GLOBAL HUMANITARIAN OVERVIEW 2021

UNITED NATIONS-COORDINATED SUPPORT TO PEOPLE AFFECTED BY DISASTER AND CONFLICT

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Data sources

The principal source of financial data for this publication is FTS (fts.unocha.org). Figures for 2020 represent reported contributions as of 25 November 2020. All figures are in US dollars.

The figures for people in need, people targeted, people reached and funding requirements are a snapshot as of 25 November 2019. The figures from the response plans may evolve between this publication and each response plan's official publication.

For the most up-to-date information on humanitarian response plans, visit Humanitarian InSight (https://hum-insight.info).

Data for individual charts can be downloaded by clicking on the 'get data' link directly underneath each chart, or to retrieve the full dataset for the GHO, visit the Humanitarian Data Exchange (https://data.humdata.org)

Other data sources are listed in the articles in this publication.

Front cover

Aicha Dicko, 39, in her tent at an informal camp in Bagoundié, 8km from Gao, Mali, on 16 October 2020. The camp hosts 300 households who fled due to the ongoing conflict. "I hope I can go back to my home one day. What I want above all else for now is to be able to feed my children and that they can go to school to get a better future." *OCHA/Michele Cattani*

Editing and Graphic Design

OCHA Geneva

For additional information, please contact:

Assessment, Planing and Monitoring Branch, OCHA
Palais des Nations, 1211 Geneva, Switzerland
Tel: +41 22 917 1690 ocha_gho@un.org

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Global Humanitarian Overview 2021
Introduction

The Global Humanitarian Overview is the world's most comprehensive, authoritative and evidence-based assessment of humanitarian need. Through plans that prioritize those most in need, it aims to fight hunger, killer diseases, gender-based violence and displacement.

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Foreword by the Emergency Relief Coordinator

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

The year 2020 has shown that the forward march of human progress is not an unstoppable force that can be taken for granted. In the space of a few months, decades of development have been knocked off course by a virus. Getting things back on track is not impossible. But it is not inevitable either. It will take conscious action and collective effort. It will need everyone to put their shoulder to the wheel and push hard in the same direction.

As we approach the end of this difficult year, we face a choice. We can let 2021 be the year of the grand reversal – the unravelling of 40 years of progress – or we can work together to make sure we all find a way out of this pandemic.

The virus caught the world off guard, and at the start of this year there was lots we didn't know. But at this stage, no one can claim ignorance as an excuse for inaction. We know what the problems are. We know what can – and should – be done about them.

It has been clear for some time that it is not the virus itself doing most harm in vulnerable countries. It is the secondary impacts of the subsequent lockdowns and global recession – rising food prices, falling incomes, drops in remittances, interrupted vaccination programmes, school closures. They all hit the poorest people in the poorest countries hardest.

For the first time since the 1990s, extreme poverty will increase. Life expectancy will fall. The annual death toll from HIV, tuberculosis and malaria is set to double. We fear a near doubling in the number of people facing starvation. Many girls out of school will never go back.

The pandemic has been devastating but for many of the countries whose needs we are responding to in this plan it was yet another layer of hardship on top of protracted conflicts, the effects of climate change, and the worst locust plague for a generation.

Altogether it's a toxic mix that has driven humanitarian need to levels unimaginable at the start of the year. As we look ahead we face the prospect of a return to a world in which famine – something we thought we had consigned to history – is commonplace once more. Where the rights and prospects of women and girls are set back. Where parents cannot confidently expect their babies to reach their fifth birthday.

Dharwan IDP camp, Yemen. Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator Mark Lowcock visits Dharwan IDP camp. *OCHA/Hashim H.*

All this can be avoided. Working together to find and fund solutions is the only way out. Wealthy nations have the means and motivation to help. It would be cruel and unwise of them to look away while battling a second wave with the promise of a vaccine on the horizon. Local problems become global problems if you let them. There is a strong moral and self-interest argument to act.

In this challenging year, the staff of humanitarian agencies have prevented the worst outcomes, displaying impressive courage, commitment and compassion. UN agencies, local and international NGOs, local partners on the ground and individuals from the affected communities themselves have worked tirelessly, hand in hand. At no point did they give up or give in.

But the outlook is bleak. Despite the increased generosity of donors, the gap between needs and the finance available keeps growing. We still don't have a response that matches the scale of the crisis. We need the plans summarized in this overview to be fully funded - $35 billion is required to meet the needs of 160 million people. The faster that happens, the better.

This is a crucial juncture. We won't get a second chance to make the right choice.

I have never been more in awe of the determination of people who live unimaginably hard lives in humanitarian tragedies, and their refusal to give up hope. Human progress is hard won and fragile. History will judge us harshly if we preside over the grand reversal.

Mark Lowcock

At a glance

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	APPEALS
235 M	160 M	$ 35 B	34

Part one

Global trends

COVID-19 has triggered the deepest global recession since the 1930s. Extreme poverty has risen for the first time in 22 years, and unemployment has increased dramatically. Women and young people aged 15 – 29 working in the informal sector are being hit the hardest. School closures have affected 91 per cent of students worldwide.

