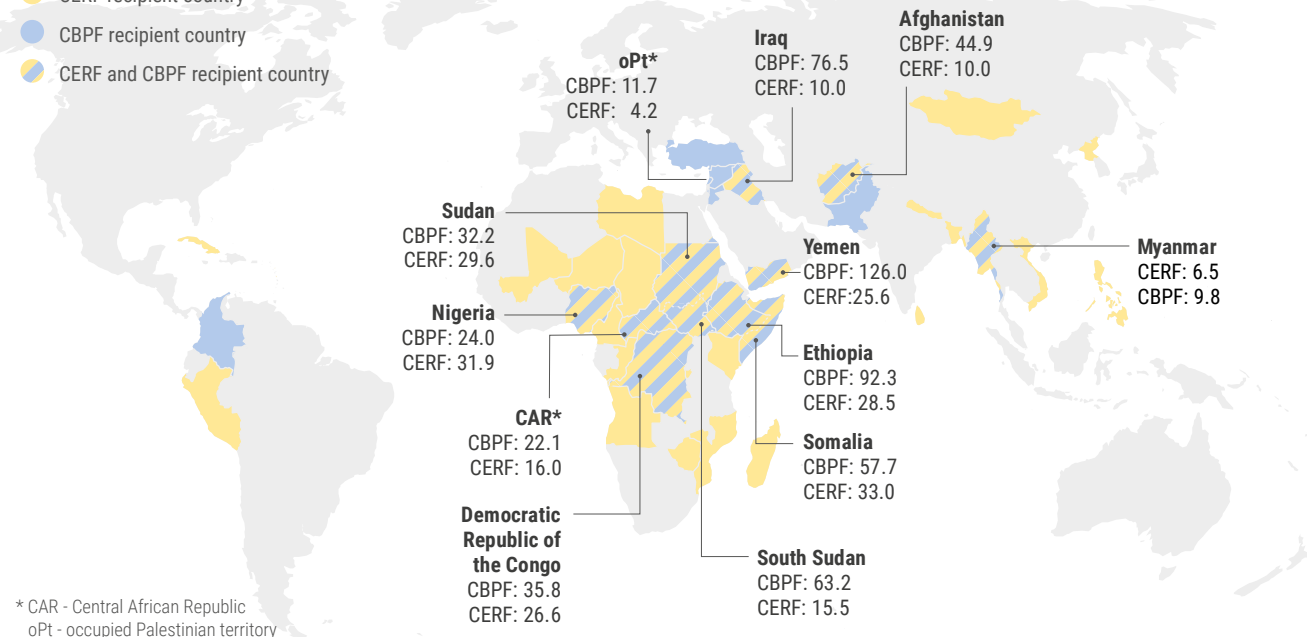
CERF funds leveraged UN agencies' capacity to procure bulk supplies and commodities that were then channelled through implementing partners, including those funded by the SHF. In addition, the most urgent, life-saving interventions were integrated into CERF-funded projects, while resilience-focused interventions were supported by the SHF, which allowed for a longer project timeframe.

In Afghanistan, funds from CERF's Underfunded Emergencies window in 2017 complemented the Afghanistan Humanitarian Fund (AHF)'s Standard Allocation. CERF funds supported UN agencies to scale up multisectoral assistance to Afghan returnees from Iran arriving through the Milak border crossing, winterization support for vulnerable populations, assistance for flood-affected and flood-insecure communities,

2017 CERF and CBPF allocations

in US\$ million

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



and life-saving seasonal livelihood support for vulnerable small farming families and livestock farmers. The AHF supported humanitarian activities in 45 hard-to-reach districts with acute unmet humanitarian needs, channelling funds predominantly through national and international NGOs, which were able to access areas that UN agencies were not. The inter-agency Humanitarian Access Group provided NGOs with trainings prior to the allocation to enhance their knowledge of the security risk assessment tools and access challenges.

In Somalia, the CERF underfunded emergency allocation of \$18 million released for the drought response in 2017 was complemented by the Somalia Humanitarian Fund (SHF)'s Standard Allocation of \$14 million. To ensure the best value for money of the collective response, the Inter-Cluster Coordination Group developed an integrated strategy informed by a comprehensive needs, response and funding analysis to determine priority locations, sectoral activities and critical gaps in funding to be covered by the respective pooled funds. CERF funds were used primarily to cover direct operations of UN agencies, procurement of bulk supplies to

benefit from economies of scale, and logistical support. The SHF channelled funds directly to programmes of local and international NGOs, including those who distributed the UN-procured supplies.

In Yemen, CERF released \$600,000 from its rapid response window in August 2017 to support the UN Humanitarian Air Service to urgently transport medical and water and sanitation equipment and supplies from Djibouti to Sana'a in response to a worsening cholera outbreak. In four weeks, 152 tons of water and sanitation and health items were airlifted on behalf of nine humanitarian organizations including UN agencies and NGOs. At the same time, humanitarian organizations used funding received from the Yemen Humanitarian Fund (\$9.7 million under a Reserve Allocation), the Start Fund (GBP 300,000) and other donors to provide assistance including medical supplies and treatment services, water quality monitoring, distribution of family hygiene kits, sensitization and education sessions by health and sanitation experts, and mobilization of community health volunteers for case referrals.

COMPLEMENTARITY WITH OTHER FUNDING SOURCES

CERF funds were also utilized in complementarity with funding from bilateral donors, host governments and recipient agencies' own resources. These other funding sources complemented CERF grants by supporting the delivery of sequenced, complementary or scaled-up services, extending the beneficiary reach, geographical coverage or duration of assistance. In many instances, CERF was amongst the first sources of funding for new emergency responses, which then triggered subsequent funding by other donors.

For example, in Bangladesh, which received five CERF rapid response allocations totalling \$24.2 million in 2017 in response to a cyclone, landslides, floods and the Rohingya refugee crisis, CERF-funded interventions helped recipient agencies demonstrate unity and collective results to donors, enabling them to mobilize additional funding. A newly established NGO fund in the country complemented CERF funds allocated to UN agencies with its allocations to NGO partners in each of these crises.

In Ethiopia, CERF rapid response funds released for the 2017 drought response supported immediate water and sanitation interventions including emergency repairs and rehabilitation of over-utilized and non-functional water schemes, water trucking, and installation of water storage tanks, benefiting some 681,000 of the 1.3 million people who were suffering from water shortages in the country's Somali region. To complement the CERF funds, which addressed short-term water and sanitation needs in the region, Japan and other donors contributed additional resources for longer-term interventions such as drilling new boreholes.

In Iraq, a CERF rapid response allocation in May 2017 bridged an emerging critical gap in food assistance to people fleeing Mosul city due to large-scale military operations against the Islamic State of Iraq and the Levant. While CERF funds were used by WFP to procure food items, other donor funding supported national and international NGOs that undertook the distribution of the procured food rations to displaced families.

In Mongolia, CERF rapid response funds kick-started emergency assistance to herder families affected by the 2016-2017 dzud episode and prompted an array

of complementary funding and in-kind support. These included a Start Fund allocation to NGOs which provided multisectoral assistance in and out of CERF project areas, funding from the United States of America for cash grants distributed by the International Federation of the Red Cross and Red Crescent Societies and the Mongolian Red Cross, and additional sectoral interventions implemented by UN agencies and NGOs. The Mongolian Government mobilized its national reserve funding and voluntary donations from various institutions to support the needs of local communities. The Government also deployed power generators and vehicles to support the continuous provision of provincial public services.

In Peru, CERF rapid response funds released to support flood-affected communities in April 2017 enhanced synergies between the government programming and interventions funded not only by CERF but also by Canada, the European Union and the United States of America. The Ministry of Women and Vulnerable Populations and the Ministry of Health saw the benefit of sexual and reproductive health and protection interventions kick-started by CERF and mobilized additional funds to extend these services. The CERF-funded emergency agriculture assistance project to rehabilitate damaged agricultural fields and infrastructure benefitted from a partnership with local irrigation users' commissions, which used their own funds to clean irrigation channels. Lessons learned and best practices of the CERF-funded nutrition interventions in Piura informed similar programmes rolled out in Lambayeque and La Libertad with other donor contributions.

In the Philippines, a \$2.5 million CERF rapid response allocation in July 2017 was among the first sources of funding for humanitarian partners responding to the conflict in Marawi. It helped leverage additional funds from other donors including the Australian government, private companies and UN agency headquarters' emergency funds. The implementation of CERF-funded activities also led to improved situation analysis, providing an evidence base to craft better-informed project proposals for donors. Implementing partners who were awarded CERF funds as subgrants, including local NGOs, demonstrated their credibility which helped them mobilize funds and expand partnerships with private sector partners.

15 | Speed of CERF

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 in sudden-onset crises or the rapid deterioration of an emergency, 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 speed of CERF processes alone. The timeliness aspect of CERF's performance is explored more in depth from a qualitative perspective in the section on the strategic added value of CERF (page 46), which documents that 90 per cent of RC/HCs in countries receiving CERF funding in 2017 stated that CERF led to fast delivery of assistance to people in need and 93 per cent

assessed that CERF funds helped humanitarian organizations respond to time-critical needs.

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

While the speed of CERF processes does not directly equate to the fund's ability to provide timely funding, it provides an indication of the CERF secretariat's performance and is therefore systematically tracked.

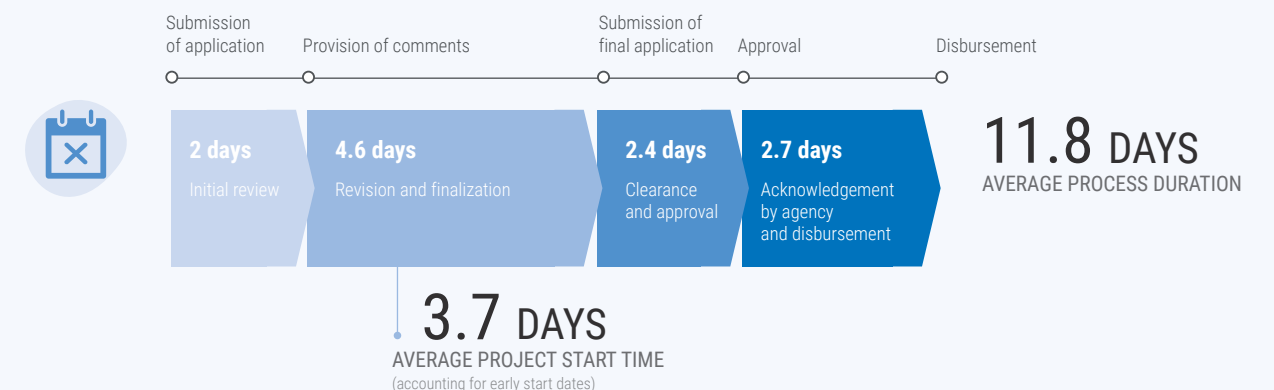
An analysis of key dates within the allocation processes of all 261 Rapid Response¹¹ projects funded by CERF in 2018¹² showed that the average duration between the submission of the first version of the CERF application from the field to the CERF secretariat and the disbursement of CERF funds to recipient agencies was **11.8 working days**.

¹¹ Duration of allocation processes is a less important factor for allocations from the Underfunded Emergencies window, hence they are excluded from this analysis.

¹² The most recent data covering the full year of CERF allocations available.

- Heiko Maas, Minister of Foreign Affairs in Germany

Average duration of 2018 CERF Rapid Response allocation processes



Initial review: The CERF secretariat undertakes programmatic and financial reviews of initial applications* to ensure the strategic use of the funding, adherence to CERF's life-saving criteria and compliance with budget requirements. In 2018, CERF completed the initial review of applications on average within 2 days** from the date of submission from the field.

* 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

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

Revision and finalization: With support from the CERF secretariat, OCHA field offices and agency focal points at the country level work to revise applications according to the questions and comments raised during the initial review. Once the the overarching strategic section of CERF applications is approved, the CERF secretariat starts processing each project separately to ensure that finalized projects are approved quickly, and are not delayed by projects which are still under review. In 2018, OCHA field offices in collaboration with country level agency focal points reviewed and finalized CERF project proposals on average in 4.6 days.

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 2018, the final review, clearance and approval of CERF project proposals took on average 2.4 days.

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 Finance (OPBPF) of the United Nations Secretariat on the disbursement of funds. In 2018, the acknowledgement by agencies and disbursement of CERF funds took on average 2.7 days.

However, recipient agencies do not have to wait for CERF funds to arrive in their accounts before starting to implement 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 agencies¹³ to start response activities earlier using internal reserves in the knowledge that CERF funds will be immediately forthcoming.

¹³ Not all agencies can use early implementation start dates due to internal administrative limitations.

Of the 261 CERF Rapid Response projects funded in 2018, more than half – 136 projects – started implementing 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. If the early start dates of CERF grants are taken into account, the average time from initial submission of the CERF request to project start date was **3.7 working days** across all 2018 rapid response grants.

The CERF secretariat uses emergency fast-track procedures for processing time-critical allocations to sudden-onset crises to ensure that funds for kick-starting emergency responses are made available as quickly as possible. In such cases, CERF secretariat applies maximum flexibility during application review and alerts the Office of Programme Planning, Budget and Finance (OPPBF) of the United Nations Secretariat to prioritize the projects for immediate disbursements.

For instance, when a series of strong earthquakes struck Indonesia's Central Sulawesi province in September 2018, CERF applied emergency fast-track procedures. As a result, CERF secretariat processed the funding application from Indonesia (including 11 projects totaling \$14.4 million) in an average of 5.1 working days from the initial submission to the disbursement of funds. The four 'fastest' projects within the application were processed in three working days, while the two 'slowest' projects were processed in nine working days due to programmatic and budgetary clarifications required from agencies.

Apart from the procedures used, it needs to be noted that the quality of applications and timeliness of their review by the field offices are important factors in the duration of CERF allocation processes. The timing of submissions may also affect overall speed as multiple

concurrent rapid response requests from the field may lead to slower processing of some requests due to competing demands on CERF secretariat capacity and the need to prioritise.

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 thus the duration of this phase cannot be tracked by the CERF secretariat.

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 swifter 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 also in 2015, the CERF secretariat developed a tailored process in consultation with the OPPBF that enabled CERF projects to be prioritized 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 2.7 days in 2018, more than 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.

16 | CERF in support of the Grand Bargain

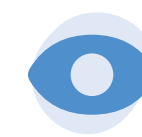
The Grand Bargain is an agreement between donors and aid providers that aims to improve the effectiveness and efficiency of humanitarian action. It includes 51 voluntary commitments organized into nine workstreams. The Grand Bargain was first proposed in 2016 by the High-Level Panel on Humanitarian Financing 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.

CERF is uniquely placed to serve as a catalyst for improvements to the humanitarian system, and promoting the effectiveness and efficiency of humanitarian action is one of its core objectives. Since CERF's establishment in 2006, the fund's policies, allocation models and operational practices have been continuously refined to better meet humanitarian needs. CERF therefore embodies many aspirations of the Grand Bargain.

The fund is actively engaged in Grand Bargain processes and continues to explore measures to leverage the delivery of its commitments. Key CERF contributions towards all nine Grand Bargain workstreams are outlined below.

“CERF enables an indispensable rapid response to critical humanitarian needs around the globe. As we strongly believe in front-loading resources to be readily available whenever disaster strikes, Belgium has decided to further raise its support to CERF from 12,5 to 17 million euro per year in 2019 and 2020.

- Alexander De Croo, Deputy Prime Minister and Minister of Finance and International Development, Belgium.



Greater transparency

In 2018, CERF undertook a comprehensive review of its International Aid Transparency Initiative (IATI) reporting. As a result,

CERF's IATI transparency score increased to 94 per cent making CERF the third most transparent organization among 969 organizations publishing their data in IATI standards.

CERF publishes all grant decisions in real time on its website, the Financial Tracking Service, the Humanitarian Data Exchange and in the IATI standard. CERF also publishes the methodologies for allocation decisions, summaries of the country selection processes for Underfunded Emergencies allocations, narrative reports on the use of CERF funds and this global report on results achieved.



More support and funding tools for local and national responders

Of the \$418.2 million CERF allocated in 2017, \$95.4 million (23 per cent) was subgranted from UN agencies to 568 implementing partners in 33 countries. Of that amount, \$52.2 million went to 447 national and local organizations. This represents a global reach that would be difficult to achieve for CERF or CERF's donors through direct funding agreements. CERF systematically tracks and analyses subgrants and the CERF Advisory Group works with UN agencies and NGO forums to promote effective and efficient partnerships under CERF grants.



Increase the use and coordination of cash-based programming

CERF remains cash-ready and has long funded cash transfer programming when prioritized by country-level partners. In 2018 CERF funded 79 projects with cash-based components, a large increase from 45 in 2017. The amount of cash provided to people affected by crises is expected to increase at a similar rate from \$27.3 million in 2017 projects to more than \$50.5 million in 2018 projects. CERF recently revised its application and reporting templates to enable better tracking and analysis of cash transfer programming in CERF-funded projects and has also developed additional guidance to support the inclusion of cash transfer programming in CERF applications.



Reduce duplication and management costs

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 3 to 2 per cent) as of June 2016. In 2018 alone, this reduction freed \$4.6 million of CERF funding for additional programming.



Improve joint and impartial needs assessments

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



Participation revolution

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.



Increase collaborative humanitarian multi-year planning and funding

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



Reduce the earmarking of donor contributions

CERF is the only global unearmarked humanitarian response fund at scale. Since its inception, CERF has provided more than \$5.8 billion to humanitarian action in 104 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, providing donors with full transparency on how CERF funding is allocated, offering detailed reporting on results achieved, and by ensuring strong accountability on 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.



Harmonize and simplify donor requirements

CERF 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.



When natural disasters strike, conflicts escalate or emergencies break out, humanitarian funds are needed – and fast! In such situations, there is no time for lengthy decision-making processes. CERF provides the United Nations with a universal, impartial and pragmatic tool to provide immediate assistance in order to alleviate widespread impacts. This is why Switzerland remains a loyal supporter of CERF.

- Manuel Bessler, Head of Swiss Humanitarian Aid and Deputy Director General Swiss Agency for Development and Cooperation (SDC)



| Regional and country overview

Women and a child make their way to an informal refugee settlement in Garin-Wazam, in Diffa region, Niger.
© UNICEF/Tremeau

Part II of this publication complements the global picture of CERF results presented in Part I with succinct summaries of each report by Resident Coordinators/Humanitarian Coordinators on the use of 2017 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 strategic added value of CERF.

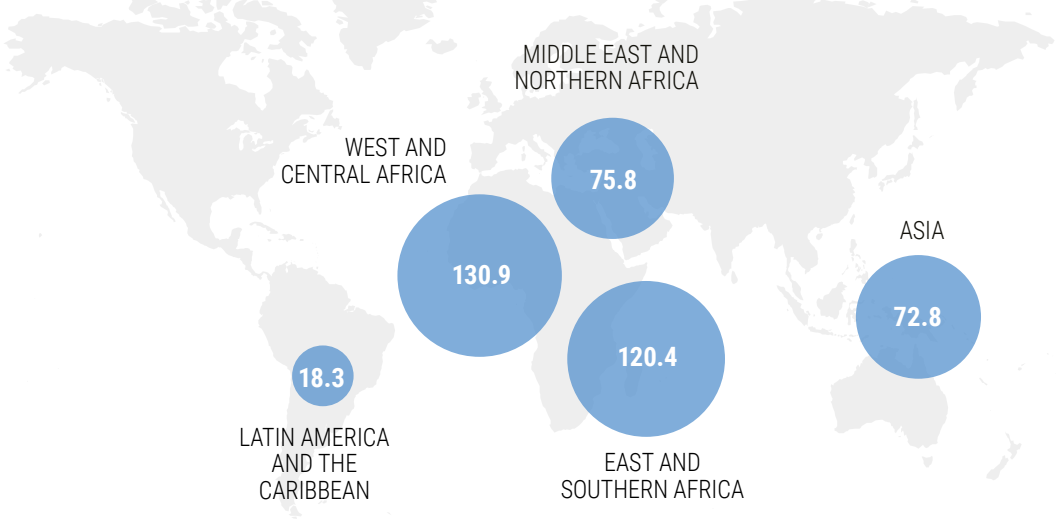
The allocation summaries are comprehensive in their coverage, but they are not exhaustive of all the results of CERF-funded interventions. They

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 in geographical order as per the map below. To facilitate searching for specific summaries, the table on the following page presents an overview of the CERF allocations and their key characteristics.

2017 CERF allocations by region

in US\$ million



2017 CERF country allocation profiles

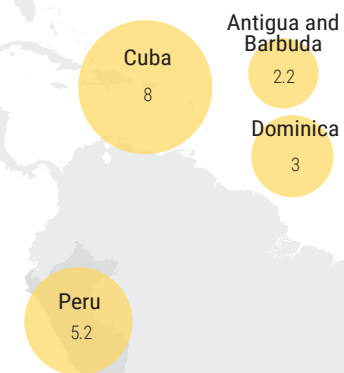
Country	Allocations		Allocation window		Emergency types			Beneficiary profile				Regional allocations				Cash transfer programming included	Page number
	Amount - in US\$ million	Number of allocations	Rapid Response	Underfunded Emergencies	Conflict-related and internal strife	Natural disasters	Other	Refugees	IDPs	Host communities	Other affected people	Boko Haram crisis	CAR crisis	Horn of Africa Drought	South Sudan		
Afghanistan	10.0	1		•	•			•	•	•	•					•	151
Angola	10.5	1	•		•			•									104
Antigua and Barbuda	2.2	1	•			•			•		•					•	96
Bangladesh	24.2	5	•		•	•		•	•	•	•					•	152
Burundi	3.5	1	•			•			•		•						122
Cameroon	10.0	1		•	•			•	•	•	•	•				•	105
CAR*	16.0	2	•	•	•			•	•	•	•		•			•	106
Chad	14.6	2	•	•	•			•	•	•	•	•	•			•	110
Congo	4.4	1	•		•				•		•					•	106
Cuba	8.0	1	•			•					•						97
DPRK*	12.3	2	•	•		•	•				•						159
DRC*	26.6	3	•		•			•	•	•			•			•	113
Dominica	3.0	1	•			•					•					•	98
Ethiopia	28.5	2	•			•					•			•		•	123
Iraq	10.0	1	•		•				•		•						138
Kenya	10.3	1	•			•					•			•		•	125
Libya	6.4	2	•	•	•			•	•	•	•					•	139
Madagascar	11.0	2	•	•		•			•	•	•					•	126
Mali	6.9	1		•	•				•	•	•						116
Mongolia	1.1	1	•			•					•					•	161
Mozambique	2.0	1	•			•					•						128
Myanmar	6.5	2	•		•	•			•		•					•	162
Nepal	4.8	1	•			•			•		•					•	164
Niger	10.1	1		•	•			•	•	•	•	•					117
Nigeria	31.9	2	•	•	•			•	•	•	•	•					118
oPt*	4.2	1	•		•			•			•					•	141
Peru	5.2	1	•			•			•	•	•					•	99
Philippines	2.5	1	•		•				•	•						•	165
Somalia	33.0	2	•	•		•		•	•	•	•			•		•	129
South Sudan	15.5	1	•		•			•	•	•					•		131
Sri Lanka	7.2	2	•			•			•		•					•	166
Uganda	15.0	1		•	•			•		•					•	•	134
Sudan	29.6	3	•	•	•			•	•	•	•				•		142
Viet Nam	4.2	1	•			•					•					•	168
Yemen	25.6	2	•		•	•			•	•							146
Zimbabwe	1.6	1	•			•			•		•						135

*CAR - Central African Republic
DPRK - Democratic Republica People's of Korea
DRC - Democratic Republic of the Congo
oPt - occupied Palestinian territory

Latin America and Caribbean



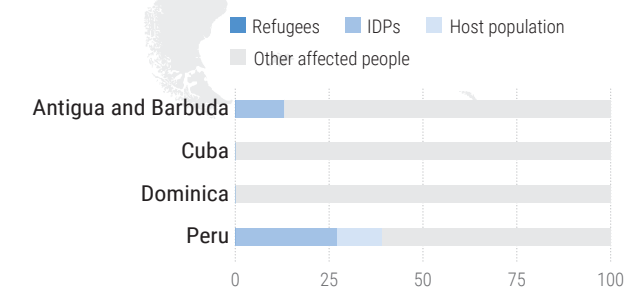
Allocations by country in US\$ million



In 2017, CERF provided **\$18.3 million** for life-saving action in response to humanitarian needs caused by natural disasters in Latin America and the Caribbean.

In early 2017, CERF allocated **\$5.2 million** to meet urgent and life-saving needs in Peru, after intense rainfall caused by the El Niño coastal phenomenon resulted in severe flooding and landslides. In September, CERF provided Rapid Response allocations of **\$2.2 million** to Antigua and Barbuda and **\$8 million** to Cuba for life-saving response after the devastation left by Hurricane Irma. A few weeks later, CERF provided **\$3 million** to Dominica in the wake of another Category 5 storm, Hurricane Maria, supporting a wide range of urgent and time-critical humanitarian needs.