Political conflicts are more intense and taking a heavy toll on civilians, disproportionately affecting children. Women and girls are at increased risk of conflict-related sexual violence. Attacks against aid and health workers persist. For the ninth consecutive year, more than 90 per cent of casualties from explosive weapons in populated areas were civilians.

The last decade saw the highest-ever number of **people internally displaced by conflict and violence**, with many locked in a state of protracted displacement. There are an estimated 51 million new and existing IDPs, and the number of refugees has doubled to 20 million.

Hunger is on the rise, with conflict the main driver of acute hunger for 77 million people in 22 countries. By the end of 2020, the number of acutely food insecure people could be 270 million. The impacts of the pandemic and climate change are seriously affecting food systems worldwide. Funding requirements for food security in humanitarian appeals have risen to $9 billion in 2020, up from $5 billion in 2015.

The last 10 years were the hottest on record. Increasingly **severe and frequent weather events and natural disasters are exacerbating chronic vulnerabilities**. Additional climatic changes are expected from La Niña through the first quarter of 2021, affecting sea temperatures, rainfall patterns and hurricane activity.

Disease outbreaks are increasing and the pandemic has hindered essential health services in almost every country. Hard won gains are at risk. More than 5 million children under 5 years of age face the threats of cholera and acute watery diarrhoea. The pandemic could wipe out 20 years of progress in HIV, TB and malaria, potentially doubling annual death tolls.

COVID-19 made life harder for already **vulnerable groups**, including women and girls, people with disabilities, older people and those with mental health needs. Almost 24 million children, adolescents and young people are at risk of not returning to school in 2020, including 11 million girls and young women.

Fear of the virus is spreading faster than the virus itself. The pandemic and measures to contain it, are revealing **mental health and psychosocial** consequences in all countries, particularly in humanitarian settings where resources for mental health and psychosocial support are either scarce or non-existent.

COVID-19 has shone a spotlight on the full extent of **gender inequality** and women's and girls' exposure to **gender-based violence (GBV)**. Adolescent girls in conflict zones are 90 per cent more likely to be out of school, and 70 per cent of women in humanitarian settings are more likely to experience GBV. Globally, quarantine measures are exacerbating domestic violence, with 15 million new cases predicted for every three months of lockdown.

Young people are shaping global trends. Despite facing bleak employment prospects and the impacts of COVID-19, young people have mobilized at an unprecedented scale. This presents an opportunity for the humanitarian system to further integrate the perspectives and leadership of young people into humanitarian action.

Increased global Internet access and **new innovative technologies offer the potential to improve humanitarian action**. During the pandemic, artificial intelligence is being used for outbreak mapping, drones are delivering medical supplies and testing samples, and 3D printers are supporting the production of face shields and ventilators.

Collaboration between humanitarian, development and peace-building efforts has increased during the pandemic. Building on this cooperation will help meet the needs of the 160 million people targeted for humanitarian assistance in 2021.

Part two

Inter-Agency Coordnated Appeals

The **Global Humanitarian Response Plan (GHRP) for COVID-19**, together with existing humanitarian appeals, became the largest-ever financial ask: $39 billion. As of November 2020, donors have generously given $17 billion to inter-agency plans.

In 2021, **235 million people will need humanitarian assistance and protection**. This means 1 in 33 people worldwide needs help — a significant increase from the 1 in 45 people a year ago, which was already the highest figure in decades. The UN and partner organizations aim to help 160 million people most in need across 56 countries, which will require $35 billion.

Inter-Agency Coordinated Appeals: Overview for 2021

Appeals	Type	People in need	People targeted	Requirements (US$)
Afghanistan	HRP	18.4 m	15.7 m	1.3 b
Burkina Faso	HRP	3.5 m	2.9 m	607.4 m
Burundi	HRP	2.3 m	1.0 m	195.6 m
Cameroon	HRP	4.0 m	2.4 m	360.0 m
CAR	HRP	2.8 m	1.8 m	444.7 m
Chad	HRP	-	-	-
Colombia	HRP	6.7 m	1.5 m	300.0 m
DRC	HRP	19.6 m	9.6 m	2.0 b
Ethiopia	HRP	21.3 m	16.3 m	1.5 b
Haiti	HRP	4.4 m	1.5 m	235.6 m
Iraq	HRP	4.1 m	2.5 m	630.0 m
Libya	HRP	1.3 m	451.0 k	189.0 m
Mali	HRP	7.1 m	5.8 m	498.0 m
Mozambique	HRP	1.3 m	1.1 m	254.4 m
Myanmar	HRP	1.0 m	944.5 k	276.5 m
Niger	HRP	3.8 m	2.2 m	500.0 m
Nigeria	HRP	8.9 m	6.2 m	1.1 b
oPt	HRP	2.4 m	1.8 m	417.0 m
Pakistan	HRP	10.5 m	3.3 m	285.3 m
Somalia	HRP	5.9 m	4.0 m	1.1 b
South Sudan	HRP	7.5 m	5.6 m	1.5 b
Sudan	HRP	13.4 m	8.9 m	1.8 b
Syria	HRP	13.0 m	10.5 m	4.2 b
Ukraine	HRP	3.4 m	1.9 m	168.0 m
Venezuela	HRP	7.0 m	4.5 m	762.5 m
Yemen	HRP	24.3 m	19.0 m	3.4 b
Zimbabwe	HRP	6.8 m	4.5 m	505.5 m
Burundi *Regional*	RRP	488.5 k	488.5 k	208.9 m
DRC *Regional*	RRP	1.5 m	1.5 m	544.6 m
Horn of Africa and Yemen *Regional*	MRP	613.7 k	311.0 k	68.2 m
Rohingya *Joint Response Plan*	JRP	1.3 m	1.3 m	954.0 m
South Sudan *Regional*	RRP	3.1 m	3.1 m	868.7 m
Syria *Regional*	3RP	10.1 m	10.1 m	5.8 b
Venezuela *Regional*	RMRP	7.2 m	3.3 m	1.4 b

The figures for Burundi HRP are provisional as consultations with the Government are ongoing. The figures for Chad HRP are pending as consultations with the Government are ongoing. The figures for Colombia HRP and Venezuela HRP are estimates. The figures for Niger HRP are provisional and subject to change after the revision of the harmonized framework that sets the food security PIN. The figures for South Sudan HRP, Syria HRP and Yemen HRP are provisional and pending finalization of the 2021 HNO and HRP. Financial requirements, people in need and people targeted include all HRPs, RRPS' components of countries without HRPs, and other appeals. Changes to the population figures and financial requirements for the RRPs have occurred because of the overlap with HRPs. The regional appeals components included are as follows: Syria 3RP and Venezuela RMRP: fully included. Burundi RRP: Rwanda, Tanzania and Uganda components included. DRC excluded. DRC RRP: Angola, Republic of Congo, Rwanda, Tanzania, Uganda, Zambia components included. Burundi excluded. South Sudan RRP: Kenya, Uganda and Ethiopia components included, DRC and Sudan excluded Regional Migrant Response Plan for the Horn of Africa and Yemen: Ethiopia and Djibouti included, Somalia partly included, Yemen excluded. Figures for the Burundi RRP, DRC RRP, South Sudan RRP, Syr 3RP and Bangladesh JRP are preliminary and pending finalization and approval by partners and host country. Syria 3RP population figures include refugees and impacted members of host communities They are, however, provisional and subject to ongoing operational planning for 2021. Population figures for Bangladesh JRP include refugees, as well as impacted members of host community. Refugee population figures are estimates, calculated using October 2020 figures from ongoing joint Government of Bangladesh-UNHCR registration exercise as well as an estimated number of persons not able to be registered in the course of 2020, due to a slow-down in registration activities during the COVID-19 pandemic. Total population figures will be adjusted during 2021 once registration activities fully resume.

Part three

Delivering better

Progress has been made on **gender equality** in humanitarian response. For example, all project submissions to the Central Emergency Response Fund (CERF) for 2020 were informed by a gender analysis and completed the mandatory Gender and Age Marker, and the Inter-Agency Standing Committee completed the first-ever Inter-Agency Humanitarian Evaluation on Gender Equality and the Empowerment of Women and Girls. In 2020, CERF allocated over $60 million to GBV-focused programmes.

CERF and the **Country-based Pooled Funds (CBPFs)** are helping us reach the most vulnerable people. Priority been placed on education in protracted crises, promoting the involvement of affected groups in humanitarian response and protection, and combating GBV.

Local communities – including local business networks –play a prominent role in meeting humanitarian needs. The COVID-19 pandemic and its effects highlighted the advantages of response, recovery and coordination efforts led by local organizations. The best people to communicate in local contexts are those with existing trusted relationships.

Local people require greater involvement in response activities and deciding priorities for frontline response. More support should be offered through appropriate funding to **local and national organizations**. In 2020 CBPFs allocated a total of $236 million to local and national NGOs.

Cash is being used more effectively and efficiently. COVID-19 highlighted the value of **cash and voucher assistance** to meet basic needs, support local markets and re-invigorate economies. Over 200 countries have initiated or expanded social protection systems since March 2020.

Humanitarian organizations are getting better at **responding to and assessing the needs of affected people**. By working together and looking more holistically at the ways in which a person experiences a disaster, a clearer picture emerges of the variety of needs an individual and their community may face.

International responders prepared themselves to address **emergencies occurring during the pandemic**. This preparation was evident in the response to the Beirut port explosions, where international teams were tested before departure, they used remote collaboration, social media and online platforms to comply with health and safety protocols and prevent additional COVID-19 infections.

Global achievements

People reached with humanitarian aid in 2020

PEOPLE REACHED
98 M

COUNTRIES
25

% OF PEOPLE TARGETED
70 %

In 2020, **more than 98 million people were reached**, which accounts for 70 per cent of the total population targeted in 25 Humanitarian Response Plans, an increase of 6 per cent over 2019.