Profile of people reached




People reached by sector

	Agriculture	Camp Management	Early Recovery	Education	Food Assistance	Health	Nutrition	Protection	Shelter and NFIs	Water and Sanitation
Antigua and Barbuda			313	13,956		29,605		2,600	4,994	
Cuba	163,073			44,048	544,636	398,192			68,337	351,854
Dominica	13,466		5,724	5,435		71,293		1,222	2,218	14,325
Peru	7,000	28,798	29,881	1,325		99,511	9,115	9,491		20,000
Total	183,539	28,798	35,918	64,764	544,636	598,601	9,115	13,313	75,549	386,179

A woman and children stand in floodwaters in Primavera, a rural community located in Cura Mori District located outside the city of Piura, Peru.
© UNICEF/Vilca

ANTIGUA AND BARBUDA

Allocation	\$2.2 million	
	September 2017 - Rapid Response	
Emergency type	Natural Disaster - Storm	
Beneficiary type	IDPs, Other affected people	
Implementing organizations	IOM, UNDP, UNFPA, UNICEF, UN Women, WFP	
	1 national/local NGO	
	2 Government entities	
	1 Red Cross/Red Crescent society	

Overview of the humanitarian situation

Hurricane Irma – the most powerful hurricane ever recorded over the Atlantic – hit the small island developing states in the Eastern Caribbean on 5 September 2017. In Barbuda 90 per cent of housing was destroyed and the island was rendered entirely uninhabitable for its 1,780 residents. Across Anguilla, the British Virgin Islands, Saint Martin and Turks and Caicos the devastation affected 129,285 people, displacing up to 32,000 and leaving 17,000 in need of shelter. The hurricane destroyed access to clean water, electricity and functional sewage systems as well as telecommunications and infrastructure. Health facilities were severely impacted, and equipment and medical supplies destroyed. Children were particularly affected and left in urgent need of social services like education, protection and trauma recovery.

CERF-funded assistance provided

To address the most urgent humanitarian needs, CERF allocated **\$2.2 million** from its Rapid Response window. In line with priorities identified in the Regional Response Plan, the funds enabled partners to provide: shelter materials including tents and tarpaulins to **2,250 families**; delivery kits to **1,800 pregnant women** and emergency obstetric care to **563 pregnant women**; dignity kits to **4,152 women and girls**; education materials to **8,152 children**; and mental health and psychological support services to **2,600 people**.

CERF’s strategic added value

Being the first funding source available, the CERF allocation enabled the rapid delivery of assistance and helped agencies respond to time-critical needs such as shelter and access to clean water. The response supported by CERF funds also helped agencies mobilize some additional funding. For example, UNDP was able to secure funding from the Netherlands to scale up CERF-funded activities. The implementation of the CERF allocation also helped improve coordination at the subregional level between Resident Coordinators and UN Country Teams and at country level between agencies.

CUBA

Allocation	\$8 million
	September 2017 - Rapid Response
Emergency type	Natural Disaster - Storm
Beneficiary type	Non-displaced affected people
Implementing organizations	FAO, UNDP, UNFPA, UNICEF, WFP, WHO

Overview of the humanitarian situation

Hurricane Irma struck Cuba in September 2017 with massive storm surges and coastal flooding, causing widespread destruction and large humanitarian needs. The hurricane was highly destructive. Approximately 2 million people were evacuated, and around 200,000 houses were severely damaged. Health and educational institutions, food and medical stocks, and manufacturing centers were affected. More than 3.1 million people faced severe limitations in access to water and sanitation, 2.3 million people were without electricity for days after the disaster, more than 70 per cent of health facilities were damaged, and 75,000 hectares of productive land with livestock and fish farms had been affected. On 16 September, the Cuba Plan of Action was launched requesting \$56 million to meet the urgent needs of 2,151,080 affected people. The plan included response to immediate needs including the provision of basic shelter to affected families, access to safe and sufficient water, maintenance of health and sanitation conditions, restoration of food production, nutritional assistance to the population and support for safe educational spaces.

CERF-funded assistance provided

Immediately after the storm, CERF allocated **\$8 million** from its Rapid Response window to begin time-critical life-saving activities. This funding served as a vital injection of early funds for the Plan of Action and enabled UN agencies and partners to provide: food to **544,636 people**; agriculture assistance to **163,073 people**; access to emergency reproductive health services to **71,500 people**; water purification means to **117,284 families**; water containers to **65,322 families**; hygiene kits to **77,530 families**; hygiene information to **78,032 families**; tarpaulins, roof sheets and tool kits for roofing to **68,337 people**; education kits to **12,964 children under age 5**; School in a Box Kits to **20,223 children**; psychosocial and recreational support to **28,640 children**; and restore 113 health care facilities benefiting **398,192 people**.

CERF’s strategic added value

The CERF allocation helped respond to time-critical needs. CERF funds enabled the rapid delivery of assistance to people in need, thanks to fast-track delivery processes of humanitarian inputs agreed with the national authorities. CERF was one of the biggest funding sources to the emergency and the strong performance of CERF-funded projects helped attract additional funding from other sources such as the European Union. CERF also improved coordination among the humanitarian community and with local authorities, leading to the joint set up of detailed implementation and monitoring mechanisms.

DOMINICA

Allocation	\$3 million	
	September 2017 - Rapid Response	
Emergency type	Natural Disaster - Storm	
Beneficiary type	Non-displaced affected people	
Implementing organizations	FAO, IOM, UNDP, UNFPA, UNICEF, WFP, WHO	
	2 international NGOs	
	2 Government entities	

Overview of the humanitarian situation

On 18 September 2017 Hurricane Maria, a Category 5 storm, caused widespread damage and destruction in Dominica, one of the poorest countries in the Caribbean. At the time of the landfall, sustained winds were reported to be 260 km/h. The entire population of the island, 71,293 people, was affected. Assessments indicated that there was urgent need for food, water, relief items and shelter assistance. Up to 65,000 people suffered direct damage to their housing and livelihoods, leaving communities homeless. Dominica’s main hospital and all health facilities across the island were greatly damaged, reducing the island’s capacity to address the most urgent health needs. Of the 44 water systems, 43 were severely damaged and the main waste water treatment plant became non-functional due to flooding and landslides. Annual and perennial crops on the island were destroyed, threatening food security.

CERF-funded assistance provided


CERF allocated **\$3 million** from its Rapid Response window to jump-start the delivery of the most urgent life-saving projects included in the Flash Appeal. This funding enabled UN agencies and partners to provide: restored water supply to health facilities benefiting **71,293 people**; water and sanitation services to **12,580**

people; food assistance through cash to **3,666 people**; shelter kits and relief items to **570 families**; seeds and tools to **2,400 families**; livestock support to **400 families**; child delivery kits to **200 women**; treatment for sexually-transmitted infections to **750 people** including survivors of gender-based violence; psychosocial support to survivors of gender-based violence; dignity kits to **1,169 women**; cash-for-work activities to **5,724 people**; restored access to learning spaces to **4,000 children**; access to child friendly spaces to **1,435 children**; and logistical support for relief operations.

CERF’s strategic added value

The CERF allocation made critical strategic contributions to the humanitarian response to Hurricane Maria in Dominica. It enabled UN agencies and partners to quickly provide relief assistance to the most vulnerable communities who, given the extent of the destruction, were highly dependent on fast delivery of assistance. The coordination between UN agencies, national partners and other humanitarian actors was strengthened as they worked closely together on planning and implementing CERF-funded activities. The emergency response enabled by CERF also supported resource mobilization from other sources because UN agencies were able to showcase results of the ongoing relief efforts and attract additional funding.

PERU

Allocation	\$5.2 million	
	April 2017- Rapid Response	
Emergency type	Natural Disaster - Flood	
Beneficiary type	IDPs, Host population, Other affected population	
Implementing organizations	FAO, IOM, UNDP, UNFPA, UNICEF, WHO	
	1 national/local NGO	
	13 international NGOs	
	1 Government entity	

Overview of the humanitarian situation

The El Niño coastal phenomenon, triggered by the increase in sea surface temperature, caused continuous rainfall in February and March 2017 in the northern coastal region of Peru. The intense rains resulted in severe flooding and landslides affecting around 1.1 million people. In March 2017 the government declared a state of emergency. The situation was the most severe in the Piura region where 579,500 people were affected, including 150,000 children. Approximately 15,000 houses were destroyed, and 8,700 hectares of crops were lost. In addition, 28,000 people were displaced throughout the region and temporarily settled in overcrowded shelters and camps. The urban and rural water networks and sewerage systems in urban areas were damaged. Overstretched shelters and limited access to clean water and appropriate sanitation threatened the health of affected people. The overall health situation also worsened due to a dengue epidemic and an increased number of cases of leptospira, Zika and chikungunya. An emergency food security assessment conducted by WFP showed that 59 per cent of affected people were food insecure, including nine per cent severely food insecure. The UN and partners issued a flash appeal in April 2017 requiring \$38.3 million for urgent interventions in water and sanitation, early recovery, shelter, food, nutrition, agriculture, camp management, education, health, protection and coordination.

CERF-funded assistance provided

In response, CERF allocated **\$5.2 million** from its Rapid Response window to enable the quick commencement of the top-priority life-saving projects included in the Flash Appeal. This funding enabled UN agencies and partners to provide: access to safe water to **58,932 people**; water containers to **5,249 families**; access to appropriate sanitation facilities to **5,319 people**; hygiene items to **24,881 people**; hygiene kits to **6,618 families**; vector control information to **3,146 people**; health services to **9,115 displaced children and pregnant and lactating women**; agricultural support to **1,400 families**; protection activities benefiting **7,889 women**; obstetric services to **3,013 women**; improved conditions in shelters and spontaneous sites benefiting **28,798 displaced people**; relief items to **2,059 families**; emergency shelter materials to **1,080 families**; mud removal interventions benefiting **29,881 people**; cash-for-work activities to **7,774 people**; access to health services to **99,511 people**; education materials to **1,836 children**; psychological support to **4,858 children**; and access to temporary education spaces to **5,058 children**.

CERF’s strategic added value

CERF funding was among the first funding provided to the flash appeal and it played a key role in kick-starting the response to time-critical needs. CERF funds also helped improve resource mobilization from other sources by increasing the visibility of the crisis and provided a good opportunity for NGOs and UN agencies to collaborate closely in the implementation of emergency response interventions.



Peru:
Farmers recover
fields from
El Niño floods

In late 2017, extreme rainfall on normally dry terrain led to episodes of major flooding, storms and landslides in Peru.

In the village of Tambogrande, local farmer Hernan Espinoza recalls how his farm and field were waterlogged and destroyed. "With the El Niño floods, all our crops were wiped out, and we lost almost all our productive capacity," he says. "The storms caused landslides which also blocked our irrigation channels" he recalls. More than 1,000 families could not receive irrigation water for their farms, which they depended on as their main source of food and income.

CERF responded quickly to the emergency by releasing more than \$5 million to support life-saving assistance in Peru. Almost \$300,000 went to help restore food security and productive capacity of family farmers like Hernan.

Peru
A farmer is assessing the cleared irrigation channels following major destructions caused by flooding and landslides in Tambogrande, Peru. © Soluciones Prácticas

Hernan and his neighbors formed special Irrigation Commissions to clear the irrigation channels. Almost 1,000 families took part. After working together for a month, they managed to release water and drive it to their fields. "Each of us received a daily wage of \$10 in addition to machinery and training to work for releasing our water", Hernan explains.

Peru
A farmer is working on rehabilitating land and fields which have been destroyed by flooding and landslides in Tambogrande, Peru. © Soluciones Prácticas

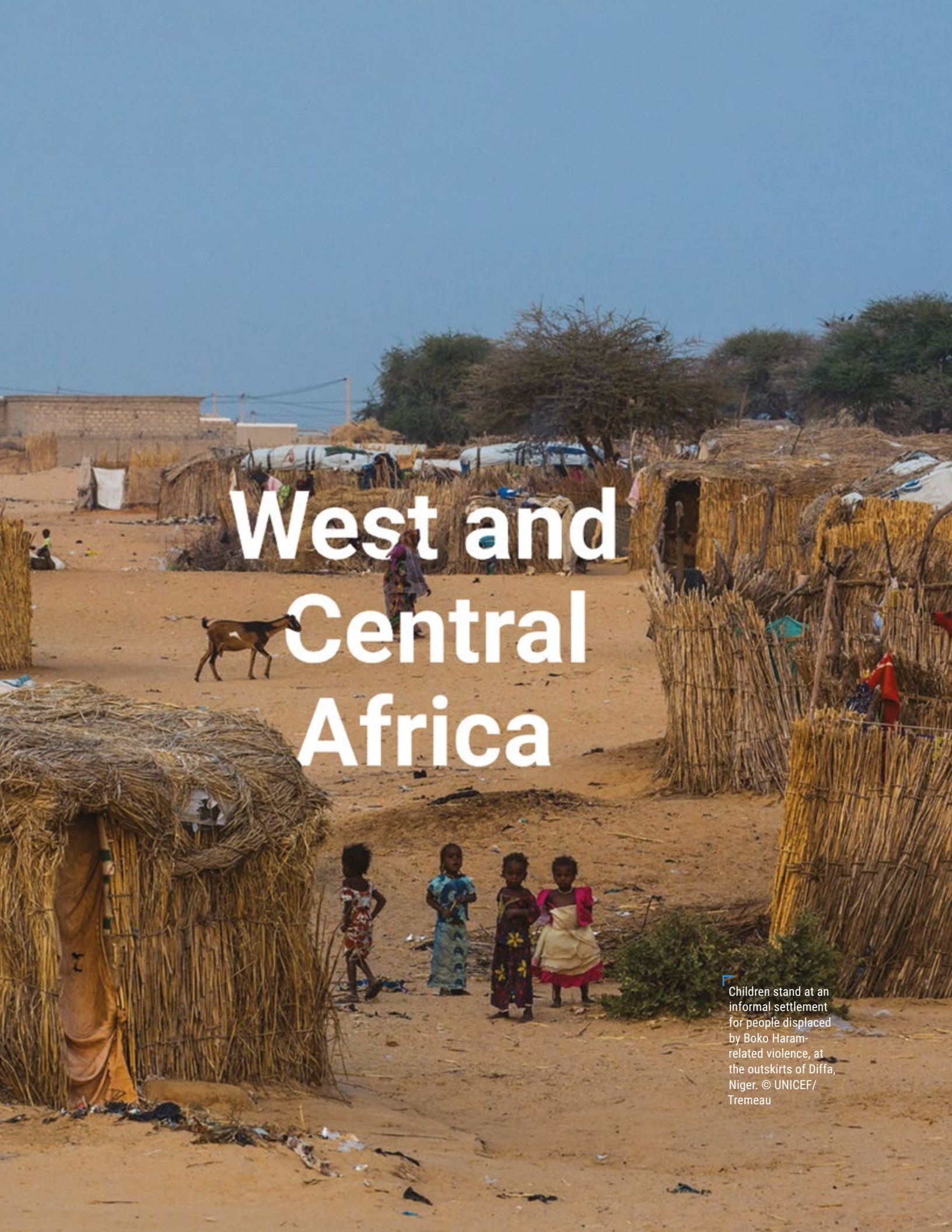


After unblocking the irrigation channels, the Tambogrande farmers turned their attention to the storm-ravaged fields. Hernan and many other local farmers volunteered to learn techniques to restore the land and to spread the knowledge to their community. "It's not enough just to sow to ensure that the land is productive. I and 30 other leading producers in the valley have been trained in agronomic management, seeds, irrigation and risk management. We had to train for a week and those of us who passed the course were then in charge of spreading the knowledge to the members of our Irrigation Commissions," says Hernan.

The farmers planted small family gardens with fast-growing, commercially-valuable crops, thanks to training and supplies. In total, 700 hectares of land were rehabilitated and planted with about 30 kilos

of corn and cowpea seeds. "Corn and cowpeas are excellent crops because you plant them today and in a few weeks you may already be harvesting," explains Hernan.

Hernan and his peers won't forget the training they have received: they're aware that with climate change, another dangerous El Niño event could be around the corner. But next time, they will know how to handle it. "The work with the Irrigation Commissions and the training for productive rehabilitation have made our community of Tambogrande ready for a quick response in cases of emergency; we know how to promptly set our water free and we also know what and how to plant to guarantee our food supply in upcoming events such as El Niño. This will allow us a better response to future floods," says Hernan.

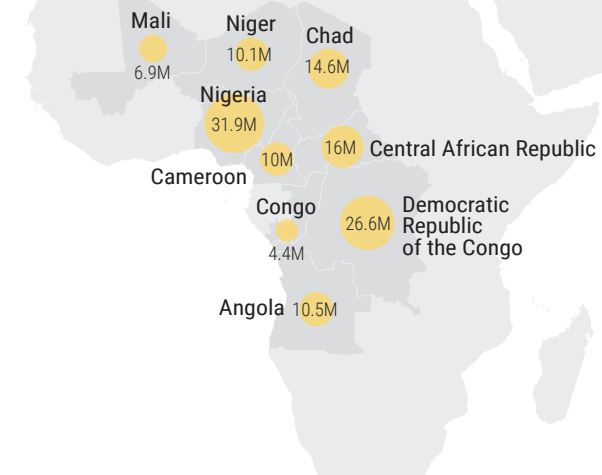


West and Central Africa

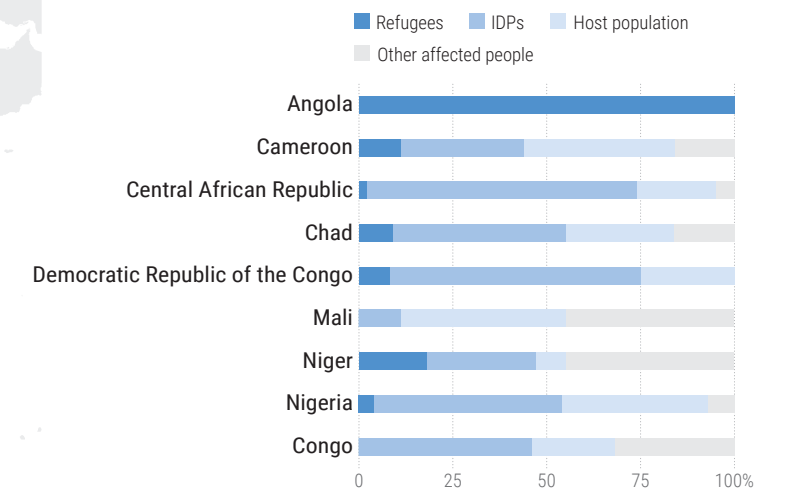
Children stand at an informal settlement for people displaced by Boko Haram-related violence, at the outskirts of Diffa, Niger. © UNICEF/Tremeau

Allocations by country

in US\$ million



Profile of people reached



In 2017, CERF provided **\$130.9 million** for life-saving action in response to humanitarian needs caused by conflict and displacement in West and Central Africa.

Half of these funds, around **\$66.5 million**, went to meet urgent humanitarian needs in four countries affected by chronic vulnerability, conflict, displacement and rising food insecurity in the Lake Chad basin in West Africa. This included **\$10 million** to Cameroon, two allocations totaling **\$14.6 million** to Chad, **\$10.1 million** to Niger and **\$31.9 million** to Nigeria.

Another **\$53.1 million** was allocated to provide urgent humanitarian assistance to people affected by escalating conflicts in Central Africa. Of this, **\$19 million** was allocated to provide life-saving assistance and protection to

people fleeing violence in the Central African Republic (CAR), including **\$16 million** within CAR and **\$3 million** to provide vital support to refugees who fled across the border into the Democratic Republic of the Congo (DRC). The other **\$34 million** was allocated to deliver life-saving assistance to people affected by an escalation of violence in the Kasai region of DRC, including **\$23.6** within DRC and **\$10.5 million** to support the needs of Congolese refugees who fled to neighbouring Angola.

In view of low funding levels and a sharp rise in humanitarian needs, CERF also allocated **\$6.9 million** to support time-critical humanitarian assistance in Mali in response to widespread food insecurity, high rates of malnutrition and urgent health, water and sanitation needs affecting 3.7 million people across the country.

People reached by sector

	Agriculture	Camp Management	Early Recovery	Education	Food Assistance	Health	Multi-sector	Multi-sector Refugee Assistance	Nutrition	Protection	Shelter and NFI	Water and Sanitation
Angola					25,357	25,675		4,955		25,575	10,928	26,271
Cameroon	103,000				124,400	190,000			41,688	430,954	62,562	140,500
CAR*	30,000				73,243	10,530			45,396	159,953	37,982	
Chad				29,450	22,680	190,229	60,355		9,345	16,912		11,662
DRC*	136,980	37,655		43,981	47,529	297,097	267,676	68,257	6,679	731,401	84,629	292,015
Mali	110,937					51,300			28,692	17,575	3,150	
Niger	143,767			19,218	35,249	489,900				225,605	47,191	79,126
Nigeria	245,707			76,977	232,190	1,384,540			278,964	758,057	67,368	271,440
Congo					58,061	42,580			28,283	1,095		62,400
Total	770,391	37,655		169,626	618,709	2,681,851	328,031	73,212	439,047	2,367,127	313,810	883,414

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

ANGOLA

Allocation	\$10.5 million May 2017 - Rapid Response
Emergency type	Conflict-related and internal strife
Beneficiary type	Refugees
Implementing organizations	IOM, UNDP, UNFPA, UNHCR, UNICEF, WFP, WHO 3 national/local NGO 4 international NGOs 2 Government entities

Overview of the humanitarian situation

In March 2017, the escalation of violence in the Kasai region of the Democratic Republic of the Congo (DRC) triggered the displacement of approximately 1.4 million people. Over 35,000 refugees arrived in Angola exhausted, traumatized and having visibly suffered from violence. Many were in poor health and reported having had their belongings taken by armed groups on the way to Angola. According to the inter-agency Refugee Contingency Plan, the most urgent needs among newly arriving refugees were food, nutrition, health care, relief items, water and sanitation services, protection and shelter assistance. A joint rapid WFP/FAO/UNHCR refugee food security and agriculture assessment conducted in May 2017 revealed high levels of food insecurity and vulnerability, with the majority of households consuming only one meal per day. The data indicated that the malnutrition rates among refugees would quickly increase if food distribution was not activated immediately.

CERF-funded assistance provided


In response, in May 2017 CERF provided \$10.5 million from its Rapid Response window for immediate provision of life-saving assistance to Congolese refugees arriving in Angola. This funding enabled UN agencies and partners to provide food to 25,357 people; identification and treatment of 598 cases of moderate

malnutrition and 130 cases of severe malnutrition; access to safe water and sanitation facilities to 10,841 people; sanitation and hygiene items to 26,271 people; registration and protection assistance to 25,575 people; access to child friendly spaces to 2,892 children; access to health care to 25,675 people; vaccination of 5,195 children and 1,600 women; treatment to 162 survivors of gender-based violence; dignity kits to 2,500 women and girls; reproductive health services to 500 women and girls; skilled birth attendance for safe delivery to 750 women and girls; core relief items to 6,664 families; shelter to 6,530 families; transport to 4,955 people; and improved common security services benefiting 200 UN and NGO humanitarian aid workers.

CERF’s strategic added value

CERF funds were critical in enabling a timely response to the life-saving needs of refugees and supporting agencies to scale up emergency operations and supply chain infrastructure. CERF-related consultations to determine priority needs and design a coherent and comprehensive multi-agency response strengthened coordination among humanitarian and development partners, including identifying synergies and avoiding duplications. Moreover, following the commencement of the response with CERF funding, agencies mobilized an additional \$28 million for the continuation and expansion of the operation.

CAMEROON

Allocation	\$10 million March 2017 - Underfunded Emergencies	
Emergency type	Conflict-related and internal strife (Boko Haram crisis)	
Beneficiary type	Refugees, IDPs, Host population, Other affected people	
Implementing organizations	FAO, IOM, UNFPA, UNHCR, UNICEF, WFP, WHO 14 national/local NGOs 12 international NGOs 2 Government entities 1 Red Cross/Red Crescent society	

Overview of the humanitarian situation

In 2017, the humanitarian situation sharply deteriorated in the Far North region of Cameroon, which was already the poorest in the country. Around 74 per cent of the region’s population lived below the poverty line, only 55 per cent had access to clean drinking water, and only 14 per cent had access to improved sanitation infrastructure. By early 2017, conflict and violence had forced 85,000 Nigerian refugees to flee across the border and nearly 205,000 Cameroonians to flee their homes in search of safety and protection, more than doubling the number of internally displaced people (IDPs) compared to the beginning of 2016. Nearly 240,000 people from host communities were in need of immediate humanitarian assistance. In total, around 1.5 million people in the Far North were food insecure, representing two-thirds of all food insecure people in the country. Of these, 180,000 people were at the emergency level, the majority women and children under age 5. Furthermore, violence and destruction in early 2017 caused the closure of 25 health centers and 144 schools, further reducing the already poor access to basic social services. Despite the increase in requirements compared to the previous year, the 2017 Humanitarian Response Plan was funded at only 49 per cent.