People reached by country (2020)

Appeals	Type	People reached	People targeted	% Reached
Afghanistan	HRP	10.0 m	11.1 m	90%
Burkina Faso	HRP	2.3 m	2.1 m	100%
Burundi	HRP	370.0 k	887.0 k	42%
Cameroon	HRP	2.2 m	3.4 m	65%
CAR	HRP	1.4 m	1.6 m	88%
Chad	HRP	2.2 m	3.8 m	58%
Colombia	HRP	1.2 m	1.7 m	71%
DRC	HRP	6.6 m	9.2 m	72%
Ethiopia	HRP	13.0 m	15.1 m	86%
Haiti	HRP	1.4 m	10.9 m	13%
Iraq	HRP	1.4 m	1.8 m	78%
Libya	HRP	390.0 k	345.3 k	100%
Mali	HRP	2.6 m	5.5 m	47%
Myanmar	HRP	704.0 k	848.0 k	83%
Niger	HRP	1.1 m	3.0 m	36%
Nigeria	HRP	5.7 m	7.8 m	73%
oPt	HRP	1.2 m	1.5 m	80%
Somalia	HRP	2.3 m	3.0 m	77%
South Sudan	HRP	6.5 m	7.4 m	88%
Sudan	HRP	8.8 m	8.8 m	100%
Syria	HRP	7.4 m	9.8 m	76%
Ukraine	HRP	1.0 m	2.1 m	48%
Venezuela	HRP	4.0 m	4.5 m	88%
Yemen	HRP	10.7 m	19.0 m	56%
Zimbabwe	HRP	4.0 m	6.0 m	67%

Table: OCHA • Source: Humanitarian Insight

Aid delivered

Health and Nutrition

Over 10 million women and young people received life-saving **sexual and reproductive health care** and services to address GBV.[1] 2,412 health facilities in 52 countries provided **emergency obstetric care**.[1]

2.5 million children treated for **severe acute malnutrition**.[14]

3.4 million children vaccinated against **measles** and 6.3 million children vaccinated against **polio**.[2] Over 8.5 million doses of **cholera** vaccine distributed in seven countries.[3] Over 49 million people vaccinated against **yellow fever** in six African countries (Ethiopia, Ghana, Nigeria, South Sudan, Sudan and Uganda).[4]

Aid delivered

Food, NFI, Shelter and WASH

$1.7 billion **cash-based transfers** to vulnerable people in 67 countries. 96.9 million people received direct **food assistance** in the first nine months of 2020. 844,000 MT of **food procured locally**, with a value of $548 million.[5]

13 million people had their livelihoods and food security protected in the Horn of Africa, thanks to **desert locust control operations**. This averted the loss of 1.5 million tons of crops worth over $456 million and sufficient to feed almost 10 million people.[6]

14.2 million people accessed **safe water** for drinking, cooking and personal hygiene.[2]

Aid delivered

Gender Equality and GBV Prevention

2.8 million people in 47 countries reached with **GBV-related services** (including prevention, risk mitigation and response services).[1] 815,500 women and girls received **reproductive health services**.[9]

In 2020, CERF allocated over $60 million to **GBV-focused programmes**.[7] CBPFs allocated $390 million to projects that intend to contribute to **gender equality**.[8]

Sana'a, Yemen. Pandemic-related movement restrictions disrupted supply chains and the knock-on effects on livelihoods increased food insecurity. Working to overcome movement restrictions, humanitarians provided life-saving food assistance for millions. *WFP/Ayman Fuad*

Aid delivered

Protection and Education

1.5 million children and caregivers accessed **mental health** and **psychosocial support**.[2] 10.8 million people received **protection services,** including legal aid and referrals to GBV services and psychosocial support.[9]

5,130 **children were released from armed groups** and accessed reintegration services.[2] 26,390 unaccompanied and separated children accessed **family-based care** or other appropriate services.[2]

5 million people benefited from **Mine Action** globally.[10]

2.4 million children accessed **formal or non-formal education**, including early learning.[2] 261 million children supported globally with **distance/home-based learning** to ensure continuous education despite the pandemic.[2]

Aid delivered

Localizaton

CBPFs allocated $236 million to **local and national NGOs**, continuing to be the largest source of direct funding for such organizations.[8]

For the first time ever, CERF allocated $25 million for **frontline NGOs** to deliver life-saving COVID-19-related services.[8]

Aid delivered

COVID-19

Over 25,000 health and humanitarian personnel, from 397 organizations, have been **transported** on approximately 1,450 flights.[11] Over 100,000 m^3 of **critical COVID-19-related cargo** dispatched on behalf of 66 organizations to 171 countries.[11]

33.1 million **refugees, IDPs, and stateless people received assistance**. Of those people, 4.7 million refugees and IDPs received cash assistance.[9] 3.93 million refugees accessed **essential health services**.[9] 750,000 children and youth supported with **distance or home-based learning**.[9]

Communities and their leaders in 262 cities across 37 countries supported in planning and improving access to facilities.[12]

15 million people (44 per cent women) received **livelihood support** to counter the socio-economic impact of COVID-19.[6] 45.5 million households benefitting from **new or additional social assistance measures** provided by Governments to respond to COVID-19 with UNICEF support.[13]

3 billion people reached through **messaging on COVID-19 prevention** and access to services.[13] 74.8 million children and women received **essential health-care services**.[13] 73.7 million people received **critical WASH supplies** and services.[13]

2.3 million **health-care providers trained** to detect, refer and manage COVID-19 cases.[13] 1.8 million health-care workers received **personal protective equipment**.[13]

74.7 million children, parents and primary caregivers provided with **community-based mental health** and **psychosocial support**.[13] 22.6 million children and adults provided with a **safe channel to report** sexual exploitation and abuse.[13]

[1] **UNFPA**, data as of end of October 2020. [2] **UNICEF**, results achieved as of mid-2020. [3] **WHO**, data as of mid-November 2020. [4] **WHO**, data as of mid-November 2020. All interventions were mounted despite the COVID-19 context, and the flash floods affecting Ethiopia and South Sudan at the time of the campaigns. [5] **WFP**, data as of mid-November 2020. Note: The figure for direct food assistance received over the first 9 months is nearly the same as in all of 2019. [6] **FAO**, data as of mid-November 2020. [7] **OCHA**, data as of 30 November 2020. [8] **OCHA**, data as of mid-November 2020. [9] **UNHCR**, data as of mid-November 2020. [10] **UNMAS**, data as of mid-November 2020. Note: Mine Action includes clearance, victim assistance, and risk education activities. [11] **WFP Common Services**, data covers mid-March to 24 November 2020. [12] **UN-Habitat**, data as of mid-November 2020. [13] **UNICEF**, results are as of 21 October 2020. [14] **UNICEF**, results as of end-October 2020.

Integrating the GHRP for COVID-19 into the Global Humanitarian Overview 2021

COVID-19 has spread unevenly around the world – some countries and regions have managed to contain infections, while others face a massive public health emergency. As community transmission and socioeconomic fallout continue, the pandemic is aggravating existing vulnerabilities, creating new humanitarian needs and exacerbating current ones. The virus has often behaved unpredictably, but there is no doubt that it will continue to have an impact in 2021. Adaptable responses will be essential going forward.

In March 2020, the UN Secretary-General launched the Global Humanitarian Response Plan for COVID-19 (GHRP). It was established to respond to three strategic priorities:

- Contain the spread of the virus and decrease morbidity and mortality.
- Decrease the deterioration of human assets and rights, social cohesion, food security and livelihoods.
- Protect, assist and advocate for refugees, IDPs, migrants and host communities particularly vulnerable to the virus.

The GHRP focused strictly on the immediate additional humanitarian needs caused by the pandemic and associated short-term responses. The original version, published in March, was prepared as an agency-based, three-month plan, requesting $2 billion. As the crisis evolved, the GHRP underwent two revisions in May and July, transforming it from an agency-driven plan to a focus on countries, showcasing needs and response priorities at field level.

As of 25 November 2020, the GHRP had requested $9.5 billion, which contributed to creating the largest-ever Global Humanitarian Overview (GHO) ask (see Inter-Agency Coordinated Appeals: Results from 2020).[1] The GHRP has successfully brought attention to the health and non-health effects of the pandemic. In particular, it has renewed a sense of urgency to address GBV concerns in the face of increasing violence; focused on the relationship between loss of livelihoods, increased food insecurity and humanitarian needs; and helped to overcome global mobility restrictions through humanitarian air services for cargo and personnel, among other successes.[2]

Humanitarian programming is adjusting to treat COVID-19 in a more integrated manner, as the pandemic's health and non-health effects merge with the impacts of other shocks and stresses. As a result, for 2021, COVID-19 analyses and responses have been integrated into 'regular' HNOs and HRPs as well as into inter-agency response plans.

Port Bouet, Côte d'Ivoire. Nurses wear masks and gloves as a prevention measure against COVID-19, in the Port Bouet health centre, south Côte d'Ivoire. *UNICEF/Frank Dejongh*

Humanitarian country teams have done a great deal to prepare their 2021 HNOs and HRPs through this integration lens.[3] In most cases, the pandemic's health and socioeconomic impacts will overlay other health, nutrition, food security, livelihoods, education and protection risks faced by different population groups. Hence, while some pandemic-specific responses may still be necessary in certain contexts, in most cases COVID-19 will represent one of the factors of various humanitarian needs, and programming will reflect the combined effects with other shocks. Country teams will also align the humanitarian response with other ongoing or planned COVID-19 responses to avoid duplication and identify areas/groups for whom development responses are more appropriate.

As a result of this integration, the GHRP will conclude on 31 December 2020, as planned. Going forward, COVID-19 and non-COVID-19 humanitarian responses are reflected together in this GHO 2021. This integration will also signal the synchronization of COVID-19 and non-COVID-19 funding requirements and reporting under the regular HPC.

This integration also serves geographic and analytical angles. The GHRP covered 63 countries. Countries and inter-agency regional plans already featured in the GHO 2020[4] were considered for automatic inclusion in the GHO 2021 (unless their removal was requested by humanitarian country leadership or lead agencies for regional plans).

Countries without existing HRPs were consulted to determine which ones would continue to require humanitarian assistance and should transition from the GHRP to the GHO 2021. Discussions were based on the following key criteria:

- Are the humanitarian needs likely to continue or worsen in 2021?
- Are there other frameworks better placed to cover these needs, e.g. socioeconomic plans?
- Does the host Government support an independent humanitarian plan?
- Can the country team develop an HNO/HRP?