CERF-funded assistance provided

CERF allocated \$10 million from its Underfunded Emergencies window at the beginning of 2017 to sustain the implementation of key life-saving operations. This funding enabled UN agencies and partners to provide:

food to 106,039 people; agricultural inputs to 20,000 families; treatment to 4,474 severely malnourished children; supplementary feeding to 37,214 children; information on child feeding practices to 3,095 women; access to safe water to 41,600 people; hygiene and sanitation kits to 19,376 families; access to latrines to 15,935 families; mine protection education to 34,006 people; psychosocial support to 11,171 women and girls; dignity kits to 4,150 women and girls; access to child friendly spaces to 41,016 children; care services to 1,075 unaccompanied children; protection services to 26,672 children; screening and registration of 22,982 displaced people; emergency shelter to 25,000 people; relief items to 35,764 people; registration of 342,416 people in the displacement tracking matrix; and access to health services to 190,000 people.

CERF’s strategic added value

The CERF funds enabled humanitarian organizations to quickly deliver assistance and respond to time-critical needs, such as putting cholera kits in high-risk areas to prevent likely outbreaks. CERF funding for WFP and FAO enabled timely sequencing of food provision and support for agricultural activities. The CERF funds partially improved resource mobilization from other sources, raising the visibility of the crisis and thereby helping humanitarian organizations to secure funding from other donors. The CERF allocation also improved coordination among the humanitarian community. For example, it led partners in Logone and Chari departments to put in place a coordination platform for the prevention of malnutrition.

CENTRAL AFRICAN REPUBLIC

Allocation	\$6 million	
	February 2017 - Rapid Response	
Emergency type	Conflict-related and internal strife (CAR crisis)	
Beneficiary type	IDPs, Host population	
Implementing organizations	WFP	
	4 national/local NGOs	
	2 international NGOs	

Overview of the humanitarian situation

After the unprecedented intercommunal violence of 2013 and 2014, presidential elections brought hope for stabilization in the Central African Republic (CAR) in 2016. However, during the course of 2016, eruptions of violence, armed clashes and human rights violations continued. By mid-2016, 40 per cent of CAR's rural population were facing crisis and emergency levels of food insecurity as a result of conflict and displacement. In late 2016, a new wave of violence in south-east CAR forced thousands of people to flee their homes and seek shelter in host communities in the sub-prefectures of Bria, Bambari and Kaga-Bandoro. The influx of new internally displaced people (IDPs) put tremendous pressure on host communities, straining scarce resources and exacerbating an already fragile situation. In early 2017, critical food shortages were reported in these districts, which had already been experiencing high levels of food insecurity and malnutrition before the influx. Moreover, the 2016 Humanitarian Response Plan had been only 38 per cent funded, and as a result, WFP was running low on food stocks and was not able to cope with the rapidly rising needs. Without immediate assistance, newly displaced people and their host communities were facing a catastrophic nutritional crisis.

CERF-funded assistance provided

In response to the sudden increase in humanitarian needs, CERF allocated **\$6 million** from its Rapid Response window in February 2017. This funding enabled WFP to provide critical food assistance to sustain the lives of **36,800 people**, including 29,440 of the most vulnerable new IDPs and 7,360 host community members.

CERF's strategic added value

The CERF funds enabled a fast delivery of assistance to people in need. Thanks to the CERF allocation, WFP was able to meet the time-critical needs of the most vulnerable newly displaced people and host community members. Once the life-saving response was initiated with CERF funds, WFP was able to advocate for resource mobilization from other sources. Moreover, the planning and implementation of the CERF allocation supported WFP in its role as the co-lead of the food security cluster, and also contributed to broader inter-cluster coordination, ensuring there was adequate coverage of needs and no duplication.

CENTRAL AFRICAN REPUBLIC

Allocation	\$10 million
	October 2017 - Underfunded Emergencies
Emergency type	Conflict-related and internal strife (CAR crisis)
Beneficiary type	Refugees, IDPs, Host population, Other affected people
Implementing organizations	FAO, IOM, UNFPA, UNHCR, UNICEF, WFP, WHO
	17 national/local NGOs
	12 international NGOs
	3 Government entities
	1 Red Cross/Red Crescent society

Overview of the humanitarian situation

In 2017, the ongoing conflict in the Central African Republic (CAR) hugely intensified and the humanitarian situation dramatically deteriorated. The number of internally displaced people (IDPs) and refugees reached a record high level of 1.1 million people, and 2.4 million people – nearly half the country's population – needed humanitarian assistance to survive. The funding requirements of the Humanitarian Response Plan correspondingly increased from \$399 million at the beginning of 2017 to \$497 million by mid-year, but the funding received covered only 30 per cent of required resources.

CERF-funded assistance provided

To ensure the continuation of top priority life-saving projects, CERF allocated **\$10 million** from its window for underfunded emergencies. This funding enabled UN agencies and partners to provide: agricultural inputs to **30,000 people**; psychosocial support to **34,107 children** and **1,074 women**; dignity kits to **8,082 women and girls**; emergency treatment of **1,812 SGBV survivors**; 17 trainings to health personnel in emergency treatment of SGBV survivors; reintegration support to **523 children** associated with armed forces; protection assistance for **200 children**; assistance in forming

and managing community-based protection groups; nutritional treatment to **5,993 severely malnourished children**; access to safe drinking water to **38,278 people**; water and sanitation services to **10,700 displaced people**; sensitization of **39,403 people** on hygiene practices, hygiene kits to **1,200 people**; shelter materials, non-food items and multisectoral support to **2,000 displaced families**; trainings to **260 people** on camp coordination and camp management; relocation of **1,524 displaced people** to safe locations; registration of **4,761 displaced families**; transport for **5,090 displaced people**; emergency shelters and basic relief items to **600 families**; food to **8,300 people**; medical assistance to **10,530 people**; as well as air support, logistics hubs and telecommunication services for the humanitarian community.

CERF's strategic added value

The CERF funds helped humanitarian organizations respond to time-critical needs, which reduced the suffering and loss of life among the most vulnerable populations. The allocation also improved the coordination among the humanitarian community especially at the field level, where sectors worked together to ensure an integrated response. Moreover, CERF funding improved resource mobilization from other sources by increasing the visibility of critical funding gaps.



Left: Halimé Hamadou, 30 and her daughter Fabila Idrissa, 1 have returned from CAR to Southern Chad. Right: Fatou Adamou, 28 and Idriss, 11 months have returned mother from CAR to Southern Chad. © UNICEF Chad/ Alliah

Central African Republic: Returnee mothers are stepping up for their children

Thousands of Central African Republic (CAR) returnees live in the site of Djako, in Southern Chad where the level of severe acute malnutrition is particularly high.

“My husband left to work so I do my best to take care of my children alone by growing vegetables and sweet potatoes. When my son got sick, I took him to the health center in Dodinda and the nurse told me he was malnourished. Luckily, at the health centre, they took good care of him,” says Fatou Adamou.

In Southern Chad, population influx puts additional pressure on already limited resources and chronic poverty. The lack of access to basic services makes



communities extremely vulnerable. Returnees from CAR are particular risk.


“My husband left right after my daughter was born to find a job, he only saw her once. She fell sick and 3 months ago was treated for severe acute malnutrition. Now, I have to take care of my daughter alone and all the help I can get is precious. All I want is my child to be healthy,” says Zara Adamou.

The humanitarian community is committed to scaling up and sustaining coverage of its current high-impact nutrition interventions and expects to treat 193,000 children suffering from severe acute malnutrition in 2017.

Thanks to the support of CERF, partners have provided life-saving assistance to affected children and strengthened the capacity of health facilities to deliver quality nutrition services. The provision of Ready to Use Therapeutic Food has also contributed to reduce malnutrition-related mortality and morbidity in children under age five.

Building the resilience of communities through investment in prevention — across all sectors — is crucial to reduce levels of malnutrition. Supporting education, promotion of infant and young child feeding, breastfeeding, care practices and social norms, family spacing, improved healthcare quality and access, water, and sanitation are necessary to impact the caseload of malnutrition.

In Southern Chad, a returnee mother from CAR is holding her child. © UNICEF Chad/Alliah

Allocation	\$3.6 million	
	May 2017 - Rapid Response	
Emergency type	Conflict-related and internal strife (Boko Haram crisis)	
Beneficiary type	IDPs, Host population, Other affected people	
Implementing organizations	FAO, UNFPA, UNHCR, UNICEF, WFP, WHO	
	5 national/local NGOs	
	3 international NGOs	
	4 Government entities	
	2 Red Cross/Red Crescent societies	

Overview of the humanitarian situation


By 2017, prolonged insecurity due to years of Boko Har-am-related violence had affected some 345,000 people in Chad, including 152,905 people who were internally displaced, and created widespread food insecurity. A needs assessment conducted in March 2017 predicted that more than 335,000 people would be food insecure and 146,000 people severely food insecure in the 2017 lean season. The nutritional situation deteriorated as well, with 18.1 per cent global acute malnutrition and 3.4 per cent severe acute malnutrition. In 2017, prompted by direct attacks or fear of attacks from Boko Haram and by the evacuations of IDPs by armed forces ahead of military operations, and encouraged by improvements in the security situation, many IDPs began returning to their villages of origin in the islands in Lake Chad. In February 2017, almost 40,000 people returned to the islands south of Bol, and in May 2017 around 11,000 people returned to the Kagalom Islands. The returning IDPs were extremely vulnerable, having lost the majority of their possessions and means of livelihood, and they faced the risk of marginalization, stigmatization and retaliation due to fears of associ-ation with Boko Haram. People with specific needs, for example survivors of sexual and gender-based violence (SGBV) and unaccompanied or separated children lacked access to adequate assistance. Most of the islands did not have any basic services such as health, education or water infrastructure. There was therefore a critical need for protection, health, food, nutrition, water and agricultural support to returning populations and host communities.

CERF-funded assistance

CERF allocated **\$3.6 million** to Chad in May 2017 through its Rapid Response window to jump-start the implementation of top-priority humanitarian in-terventions. This funding enabled the UN and partners to provide: access to sufficient drinking water and sanitation to **11,662 people**; improved protection ser-vices to **16,912 people** including victims of violence and SGBV; health assistance to **61,600 people**; access to reproductive health care to **7,640 women and girls**; assisted childbirth to **408 women**; information on re-productive health to **23,850 people**; food to **19,215 people**; agricultural inputs to of **1,000 families**; learning and recreational activities to **3,927 children**; training of **120 focal points** about identification and orienta-tion of survivors of SGBV; medical and psychosocial treatment to **587 people** who were victims of SGBV; and assistance for reintegration to **68 women** who were in a double marriage situation.

CERF's strategic added value

CERF funds partially led to fast delivery of assistance to people in need. While the CERF allocation enabled agencies to quickly expand their existing partner-ships to reach the returnees, logistical and security constraints slowed down some activities. The CERF allocation helped address time-critical needs and mobilize additional funding from other donors. For example, projects implemented with CERF funding helped demonstrate the immense needs and raise funding to extend these projects. CERF funding also improved coordination and complementarity among the humanitarian community; for example with the establishment of mobile clinics which were then used by all health sector agencies.

Allocation	\$11 million	
	October 2017 - Underfunded Emergencies	
Emergency type	Conflict-related and internal strife (CAR crisis)	
Beneficiary type	Refugees, IDPs, Host population	
Implementing organizations	FAO, UNFPA, UNHCR, UNICEF, WFP, WHO	
	8 national/local NGOs	
	5 international NGOs	
	4 Government entities	

Overview of humanitarian situation

By mid-2017, 4.7 million people in Chad were in need of humanitarian assistance, including 3.5 million people in the Sahel belt who were food insecure. Among the most vulnerable were those affected by displacement from the political and humanitarian crisis in neigh-bouring Central African Republic, which had forced around 145,000 refugees and returnees to flee across the border into southern Chad. This influx put pressure on an already vulnerable population in the southern part of the country. Multisectoral evaluations in mid-2017 found that the minimum humanitarian standards were no longer being met in camps and host communities. Many humanitarian operations had closed down due to chronic underfunding; at mid-2017, Chad's Human-itarian Response Plan requirements were met only in 15 per cent. As a result, refugees, returnees and host communities experienced critical humanitarian needs in several sectors including food security, health and nutrition, protection, education and shelter. The level of food insecurity was very high, with a global acute malnutrition rate of 15 per cent. Women-headed house-holds, older people and persons with disabilities were particularly vulnerable, and in returnee settlements and the surroundings, there were many reports of protection issues like gender-based violence, sex for survival and child labour.

CERF-funded assistance

In view of the critically low level of humanitarian fund-ing and large humanitarian needs, CERF allocated **\$11 million** through its Underfunded Emergencies window to ensure the continuation of top-priority humanitarian interventions. This funding enabled UN agencies and partners to provide: multipurpose cash transfers to **60,355 refugees and returnees**; access to education to **29,229 children**; 46 temporary learning spaces in a safe environment reaching **7,837 children**; treatment to **2,559 severely malnourished children under age 5**; complementary nutrition to **6,941 refugee children under age 2**; access to health care to **128,619 people**; Vitamin A supplementation and deworming to **3,630 children**; sensitization sessions on malnutrition to **2,752 refugees and host population**; sensitization sessions on sexual and reproductive health to **11,956 girls and boys**; childbirth assistance to **2,705 pregnant women**; and well as air transport supporting vital hu-manitarian operations.

CERF's strategic added value

CERF funding helped address time-critical needs, de-spite some delays in the cash transfer process due to the need to hold information sessions with local authorities and the population. The process of disburs-ing multisector cash funded by the CERF allocation improved coordination at the national and local level, where inter-agency committees were established to ensure the coordinated implementation and monitoring of activities. In addition, the CERF funds enabled agen-cies to mobilize additional funding and thus extend the intervention area.

CONGO

Allocation	\$4.4 million	
	July 2017 - Rapid Response	
Emergency type	Conflict-related and internal strife	
Beneficiary type	IDPs, Host population, Other affected people	
Implementing organizations	UNFPA, UNICEF, WFP, WHO	
	7 national/local NGOs	
	2 Government entities	

Overview of the humanitarian situation

The violence and instability that started in the Republic of the Congo following the contested result of the presidential election in 2016 continued into 2017. The number of people displaced by the post-election clashes increased from 12,986 people in June 2016 to 81,000 people in May 2017. Access to health care, education, and market products became more and more restricted for these new waves of displaced people. As a result, they faced major food insecurity and deteriorating nutritional status. A nutrition survey conducted by the Government and UN agencies in May 2017 revealed alarming acute malnutrition rates of 17.3 per cent among displaced children under age 5, and up to 20.4 per cent in the Bouenza department. The overall malnutrition rates among displaced children under age 5 exceeded the WHO’s emergency threshold of 15 per cent. On 3 July 2017, the Prime Minister of the Republic of the Congo formally requested the support of the UN system and the international community. Following the request, UN agencies formulated a humanitarian response plan for the provision of urgent assistance to 138,000 people. The plan required \$24 million and was launched on 18 July 2017.

CERF-funded assistance provided

By the end of July, CERF had allocated **\$4.4 million** from its Rapid Response window to ensure immediate commencement of top-priority life-saving activities included in the plan. This funding enabled UN agencies and partners to provide: access to health services to **49,527 people**; reproductive health services to **2,578**

women and girls; food to **39,379 people** and food through cash transfers to **14,918 people**; access to safe water to **62,400 people**; access to sanitation facilities to **3,240 people**; hygiene kits to **311 children**; nutritional screening to **22,055 children**; treatment to **492 severely malnourished children**; vitamin A supplementation to **20,987 children**; supplementary feeding to **1,689 children**; food supplementation to **1,500 pregnant and lactating women**; information on child feeding practices to **5,474 people**; and protection assistance to **1,095 vulnerable displaced children**.

CERF’s strategic added value

CERF funds led to the fast delivery of assistance to people in need following the launch of the humanitarian response plan. CERF funds also helped respond to time-critical needs as they enabled humanitarian actors to stabilize malnutrition in all accessible areas with malnutrition rates exceeding the emergency threshold. The CERF allocation strengthened coordination at three levels: strategic coordination under the direction of the Minister of Social Affairs and Humanitarian Action supported by the Resident Coordinator; technical coordination with the humanitarian focal points under the leadership of the Resident Coordinator; and operational coordination under the leadership of the local authorities in the affected areas. Moreover, CERF funding had a catalytic effect on resource mobilization. Once the implementation of the humanitarian response plan was kick-started with CERF funding, more donors stepped in and funded the continuation and expansion of response activities.

DEMOCRATIC REPUBLIC OF THE CONGO

Allocation	\$9.6 million	
	March 2017 - Rapid Response	
Emergency type	Conflict-related and internal strife	
Beneficiary type	IDPs, Host population	
Implementing organizations	FAO, UNFPA, UNICEF, WFP, WHO	
	15 national/local NGOs	
	9 international NGOs	
	3 Government entities	
	1 Red Cross/Red Crescent society	

Overview of the humanitarian situation

At the beginning of 2017, the conflicts in Tanganyika and in Kasai provinces in the Democratic Republic of the Congo (DRC) further deteriorated. Both situations resulted in widespread displacement and a quick rise of humanitarian needs. The inter-communal conflict in Tanganyika province, which peaked in December 2016, resulted in the displacement of over 322,000 people. Around the same period, clashes between the local militia and the armed forces of the DRC in Kasai provinces resulted in the displacement of another 216,000 people. These large population movements gave rise to poor living conditions with ill-equipped temporary shelters, little water, insufficient sanitation and hygiene infrastructure, food insecurity and a lack of accessible primary health-care services. Moreover, the new displacement put further pressure on host communities. Children and young people were particularly vulnerable.

CERF-funded assistance provided

In response to the mounting humanitarian needs, CERF allocated **\$9.6 million** from its Rapid Response window, targeting the most vulnerable displaced people and host community members. The funds enabled UN agencies and partners to provide: relief items to **84,629 people**; assistance through cash or vouchers to **51,204**

people; food to **17,222 people**; seeds and tools to **7,450 households**; emergency psychosocial support to **9,050 children**; therapeutic food to **6,679 severely malnourished children**; sanitation kits to **85,617 displaced people at risk of cholera**; medical and psychosocial assistance to **857 survivors of gender-based violence**; and skilled assistance for safe child delivery to **5,286 women**. Moreover, thanks to CERF funding, **973 pregnant women** received caesarean sections by qualified personnel and **196 separated children** were reunified with their families.

CERF’s strategic added value

CERF funding enabled the fast delivery of assistance to beneficiaries, although some projects were delayed due to a worsening security situation. Several projects, including those addressing sanitation, health and protection needs, were the first to be set up in the affected areas. CERF funds also helped respond to time-critical needs, for example by supporting health interventions that helped to contain the imminent risk of cholera outbreaks. Launching response activities and thereby expanding the coverage of needs improved agency advocacy efforts, leading to the mobilization of additional funding. In addition, thanks to CERF funding, partners were able to re-activate several provincial-level clusters, thereby enhancing coordination among the humanitarian community.

DEMOCRATIC REPUBLIC OF THE CONGO

Allocation	\$3 million	
	August 2017 - Rapid Response	
Emergency type	Conflict-related and internal strife (CAR crisis)	
Beneficiary type	Refugees, Host population	
Implementing organizations	UNFPA, UNHCR	
	1 national/local NGO	
	6 international NGOs	
	1 Government entity	

Overview of the humanitarian situation

In May 2017, over 117,000 refugees fled the resurgence of armed conflict in Central African Republic (CAR), crossing the border into the Northern Ubangi and Bas-Uélé provinces of the Democratic Republic of the Congo (DRC). Many settled with host families or took refuge in villages along the border, while 58,724 joined five existing refugee camps. Assessments carried out in the two provinces highlighted acute multisectoral needs. The housing conditions of the newly arrived refugees were precarious, and they had very limited access to food, health care, drinking water and essential sanitation and hygiene. In majority of the locations, the numbers of arriving refugees were greater than the numbers of local populations, which created huge pressure on host communities and resulted in a high risk of confrontations. Although Central African refugees already in DRC were receiving critical humanitarian assistance, the new influx far exceeded available resources.

CERF-funded assistance provided

CERF allocated **\$3 million** from its Rapid Response window to ensure that immediate life-saving needs of arriving refugees and host communities were met. This funding enabled UN agencies and partners to provide: access to health care to **173,338 people**; key health messages to **114,058 people**; skilled birth attendance for safe delivery to **2,499 women and girls**; treatment and psychosocial support to **216 survivors of sexual violence**; assistance to **1,491 people with special needs**; shelter to **626 families**; core relief items to **9,754 people**; cash assistance to **622 families**; protection to **4,899 children**; and assistance to **263 unaccompanied and separated children**.

CERF’s strategic added value

According to reports, CERF funding enabled agencies to rapidly deliver assistance and meet time-critical needs. The CERF allocation prompted improved coordination among humanitarian and development organizations in the health sector as they worked together to improve coverage of needs and avoid duplication. In addition, CERF funding supported agencies to mobilize resources from other sources, as UNHCR and UNFPA managed to secure additional funding for the continuation of CERF-funded activities.

DEMOCRATIC REPUBLIC OF THE CONGO

Allocation	\$14 million	
	September 2017 - Rapid Response	
Emergency type	Conflict-related and internal strife	
Beneficiary type	IDPs, Host population	
Implementing organizations	FAO, IOM, UNFPA, UNHCR, UNICEF, WFP	
	17 national/local NGOs	
	20 international NGOs	
	2 Government entities	
	1 Red Cross/Red Crescent society	

Overview of the humanitarian situation

In 2017, humanitarian needs greatly increased in the Democratic Republic of Congo (DRC) following the escalation of violence in the Kasai region, clashes between Batwa and Bantou communities in Tanganyika, and activities of armed groups and intercommunal violence in South Kivu. The escalation of violence and resulting deterioration of the security situation led to major new waves of population movements. In the Kasai region, the number of newly displaced people increased to over 1.4 million by September 2017. In Tanganyika, 179,000 people were newly displaced and in South Kivu, 9,649 families were displaced in Kimbi-Lulenge and 61,000 people were displaced in Uvira et Fizi areas. There was an urgent need to scale up the delivery of multisectoral assistance to cover the needs of newly displaced populations and communities hosting them.

CERF-funded assistance provided

In response, CERF allocated **\$14 million** in September 2017 from its Rapid Response window for life-saving interventions in DRC. This funding enabled UN agencies and partners to provide: multisectoral assistance to **100,960 people**; agricultural kits to **15,380 families (92,280 people)**; food to **33,331 people**; protection assistance to **606,599 people**; medical assistance

to 2,792 survivors of gender-based violence (GBV); community-based GBV protection activities benefiting **166,696 people**; dignity kits to **7,430 women and girls**; psychosocial support to **3,061 people**; access to sanitation facilities to **37,655 people**; access to clean water to **25,000 people**; improvement of water quality benefiting **23,890 families**; shelter kits to **2,348 families**; school and recreational supplies to **9,882 children**; recreational activities to **12,889 children**; treatment to **3,020 cholera cases**; and hygiene promotion activities to **173,563 people**.

CERF’s strategic added value

CERF funding led to fast delivery of assistance to people in need. For some agencies, CERF grants were the only funding available at the time to provide shelter and protection for internally displaced people. CERF funds also helped respond to time-critical needs. For instance, CERF funding helped mitigate a catastrophic outbreak of cholera as funds arrived at a critical time when response was urgently needed. CERF funding also brought humanitarian actors together to discuss and agree on priorities, helping to create synergies and reinforce coordination. Moreover, the CERF allocation was catalytic in the mobilization of additional resources. For example, the water and sanitation response in South Kivu was initiated with CERF funding and continued with funds from the DRC Humanitarian Fund.