Kakuma Camp, Kenya. South Sudanese refugees have their temperature taken before accessing a food distribution at Kakuma camp. Refugees and displaced populations, particularly the elderly and those with pre-existing health conditions, often have reduced access to health services and sanitation. They are among the most vulnerable groups and at greater risk of contracting communicable diseases. *UNHCR/Samuel Oytieno*

Based on these criteria, and at the request/with the agreement of humanitarian leadership on the ground, countries were recommended for inclusion in the GHO 2021. The ERC and the IASC Emergency Directors subsequently endorsed the transition of three countries from the GHRP to the GHO 2021: Mozambique, Pakistan and Zimbabwe, in addition to the Regional Migrant Plan for the Horn of Africa and Yemen. COVID-19 humanitarian plans in other non-HRP countries will either conclude on 30 December 2020 or be integrated into other development plans or frameworks.

The GHO 2021 includes the following country-specific plans: Afghanistan, Burundi, Burkina Faso, Cameroon, Central African Republic, Chad, Colombia, Democratic Republic of the Congo (DRC), Ethiopia, Haiti, Iraq, Libya, Mali, Myanmar, Mozambique (new), Niger, Nigeria, occupied Palestinian territories, Pakistan (new), Somalia, South Sudan, Sudan, Syria, Ukraine, Venezuela, Yemen and Zimbabwe (new).

The GHO 2021 also includes the following regional inter-agency plans: Burundi Regional Refugee Response Plan, DRC Regional Refugee Response Plan, South Sudan Regional Refugee Response Plan, Syria Regional Refugee and Resilience Plan (Syria 3RP), Rohingya Joint Response Plan, Venezuela Regional Refugee and Migrant Response Plan, and the Regional Migrant Plan for the Horn of Africa and Yemen (new). The GHO includes 56 countries in total.

References

[1] For the most up-to-date figures, refer to the Financial Tracking Service.

[2] For more in-depth reporting on GHRP progress, please consult the July iteration of the GHRP as well as the progress reports (April, August, September, November). A final progress report is planned for January 2021.

[3] For further information on these concepts and practical guidance on how to integrate COVID-19 into humanitarian needs analysis and response planning, refer to the HPC Step by Step Guide and the Joint Intersectoral Analysis Framework (JIAF) guidance as well Part three in this report.

[4] See Inter-Agency Coordinated Appeals: Results from 2020 for details on the countries included in the GHO 2020.

Part one
Global trends

2020 has been a year like no other. Amid ongoing violent conflict, rising hunger and the effects of climate change, the pandemic will continue to have an impact in 2021. As the health and non-health effects of COVID-19 merge with other shocks, humanitarian programming is also adjusting to treat it in a more integrated manner.

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Historic economic decline is reversing development gains

Part one: Global trends

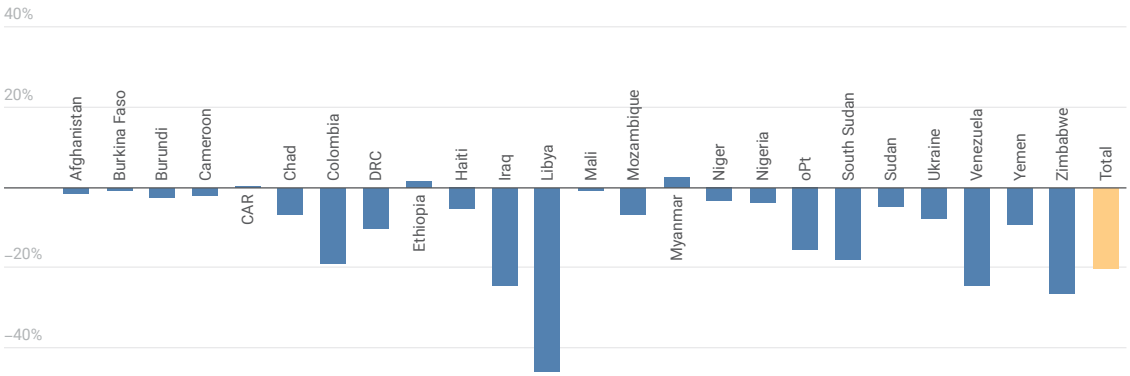
COVID-19 has triggered the deepest global recession since the Great Depression in the 1930s. IMF is projecting that global GDP will contract by 4.4 per cent in 2020.[1] Advanced economies are forecast to contract by 5.8 per cent in 2020, emerging market and developing economies are projected to contract by 3.3 per cent, and growth among low-income countries is expected to contract by 1.2 per cent.[2]

The last year has seen the broadest collapse in per capita incomes since 1870. The World Bank expects that by the end of 2021, real GDP per capita in sub-Saharan Africa will likely regress to the same level as 2007. A recovery in 2021 is expected to be modest and uneven, mostly recovering lost output.

Extreme poverty is on the rise for the first time since 1998. Between 88 million and 115 million people could fall back into extreme poverty due to COVID-19, with an additional increase of between 23 million and 35 million people in 2021, potentially bringing the total number of new people living in extreme poverty to between 110 million and 150 million. The largest increases are projected in Southern Asia and sub-Saharan Africa.[3] Without swift policy action, the global poverty rate could be as high as 7 per cent in 2030, relative to the pre-pandemic projection of 3 per cent.[4]

Contraction of Gross Domestic Product (2020)

Explore the GDP trend
gho.unocha.org



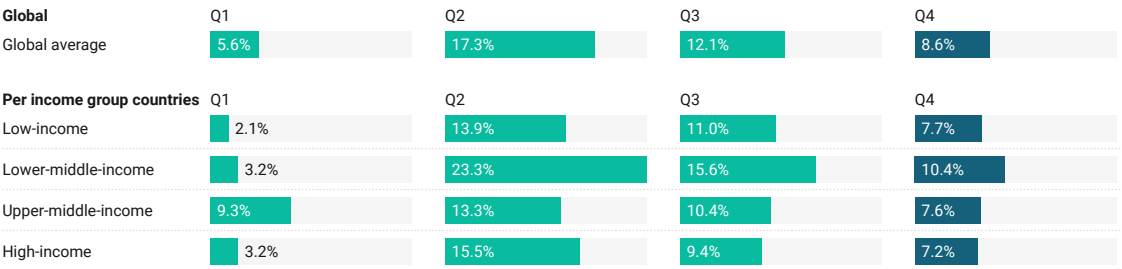
Countries with Humanitarian Response Plans

Chart: OCHA • Source: World Bank

Qamishly, Syria. Two volunteers hang posters providing information on COVID-19 protection measures in Qamishly, a city in northeast Syria. The posters, placed at pharmacies, supermarkets and clinics, contain messages on best handwashing practices, seeking medical assistance if showing symptoms and how to care for someone who exhibits symptoms. *UNICEF/Delil Souleiman*

Unemployment is increasing drastically. Compared to pre-pandemic levels, the total work-hour losses in the second quarter of 2020 were 17.3 per cent, equivalent to 495 million full-time jobs worldwide. Projections for the final quarter of 2020 continue to be bleak, with baseline work-hour losses amounting to 8.6 per cent, equivalent to 245 million full-time jobs worldwide. Should a second wave of COVID-19 infections result in widespread workplace closures, the work-hour losses for the final quarter of 2020 could increase to 18 per cent, equivalent to 515 million full-time jobs. These contractions will particularly hurt the informal sector, creating high levels of household vulnerability. Nearly 80 per cent of the estimated 2 billion workers in the informal economy have been significantly affected by these reductions in work-hours, creating high levels of household vulnerability. Many are working in the hardest-hit sectors such as accommodation and food services, manufacturing and retail. Women - who make up the majority of informal workers and are over-represented globally in these sectors - have been disproportionately hurt by economic losses.

Work-hours lost due to COVID-19 (2020)



Q4: Baseline projection

Chart: OCHA • Source: ILO

Even before the pandemic there were worrying economic trends, with signs of a looming debt crisis in developing countries. Prior to the COVID-19 outbreak, 44 per cent of low-income and least developed countries were either at high risk of or already in debt distress.[6] Eleven of the 25 countries with a humanitarian response plan (HRP) in 2020 are at high risk of or in debt distress.[7] Global remittances, a lifeline for many, contracted sharply in the first half of the year but they were showing signs of recovery at the time of writing. Low-income, primary-commodity-exporting countries were particularly affected by the drop in oil prices this year. Developing economies in general, including small island states, were also deeply affected by the near collapse in global travel and tourism.[8]

Facts and figures

Extreme poverty is on the rise for the first time since 1998. Due to COVID-19, up to 150 million new people could be living in extreme poverty by 2021. *Photo: OCHA*

Eleven of the twenty-five countries with a Humanitarian Response Plan in 2020 are at high risk of or in debt distress. *Photo: UNDP*

Nearly 80 per cent of the 2 billion workers in the informal economy have been hurt by work-hour losses. Women are disproportionately affected. *Photo: UN*

Rapid availability and deployment of international funds to support developing countries will be crucial to creating fiscal space. The UN Secretary-General has called for a debt standstill and, ultimately, debt restructuring for developing countries.[9] International Financial Institutions (IFIs) and the G20 are providing debt service relief and have responded to emergency financing requests, but significant gaps remain.[10] To date, major IFIs[11] have committed US$85.1 billion to low- and middle-income countries for COVID-19 response, excluding two large-scale flexible credit lines to Peru and Colombia. The majority of these funds are loans (93 per cent), further adding to debt pressure. Approximately 9 per cent ($10.1 billion) of COVID-19 response financing has been committed to low-income countries.[12]

ODA has become increasingly important, given the 49 per cent decline in foreign direct investment.[13] ODA growth slightly increased in 2019 (1.4 per cent) to $152 billion, but a longer-term economic recession could see a sharp drop in global ODA levels. The overall level of ODA could decline in 2020 by $11 billion to $14 billion depending on the recession's effect on OECD DAC members.[14] Contingent on the speed of global economic recovery, a fall of $25 billion by 2021 is possible.[15]

Protecting the 10 per cent of the world's most vulnerable people from the worst impacts of the pandemic would cost $90 billion. This is the equivalent of less than 1 per cent of the COVID-19-related global stimulus package ($12 trillion) implemented by OECD and G20 countries.[16] Without the right combination of sufficient relief and recovery assistance, the cost of inaction to public health, nutrition, poverty, social welfare, food security, education, economy, protection, stability and conflict will grow exponentially. This assistance must be guided by human rights and the UN framework for the immediate socioeconomic response to COVID-19.

References

[1] 2019 is the most recent year for which complete data was available at the time of publication. Where part-year data was available from 2020, this is noted.

[2] IMF, World Economic Outlook Update, October 2020; IMF, World Economic Outlook Update, June 2020; IMF World Economic Outlook July 2009.