MALI

Allocation	\$6.9 million March 2017 - 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, WFP, WHO 9 national/local NGOs 22 international NGOs 5 Government entities 1 Red Cross/Red Crescent society

Overview of the humanitarian situation

In 2017 humanitarian need worsened in Mali. Years of conflict and instability following the 2012 military conflict and coup d'état, which displaced over 500,000 people, compounded existing poverty, vulnerability and food insecurity. Despite the presidential elections in 2013 and return to constitutional order, the situation remained unstable in the north and center of the country due to banditry and clashes between armed groups. The peace accord signed in 2015 reduced the confrontations, however insecurity and armed conflicts continued in Gao, Ménaka, Tombouctou and Kidal regions with severe impacts on civilians. At the beginning of 2017, there were still 36,690 internally displaced people in Mali and 134,817 Malian refugees in neighboring countries. Across the country, 3.7 million people were in need of urgent humanitarian assistance, an increase of 1.2 million people compared to 2016. About 3.5 million people were food insecure, including 485,600 people who were severely food insecure. Global acute malnutrition was at 10.2 per cent and severe acute malnutrition was at 2.1 per cent, exceeding the emergency threshold. Around 1.4 million people needed health support and 1.2 million people needed water and sanitation assistance. For 2017 humanitarian organizations aimed to assist 1.4 million people, an increase from 1 million in 2016; despite the fact that at the end of 2016, the country's Humanitarian Response Plan was only 41 per cent funded.

CERF-funded assistance provided

In view of low funding levels and increasing levels of severe humanitarian need, CERF allocated **\$6.9 million** to Mali from its Underfunded Emergencies window at the beginning of 2017 to ensure the uninterrupted provision of key life-saving assistance to people in need. This funding enabled UN agencies and partners to provide: food to **20,667 people**; nutritional treatment to **9,942 severely malnourished children, 14,417 moderately malnourished children and 4,333 moderately malnourished pregnant and lactating women**; agricultural inputs to **90,000 people**; medical assistance to **1,088 survivors of gender-based violence**; psychosocial support to **17,575 people**; medical assistance to **29,006 people**; medical assistance to **48,000 people** through mobile health teams; sensitization on social cohesion and conflict resolution to **2,522 people**; protection assistance to **1,500 people**; shelter to **525 families**; and mine action benefiting **8,209 people**.

CERF's strategic added value

CERF funding helped respond to time-critical needs when key humanitarian interventions were severely underfunded. CERF funding also strengthened coordination as humanitarian actors developed common priorities for the allocation and jointly defined target populations. Moreover, CERF funding enhanced resource mobilization from other sources by improving the public exposure of the crisis.

NIGER

Allocation	\$10.1 million March 2017 - Underfunded Emergencies
Emergency type	Conflict-related and internal strife (Boko Haram crisis)
Beneficiary type	IDPs, Host population, Other affected communities
Implementing organizations	FAO, IOM, UNFPA, UNHCR, UNICEF, WFP, WHO 25 national/local NGOs 17 international NGOs 20 Government entities 2 Red Cross/Red Crescent societies

Overview of the humanitarian situation

At the beginning of 2017 Niger was in a state of chronic humanitarian crisis. Limited natural resources and the effects of climate change, compounded by poor social services and one of the highest population growth rates in the world, led to deep vulnerability. The Boko Haram-driven conflict in the Diffa region aggravated the situation of many people who were already living on the edge of survival before the crisis broke out. Approximately 2.2 million people in Niger needed multisectoral humanitarian assistance in 2017, including 1.8 million who needed food assistance. Moreover, 1.5 million people were affected by malnutrition of whom 235,000 were severely malnourished children under age 5. At the national level, according to a 2016 nutrition and mortality survey, the global acute malnutrition rate was 10.3 per cent and severe acute malnutrition rate was 1.9 per cent, nearing the emergency threshold of 2 per cent. As a result, humanitarian funding requirements increased from \$260 million in 2016 to \$287 million in 2017; yet the 2016 Humanitarian Response Plan for Niger was only 49 per cent funded.

CERF-funded assistance provided

In view of Niger's rising humanitarian needs and critical funding shortfalls, CERF allocated **\$10.1 million** from its Underfunded Emergencies window to ensure the

continuation of life-saving humanitarian operations. This funding enabled UN agencies and partners to provide: food to **35,249 people**; nutrition assistance to **10,847 children**; access to health care to **490,000 people**; emergency shelter kits to **2,500 families**; relief items to **4,063 people**; livestock inputs to **30,000 families**; access to safe drinking water to **25,500 people**; improved sanitation facilities in schools benefiting **12,500 children**; improved sanitation to **25,513 people**; hygiene promotion messages to **47,012 people**; reproductive health services to **77,185 people**; medical and psychological support to **807 survivors of sexual and gender-based violence**; information on gender-based violence to **8,047 people**; socio-recreational activities and psychosocial support to **9,937 children**; protection assistance to **168,641 displaced people**; protection messages to **48,918 people**; access to education to **19,218 children**; learning kits to **2,760 children**; textbooks to **9,000 children**; and common air services supporting humanitarian operations.

CERF's strategic added value

CERF funding helped respond to time-critical needs as it was provided in the period of growing humanitarian needs and critical funding shortfalls. Moreover, the CERF allocation supported coordination among humanitarian partners and improved resource mobilization from other sources.

NIGERIA

Allocation	\$22 million March 2017 - Underfunded Emergencies
Emergency type	Conflict-related and internal strife (Boko Haram crisis)
Beneficiary type	Refugees, IDPs, Host population, Other affected people
Implementing organizations	FAO, IOM, UNFPA, UNHCR, UNICEF, WFP, WHO 17 national/local NGOs 17 international NGOs 16 Government entities

Overview of humanitarian situation

By 2017, eight years of violent conflict in north-east Nigeria had created one of the world’s worst humanitarian crises. During 2016, the conflict intensified as the Nigerian Armed Forces took back areas previously held by Boko Haram. By the end of 2016 about 8.5 million people needed humanitarian assistance. Access to food and basic services was limited, and in the worst-affected and least accessible areas of Borno and Yobe states, severe forms of hunger and even famine-like conditions were occurring. Assessments predicted that 5.1 million people would be severely food insecure by mid-2017, including up to 450,000 children suffering from severe acute malnutrition. Additionally, water-borne diseases were on the rise due to inadequate access to water and sanitation facilities, and at least 3 million children were out of school. Among the most vulnerable were over 1.7 million internally displaced people (IDPs), of whom 55 per cent were children. People living in IDP camps and settlements faced constant threats, and rape, sexual assault and exploitation were prevalent. In line with escalating needs and the opening up of humanitarian access in some new areas, funding requirements increased from \$484 million in 2016 to over \$1 billion in 2017. However, the 2016 Humanitarian Response Plan was only 55 per cent funded, and at the beginning of 2017, humanitarian operations in Nigeria were critically underfunded, leaving millions at risk.

CERF-funded assistance

CERF allocated **\$22 million** at the beginning of 2017 from its Underfunded Emergencies window to ensure the uninterrupted provision of key life-saving assistance. This funding enabled the UN and partners to provide: food to **232,190 people**; access to health care to **645,897 people**; screening for acute malnutrition to **992,452 children**; nutritional treatment to **68,511 malnourished children**; training to stabilization center staff on management of acute malnutrition; information on good infant and young child feeding practices to **508,880 mothers and caregivers**; medical treatment to **93,495 children under age 5**; health kits to health facilities benefiting **210,000 IDPs**; agricultural inputs to **36,900 people**; shelters to **18,420 IDPs**; emergency shelter support to **25,736 IDPs**; shelter kits benefiting **10,190 IDPs**; core relief items to **23,212 newly arrived IDPs**; improved access to education for **104,538 children**; and protection services to **1,214 survivors of sexual and gender-based violence**.

CERF’s strategic added value

CERF funding enabled fast delivery of assistance, especially for people in need in newly accessible areas. The CERF funds also helped address time-critical needs, for instance by supporting the deployment of mobile teams for the timely detection of potentially epidemic diseases. Moreover, the CERF funds enabled agencies to generate evidence of humanitarian needs, which supported advocacy for more donor funding. The CERF funding also improved coordination by bringing together UN agencies, NGOs, state authorities and other stakeholders, thereby reducing overlaps and improving coverage of the response.

NIGERIA

Allocation	\$9.9 million August 2017 - Rapid Response
Emergency type	Conflict-related and internal strife (Boko Haram crisis)
Beneficiary type	IDPs, Host population, Other affected people
Implementing organizations	IOM, UNDP, UNFPA, UNICEF, WFP, WHO 1 national/local NGO 3 international NGOs 4 Government entities

Overview of the humanitarian situation

At mid-2017, the ongoing humanitarian crisis in north-east Nigeria remained one of the most severe in the world. Violent conflict characterized by human rights violations limited the amount of land under cultivation, resulting in deepening food insecurity. About 1.7 million people were internally displaced and living in precarious conditions in camps or with host communities. During the lean season from June to September 2017, about 3.7 million people were expected to face critical levels of food insecurity. The lack of basic shelter, water, latrines and shower facilities increased the risks of communicable diseases including cholera and exacerbated malnutrition among children under age 5. While the number of people in need had increased by 23 per cent from 2016 and one of the key strategic priorities in 2017 was to scale up humanitarian assistance, the 2017 Humanitarian Response Plan was only 42 per cent funded at mid-year. There was also an urgent need to establish three humanitarian hubs that would enable humanitarian organizations to have a permanent presence in otherwise insecure, hard-to-reach locations where the needs were greatest.

CERF-funded assistance provided

In view of increased humanitarian needs and prospects of rising food insecurity during the upcoming lean season, the CERF allocated **\$9.9 million** from its Rapid Response window to bridge the funding gap between limited resources available and expected donor contributions as pledged during the Oslo conference in February 2017. This funding enabled the continued delivery of life-saving assistance and allowed the UN agencies and partners to provide: safe water through water trucking to **10,000 people**; access to safe water

to **54,000 people** through drilling boreholes; access to sanitation facilities to **17,500 people**; access to latrines to **45,000 people**; hygiene kits to **63,000 people**; treatment to **19,251 severely malnourished children**; supplementary feeding to **16,014 children**; counselling on infant and young child feeding to **35,000 caretakers**; training on the management of severe acute malnutrition to **75 medical staff**; access to primary health care to **578,115 IDPs**; health services through mobile health teams to **392,092 people**; measles vaccinations to **17,481 children**; skilled birth attendance for safe delivery to **2,398 women and girls**; delivery kits benefiting **8,428 women and girls**; sexual and reproductive health services and information to **121,021 people**; and treatment to **208 survivors of sexual violence**. CERF funds also supported the establishment of two humanitarian hubs with office and accommodation facilities; upgrades to five humanitarian hubs; an upgraded security system for staff and operations; and the establishment of two communications centres.

CERF’s strategic added value

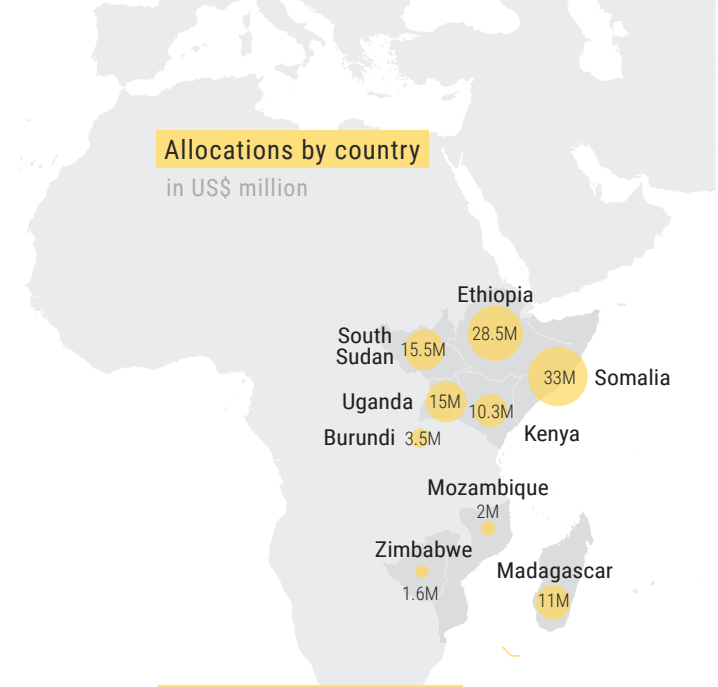
The CERF funding led to fast delivery of assistance to people in need and quick establishment of vital communications and other common services, which enabled humanitarian organizations to deliver assistance in a safer, quicker and more efficient way. The CERF also helped respond to time-critical needs through bridging a critical gap in humanitarian funding and improved coordination bringing together UN agencies, NGOs, state authorities and other stakeholders through planning meetings and information sharing. Moreover, with newly established and upgraded humanitarian hubs, the humanitarian community could demonstrate greater capacity to deliver assistance, which attracted additional funding from other sources.



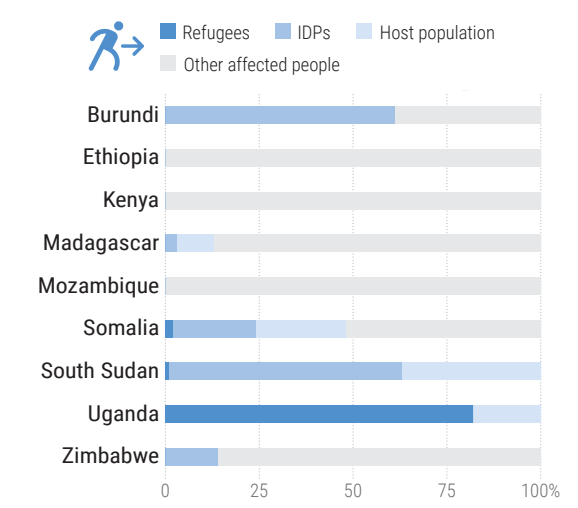
East and Southern Africa

A mobile team in Somaliland's Marodijex examines patients and hands out nutrition supplies, including iron tablets, to drought-affected families © IOM/Mary-Sanyu Osire

Allocations by country
in US\$ million



Profile of people reached



In 2017, CERF allocated **\$120.4 million** to provide life-saving assistance in response to humanitarian crises in east and southern Africa.

The majority of this funding, about **\$81.3 million**, was allocated to meet the time-critical humanitarian needs of people affected by severe drought, which threatened lives and livelihoods in Ethiopia, Kenya and Madagascar, and exacerbated the vulnerability of people affected by ongoing conflict and displacement in Burundi and Somalia.

An allocation of **\$30.5 million** was provided to address the life-saving needs of people affected by the ongoing conflict in South Sudan. Of this, **\$15.5 million** was provided in response to escalating humanitarian needs within South Sudan itself, and **\$15 million** was provided to Uganda to provide life-saving assistance to South Sudanese refugees and the communities hosting them.

CERF also provided a combined **\$8.6 million** to support rapid responses to the life-threatening impacts of major cyclones that caused flooding, destroyed housing and infrastructure, disrupted basic services, and displaced thousands of people in Madagascar, Mozambique and Zimbabwe.

People reached by sector

	Agriculture	Camp Management	Early Recovery	Education	Food Assistance	Health	Multi-sector	Multi-sector Refugee Assistance	Nutrition	Protection	Shelter and NFI	Water and Sanitation
Burundi	120,000				120,790					188,293		
Ethiopia	866,707				378,074	304,362			187,014			680,955
Kenya	251,658					98,025			256,207	31,687		243,100
Madagascar	20,000		3,000		281,330	485,000			9,040		12,322	357,883
Mozambique	74,695			11,500	26,251	412,465					56,637	
Somalia	1,190,104			11,136	65,476	565,739			319,532	28,273	251,977	575,382
South Sudan	308,982	15,071		87,426		170,255			164,089	251,130	196,479	232,923
Uganda	102,443		8,500		636,855	548,580		1,155,461		754,578		31,980
Zimbabwe				15,020						33,460	10,956	53,055
Total	2,934,589	15,071	11,500	125,082	1,508,776	2,584,426		1,155,461	935,882	1,287,421	528,371	2,175,278

BURUNDI

Allocation	\$3.5 million February 2017 - Rapid Response
Emergency type	Natural Disaster - Drought
Beneficiary type	IDPs, Other affected people
Implementing organizations	FAO, IOM, WFP 3 national/local NGOs 2 international NGOs 2 Red Cross/Red Crescent societies

Overview of the humanitarian situation

The humanitarian situation in Burundi deteriorated significantly in 2017, as a decline in the socio-economic context and limited access to quality inputs such as seeds and fertilizers compounded pre-existing structural deficits and led to a decrease in agricultural production. Irregular rains and a long lean season in 2016 eroded existing food socks and contributed to the deficit. Data collected through the Food Security Monitoring System warned that the Burundian population faced a rapidly worsening food security situation. Around 43 per cent of the population was food insecure, and 900,000 people were severely food insecure. These factors combined led to increased internal and external displacement. In February 2017 there were almost 180,000 internally displaced people (IDPs) identified in the country. The Humanitarian Country Team in coordination with the Ministry of Agriculture identified agricultural assistance as the key immediate humanitarian priority and determined that urgent interventions were needed to ensure a successful 2017 agricultural campaign and thus limit further population displacement.

CERF-funded assistance provided

Due to the significant deterioration of the humanitarian situation and the time-critical need for assistance, CERF allocated **\$3.5 million** to Burundi through its Rapid Response window in February 2017. This funding enabled UN agencies and partners to provide: seeds, fertilizers and tools to **20,000 families**; food assistance to **120,790 people**; and identification and profiling of **188,293 IDPs**.

CERF’s strategic added value

CERF funds led to fast delivery of assistance to people in need. Thanks to the time-critical provision of seeds, farming households did not miss the agricultural planting season. The food and agricultural assistance were well coordinated, and households received vital food assistance until they could harvest, ensuring that seeds were planted and not consumed. The CERF allocation also helped improve coordination by encouraging collaboration on the ground which reduced overlaps. CERF funds partially helped improve resource mobilization from other sources. For instance, CERF funding enabled IOM to continue delivering assistance while simultaneously advocating for additional funding from other donors.

ETHIOPIA

Allocation	\$18.5 million February 2017 - Rapid Response	
Emergency type	Natural Disaster - Drought (Horn of Africa Drought)	
Beneficiary type	Non-displaced affected people	
Implementing organizations	FAO, UNICEF, WFP 4 national/local NGOs 1 international NGO 9 Government entities	

Overview of the humanitarian situation

After two consecutive failed rainy seasons, in 2017 Ethiopia continued to experience a severe lowland drought and widespread food insecurity. Pastoralist communities in the southern and eastern parts of the country were primarily affected. According to pastoral elders it was the “worst drought in living memory”. The scale of the new drought was rapidly reaching the magnitude of the 2011 Horn of Africa drought, which affected 4.6 million Ethiopians. Health and nutrition status deteriorated significantly due to the lack of safe drinking water, poor water infrastructure, severe food insecurity and displacement. Humanitarian needs were the most urgent in Somali region. In August 2017, more than 1.4 million people in the region urgently needed food assistance and 1.3 million people faced acute water shortages. The nutritional screening conducted in July and August 2017 assessed that the number of severely malnourished children in the region increased from 49,000 in December 2016 to 97,000 in July 2017. Moreover, 39 per cent of the screened pregnant and lactating mothers were identified as acutely malnourished. The Government-led multi-agency and multisectoral needs assessment for the meher, the main crop season, showed a severe water shortage in the Somali region, with 26 per cent of the boreholes, 36 per cent of the haffier dams and 58 per cent of the hand dug wells being defective.

CERF-funded assistance provided

In response, CERF allocated **\$18.5 million** from its Rapid Response window to ensure the delivery of top priority life-saving activities in Somali region in line with the national Humanitarian Requirements Document. This funding enabled UN agencies and partners to provide: treatment to **6,963 severely malnourished children**; nutrition support to **121,966 malnourished children** and **65,048 pregnant and lactating women**; emergency water trucking to **209,505 people**; access to water through rehabilitated and upgraded water supply schemes to **471,450 people**; emergency health services to **304,362 people**; and agricultural support to **866,706 people**.

CERF’s strategic added value

The allocation from CERF led to fast delivery of assistance to affected people. For UNICEF, it was the first funding received for the response. CERF funding also helped to address time-critical needs such as severe lack of food and water when the effects of the drought had become evident. The programme implementation started immediately, which helped to mobilize additional contributions from other donors since the effectiveness of the response could be demonstrated. Furthermore, CERF funding improved the coordination of response efforts, which helped to remove duplication and thereby increase coverage.

ETHIOPIA

Allocation	\$10 million August 2017 - Rapid Response
Emergency type	Natural Disaster - Drought (Horn of Africa Drought)
Beneficiary type	Non-displaced affected people
Implementing organizations	WFP 1 Government entity

Overview of the humanitarian situation

Following successive droughts in 2016 and 2017, the humanitarian situation in Ethiopia deteriorated rapidly in the second half of 2017. By mid-year, the review of the 2017 Humanitarian Requirements Document reported an increase of the number of people in need from 5.6 to 8.5 million as a result of rising food insecurity, malnutrition and disease outbreaks. While the situation in southern Oromia, parts of Afar and the Southern Nations, Nationalities and People's region was of serious concern, the food security and nutrition crisis in the Somali region was particularly dire. In Somali region alone, some 1.4 million people were in need of food assistance for the second half of the year, and 1.3 million people faced acute water shortages. The malnutrition caseload showed a steadily increasing trend, with 95,000 reported cases of severe acute malnutrition (SAM) in the region as of July 2017, double the projection made at the beginning of the year. This figure represented 25 per cent of SAM cases in the entire country, compared to nine per cent during the El Niño crisis in 2016. The situation was further aggravated by outbreaks of acute watery diarrhoea in several locations.


CERF-funded assistance provided

In response, CERF allocated **\$10 million** from its Rapid Response window to ensure urgent delivery of assistance to the most severely affected people in the period of rising needs and critical funding shortfalls. This funding allowed WFP to urgently procure 6,675 metric tons of Corn Soya Blend Plus and vegetable oil and provide supplementary feeding to **378,074 women and children** for the period of three months.

CERF's strategic added value

The CERF allocation led to fast delivery of assistance to people in need and improved WFP's ability to respond to time-critical needs. The Blanket Supplementary Feeding Programme contributed to stabilizing the nutritional situation and prevented the increase in morbidity and mortality. The allocation also strengthened WFP's role as food cluster lead and improved the coordination between cluster partners.

KENYA

Allocation	\$10.3 million March 2017 - Rapid Response	
Emergency type	Natural Disaster - Drought (Horn of Africa Drought)	
Beneficiary type	Non-displaced affected people	
Implementing organizations	FAO, UNFPA, UNICEF, WFP, WHO 6 national/local NGOs 11 international NGO 8 Government entities 6 Red Cross/Red Crescent societies	

Overview of the humanitarian situation

A severe drought hit Kenya in 2017, compounding the impacts of three consecutive failed rainy seasons. The below-average rainfall during the two rainy seasons in 2016 and in spring 2017 resulted in acute water shortages, diminished food production and animal productivity, and exhausted people's capacity to cope with another shock. In February 2017 the government of Kenya declared a drought emergency and appealed for international assistance. As the situation rapidly worsened, the number of people in need of relief assistance increased from 1.3 million in August 2016 to 2.7 million in March 2017 and 3.4 million in August 2017. The most affected people were from the poorest households who received no harvest in 2016, lost their animals due to acute water shortage and diseases, and faced difficulty accessing food in the markets due to increased prices. The deterioration of the humanitarian situation put women and girls under an increased risk of gender-based violence (GBV), particularly due to tensions and security concerns while accessing water points.

CERF-funded assistance provided


In response to the rapidly deteriorating emergency, CERF allocated **\$10.3 million** from its Rapid Response window for top-priority humanitarian interventions complementing the Government-led drought response plan. This funding enabled UN and partners to provide: screening for acute malnutrition of **384,202 children under age 5** and **69,127 pregnant and lactating women**;

nutrition treatment to **175,732 malnourished women and children**; health interventions to **56,238 people**; training to **35 clinicians** on the management of acute malnutrition with medical complications; measles vaccinations to **48,205 children under age 5**; access to safe water for over **243,100 people**; access to education to **47,000 children**; agricultural inputs to **251 families**; protection services to **24,235 children**; emergency sexual and reproductive health services to **25,728 people**; training to **92 health workers** on clinical management of rape; psychosocial support to **1,108 GBV survivors**; GBV prevention activities benefiting **771 women and girls**; training on GBV prevention as watch group members to **92 women**; and 190 community awareness sessions on GBV reaching **7,452 people**.

CERF's strategic added value

The CERF funding proved to be critical in jump-starting the response and allowed agencies to address the most severe needs of vulnerable people. For example, the timely procurement and distribution of ready-to-use therapeutic food was critical in the treatment of severe acute malnutrition and contributed to lowering the mortality risk of severely malnourished children. The CERF allocation was also a crucial enabler to mobilizing additional funding since it helped to update response plans, which could then be used to apply for government contingency funds. CERF funding contributed to the resumption of the Kenya Humanitarian Partnership Team meetings, thereby helping to improve coordination among humanitarian partners.

MADAGASCAR

Allocation	\$6 million	
	March 2017 - Underfunded Emergencies	
Emergency type	Natural Disaster - Drought	
Beneficiary type	Non-displaced affected people	
Implementing organizations	FAO, UNDP, UNFPA, UNICEF, WFP, WHO	
	17 national/local NGOs	
	6 Government entities	

Overview of the humanitarian situation

Madagascar was severely affected by two consecutive years of drought exacerbated by the El Niño phenomenon. Grand Sud is the country’s poorest region with 1.6 million people of whom 91 per cent live on less than \$2 per day. The region is an arid zone which had experienced a rainfall deficit since mid-2014. While in 2014, the region received 75 per cent of the annual average rainfall, the El Niño phenomenon worsened the situation, causing a drop in rainfall to 25 per cent of average in 2015 and 2016. This resulted in huge losses in agricultural production of between 30 and 65 per cent in 2015 and up to 95 per cent in 2016. In February 2016, there were 665,000 severely food insecure people in the region. Due to losses in food production, the number of severely food insecure people increased to 850,000 by September 2016. The 2016 Humanitarian Response Plan for Madagascar was only in 46 per cent covered which resulted in severe shortages of funding for critically needed life-saving assistance.

CERF-funded assistance provided

As a result, at the beginning of 2017 the CERF allocated **\$6 million** from its Underfunded Emergencies window to ensure continued assistance to the most vulnerable people in Madagascar. This funding enabled UN agencies and partners to provide: food to **209,580 people**; agricultural inputs allowing resumption of agricultural production for **20,000 families**; nutritional treatment to **2,878 severely malnourished children under age 5**; access to water for **171,780 people**; sanitation kits for **1,000 families**; access to health care for **335,000 people**; and cash-for-work activities benefiting **3,000 families**.

CERF’s strategic added value

CERF funding helped address time-critical needs when the humanitarian caseload was increasing but the funding level was insufficient. CERF funding also improved coordination of the response through joint planning, implementation and monitoring as well as contributed to stimulating resource mobilization from other sources.

MADAGASCAR

Allocation	\$5 million
	March 2017 - Rapid Response
Emergency type	Natural Disaster - Storm
Beneficiary type	IDPs, Host population, Other affected people
Implementing organizations	FAO, IOM, UNFPA, UNICEF, WFP, WHO
	1 national/local NGO
	4 international NGOs
	3 Government entities
	2 Red Cross/Red Crescent societies

Overview of the humanitarian situation

Cyclone Enawo, a Category 4 storm, struck the Sava region of northeastern Madagascar on 7 March 2017, causing widespread damage. Extensive flooding was recorded throughout the eastern half of the country in the wake of the storm. Assessment missions organized by the National Bureau of Risk and Disaster Management and the Humanitarian Country Team estimated that 434,000 people were affected, including 247,219 people who had been displaced. The initial assessment revealed critical needs for shelter assistance for families who lost their houses. Flooding destroyed food stocks, coinciding with the lean season in the affected areas, and rising food prices further limited access to food after the cyclone. The storm also flooded more than 1,300 wells and damaged more than 250 water systems, causing widespread lack of access to clean water and serious public health risks. The entire city of Antalaha with 80,000 inhabitants was left without water supply.

The Government and humanitarian partners implemented preventive measures a few days before the cyclone, evacuating people in at-risk areas, removing key infrastructure and prepositioning emergency stocks. However, in view of the magnitude of damages and severity of humanitarian needs, the Government of Madagascar declared a national disaster on 14 March and appealed for international assistance. Consequently, a flash appeal was launched seeking \$20 million to cover the most urgent humanitarian needs of 250,000 people.

CERF-funded assistance provided

In response, CERF allocated **\$5 million** from its Rapid Response window to ensure the immediate delivery of life-saving activities planned in the flash appeal. This funding enabled UN agencies and partners to provide: access to clean water for **155,427 people**; sanitation and hygiene assistance for **186,103 people**; food for **62,334 people**; agricultural inputs for **14,350 families**; shelter assistance for **2,644 families**; access to health care for **150,000 people**; mosquito nets reducing the risk of malaria outbreak for **49,700 families**; and logistical support to humanitarian operations.

CERF’s strategic added value

CERF was one of the first sources of funding for the response and enabled the fast delivery of assistance to affected people, thus addressing time-critical needs. The CERF allocation to common logistics support had additional strategic importance because it accelerated the delivery of aid across all sectors at a time when physical access was constrained. Moreover, the CERF allocation made important contributions to strengthening coordination. The prioritization for CERF funding was done jointly, and a follow-up mechanism was put in place for CERF-funded projects, which was later extended to the entire response.

MOZAMBIQUE

Allocation	\$2 million March 2017 - Rapid Response
Emergency type	Natural Disaster - Storm
Beneficiary type	Non-displaced affected people
Implementing organizations	FAO, IOM, UNFPA, UNICEF, WFP, WHO 3 international NGOs 9 Government entities

Overview of the humanitarian situation

On 15 February 2017, Cyclone Dineo, a Category 3 storm, battered the coast of Inhambane province in southern Mozambique with strong winds of up to 160 kilometers per hour. The cyclone seriously impacted the lives and livelihoods of 112,513 families, including 7,600 who were left extremely vulnerable. Approximately 33,712 houses were destroyed and 71,294 were damaged. Moreover, 389 Government offices, 70 health units and 2,200 classrooms were partially destroyed. In the agriculture sector, approximately 27,000 hectares of crops were lost. A multisector rapid needs assessment conducted by provincial authorities with international and national partners identified the most urgent needs of the affected communities. At the time the cyclone hit, the country was still recovering from a severe drought. The response capacity of the Government and partners was severely constrained. Consequently, the Humanitarian Country Team launched a flash appeal to complement the national response.


CERF-funded assistance provided

In response, CERF allocated **\$2 million** through its Rapid Response window to jump-start the implementation of top-priority life-saving interventions planned in the flash appeal. This funding enabled UN agencies and partners to provide: improved access to water and sanitation for **56,637 people**; hygiene kits for **7,651 families**; access to education for **11,500 children**; agricultural inputs and livelihoods assets for **14,939 families** allowing them to resume agricultural production; food for **26,250 people**; training on gender-based violence (GBV) protocols for **33 health providers**; sessions on GBV prevention for **4,096 men** and **6,030 women**; access to maternity health services for **67,646 pregnant women**; and access to health services for over **250,000 people**.

CERF’s strategic added value

Overall, the CERF allocation enabled the fast delivery of assistance to beneficiaries, being the first international source of funding for several agencies. One project was delayed due to objections by the local government after project approval, and the funding had to be reprogrammed. CERF funds helped agencies respond to time-critical needs, for example through providing access to safe delivery services for pregnant women. The influx of CERF funding also boosted the participation in sector coordination meetings, particularly at provincial and district levels, which helped to increase the complementarity between partners.

SOMALIA

Allocation	\$18 million February 2017 - Underfunded Emergencies	
Emergency type	Natural Disaster - Drought (Horn of Africa Drought)	
Beneficiary type	Refugees, IDPs, Host population, Other affected people	
Implementing organizations	FAO, IOM, UNFPA, UNHCR, UNICEF, WFP, WHO 55 national/local NGOs 17 international NGOs 11 Government entities	

Overview of the humanitarian situation

In 2016 and 2017 Somalia faced one of the harshest droughts in recent history, impacting four consecutive agricultural seasons. In January 2017, humanitarian organizations issued an alert of the risk of famine, as Somalis faced the cumulative effects of below-average rainfall, rising food prices, limited humanitarian access and negative forecasts for the 2017 *Gu*, the main rainy season. By February 2019, 2.9 million people faced crisis and emergency levels of food insecurity, more than double from 1.1 million in August 2016. This number would rise further to 3.2 million by May 2017. Over 320,000 children were acutely malnourished, including more than 50,000 who were severely acutely malnourished. Around 277,605 school-going children were affected, with 35,000 at risk of dropping out of school. Water shortages were widespread, and outbreaks of cholera and watery diarrhoea were reported in 32 districts across five regions. Some 120,000 people were at risk of displacement. The 2017 Humanitarian Response Plan requested \$864 million to reach 3.9 million people with life-saving assistance. However, by the end of January 2017, only \$12 million had been received. Furthermore, the 2016 humanitarian response plan had been only 56 per cent funded, which was insufficient to cover activities into 2017. Without a significant injection of funds, the cumulative impact of the drought was likely to reach drastic proportions.

CERF-funded assistance provided


In February 2017, CERF allocated **\$18 million** from its Underfunded Emergencies window. This was among the first contributions received in support of the drought response, and enabled humanitarian organizations to provide: agricultural and livelihood

support to **1,190,104 people**; life-saving health care to **153,739 people**; immunizations to **8,594 women and children under age 5**; health education messages to **38,400 people**; treatment for acute diarrhoea to **1,800 children under age 5**; treatment for severe acute malnutrition to **6,000 children**; treatment for moderate acute malnutrition to **31,598 children under age 5** and **34,570 pregnant and lactating women**; antenatal and postnatal care to **1,900 women**; food assistance to **65,476 people**; temporary access to safe water to **175,811 people**; rehabilitation of water sources benefiting **170,912 people**; hygiene education to 200,707 people; relief items to **42,000 displaced people and members of host communities**; emergency education to **17,783 children**; support to **419 separated and unaccompanied children**; and post-rape treatment and dignity kits to **4,250 survivors of gender-based violence**. The CERF funds also enabled the continuation of the humanitarian air service.

CERF’s strategic added value

CERF funds led to a fast delivery of assistance to people in need and enabled agencies to meet time-critical needs. For example, FAO used CERF funds to rapidly provide severely food insecure households with cash, enabling them to meet immediate food needs, and then provided them with critical agricultural inputs in time for the 2017 *Gu* and *Deyr* rainy seasons, which helped restore food production. The CERF allocation greatly improved coordination and collaboration for an effective response, for instance by strengthening the role of cluster leads and promoting greater intersectoral coordination at national and sub-national levels. CERF funding also raised the visibility of the crisis in Somalia, and agencies were able to leverage this to secure funding from other sources.

SOMALIA

Allocation	\$15 million	
	March 2017 - Rapid Response	
Emergency type	Natural Disaster - Drought (Horn of Africa Drought)	
Beneficiary type	Refugees, IDPs, Host population, Other affected people	
Implementing organizations	IOM, UNFPA, UNHCR, UNICEF, WFP, WHO	
	15 national/local NGOs	
	9 international NGOs	
	5 Government entities	
	1 Red Cross/Red Crescent society	

Overview of the humanitarian situation

In 2017, Somalia faced deteriorating drought conditions akin to the 2011 famine, an underfunded Humanitarian Response Plan, massive displacement and limitations to humanitarian access. After four consecutive seasons of drought, negative forecasts for the 2017 *Gu*, the main rainy season, added to the magnitude of the crisis. The February 2017 CERF allocation provided a vital injection of funding that helped meet the most immediate needs and catalysed resource mobilization from other sources. However, agencies reported that supplies bought with funds from the previous allocation were likely to be depleted before pledged donor contributions were received. Water shortages were reported in most districts and outbreaks of cholera, acute watery diarrhoea and measles were reported in 32 districts across five regions. These outbreaks further threatened the lives of vulnerable people in the most severely-affected areas and heightened the risk of a potentially drastic increase in the number of people requiring life-saving assistance. Additional funds were urgently required to bridge the gap before pledged donor contributions materialized and further scale up a multisectoral humanitarian response in the most-affected areas, which were simultaneously experiencing crisis-levels of food insecurity and were hotspots for epidemics.

CERF-funded assistance provided

In light of the rapidly deteriorating conditions and a looming funding gap, in April 2017 CERF allocated a further **\$15 million** for the crisis in Somalia from its Rapid Response window. These funds enabled UN agencies and partners to provide: life-saving primary

healthcare services to **101,274 people**; cholera treatment to **104,000 people**, including **6,000 children under age 5**; support to seven cholera treatment facilities and training to **125 health workers**; health education to **100,000 people**; nutrition supplementation to **155,432 people**; treatment for malnutrition to **53,039 children**; treatment for moderate acute malnutrition to **27,795 pregnant and lactating women**; counselling on child care and feeding to **78,000 pregnant women and mothers of young children**; measles immunizations to **28,000 children under age 5**; water infrastructure rehabilitation benefitting **208,453 people**; temporary access to safe drinking water to **276,504 people**; household water treatment supplies to **129,122 people**; improved latrines benefitting **30,567 people**; hygiene kits and hygiene promotion messages to **359,039 people**; safe deliveries to **8,172 pregnant women**; hospital referrals to **2,187 pregnant women**; reproductive health information to **69,802 women**; relief items to **209,977 drought-affected internally displaced people (IDPs) and refugees**; and provision of air transport services to humanitarian organizations and the Government of Somalia.

CERF's strategic added value

CERF funds led to a fast delivery of assistance and enabled agencies to address time-critical needs, for example by facilitating WHO and UNICEF to rapidly procure diarrhoeal disease kits to address the outbreaks. The consultative planning and implementation of the CERF allocation also helped strengthen the overall health response under the joint coordination of the Ministry of Health and WHO. Agencies were also able to mobilize other resources to scale up activities begun with CERF funding. For example, UNICEF was able to complement CERF funds with resources from multiple other donors.

SOUTH SUDAN

Allocation	\$15.5 million
	March 2017 - Rapid Response
Emergency type	Conflict-related and internal strife (South Sudan crisis)
Beneficiary type	Refugees, IDPs, Host population
Implementing organizations	IOM, UNFPA, UNHCR, UNICEF, WFP, WHO
	10 national/local NGOs
	13 international NGOs

Overview of the humanitarian situation

The crisis in South Sudan, which began in late 2013, displaced more than 3.6 million people, including 1.9 million internally displaced people (IDPs) and 1.7 million who fled as refugees to neighboring countries. Following the failure of the Agreement on the Resolution of the Conflict in South Sudan that concluded in August 2015, the crisis continued largely unabated, affecting people in areas previously considered stable and exhausting the coping capacity of those already impacted. In early 2017, humanitarian needs escalated rapidly as a result of multiple shocks including conflict, inter-communal violence, displacement, economic decline and disease outbreaks. By April 2017, around 4.9 million people – 42 per cent of the population – were severely food insecure. The scale of acute malnutrition constituted a major public health emergency. Out of 23 counties with recently available data, 14 demonstrated rates of global acute malnutrition at or above the 15 per cent emergency threshold. The financial requirements to address the new needs of 525,000 people in the highest-priority, most at-risk locations were estimated at \$54 million.

CERF-funded assistance provided

In view of the rapidly deteriorating humanitarian situation and critical humanitarian needs, CERF allocated **\$15.5 million** from its Rapid Response window for top-priority life-saving operations. This funding enabled UN agencies and partners to provide: core camp management services in new IDP settlements to **15,070 people**; emergency education support to **86,202 children**; emergency shelter materials and relief items to **194,749 people**; food and livelihood support to **308,982 people**; treatment to **11,178 malnourished children**; water, sanitation and hygiene services to **223,500 people**; emergency health services to **121,000 people** in hard-to-reach areas; and reproductive health supplies benefitting **6,200 pregnant women**.

CERF's strategic added value

The CERF allocation enabled the rapid procurement and distribution of vital emergency supplies, leading to a fast delivery of assistance to people in need. CERF funding improved resource mobilization from other sources by raising awareness among donors about the gravity of the situation in South Sudan. The CERF allocation also improved coordination by promoting active engagement between the inter-cluster working group and cluster coordinators in the prioritization of locations, activities and funds across projects undertaken by different agencies.



Somalia: Out here, we are safe

Farhiya waits under a tree at a registration checkpoint in Doolow camp in the Southern Gedo region of Somalia, alongside scores of women and children hoping to receive some kind of aid. With her three infant children, Farhiya travelled a long way from her rural village of Elbon. The 125km long journey took a gruelling six days to complete under the hot sun. There were eight of them at the beginning but only four had managed to reach Doolow as Farhiya had to leave her husband and three weaker children behind with relatives along the way.

In November 2016, rains failed for the third year in a row; forcing Somalia into a devastating drought. From then until March 2017, over 600,000 people were displaced within the country.

Farhiya waits under a tree at a registration checkpoint in Doolow, Somalia, alongside scores of women and children hoping to receive some kind of aid.
© IOM/Muse Mohammed



Back home, Farhiya was among those who had to live under occupied Al Shabaab territory. “It was difficult living under their rule. They would not let us run businesses or even allow us to beg for money” she explained. “They would go around taxing people who had livestock to offer them. For us, we had so few animals they did not even bother to take anything from us.”


In Doowo, IOM is providing urgent health and nutrition to Farhiya and many others, thanks to CERF funds. Having slept under the trees for the past four days her situation is becoming more desperate as her children continue to go malnourished. Her son Ali, 6, is barely larger than his little sister Samira who is only two years old.

More than 26 Rapid Response teams are available, consisting of doctors, nurses and midwives, set up in make shifts and providing urgent services, including treatment and prevention of cholera. For those who could not make the journey like Farhiya, health teams travel to hard to reach areas where they establish temporary clinics and provide treatments.

“At least out here, we are safe” Farhiya says. As she and her family are slowly getting by, her main priority is reuniting with her husband and children before deciding where to go next.

A doctor is assisting a patient affected by drought in Somaliland, Somalia.
© IOM/Muse Mohammed

UGANDA

Allocation	\$15 million	
	March 2017 - Underfunded Emergencies	
Emergency type	Conflict-related and internal strife (South Sudan crisis)	
Beneficiary type	Refugees, Host population	
Implementing organizations	FAO, IOM, UNDP, UNFPA, UNHCR, UNICEF, UN Women, WFP, WHO	
	2 national/local NGOs	
	23 international NGOs	
	3 Government entities	

Overview of the humanitarian situation

In mid-2016, the influx of refugees from South Sudan to Uganda hugely accelerated when heavy fighting broke out in Juba between government and rebel forces. Between July and December 2016, an average of 2,154 new refugees were arriving in Uganda every day. By the end of the year, there were more than 639,995 South Sudanese refugees in Uganda, three times more than at the end of 2015. Given the pressure that the increased influx exerted on the available resources, South Sudanese refugees in Uganda and local communities hosting them were becoming progressively more vulnerable and more dependent on humanitarian assistance for survival. At the beginning of 2017, the existing response urgently needed to be scaled up, and the humanitarian funding requirements for Uganda increased from \$437 million in 2016 to \$742 million in 2017. However, humanitarian action in Uganda was largely underfunded, and only 40 per cent of requirements were met in 2016.

CERF-funded assistance provided

Due to the sharp increase in needs and critical funding shortfalls, CERF allocated **\$15 million** from its window for underfunded emergencies at the beginning of 2017 to ensure the uninterrupted delivery of life-saving assistance to South Sudanese refugees and the communities hosting them. This funding enabled UN agencies and partners to provide: food to **636,855 people**; nutrition assistance to **44,449 people**; agricultural inputs to **102,443 people**; access to safe sanitation and hygiene facilities to **31,980 people**; income-generating activities to **7,500 people**; skilled

health assistance for safe childbirth to **11,552 women**; dignity and child delivery kits to **2,500 women**; sexual and reproductive health information and services to **189,423 people**; relocation from reception centers to settlements to **108,700 refugees**; access to safe water to **266,971 people**; emergency shelter kits and relief items to **13,916 families**; polio immunization to **54,297 children**; nutritional treatment to **5,680 severely malnourished children**; vitamin A supplementation to **106,985 children**; iron and folic acid supplements to **81,791 pregnant and lactating women**; psychosocial support to **6,587 women and 96,012 children**; care services to **16,528 unaccompanied children**; multisectoral support in response to consequences of sexual violence to **431 children**; legal services to **4,186 women and girls**; sensitization on sexual and gender-based violence to **14,431 men and boys**; training to **13,531 refugee leaders** on gender, gender-based violence and women’s and human rights; and enhanced emergency capacity for disease outbreak prevention and response benefiting **548,580 people**.

CERF’s strategic added value

The CERF allocation enabled humanitarian organizations to address urgent needs despite funding shortfalls. Moreover, the allocation from the Underfunded Emergencies window of the CERF improved the visibility of the emergency, which agencies leveraged to improve resource mobilization from other sources. The CERF prioritization process also offered opportunities for positive interaction between humanitarian partners, which strengthened coordination and inter-agency relationships at the technical level.

ZIMBABWE

Allocation	\$1.6 million
	April 2017 - Rapid Response
Emergency type	Natural Disaster - Flood
Beneficiary type	IDPs, Host population, Other affected people
Implementing organizations	IOM, UNFPA, UNICEF
	2 national/local NGOs
	3 international NGOs
	9 Government entities
	1 Red Cross/Red Crescent society

Overview of the humanitarian situation

In early 2017, Tropical Cyclone Dineo hit Zimbabwe, bringing torrential rains and gale-force winds which caused widespread flooding and affected 37 of the 60 districts in the country. A government-led multisector assessment found massive destruction of structures like roads, bridges, rural clinics, electricity lines, schools, water and sanitation facilities and individual properties. Over 2,600 houses were destroyed and over 100,000 people needed access to safe drinking water. A national disaster was declared on 3 March and a joint mission by the government, UN agencies and NGOs confirmed that the magnitude of the emergency exceeded the national response capacity. The government launched a flood disaster appeal for \$189 million to address medium- and long-term needs as well as \$20 million for the immediate humanitarian response.

CERF-funded assistance provided

In response, CERF allocated **\$1.6 million** from its Rapid Response window to address the most immediate life-saving humanitarian needs. This funding enabled UN agencies and partners to provide: access to safe water to **32,762 people**; relief items and shelter tool kits to **10,956 individuals**; learning materials to **15,020 children**; play therapy through child-friendly spaces to **3,389 boys and girls**; dignity kits for **2,636 women and girls**; and emergency psychosocial support to **1,446 women**. In addition, thanks to CERF-funded reproductive health kits, **4,538 women and girls** received obstetric operations; **7,446 women** received birth attendance for safe delivery; and **661 women** received safe caesarean sections.

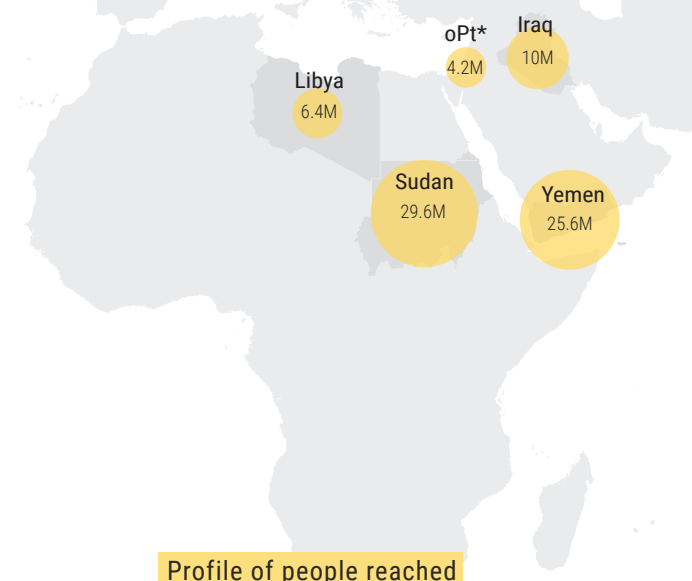
CERF’s strategic added value

CERF funds led to a fast delivery of assistance to people in need as they allowed partners to quickly scale up the response, including in districts that were not covered by funding from other sources. The CERF allocation helped respond to time-critical needs enabling the affected population to prepare meals, safely store water and implement necessary hygiene measures in a context highly prone to water-borne diseases. CERF also helped improve national and sub-national level coordination in several sectors, including through the consultative development of the CERF proposal.



Middle East and Northern Africa

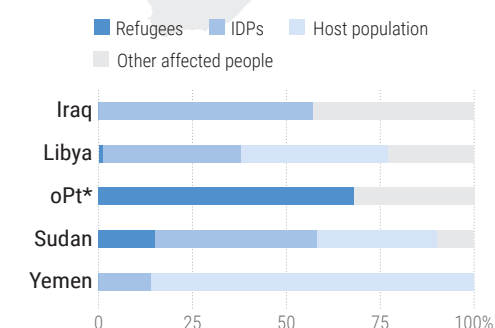
Allocations by country
in US\$ million



In 2017, CERF provided **\$75.8 million** for life-saving action in response to humanitarian needs resulting from conflicts in the Middle East and Northern Africa.

More than half of this funding, about **\$55.2 million**, went to just two crises. As conflict continued in Yemen, nearly **\$25.6 million** was allocated to scale up humanitarian efforts to fight the looming threat of a massive famine and combat a life-threatening cholera outbreak. In Sudan, around **\$29.6 million** in three allocations went to meet life-saving needs: **\$10.5 million** to respond to a large influx of refugees from South Sudan; **\$5 million** to kick-start response when humanitarian access suddenly opened up in the Jebel Marra region of South Darfur; and a further **\$14.2 million** around mid-year to scale-up response to a growing food insecurity crisis displacement crisis.

Profile of people reached



The CERF also provided **\$10 million** to Iraq to enable a rapid response to critical humanitarian needs resulting from intense fighting in and around Mosul; **\$6.4 million** to Libya to meet life-saving needs, followed by **\$358,000** to support the United Nations to securely re-establish its presence in the country, allowing for better delivery of assistance and protection to affected people; and **\$4.2 million** to provide life-saving electricity to maintain basic health, water and sanitation services for 1.9 million people in the Gaza Strip of the occupied Palestinian territory.

People reached by sector

	Agriculture	Camp Mana- gement	Early Recovery	Education	Food Assistance	Health	Multi- sector	Multi- sector Refugee Assistance	Nutrition	Protection	Shelter and NFI	Water and Sanitation
Iraq					459,000							
Libya	7,585				25,500	124,438		18,964		21,033	12,250	101,288
oPt*						614,000						1,600,000
Sudan	94,200			32,534	330,250	456,968		38,296	202,196	11,747	81,879	418,342
Yemen					1,329,525	212,900			325,222			
Total	101,785			32,534	2,144,275	1,408,306		57,260	527,418	32,780	94,129	2,119,630

*oPt - occupied Palestinian territory

The siblings Mohammed, Batool and Luai Ali Zaid walk on the rubble of their neighbor's house which was destroyed by conflict in the Old City of Sana'a, Yemen. © UNHCR/Mohammed Hamoud

IRAQ

Allocation	\$10 million
	May 2017 - Rapid Response
Emergency type	Conflict-related and internal strife
Beneficiary type	IDPs, Other affected people
Implementing organizations	WFP

Overview of the humanitarian situation

The violence and conflict linked to the seizure of Iraqi territory by the Islamic State in Iraq and the Levant (ISIL) and a series of counter-insurgency operations launched by the Government and its allied forces caused large-scale suffering and humanitarian needs. By the end of 2016, as many as 11 million people, including over 3 million internally displaced people (IDPs), were in critical need of life-saving humanitarian assistance. The campaign by the Iraqi Security Forces to reclaim Mosul city that started in October 2016 faced fierce resistance from ISIL and intense fighting continued until July 2017. By May 2017, over 500,000 people had been newly displaced, and an estimated 500,000 people remained in the districts controlled by ISIL in western Mosul, including some 400,000 in the densely populated Old City. Reports from displaced people indicated that supply routes into western Mosul had been cut off and that there were severe shortages of food, medicines and other basic services. An inter-agency rapid needs assessment conducted in April 2017 indicated acute food shortages. By late April, the Government confirmed that food was one of the most immediate unmet needs in western Mosul. The 2017 Humanitarian Response Plan (HRP) launched in February 2017 estimated that \$331 million was required for the Mosul emergency operations by the end of the year. Yet by the end of April 2017, the HRP was only 18 per cent funded.


CERF-funded assistance provided

In response, CERF allocated **\$10 million** from its Rapid Response window in May 2017 for immediate provision of life-saving food assistance. This funding enabled WFP and partners to provide Immediate Response Rations to **459,000 people**, including highly vulnerable families fleeing conflict, located in hard-to-reach areas, and caught at checkpoints or stranded between military front lines. The CERF funding also enabled the provision of Family Food Rations to **263,500** people who reached displacement camps or were hosted in the newly accessible areas of eastern Mosul.

CERF’s strategic added value

The CERF funds enabled the speedy and systematic delivery of life-saving food assistance to people in need within the first 72 hours of displacement. Enabling the uninterrupted procurement and distribution of food as part of the multisectoral Rapid Response Mechanism, the CERF funds contributed to ongoing inter-agency coordination among WFP, UNICEF and UNFPA, as well as to the broader inter-cluster coordination. Moreover, CERF funding addressed the pipeline break in WFP’s food provision, for which the organization was able to mobilize additional contributions from other sources.

LIBYA

Allocation	\$6 millionn	
	March 2017 - 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, UNOPS, WFP, WHO	
	4 national/local NGOs	
	1 international NGO	
	2 Government entities	
	1 Red Cross/Red Crescent society	

Overview of the humanitarian situation

In 2017, the situation in Libya was characterized by armed conflict, insecurity, political instability and an economic downturn. Many vulnerable people, including internally displaced people (IDPs), refugees and migrants faced protection risks and had limited or no access to life-saving health care, essential medicines, food, safe drinking water, and shelter. Landmines, explosive hazards, and the proliferation of small arms and light weapons impeded safety and security in towns such as Sirte, Benghazi and other locations across the country. About 1.3 million Libyans, refugees, migrants and asylum seekers urgently needed humanitarian assistance while the Humanitarian Response Plan was only 39 per cent funded.

CERF-funded assistance provided

CERF allocated **\$6 million** from its window for underfunded emergencies to ensure the continuation of top priority life-saving projects. This funding enabled partners to provide: safe water for **63,850 people**; gender-appropriate sanitation facilities for **82,100 people**; relief items to **12,250 people**; vegetable and grain seeds for **7,585 people**; multipurpose cash grants for **1,140 families**; multisectoral assistance including

mattresses, blankets, hygiene kits and basic health care services to **11,128 IDPs and migrants** in urban settings and detention centers; dignity kits to **1,864 people**; access to women’s community centers for **11,197 women and girls**; emergency assistance to **466 survivors of gender-based violence**; and training in emergency obstetric care to **36 obstetricians and midwives**.

CERF’s strategic added value

The CERF allocation helped to speed up the delivery of assistance to vulnerable people, in spite of some delays caused by challenges related to access, shipping and funding transfers. CERF funding helped agencies respond to time-critical needs, such as providing clean water and sanitation. Results achieved with CERF funds also helped partners mobilize additional resources; UNICEF, for example, was able to extend child protection and psychosocial support activities for several months with additional funding from the German Ministry for Development Cooperation. CERF also contributed to enhanced coordination within the humanitarian community, including through improved information sharing and reduction of overlapping programme activities.

Allocation	\$0.4 million
	November 2017 - Rapid Response
Emergency type	Conflict-related and internal strife
Implementing organizations	UNDP

Overview of the humanitarian situation


In 2017, the humanitarian situation in Libya continued to deteriorate. About 1.6 million people were affected by conflict throughout the country, and protracted humanitarian needs were fueled by returns of internally displaced people (IDPs), the periodic escalation of armed conflict, and increased protection and migration challenges. Since the evacuation of international staff from Libya in 2014, the humanitarian response was operated primarily out of Tunis. However, the evolving situation in 2017 generated momentum for the return of the UN to Libya. The Strategic Assessment Review in May, the Executive Committee in July and the Security Council in September encouraged the United Nations to work on re-establishing a presence in Tripoli and other parts of the country. In order to return to Tripoli and systematically scale up humanitarian presence in other parts of Libya, humanitarian agencies required a coordinated humanitarian security function.

CERF-funded assistance provided

In response, CERF allocated **\$357,812** from its Rapid Response window to the UN Department of Safety and Security to strengthen security in order to facilitate humanitarian activities. This covered the deployment of two international surge Field Security Coordination Officers to Tripoli, who provided additional support for localized security analysis to enable the safe movement of humanitarian staff and delivery of assistance to affected people outside of the Tripoli. CERF funding also enabled security support to humanitarian missions to other parts of Libya, which enhanced humanitarian actors’ ability to provide life-saving assistance such as essential medicines and medical supplies; food and non-food items; mine-clearance efforts; as well as urgent protection interventions.

CERF’s strategic added value

CERF funding kick-started the process of a safe and systematic scale-up of humanitarian presence in Libya and enhanced the capacity of partners to deliver life-saving assistance through the scale-up of security facilitation. The increased humanitarian presence demonstrated greater accountability towards affected communities. CERF funding allowed humanitarian agencies access to areas outside of Tripoli and the two CERF-funded surge officers directly enabled UN agencies’ operations by supporting the general security management process. Furthermore, CERF funding helped enhance coordination among UN agencies and promoted coordination between UN agencies and international NGOs.

Allocation	\$4.2 million	
	August 2017 - Rapid Response	
Emergency type	Conflict-related and internal strife	
Beneficiary type	Refugees, Other affected people	
Implementing organizations	UNICEF, UNRWA, WHO	
	1 national/local NGO	
	1 Government entity	

Overview of the humanitarian situation

The humanitarian situation in the Gaza Strip deteriorated dramatically in 2017 following an escalation of the political strife between the de facto authority (Hamas) and the Ramallah-based Government of Palestine (GoP). Since 2006, the Gaza Strip has suffered from precarious electricity supply, a result of failing infrastructure, inadequate power sources, lack of fuel storage capacity and restrictions on imports of parts. In June 2017, this longstanding energy crisis became severely aggravated due to a combination of reduced power supply by the Israeli Electricity Company after the GoP reduced its payments for electricity, supply breaks in fuel to the Gaza Power Plant, and malfunctioning electricity lines. Consequently, the overall electricity available to the Gaza population was reduced to only four to six hours per day, on average, with some days as little as zero to two hours of electricity in a 24-hour period. The electricity crisis severely affected every aspect of public and private life for all 1.9 million people living in Gaza, of whom 70 per cent are refugees. Mobilizing resources quickly to maintain basic health, water and sanitation services was critical. Without urgent funding, the entire population of Gaza would have been forced to live without clean water, resulting in pools of sewage spilling over in densely populated areas, risking an outbreak of diseases, and in life-threatening risks to patients who would be unable to receive urgent health care at hospitals.

CERF-funded assistance provided

In view of the crisis, CERF allocated **\$4.2 million** from its Rapid Response window, which enabled UN agencies and partners to ensure uninterrupted access to water and sanitation services to **1,036,000 people** through carrying out critical electromechanical repairs and maintenance of 160 backup generators supplying electricity to key water and wastewater facilities. The CERF funding also enabled the provision of 2,124,753 litres of fuel to health facilities and 1,593,565 litres of fuel to water facilities; as well as provision of water storage tanks to **2,100 families**; vouchers for hygiene kits to **10,781 people**; and medical equipment to hospitals benefiting **614,000 people**.

CERF’s strategic added value

CERF funds led to fast delivery of assistance to people in need, which was provided at a critical time when the impact of the electricity crisis in Gaza was becoming increasingly pronounced and life-threatening. It helped ward off a potential collapse of life-sustaining basic services and the stability risks that might have accompanied it. CERF funding also strengthened coordination between humanitarian partners. For instance, the Emergency Fuel Coordination Group in Gaza was strengthened through the process of prioritizing facilities to receive fuel through CERF-funded projects. Moreover, CERF funding helped raise awareness among the donor community on the need for urgent response to the deteriorating situation in Gaza. As a result, additional funding was mobilized for further emergency humanitarian operations and maintenance works.

Allocation	\$10.5 million April 2017 - Rapid Response
Emergency type	Conflict-related and internal strife (South Sudan crisis)
Beneficiary type	Refugees, IDPs, Host population
Implementing organizations	IOM, UNFPA, UNHCR, UNICEF, WFP, WHO
	7 national/local NGOs
	5 international NGOs
	10 Government entities
	4 Red Cross/Red Crescent societies

Overview of the humanitarian situation

The extreme levels of violence, insecurity and humanitarian needs in South Sudan resulted in an increased influx of South Sudanese refugees to Sudan in 2017. The numbers of newly arriving refugees to the country far exceeded the trends recorded in previous years. While the 2017 planning figures anticipated 60,000 new arrivals, the increased influx outpaced the planned response by humanitarian partners, who in addition had to continue aiding the nearly 300,000 South Sudanese refugees already in the country. By April 2017, 108,500 new South Sudanese refugees had already arrived in Sudan, with East Darfur, White Nile and South Kordofan receiving the highest numbers. Refugees were usually arriving with poor health and nutrition, with very few possessions, and often having walked for many days. Once in Sudan, they faced critical shortages of space in camps and limited resources to respond to their basic needs.

CERF-funded assistance provided

In May 2017, CERF allocated **\$10.5 million** from its Rapid Response window to ensure the provision of life-saving assistance to newly arriving South Sudanese refugees. This funding enabled the UN agencies and partners to provide: food to **60,000 refugees**; basic health services to **69,543 people**; nutritional screening and vitamin A supplementation to **17,044 children under age 5**; treatment for severe acute malnutrition

to **2,400 children under age 5**; treatment for moderate acute malnutrition to **6,920 children under age 5 and pregnant or lactating women**; supplementary food to **15,685 children under age 5 and pregnant or lactating women**; messages on infant and young child feeding and care to **8,771 mothers**; iron folate supplements to **3,301 mothers**; improved water supply to **39,540 refugees**; safe means of excreta disposal to **10,500 refugees**; hygiene kits and messages to **41,229 refugees**; access to reproductive health care services to **10,158 women and girls**; expanded site for **10,000 new refugees**; screening of **8,086 refugees**; relief items to **1,600 families**; emergency shelters to **2,400 families**; water and sanitation services to **38,683 refugees**; and systematic water quality monitoring covering **57,830 refugees**.

CERF’s strategic added value

CERF funding was mobilized quickly, and agencies were able to procure supplies and initiate service delivery in a timely way. However, the review process was longer than expected due to the complexity of the proposal. CERF also helped attract donor attention to the crisis, which helped mobilizing additional funding from other sources. Moreover, CERF funding improved coordination among the humanitarian community as it provided an important platform for joint planning and exchange of information among implementing organizations at the federal and field levels.

Allocation	\$5 million June 2017 - Rapid Response
Emergency type	Conflict-related and internal strife
Beneficiary type	IDPs, Host population, Other affected people
Implementing organizations	FAO, UNFPA, UNICEF, WFP, WHO
	2 national/local NGOs
	8 international NGOs
	4 Government entities
	2 Red Cross/Red Crescent societies

Overview of the humanitarian situation

Between 2010 and 2016, the Jebel Marra area in Sudan’s South Darfur state remained in a state of armed conflict and mostly inaccessible to humanitarian organizations. Years of fighting led to massive displacement within Jebel Marra and to Central, South, and North Darfur. However, beginning in early 2017, access to Jebel Marra increased markedly and several partners were able to conduct needs assessments. A nutrition and mortality survey conducted in March 2017 yielded concerning results. The global acute malnutrition rate was 15.8 per cent and child mortality was estimated at an alarming rate of 4.32 child deaths per 10,000 children per day. Consequently, a multisector rapid response plan was developed targeting an estimated 142,906 internally displaced people (IDPs) and host community members with urgent nutrition, food security, water and sanitation, health and protection assistance.

CERF-funded assistance provided

Upon the finalization of the response plan, CERF allocated **\$5 million** from its Rapid Response window to kickstart the delivery of humanitarian assistance. This funding enabled UN agencies and partners to provide: food to **88,775 people**; screening for malnutrition to

91,673 children; treatment to **4,972 severely malnourished children** and **9,117 moderately malnourished children**; polio vaccinations to **26,696 children** and measles vaccinations to **40,564 children**; counselling on infant and young child feeding practices to **15,500 mothers**; seeds and tools for **10,000 families**; animal health and production inputs and services to **5,700 pastoralists**; access to basic health services to **106,594 people**; reproductive health services to **12,000 women**; access to gender-based violence-related health services to **16,626 people**; access to safe drinking water to **45,900 people**; community mobilization activities to **26,600 people**; and hygiene kits to **1,045 families**.

CERF’s strategic added value

CERF funding made an important strategic contribution to the delivery of humanitarian response in this previously inaccessible region. It was allocated quickly upon the finalization of the response plan and led to the fast commencement of humanitarian action. Moreover, the implementation of CERF funding improved coordination between UN agencies, NGOs and the Government, and the results achieved supported resource mobilization from other sources. For instance, UNFPA managed to mobilize funds from the European Union, Japan and Sweden for the extension of CERF-funded activities.

Allocation	\$14.2 million
	September 2017 - Underfunded Emergencies
Emergency type	Conflict-related and internal strife
Beneficiary type	Refugees, IDPs, Host population, Other affected people
Implementing organizations	IOM, UNFPA, UNHCR, UNICEF, WFP, WHO
	9 national/local NGOs
	4 international NGOs
	20 Government entities
	2 Red Cross/Red Crescent societies

Overview of the humanitarian situation

Sudan continued to face cumulative impacts of armed conflict, ongoing displacements, seasonal weather shocks, climate vulnerability and structural challenges in 2017. Already scarce resources were further strained by more than 460,000 refugees from South Sudan, with over 180,000 arrivals in 2017. The situation was particularly aggravated in three areas where access limitations had previously prevented a robust humanitarian response. In East Jebel Marra, the entire population of around 117,000 people were impacted by an unfolding nutrition crisis, with rumours of an outbreak of acute watery diarrhoea. In South Kordofan, around 232,000 people were facing an acute food insecurity and livelihood crisis. In Blue Nile, over 150,300 internally displaced people (IDPs), refugees, returnees and host community members needed humanitarian assistance. Basic services, especially health care and education, were extremely limited. Women and girls were highly vulnerable to gender-based violence and protection risks, including rape, sexual assault, sexual harassment, domestic violence, female genital mutilation and early marriage. Despite rising humanitarian needs, the 2017 Humanitarian Response Plan was funded only 17 per cent at mid-year and the humanitarian community was in critical need of additional funding to sustain key life-saving operations.

CERF-funded assistance provided

CERF allocated **\$14.2 million** from its Underfunded Emergencies window to bridge the funding gap and provide life-saving assistance to the most vulnerable people in newly accessible areas. This funding enabled

UN agencies and partners to provide: malnutrition screening to **341,336 children under age 5**; treatment to **9,281 children** with severe acute malnutrition; counselling on infant and young child feeding to **51,394 mothers**; general food rations to **181,475 refugees and IDPs**; medicines and medical supplies benefitting **266,484 people**; educational supplies benefitting **31,934 children** and their teachers; improved learning spaces benefitting **4,350 newly displaced children**; emergency shelter and relief items to **62,043 IDPs and host community members**; emergency water, sanitation and hygiene assistance to **19,633 conflict-affected people**; shelter kits to **38,296 people**, mainly South Sudanese refugees; psychosocial support to **5,627 people**, including survivors of gender-based violence; personal hygiene kits to **4,400 women and girls**; sensitization on gender-based violence to **10,096 people**; and the establishment of four women’s centres which provided activities to **5,200 women**.

CERF’s strategic added value

The CERF funds were the only available resources to meet the urgent needs of people in the newly accessible areas. Thanks to the CERF allocation, agencies were able to meet time-critical needs, for example by starting life-saving treatment for malnutrition. CERF funds partially led to the fast delivery of assistance to people in need, although some delays were experienced due to fuel shortages, adverse weather conditions and the unstable security situation. Agencies were also able to leverage the CERF funds to mobilize resources from other donors. For example, the CERF-funded education in emergencies activities encouraged the European Union to provide longer-term funding to support access to quality education in these areas. The CERF allocation also improved coordination among the humanitarian community, which resulted in improved coverage and reduced duplication in the health sector.



Sudan
Nurse Somaia and Hammad at the health clinic in Kosti, White Nile State, Sudan.
© WHO/Simon van Woerden

Fighting cholera in Sudan

Hammad Yousif Ibrahim from Kosti in Sudan’s White Nile State first noticed something was wrong when he felt sick to his stomach and developed severe diarrhoea. “It was more than any normal diarrhoea, so I knew something was off,” he says. At the local hospital in Kosti, the health care professional referred him to a nearby Cholera Treatment Center, or CTC, that the State Ministry of Health had established. A CTC is an emergency health facility focused on treating moderate and severe cases of Acute Watery Diarrhoea (AWD).

When Hammad arrived at the CTC, he feared that he would die because he was so dehydrated. People suffering from AWD lose fluids very quickly, through watery diarrhoea and vomiting. In severe cases, a patient can pass away from dehydration within hours if he or she does not receive treatment.

Thankfully for Hammad, the staff at the CTC was ready, trained and equipped. With funding from CERF and the support from Sudan’s Health Ministry and the World Health Organization (WHO), the clinic had received medical supplies, training and information on how to treat AWD, as well as essential funds to support health staff including doctors and nurses.

One of those nurses is Somaia Abdallah (28), who started working in the CTC in Kosti when AWD spread to White Nile State. At the height of the outbreak, Somaia says, 120 patients were coming into the CTC every day. Hammad was one of them. The attending CTC doctor, together with nurse Somaia, noticed his loose skin, a symptom of life-threatening dehydration. Hammad immediately received several cannula, thin tubes for administering medicine or fluids, in his arms and legs. Nurse Somaia then gave him fluids and antibiotics to stem the disease. After four days, Hammad started feeling better.

The day after Hammad was discharged from the CTC, other members of the CTC team, with support from WHO, visited him at home to see how he was doing. The team also provided information on how to prevent future infections, and Hammad’s home was disinfected thoroughly.

Hammad in the meantime has a new lease on life. He says that when the CTC staff allowed him to go home, his relatives cried because they had not expected him to survive. “The angel of death was pulling on my soul”, Hammad says, as he beams a smile at the nurse that saved his life, “but thankfully, Somaia pulled harder.”

Allocation	\$25 million May 2017 - Rapid Response
Emergency type	Conflict-related and internal strife
Beneficiary type	IDPs, Host population
Implementing organizations	UNDP, UNICEF, WFP, WHO
	5 national/local NGOs
	9 international NGOs
	1 Government entity

Overview of the humanitarian situation

In March 2017, the sudden intensification of conflict in Yemen, especially on the western coast, further worsened the already severe humanitarian situation. Large numbers of people in need were cut off from public services and humanitarian assistance. According to the Integrated Food Security Phase Classification (IPC) for the period March to July 2017, 10.2 million people in Yemen were in IPC phase 3 (crisis) and 6.8 million people were in IPC phase 4 (emergency). In May 2017, the Food Security and Nutrition clusters issued an alert warning that the food security and nutrition situation would deteriorate further in many areas across western Yemen. Urgent humanitarian interventions were needed to prevent IPC phase 4 areas slipping into famine (IPC phase 5) and to avert a severe deterioration in food consumption, malnutrition and mortality.

The deteriorating food security situation was coupled with general worsening of the humanitarian conditions in Yemen. All parties to the conflict repeatedly violated their obligations under international humanitarian law. Increasing and continuous import restrictions for food, fuel and medicines led to bottlenecks which further aggravated the humanitarian needs. A disaster needs assessment estimated that infrastructure losses amounted to \$19 billion. In May 2017, some 45 per cent of the country's health facilities were not functioning and 10.4 million people lacked access to health services, clean water and sanitation. As a result, a cholera outbreak was spreading, requiring the further scale up of essential medical services.

CERF-funded assistance provided

In view of the critical deterioration of the humanitarian situation, CERF allocated **\$25 million** from its Rapid Response window to expand the provision of life-saving food, health and nutrition assistance to the most vulnerable people and to bolster logistics and security services. This funding enabled UN agencies and partners to provide: food to **1,329,525 people**; nutrition services to **352,222 people**; treatment for severe acute malnutrition to **64,113 children under age 5**; micro-nutrient supplementation to **140,000 children under age 2** and **121,109 pregnant and lactating women**; access to health care to **212,900 people**; health kits benefiting **13,289 women and girls**; treatment to **9,000 cholera cases**; training to **378 health workers**; and strengthened logistics and security services enabling humanitarian operations across the county.

CERF's strategic added value

CERF funding played a key role in scaling up the response and enabling the fast delivery of assistance to people in need, allowing humanitarian organizations to respond to time-critical needs. Given the critically low funding levels to the 2017 Yemen Humanitarian Response Plan and rising humanitarian needs, agencies would not have been able to respond to the looming risk of famine without CERF funds. Moreover, the CERF allocation led to a prioritized, coordinated response, which helped mobilize additional funding for the continuation of these interventions. The collaborative approach required by the CERF application manifested itself further during implementation, resulting for example in a common referral mechanism for severe malnutrition cases by UNICEF, WFP and WHO.

Allocation	\$0.6 million August 2017 - Rapid Response
Emergency type	Natural Disaster - Cholera
Implementing organizations	WFP

Overview of the humanitarian situation

In 2017, the ever-increasing humanitarian needs of the population affected by conflict in Yemen further augmented due to a massive cholera epidemic. In May 2017, a state of emergency was officially declared, with 90 per cent of Yemen's districts affected, over 1 million suspected cases and nearly 2,200 deaths. The disease spread rapidly in a context in which less than 45 per cent of all health facilities were fully functional, two-thirds of people lacked access to safe drinking water and sanitation, and malnutrition was widespread. Urgently needed medicines could not reach affected people due to restricted access to the country, gaps in the humanitarian supply chain, and insufficient temporary storage capacity.

CERF-funded assistance provided

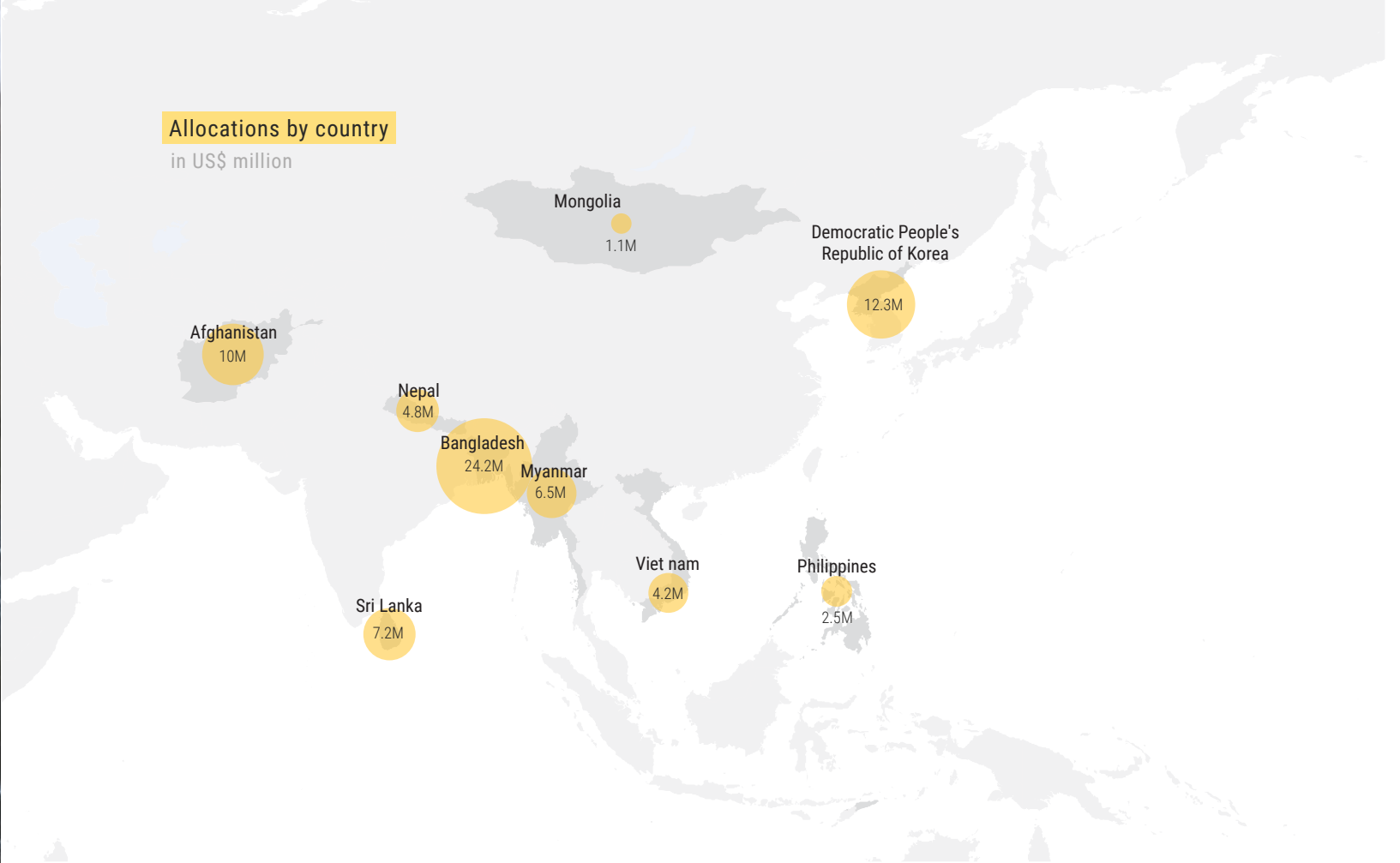
In response, CERF allocated **\$600,000** from its Rapid Response window to ensure the unimpeded transportation of humanitarian relief items into Yemen and their distribution to affected people. This funding enabled WFP to transport more than 152 tons of health, water, sanitation and hygiene equipment and supplies from Djibouti to accessible airports in Yemen and provide coordination and information management services.

CERF's strategic added value

CERF funding allowed crucial cargo to reach affected people in a fast and efficient manner and helped humanitarian organizations respond to time-critical needs by supporting the delivery of cholera response supplies when they were urgently needed. CERF covered the project requirements for the initial two months, which provided enough time to mobilize additional resources from other sources for the continuation of project activities.



Asia



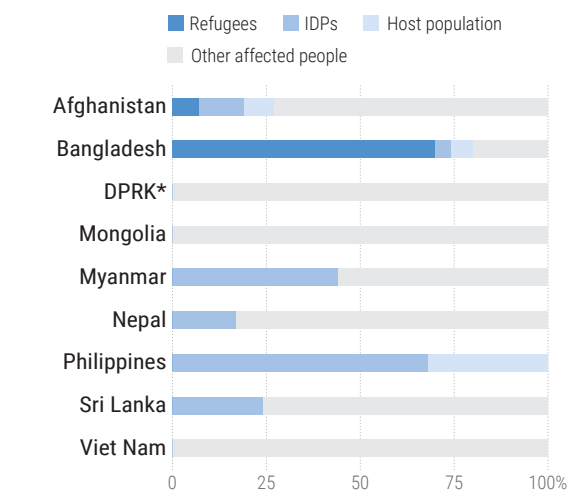
People reached by sector

	Agriculture	Camp Mana- gement	Early Recovery	Education	Food Assistance	Health	Multi- sector	Multi- sector Refugee Assistance	Nutrition	Protection	Shelter and NFI	Water and Sanitation
Afghanistan	158,701				24,067	17,500				18,161	61,936	50,796
Bangladesh					371,782	428,699		42,280		352,314	290,020	478,007
DPRK*	191,102					2,148,219			478,399			1,328,237
Mongolia	14,567											
Myanmar				29,990	49,182	25,347	27,509			9,338	18,084	28,794
Nepal	37,127		125,794		63,920	376,300			712,000	179,095	57,468	163,712
Philippines		86,895				45,000				55,464		118,773
Sri Lanka	121,260				44,548	77,561					67,588	294,865
Viet Nam	28,043										54,917	99,780
Total	550,800	86,895	125,794	29,990	553,499	3,118,626	27,509	42,280	1,190,399	614,372	550,013	2,562,964

*DPRK - Democratic People's Republic of Korea

A Rohingya boy shelters under a makeshift tent at Kutupalong camp in Cox's Bazar, Bangladesh.
© UNHCR/ Paula Bronstein

Profile of people reached



*DPRK - Democratic People's Republic of Korea


In 2017, CERF allocated **\$72.8 million** to provide life-saving humanitarian assistance to victims of natural disasters and conflicts in Asia.

Of that amount, **\$31 million** was allocated to enable rapid responses to natural disasters. These included extreme temperatures and resulting food insecurity in the Democratic People's Republic of Korea, Mongolia and Sri Lanka; devastating cyclones and typhoons in Bangladesh, Myanmar and Viet Nam; and extreme rains resulting in flooding and landslides in Bangladesh, Nepal and Sri Lanka.

CERF also allocated **\$16 million** from its window for underfunded emergencies to ensure the uninterrupted provision of humanitarian assistance in response to the impacts of extreme weather and a large influx of returnees in Afghanistan, and in response to deepening food insecurity and malnutrition in the Democratic People's Republic of Korea.

In addition, CERF funding of close to **\$25.8 million** enabled the provision of life-saving assistance and protection to people displaced by conflict and violence, namely to Rohingya refugees in Bangladesh, internally displaced people fleeing violence in Rakhine State in Myanmar, and people displaced by armed conflict in the southern Philippines.

AFGHANISTAN

Allocation	\$10 million	
October 2017 - Underfunded Emergencies		
Emergency type	Conflict-related and internal strife	
Beneficiary type	Refugees, IDPs, Host population, Other affected people	
Implementing organizations	FAO, IOM, UNHCR, UNICEF, WFP, WHO	
	9 national/local NGOs	
	9 international NGOs	

Overview of the humanitarian situation

During the 2016/2017 winter season, extreme weather conditions including heavy snowfall, avalanches, and rain-related disasters affected 33 out of Afghanistan's 34 provinces, causing 194 deaths. Moreover, 21 of the provinces affected by the most extreme and lasting winter temperatures also hosted large populations of internally displaced people (IDPs) and recent returnees. In the Eastern Region, approximately 13 per cent of the population was severely food insecure and 49 per cent moderately food insecure. The situation was particularly acute in informal settlements of Nangarhar Province, where 68 per cent of IDPs were severely food insecure. Out of 9.3 million people in need throughout Afghanistan in 2017, 5.7 million people were targeted to receive humanitarian assistance. With only 32 per cent of the overall Humanitarian Response Plan requirements covered as of September 2017, no sector had received sufficient funding to meet the planned targets.

Furthermore, between February and August 2017, more than 225,000 undocumented Afghan returnees arrived back in Afghanistan from Iran, citing arbitrary arrests and detention, attacks, looting, police harassment and fear of deportation as reasons for their return. By August 2017, the rate of return had increased to 1,500 crossings daily, overstressing existing services at the Milak border crossing and the IOM transit centre. As a result of insufficient resources to cope with the influx, only 3 to 4 per cent of undocumented returnees arriving from Iran were receiving immediate assistance, leaving them extremely vulnerable to the effects of the harsh winter.

CERF-funded assistance provided

CERF provided **\$10 million** to Afghanistan from its Underfunded Emergencies window to sustain the implementation of life-saving operations. This funding enabled UN agencies and partners to provide: post-arrival humanitarian assistance to **715,403 undocumented Afghan returnees**; agricultural inputs to **15,000 families** and livestock to **5,000 families**; winterization assistance through cash to **8,848 IDP, returnee and host community families**; safe drinking water to **17,879 people** through the installation of 135 dug wells; child friendly spaces, psychological support and recreational services to **13,061 returnee children**; and vaccinations to **5,000 people**.

CERF's strategic added value

CERF funds enabled fast delivery of assistance to people in need and helped agencies respond to time-critical needs. For example, FAO was able to provide seeds in time for the autumn cultivation season and UNHCR delivered winterization assistance prior to the onset of winter. The response initiated with CERF funds helped agencies to partially improve resource mobilization from other sources. UNHCR was able to raise additional funding required for the winterization response. The implementation of the CERF allocation improved coordination, for example by enabling IOM to coordinate more actively with OCHA, the Resident Coordinator/ Humanitarian Coordinator and the cluster system to ensure a multisectoral response.

BANGLADESH

Allocation	\$1.7 million May 2017 - Rapid Response
Emergency type	Natural Disaster - Storm
Beneficiary type	Refugees, Host population
Implementing organizations	IOM, UNFPA, UNHCR, UNICEF, WFP
	8 national/local NGOs
	1 international NGO
	2 Government entities
	1 Red Cross/Red Crescent society

Overview of the humanitarian situation

Tropical Cyclone Mora struck the Chittagong Division in Bangladesh on 30 May 2017, directly affecting more than three million people, including 335,000 highly vulnerable people living in Cox’s Bazar, where the majority of Rohingya refugees are hosted. The cyclone displaced 200,000 people and caused severe damage to livestock, crops and shrimp hatcheries. Three quarters of the existing structures in makeshift settlements, registered refugee camps and host communities in Cox’s Bazar suffered extensive damage, and 62,630 host community members and 45,282 people from the makeshift settlements lost access to water, sanitation and hygiene services. The cyclone also significantly hampered access to life-saving primary and reproductive health care services, further widening the gap in girls’ and women’s access to reproductive health care as well as increasing the risk of gender-based violence and exploitation.


CERF-funded assistance provided

In response, CERF allocated **\$1.7 million** from its Rapid Response window for the immediate provision of life-saving assistance. This funding enabled UN agencies and partners to provide: protection from violence, abuse and exploitation to **16,000 children**; gender-sensitive protection to **3,500 women and girls**; sexual and reproductive health services to **70,000 people**; access to water and sanitation services for **90,000 people**; and emergency food distribution, shelter interventions and urgent repairs of health and nutrition facilities.

CERF’s strategic added value

CERF funding enabled the fast delivery of assistance and helped humanitarian organizations respond to the time-critical needs of highly vulnerable people. CERF funds helped mobilize additional resources and helped improve coordination amongst the humanitarian community at central and local levels in conjunction with a more predictable coordination platform set up for the response. In particular, cluster and inter-cluster coordination was enhanced to ensure the complementarity of interventions between sectors, such as shelter and water, sanitation and hygiene.

BANGLADESH

Allocation	\$1 million June 2017 - Rapid Response	
Emergency type	Natural Disaster - Flood	
Beneficiary type	Non-displaced affected people	
Implementing organizations	UNDP, UNFPA, UNICEF	
	1 international NGOs	
	3 Government entities	

Overview of the humanitarian situation

The deadliest landslides in the history of Bangladesh occurred in the Chittagong Division in mid-June 2017, affecting some 80,000 people. Just a few weeks after Cyclone Mora, torrential monsoon rains caused considerable damage across the division, triggering landslides and causing further significant damage to roads and communication infrastructure. Search and rescue teams faced challenging monsoon conditions, and several remote communities were rendered inaccessible by road. Approximately 5,000 homes vanished because of the landslides and further 6,000 were severely damaged. Consequently, some 66,000 people were forced to live in unprotected and overcrowded emergency shelters or in the open with very limited access to clean water, nutrition and health services. Moreover, women and girls were exposed to increased risk of gender-based violence and had very little access to sexual and reproductive health services.

CERF-funded assistance provided

CERF immediately allocated **\$1 million** from its Rapid Response window to ensure timely provision of life-saving assistance. This funding enabled UN agencies and partners to provide: emergency disinfection and rehabilitation of drinking water sources benefiting **15,000 people**; emergency shelter assistance to **3,062 families**; dignity kits to **6,500 women and girls**; and emergency latrines benefiting **15,000 people**.

CERF’s strategic added value

CERF funding facilitated the rapid delivery of assistance and helped humanitarian organizations respond to urgent needs. The implementation of the CERF allocation helped improve coordination amongst the humanitarian community at both central and local levels and helped agencies to mobilize additional resources for the response.

BANGLADESH

Allocation	\$2.4 million	
August 2017 - Rapid Response		
Emergency type	Natural Disaster - Flood	
Beneficiary type	IDPs, Other affected people	
Implementing organizations	UNDP, UNFPA, UNICEF, WFP	
9 national/local NGOs		
1 international NGO		
1 Government entity		

Overview of the humanitarian situation

In August 2017, heavy monsoon rains caused intense flooding across more than one-third of Bangladesh, affecting about 6.9 million people and displacing 197,416 people. The floods destroyed 77,272 houses and damaged 524,375 homes, and caused extensive damage to roads and infrastructure. About 4,000 schools, colleges and madrasas in northern and north-eastern districts of the country were damaged and more than 1,000 education institutions closed either due to flooding or because they were converted into emergency shelters for displaced people. Floods caused significant damage to household food stocks, resulting in food insecurity and a deterioration of the nutrition status of affected families. Moreover, the contamination of water sources created a high risk of infectious and water-borne disease outbreaks.

CERF-funded assistance provided

In response, CERF allocated **\$2.4 million** from its Rapid Response window to ensure delivery of immediate life-saving assistance. This funding enabled UN agencies and partners to provide: emergency shelter support to **40,000 people**; sexual and reproductive health services and gender-based violence counselling to **19,378 women and girls**; protection services to **22,178 children**; education kits to **10,400 children**; food and food security cash assistance; as well as water, sanitation and hygiene services.

CERF’s strategic added value

CERF funding enabled a rapid and coordinated response to the time-critical needs of people affected by the devastating floods. In addition, CERF funding served as a foundation for agencies to mobilize additional resources and was instrumental in ensuring that the impact of the monsoon floods was not neglected when the Rohingya refugee crisis started in August 2017 and rapidly took over international attention.

BANGLADESH

Allocation	\$7 million
August 2017- Rapid Response	
Emergency type	Conflict-related and internal strife
Beneficiary type	Refugees, Host population
Implementing organizations	IOM, UNFPA, UNHCR, UNICEF, WFP
8 national/local NGOs	
6 international NGOs	
5 Government entities	
1 Red Cross/Red Crescent society	

Overview of the humanitarian situation

The outbreak of violence in northern Rakhine state of Myanmar in August 2017 resulted in a sudden mass displacement of Rohingya people. By 10 September 2017, around 294,000 Rohingya refugees had crossed the border to Bangladesh and sought safety in the district of Cox’s Bazar. Most of the new arrivals settled in registered camps or existing makeshift settlements and others joined host communities or settled in spontaneous camp sites. Newly arriving refugees were in dire need of life-saving assistance, but the camps were overcrowded and available services overstretched. The influx put tremendous pressure on the existing makeshift settlements and refugee camps and overwhelmed humanitarian capacities on the ground. As a result, there was a sudden and marked deterioration of the humanitarian situation, including an alarming level of malnutrition, high levels of psycho-social stress, inadequate access to safe drinking water, poor sanitation and hygiene practices and lack of shelter capacity. Women and girls’ vulnerability to sexual and gender-based violence increased dramatically due to heightened levels of stress, restricted mobility and privacy, and weakened protection.

CERF-funded assistance provided

In view of the emergency, CERF allocated **\$7 million** from its Rapid Response window to ensure the immediate provision of key life-saving assistance to Rohingya refugees and the communities hosting them. This funding enabled UN agencies and partners to provide: protective services to **11,982 children and**

adolescents; shelter kits to **8,500 families**; relief items to **15,500 families**; primary health care services to **35,610 people**; access to safe drinking water and water storage facilities to **75,900 people**; access to sanitary facilities to **36,500 people**; hygiene kits to **7,300 people**; hygiene messages to **28,630 people**; food to **57,226 people**; nutritional screening of **11,500 children**; nutritional treatment to **400 severely malnourished children**; counselling on emergency infant and young child feeding and micronutrient supplementation to **4,300 women**; micronutrient supplementation to **1,950 children**; deworming to **7,000 children**; micronutrient supplementation and deworming to **4,351 adolescent girls**; delivery kits to **2,500 pregnant women**; skilled birth attendance to **21,775 women**; sexual and reproductive health services to **18,481 women**; dignity kits to **10,000 women and girls**; and access to safe spaces to **13,497 women and girls**.

CERF’s strategic added value

CERF funds helped respond to time-critical needs at the onset of the massive refugee influx by enabling humanitarian organizations to rapidly scale up humanitarian operations. This led to a fast delivery of assistance to people in need. The CERF allocation also contributed to strengthening coordination at central and district levels by ensuring the complementarity of interventions and encouraging UN agencies and partners to work in a transparent and coordinated manner through a multisectoral approach. Moreover, the CERF funds supported resource mobilization from other sources as agencies were able to demonstrate unity and collective results to donors.



A Rohingya boy carries an older relative up a muddy path at the Kutupalong extension site in Bangladesh. © UNHCR/ Paula Bronstein

Bangladesh: Rohingya refugees and locals help newcomers in need

Nasima Khatum became a refugee in 1992, at the age of 10. Now a mother, she cooks up large pots of rice over a wood fire to feed famished fellow Rohingya refugees fleeing an outbreak of violence that erupted in Myanmar in late August 2017.

Aided by five other women volunteers, she bags up the steaming rice to feed 400–500 of the neediest children, women and men, stumbling into the area in their thousands under driving monsoon rains.

“We don’t have money, we can give time and labour,” she says. “We came two decades before, we couldn’t just stay home, we had to do something for these new people.”

Nasima is part of a large refugee volunteer force, supplemented by Bangladeshi citizens, who have mobilized throughout two official camps in south-east Bangladesh. Working closely with local residents and UNHCR, they draw on years of experience and local knowledge to help respond to the largest refugee emergency the region has seen. “They are the pillar of every activity that we do, and they have been doing this from the very first day, using their own savings,” says Istiaque Ahmed, an Assistant Protection Officer with UNHCR at Kutupalong refugee camp, which was set up in 1992 — the year Nasima arrived. With the help of CERF funding, UNHCR provided immediate support to community-based efforts to further relieve the pressure on host communities and refugees.

“They were collecting food and rice from door to door, then cooking in the communal kitchens, even before the donor community reacted,” he said.

New arrivals are often rain-soaked, footsore, exhausted and weakened after trekking for a week or more across rough terrain, swollen creeks and jungle. Getting aid to the most vulnerable is a life-and-death race against time for the volunteers.

“We target those people who are most in need — like pregnant women who have lost their husbands, elderly people and separated children,” said Mohamed Hassan, who reached Bangladesh as a child in 1991 and grew up in the camp.

Drawing on his knowledge of its maze of alleyways, he finds those on the verge of collapse at schools repurposed as emergency shelters, community centres or on the wayside. They get coupons for a nutritious free meal — typically rice, pumpkins, green plantains or lentils — which can be a life-saver.

“We’ve lived through this ourselves, so we know what it’s like when you don’t eat even once a day,” added Mohamed, a volunteer with the men’s support group, one of several volunteer committees at Kutupalong and its sister refugee camp, Nayapara. “We are doing everything we can to help them.”



Private donations — ranging from mosquito nets, T-shirts, buckets, cooking pots and candles, to rice, lentils, vegetable oil and potatoes — are received by the manager in charge of the camp. Among camp volunteers making sure they reach those who need them most is Nur Kamal. His methodology is simple.

“Yesterday we went to the furthest part where the new refugees are arriving, which no one had reached earlier. We started giving out the donations there, walking back toward the main camp,” explained Nur, 35.

Of all the people he and his team of 30 men and women volunteers have helped, he recalls the reaction of one, an old man without a family. “He had been here for several days without any assistance ... The moment we gave him the food and other items, he grabbed hold of me, blessed me and wept. He said: ‘You are the first one who came here to help me.’”

Rohingya women serve hot meals at a community feeding centre at Kutupalong camp in Cox’s Bazar, Bangladesh, where longstanding refugee volunteers support the new arrivals. © UNHCR/ Paula Bronstein

BANGLADESH

Allocation	\$12 million September 2017 - Rapid Response
Emergency type	Conflict-related and internal strife
Beneficiary type	Refugees, Host population
Implementing organizations	IOM, UNFPA, UNHCR, UNICEF, WFP, WHO 11 national/local NGOs 7 international NGOs 2 Government entities

Overview of the humanitarian situation

By 5 October 2017, the number of Rohingya refugees who had arrived in Bangladesh from Myanmar since the crisis began in August 2017 reached around 515,000 people. Assessments indicated a further severe deterioration of the humanitarian situation, as newly arriving refugees established new settlements and put pressure on the already strained facilities in existing makeshift settlements. The majority of newly arrived refugees had limited or no access to water and sanitation facilities or shelter. Many were in urgent need of medical services, including antenatal and obstetric care and clinical treatment for survivors of rape. Malnutrition rates were extremely high, and up to 90 per cent of new arrivals reported eating just one meal a day. In Balukhali refugee camp the global acute malnutrition, stunting and underweight rates all exceeded WHO emergency nutritional thresholds, and 32 per cent of households reported borderline food consumption. The host community of Cox’s Bazar also experienced severe challenges accessing sufficient food, and 57 per cent of the population was food insecure. In addition, many refugee households were highly vulnerable to protection risks. Most refugees lacked identity documentation and legal status, which impeded their access to justice, legal work opportunities, accredited education and other public services. Around 19 per cent of households were headed by women, 11 per cent headed by elderly people, and 5 per cent headed by children. Gender-based violence was prevalent, and many women were also survivors of rape in Myanmar. Growing numbers of separated and unaccompanied children were reported and the vast majority of newly arrived children had no access to education.

CERF-funded assistance provided

In October 2017, CERF provided another grant for **\$12 million** from its Rapid Response window for the provision of life-saving interventions. This funding enabled UN agencies and partners to provide: food to **95,194 people**; access to primary health services to **195,855 people**; shelter kits to **110,130 people**; safe drinking water to **62,000 people**; access to sanitation facilities to **172,250 people**; hygiene messages to **248,781 people**; hygiene kits to **10,640 people**; attendance in child delivery to **23,048 women**; sexual and reproductive health services to **20,860 people**; dignity kits to **10,000 women**; women friendly spaces and outreach interventions to **28,571 women and girls**; legal counseling and assistance to **2,093 people**; and identification and protection of **5,575 separated and at-risk children**.

CERF’s strategic added value

The additional CERF funds helped to further scale up humanitarian operations and led to a fast delivery of assistance to people in need, enabling organizations to respond to time-critical needs as the massive refugee influx continued. The CERF allocation contributed to strengthening coordination at central and district levels as organizations worked to ensure the complementarity of interventions. The CERF process also supported UN agencies and partners to work in a transparent and coordinated manner through a multisectoral approach. Moreover, the CERF funds enabled agencies to mobilize resources from other sources as they were able to demonstrate unity and collective results to donors.

DEMOCRATIC PEOPLE’S REPUBLIC OF KOREA

Allocation	\$6 million March 2017 - Underfunded Emergencies
Emergency type	Other
Beneficiary type	Non-displaced affected people
Implementing organizations	FAO, UNFPA, UNICEF, WFP, WHO

Overview of the humanitarian situation

The Democratic People’s Republic of Korea (DPRK) continued to suffer a chronic, largely overlooked and greatly underfunded crisis in 2017. Amidst political tensions, about 10.3 million people across DPRK – 41 per cent of the population – continued to suffer from food insecurity and undernutrition, as well as lack access to basic services. The nutrition situation was exacerbated by a lack of food diversity and compounded by insufficient food production, which are the major underlying factors of excess maternal and child mortality. The situation was particularly grave in the northernmost provinces, where the rates of chronic malnutrition were estimated between 33 and 39 per cent before the devastating floods which hit the area in September 2016. Major floods have impacted the country every year since 2010 and in addition, droughts have become increasingly common over the past decade, destabilizing the prospects of the country’s agricultural production and food security in the long term. Despite widespread critical humanitarian needs at the beginning of 2017, the 2016 DPRK Needs and Priorities document was under 27 per cent funded.

CERF-funded assistance provided

In view of critical funding shortfalls and severe humanitarian needs, CERF allocated **\$6 million** to DPRK from its Underfunded Emergencies window in March 2017 to reduce maternal, neonatal and under-five child mortality and morbidity. This funding enabled

UN agencies and partners to provide: fortified cereals and fortified biscuits to **160,872 children under age 5**; fortified cereals to **56,959 pregnant and lactating women**; nutritional treatment to **15,000 severely malnourished children**; counselling sessions and key messages on infant and young child feeding practices to **15,000 pregnant and lactating women**; training to **359 health workers** on infant and young child feeding practices; access to health services to **308,875 people**; medicines and medical supplies to **379,107 children, infants and pregnant women**; emergency obstetric supplies to **132,000 women**; and agricultural inputs to **162,656 people**.

CERF’s strategic added value

CERF funds led to fast delivery of assistance as several agencies were able to go ahead using their existing stock in the knowledge that CERF funding was forthcoming and would replenish their stocks. For some agencies CERF was the only donor in 2017. In general, CERF funds helped to respond to time-critical needs. However, agencies emphasized that due to the overall underfunded situation in the country, CERF funding could not respond to all time-critical needs. While resource mobilization remained a challenge, CERF funds did help to mobilize agency-internal funds and influenced donors by bringing additional attention to the humanitarian situation in DPRK. Coordination was also improved thanks to CERF, mostly at the assessment and proposal phase.

DEMOCRATIC PEOPLE’S REPUBLIC OF KOREA

Allocation	\$6.4 million
	August 2017 - Rapid Response
Emergency type	Natural Disaster - Drought
Beneficiary type	Non-displaced affected people
Implementing organizations	FAO, UNFPA, UNICEF, WFP, WHO

Overview of the humanitarian situation

The protracted humanitarian situation in the Democratic People’s Republic of Korea (DPRK) in the first half of 2017 was further exacerbated by a period of severe drought, which led to the declaration of national emergency in June 2017. An estimated 18 million people continued to suffer from a lack of access to basic services as well as from food insecurity and undernutrition. The lives of 782,000 children under age 5 and 313,629 pregnant and lactating women were particularly at risk. According to a joint assessment by UN agencies, 11 million people were directly affected by the drought. This led to a critical increase in malnutrition cases of children under age 5. The availability of clean water for drinking and hygiene was severely compromised. Hospitals and health clinics reported an increase in patients presenting diarrheal illnesses. Moreover, the drought decimated water reservoirs, wilted crops and dried rice paddy fields in five affected provinces: North and South Hwanghae, North and South Pyongan, and Nampo City. As of 23 June 2017, a total of 50,018 hectares of rice and maize fields were affected. Consequently, the average cereal ration of the Public Distribution System was reduced from 400 grams in June to 300 grams in July 2017. This was well under the target 573 grams and could provide a mere 30 per cent to 40 per cent of daily energy requirement.

CERF-funded assistance provided

In response, CERF allocated **\$6.4 million** from its Rapid Response window for life-saving humanitarian interventions to be delivered based on the needs identified by the inter-agency assessment and support requested by

the Government. This funding enabled the UN agencies and partners to establish a high quality running water supply in 20 targeted hospitals reaching **1,328,237 people**, and to provide: food assistance to **186,568 children and pregnant and lactating women**; fortified cereals and fortified biscuits to **140,104 children under age 5**; fortified blended foods to **46,464 pregnant and lactating women**; therapeutic nutrition services to **44,000 children under age 5**; top-priority reproductive health services to **10,600 pregnant women**; equipment and basic essential medicines to **1,328,237 people** in need; Oral Rehydration Salts and essential medicines for the management of pneumonia and diarrhea to **265,857 people**; access to health care services to **265,857 children under age 5 and pregnant and lactating women**; and irrigation and water-saving agricultural technologies to **28,446 people**.

CERF’s strategic added value

CERF led to fast delivery of assistance and helped respond to time-critical needs of the drought-affected population, with the quick transfer of CERF funds being crucial for immediate procurement of top-priority supplies. CERF funding led to the mobilization of additional agency-internal funds and helped agencies in negotiating the government funding for transportation and supplies. CERF funding did not lead to leveraging funding from other potential donors, given the geopolitical scenario in the Korean peninsula. CERF was, however, a very effective channel for coordination amongst the humanitarian community as it provided a forum to discuss progress and challenges and enhanced programme effectiveness by preventing duplications.

MONGOLIA

Allocation	\$1.1 million	
	January 2017 - Rapid Response	
Emergency type	Natural Disaster - Extreme temperature	
Beneficiary type	Non-displaced affected people	
Implementing organizations	FAO, UNDP	
	4 international NGOs	
	16 Government entities	

Overview of the humanitarian situation

Mongolia experienced an intense *dzud* in 2015-2016 which was followed by a harsh summer drought in 2016 and severe winter weather in early 2017. *Dzud* is a cyclical slow-onset disaster unique to Mongolia, where a summer drought is followed by a severe winter with temperatures between -40 and -50 degrees Celsius, and a dry spring, during which the shortage of pasture and water leads to large-scale livestock loss. *Dzud* events heavily impact Mongolian herders for whom animals are often the only source of food, transport, heating materials and purchasing power. The Government estimated that 37,000 herder households were directly affected in 2017, of which 8,000 were left in critical need of humanitarian assistance. In addition, an outbreak of a deadly infectious animal disease towards the end of 2016 resulted in quarantine restrictions limiting the migration of herds in many northern locations of the country. With the prolonged exposure to disasters and diseases, the assets of many herder households were exhausted, putting their lives at severe risk.

CERF-funded assistance provided

CERF allocated **\$1.1 million** from its Rapid Response window to ensure the delivery of life-saving assistance to the most vulnerable herder families. The funding enabled UN agencies and partners to provide multipurpose cash assistance to **3,500 families** covering their needs for food, warm clothes, medicines, firewood, fuel and other products needed to survive the harsh winter. The funding also enabled the provision of emergency animal feed and animal care kits to **4,000 families**. In total, CERF-funded assistance reached **14,567 people**, of whom 617 were pregnant and lactating women and 1,789 were children under age 5.

CERF’s strategic added value

CERF funds led to a fast delivery of assistance to affected people and helped respond to time-critical needs. The CERF allocation significantly improved humanitarian coordination by setting a clear basis for targeting, eliminating duplication of services and engaging a broad range of governmental and non-governmental organizations. In addition, the CERF allocation improved resource mobilization from other sources by enhancing the visibility of the crisis, which increased the number of households reached.

MYANMAR

Allocation	\$4.4 million January 2017 - Rapid Response
Emergency type	Conflict-related and internal strife
Beneficiary type	IDPs, Other affected people
Implementing organizations	FAO, OHCHR, UNFPA, UNHCR, WFP, WHO 2 national/local NGOs 2 international NGOs 2 Government entities

Overview of the humanitarian situation

In October 2016 the Myanmar security forces initiated security clearance operations in the northern part of Rakhine State, following attacks on 9 October by armed individuals on three border police posts. An estimated 137,000 people were severely affected, including 87,000 people who fled to Bangladesh and 20,000 people who were internally displaced. Affected people also included communities who were not displaced but who were affected by the demolition of more than 1,000 houses in the Buthidaung, Maungdaw, and Rathedaung townships. In addition to the houses destroyed in October and November, 2,000 buildings were identified as illegal and marked for demolition. By January 2017, another 1,000 buildings (mostly individual houses belonging to Rohingya people) were reportedly demolished rendering an unknown number of families homeless. At the onset of the crisis, Government-imposed restrictions on humanitarian actors made it impossible to deliver humanitarian assistance or to conduct assessments. In January 2017, limited access to affected areas was granted to national staff, which allowed for resumption of some humanitarian activities, and in April 2017 access for international staff was granted, although accompanied by heightened administrative barriers. Priority needs included the protection of civilians from violence and abuse, gender-based violence (GBV) response, emergency food support, provision of core relief items, and provision of access to health care, water and sanitation services.


CERF-funded assistance provided

As humanitarian access became possible, CERF provided **\$4.4 million** from its Rapid Response window to jump-start life-saving humanitarian action in the northern part of Rakhine State. This funding enabled UN agencies and partners to provide: food to **27,262 people**; agricultural inputs and training to **3,632 people**; access to health care to **24,645 people**; polio vaccinations to **822 children**; relief items to **4,734 families**; protection services to **27,509 people**; mental health and psychosocial support to **3,088 survivors of GBV**; awareness-raising sessions on GBV to **191 people**; and dignity kits to **5,000 women and girls**.

CERF’s strategic added value

CERF funding led to fast delivery of assistance to people in need as it enabled UN agencies to rapidly expand the provision of life-saving assistance. CERF funds also enabled agencies to respond to time-critical needs. For instance, FAO was able to provide agricultural inputs before the monsoon planting season, which allowed people reached to resume their agricultural production. Moreover, CERF funding facilitated additional resource mobilization and brought multiple partners together to jointly plan and implement a coherent humanitarian response.

MYANMAR

Allocation	\$2.2 million June 2017 - Rapid Response	
Emergency type	Natural Disaster - Storm	
Beneficiary type	IDPs, Other affected people	
Implementing organizations	UNFPA, UNHCR, UNICEF 2 international NGOs	

Overview of the humanitarian situation

Cyclone Mora hit Myanmar’s Rakhine State on 30 May 2017. Strong winds and heavy rains caused serious damage, particularly in the northern part of the state and in displacement sites in Sittwe township. Assessments conducted by the Government of Myanmar, with support from the Myanmar Red Cross Society, the UN and NGOs, determined that 190,000 people were affected by the cyclone which caused major damage to shelter, water, sanitation and hygiene facilities and temporary learning spaces in displacement sites. The monsoon season further increased the risk of outbreaks of vector- and water-borne diseases and raised protection concerns, particularly for children, women and adolescent girls. Joint assessments conducted in the most affected areas identified the priority needs of approximately 29,800 people for education, health, shelter, and water, sanitation and hygiene, requiring an immediate humanitarian response.


CERF-funded assistance provided

In response, CERF allocated **\$2.2 million** to Myanmar from its Rapid Response window to enable the provision of life-saving assistance to people affected by the cyclone. This funding enabled UN agencies and partners to provide: relief items to **18,084 people**; access to safe water to **18,626 people**; access to safe sanitation facilities to **28,794 people**; key hygiene information including on disease transmission and prevention to **28,705 people**; hygiene kits to **13,304 people**; access to repaired education facilities to **29,990 children**; school-in-a-box kits to **14,000 children**; essential learning materials to **29,990 children**; and dignity kits to **6,250 women and girls**.

CERF’s strategic added value

CERF partially led to the fast delivery of assistance to people in need due to its quick approval and disbursement of funds, which helped partners to expand on the already initiated response to cyclone-affected people. However, extensive support to some of the originally targeted communities in Rakhine state was not possible due to subsequent violence and blocked humanitarian access. The CERF allocation helped agencies respond to time-critical needs, for example enabling UNHCR to distribute blankets, kitchen sets and shelter materials to re-establish the physical safety of affected people. Thanks to CERF funds, hygiene supplies and child protection kits reached people in Maungdaw district just before humanitarian access was blocked again. The CERF allocation also partially strengthened coordination and improved resource mobilization from other sources by raising the visibility of the crisis.

NEPAL

Allocation	\$4.8 million	
August 2017 - Rapid Response		
Emergency type	Natural Disaster - Flood	
Beneficiary type	IDPs, Other affected people	
Implementing organizations	FAO, IOM, UNDP, UNFPA, UNICEF, WFP	
	35 national/local NGOs	
	4 international NGOs	
	5 Government entities	
	3 Red Cross/Red Crescent societies	

Overview of the humanitarian situation

In mid-August 2017 Nepal experienced sustained heavy rainfall resulting in large-scale floods across 35 of the country's 75 districts. The floods had devastating impacts on lives, livelihoods and infrastructure. According to the initial rapid assessment, 1.7 million people were affected, the majority in ten districts of the Terai region. Nearly 140 people were killed, and 460,000 people were displaced. Approximately 40,000 houses were destroyed and a further 152,000 were damaged. The global acute malnutrition in 18 assessed districts rose to nearly 24 per cent, surpassing the WHO critical threshold of 15 per cent, and 778,000 people required assistance to meet basic food needs. The initial response by the Government of Nepal was timely and effective. In total, the Government mobilized 27,000 security personnel and civil servants to support relief efforts. Among other assistance, the Nepalese army conducted more than 100 helicopter sorties to rescue stranded and injured people and deliver aid. However, despite the relief efforts, there were major gaps in the emergency response and the Ministry of Home Affairs requested that the Humanitarian Country Team (HCT) activate its preparedness plans for monsoon flooding. On 25 August, the HCT launched the Joint Response Plan requiring \$41 million to support national efforts in assisting 1.7 million affected people.

CERF-funded assistance provided

In response, CERF allocated **\$4.8 million** from its Rapid Response window to ensure the immediate commencement of top-priority life-saving projects included in the

response plan. This funding enabled UN agencies and partners to provide: access to safe water to **127,395 people**; access to sanitation facilities to **30,368 people**; sanitation and hygiene materials and information to **163,713 people**; emergency shelter support to **57,468 people**; cash-based assistance enabling **63,920 people** to buy food; supplementary feeding to **126,054 children and pregnant/lactating women**; agricultural inputs to **6,000 families**; dignity kits to **5,000 women**; access to women friendly spaces to **14,395 women**; reproductive health services to **35,936 women and girls**; veterinarian care to livestock benefiting **4,062 families**; vitamin A supplements to **821,962 children**; iron and folic acid tablets to **87,742 pregnant and postnatal women**; de-worming tablets to **701,108 children**; psychosocial support to **49,024 children**; and vaccination of **296,199 children** and **44,165 caregivers**.

CERF's strategic added value

CERF made important strategic contributions to the emergency response. CERF funding was allocated within days from the emergency and was the first international source of funding after the floods. CERF was also the largest contributor to the response plan. The CERF funding led to fast delivery of assistance to people in need, improved coordination of emergency response and supported resource mobilization from other sources. Sizable allocations were made from China and UK in the weeks following the CERF allocation, which enabled the continuation and expansion of CERF-funded aid delivery.

PHILIPPINES

Allocation	\$2.5 million	
July 2017 - Rapid Response		
Emergency type	Conflict-related and internal strife	
Beneficiary type	IDPs, Host population	
Implementing organizations	IOM, UNFPA, UNHCR, UNICEF, WHO	
	6 national/local NGOs	
	4 international NGOs	
	1 Government entity	

Overview of the humanitarian situation

On 23 May 2017, the Government of the Philippines launched a military and law enforcement operation in Marawi City in Lanao del Sur province, in the Autonomous Region in Muslim Mindanao. Initially aimed at capturing a high-profile leader of the Abu Sayyaf militant group, the situation quickly escalated to an armed conflict between the Armed forces of the Philippines and the Maute Group, a local armed group affiliated with ISIL. That evening, the President of the Philippines declared martial law for the entire Mindanao region, and Marawi City declared a state of calamity on 25 May. By June 2017, the Marawi conflict had displaced at least 348,000 people from within and the surroundings of Marawi City, including about 60,000 children and 19,100 pregnant and lactating women. The lack of access to water, sanitation and health facilities by displaced population created immediate public health risks. Recorded cases of diarrhea increased rapidly, outbreaks of cholera and measles were recorded. The Humanitarian Country Team in coordination with the Department of Health concluded that immediate responses in the health and water sectors were needed to prevent the outbreaks of communicable and water-borne diseases.

CERF-funded assistance provided

CERF allocated **\$2.5 million** through its Rapid Response window to jump-start the implementation of top-priority humanitarian assistance in the Marawi crisis. This funding enabled the UN and partners to provide: greater access to integrated, high-quality

reproductive health, maternal health and neonatal health services to **22,834 internally displaced people (IDPs)**; access to safe water and information on prevention of child illness to **118,773 IDPs and host community members**; access to sanitation facilities to **31,440 people**; toilet construction kits to **23,963 people**; training to camp managers on IDP profiling benefiting **86,895 IDPs**; registration and specialized support to address specific needs of extremely vulnerable individuals benefiting **32,630 IDPs**; psychosocial support and awareness-raising to **22,834 IDPs**; dignity kits to **3,497 pregnant and lactating women**; sexual and reproductive health information and services to **5,011 adolescents**; and a strengthened emergency disease surveillance and outbreak control system benefiting **41,053 IDPs and members of host communities**.

CERF's strategic added value

CERF was one of the first sources of funding for agencies responding to the Marawi crisis and therefore enabled a fast delivery of assistance to people in need, despite some delays due to challenges in hiring qualified staff and in procuring construction materials. CERF funds helped to prevent an outbreak of communicable and water-borne diseases, which was a time-critical response. CERF funding also helped humanitarian organizations to leverage funds from other donors as it allowed for improved analysis, which provided the evidence base to create better informed project proposals for other donors. The results achieved with CERF funds raised the credibility of implementing partners, which was particularly significant for local NGOs.

SRI LANKA

Allocation	\$3.2 million	
	April 2017 - Rapid Response	
Emergency type	Natural Disaster - Drought	
Beneficiary type	Non-displaced affected people	
Implementing organizations	FAO, UNICEF, WFP	
	1 international NGO	
	3 Government entities	

Overview of the humanitarian situation

A prolonged drought in Sri Lanka that started in mid-2016 and continued into 2017 resulted in acute shortages of water, a decrease in agricultural production and severe food insecurity. According to the joint assessments conducted by the Government, UN and partners, 1.2 million people in 17 out of the country's 25 districts were affected by food insecurity and water shortages. Around 900,000 people were in urgent need of food assistance, including 25,000 people who were classified as severely food insecure. This represented a significant increase in the number of people facing food insecurity compared to drought periods in the past years, from 360,000 in the 2012 drought, to 760,000 in the 2014 drought and to over 900,000 in the 2017 drought. Female-headed households were the most affected, often having up to three times lower food consumption levels than the male-headed households. While there was an obvious need for development to build communities resilience to cope with shocks, the situation was severe and required immediate humanitarian interventions.


CERF-funded assistance provided

Consequently, CERF allocated **\$3.2 million** from its Rapid Response window in March 2017 for life-saving response. This funding enabled the UN and partners to provide: food assistance through cash transfers to **21,788 people**, mainly in female-headed households; improved access to water to **120,721 people** through water trucking and improved ground water sources; agricultural inputs to **28,200 families (121,260 people)** to restore agricultural production; irrigation kits for **3,700 families (15,910 people)**; and training on water saving and conservation techniques to **119 agriculture extension officers** and other field staff, who subsequently reached **759 affected people** with familiarization sessions on water-saving techniques.

CERF's strategic added value

The CERF funding partially allowed fast assistance to affected people. Activities such as ground water improvement delivered immediate life-saving results. However, some delays were experienced due to difficulties in procuring seeds with the required characteristics. CERF funds also partially helped address time-critical needs. The prolonged lack of water meant that FAO's irrigation kits and seeds could not immediately be used and were therefore distributed later, once the rainy season began. The funding enhanced coordination among the humanitarian community and improved the credibility of the CERF-funded agencies. The CERF allocation also improved resource mobilization from other sources, as it increased the public profile of the emergency.

SRI LANKA

Allocation	\$4 million	
	May 2017 - Rapid Response	
Emergency type	Natural Disaster - Flood	
Beneficiary type	IDPs, Other affected people	
Implementing organizations	IOM, UNFPA, UN-Habitat, UNICEF, WFP, WHO	
	1 national/local NGO	
	4 international NGOs	
	3 Government entities	

Overview of the humanitarian situation

On 25 and 26 May 2017, incessant heavy rainfall brought by the south-west monsoon triggered flooding and landslides in 15 out of Sri Lanka's 25 districts. The country was already suffering from a severe drought, but most of the districts affected by the drought did not benefit from increased rainfall. As a result, Sri Lanka experienced two distinct simultaneous humanitarian crises. According to the results of the needs assessment conducted in June by the Government, UN agencies, the EU, the World Bank and other stakeholders, the flooding and landslides affected 879,778 people and resulted in large-scale population displacement. The disaster destroyed 3,048 houses and partially damaged 76,803 houses, causing over \$206 million in housing losses. The floods led to the contamination of primary water sources and many ground wells had to be rehabilitated. Evacuation centres lacked adequate water supply, sanitation facilities and basic supplies such as sleeping mats and pillows. While there was a critical need for health assistance, vector control measures and disease surveillance, many health facilities were inundated with flood water, which rendered them unusable.


CERF-funded assistance provided

In response, CERF allocated **\$4 million** from its Rapid Response window in early June 2017 to kick-start the implementation of the most urgent interventions included in the 2017 Sri Lanka Floods and Landslides Emergency Response Plan. This funding enabled UN agencies and partners to provide: relief items to **4,606 displaced families**; shelter support to **4,255 displaced families**; access to health care to **70,211 people** through the deployment of 40 emergency medical teams; dignity kits to **2,000 women and girls**; maternity kits to **500 pregnant women**; shelter assistance and relief items to **28,075 people**; shelters to **86 families**; emergency shelter repairs to **692 families**; cash assistance to **22,760 people**; and water and sanitation interventions benefiting **174,144 people**.

CERF's strategic added value

CERF funding was crucial for the onset and early recovery phases of the response, as it led to fast delivery of assistance to affected people. The CERF funds partially helped respond to time-critical needs, but although CERF funding had a positive effect on resource mobilization from other sources, the total funding received was still not enough to fully meet the needs. The CERF allocation helped improve coordination through strengthening partnerships between UN agencies, the Government and non-Government stakeholders, which increased the coherence of the response.

VIET NAM

Allocation	\$4.2 million	
	November 2017 - Rapid Response	
Emergency type	Natural Disaster - Storm	
Beneficiary type	Non-displaced affected people	
Implementing organizations	FAO, IOM, UNDP, UNICEF	
	1 national/local NGO	
	1 international NGO	
	2 Government entities	
	3 Red Cross/Red Crescent societies	

Overview of the humanitarian situation

Typhoon Damrey made landfall on 4 November 2017, causing flooding in 15 provinces of central Viet Nam and affecting 4.3 million people. The typhoon caused 123 deaths and over 300 people were injured. Serious infrastructure losses were reported in all 15 provinces. An estimated 300,000 houses were damaged including 3,500 destroyed. Moreover, 179,000 hectares of crops were damaged and aquaculture losses of almost 40,000 cages were reported. According to the joint needs assessments carried out by the Government, NGOs and UN agencies, more than 400,000 people needed immediate humanitarian assistance. Consequently, the Government of Viet Nam and the UN jointly launched the 2017/2018 Flooding Response Plan with an appeal for \$54 million to address critical water and sanitation, food, agriculture and shelter needs.

CERF-funded assistance provided

CERF allocated **\$4.2 million** from its Rapid Response window on 28 November, providing immediate funding to the highest priority activities of the plan. This funding enabled UN agencies and partners to provide: agricultural inputs through cash and vouchers to **28,043**

people, allowing them to restore their agricultural production and meet their basic food needs; shelter rehabilitation materials and basic relief items to **4,200 people**; cash and voucher assistance for safe house repairs to **31,758 people**; information on resilient housing to **56,638 people**; access to safe water to **81,200 people** through the provision of school-based water filtration systems, household water tanks, filters and hygiene kits; and public information promoting good hygiene and sanitation practices to an estimated **100,000 people**.

CERF’s strategic added value

CERF funds made important strategic contributions to the overall emergency response. Funds were provided immediately upon the finalization of the response plan and kick-started the delivery of critical humanitarian assistance. The CERF allocation also improved humanitarian coordination at the national and subnational levels and enabled the advancement of the UN ‘Delivering as One’ approach through facilitating joint programming, implementation, monitoring and learning. In addition, the initial resources provided by CERF were one of the factors that enabled agencies to mobilize further funding from donors for the response.

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