[3] World Bank, Poverty and Shared Prosperity, October 2020.

[4] The Sustainable Development Goals Report 2020, July 2020.

[5] ILO, ILO Monitor: COVID-19 and the World of Work, sixth edition 23 September 2020; ILO Monitor: COVID-19 and the World of Work, third edition 29 April 2020; and ILO Monitor: COVID-19 and the World of Work, second edition 7 April 2020.

[6] UNDP, United Nations Statement to the Development Committee (Joint Ministerial Committee of the Boards of Governors of the World Bank and the International Monetary Fund) 17 April 2020.

[7] IMF - as of 30 September 2020 - www.imf.org/external/Pubs/ft/dsa/DSAlist.pdf

[8] IMF World Economic Outlook Update October 2020; World Bank, World Bank Predicts Sharpest Decline of Remittances in Recent History, 22 April 2020; Bustamante, L. Amid COVID-19, remittances to some Latin American nations fell sharply in April, then rebounded. Pew Research Center, 31 August 2020

[9] United Nations, Secretary-General's Policy Brief: The Impact of COVID-19 on Food Security and Nutrition, June 2020, p.3

[10] WFP, Economic and food security implications of the COVID-19 outbreak, 6 July 2020, p. 15

[11] These figures include COVID-19-specific grant and lending that has been committed to low- and middle-income countries by the IMF, World Bank, Asia Development Bank (ADB), African Development Bank (AfDB), Inter-American Development Bank (IDB), and Islamic Development Bank (IsDB). The sample covers 123 countries.

[12] Centre for Disaster Protection, COVID-19: Tracking multilateral ODA flows to meet crisis needs (2 September 2020) and Funding COVID-19 response (21 September 2020)

[13] UNCTAD, Global foreign direct investment falls 49%, outlook remains negative, 27 October 2020; UN World Tourism Organization International Tourism and COVID-19

[14] OECD, The impact of the coronavirus (COVID-19) crisis on development finance 24 June 2020

[15] Development Initiatives, Coronavirus And Aid Data: What The Latest DAC Data Tells Us.

[16] OCHA, Global Humanitarian Response Plan, July Update 2020 and IMF Fiscal Policy for an Unprecedented Crisis 14 October 2020

[17] OCHA, Global Humanitarian Response Plan, July Update 2020; OCHA, The cost of doing nothing: The price of inaction in response to the COVID-19 crisis, 10 July 2020

Conflicts continue to take a heavy toll on civilians

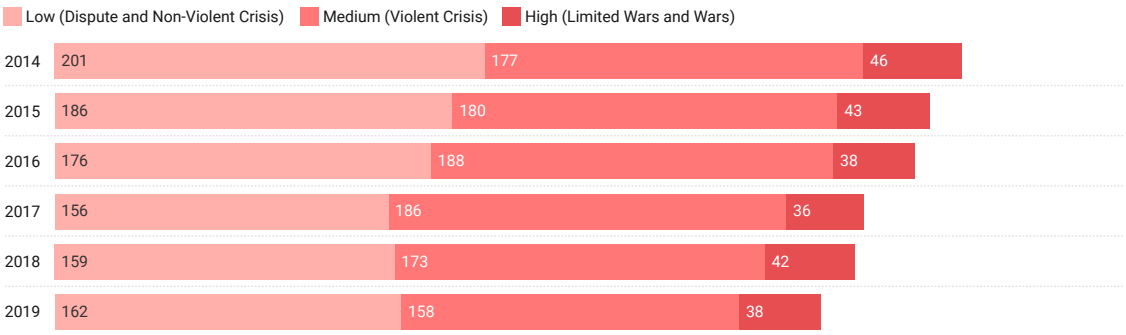
Part one: Global trends

The intensity of political conflicts[1] has not slowed down. 2019 was marked by the continuation of many highly violent political conflicts. In that year, about 55 per cent of 358 political conflicts worldwide involved the use of violence. Of those conflicts, 38 were highly violent. Geopolitical tensions were on the rise even before the pandemic. They have prolonged violent conflict, contributing to "difficulty in getting policymakers to come together, [and] find collaborative, cooperative solutions."[2]

Survivors of conflict-related sexual violence, primarily women and girls, face social, structural and security constraints. This often leads to negative coping mechanisms, including early and forced marriage.[3] Children remain disproportionately affected by conflict. In 2019, the UN verified over 25,000 grave violations against children including killing and maiming, recruitment of children as soldiers, sexual violence and abductions, as well as 927 attacks on schools and hospitals.[4]

Humanitarian access and operations continue to be hampered by conflict and insecurity. Measures to contain the spread of COVID-19 have increased or amplified humanitarian access constraints due to national and international mobility restrictions for cargo and personnel. These restrictions have also triggered delays, additional costs and the partial suspension of humanitarian activities.[5] Violence against aid workers, including killings and assaults, arbitrary detention, harassment, theft and military use of humanitarian premises, continues to be widespread.[6] It is important to ensure that counterterrorism and sanctions measures do not restrict humanitarian access.

Conflicts by level of intensity (2014-2019)



A highly violent political conflict is determined through five proxies: weapons, personnel, casualties, refugees and IDPS, and destruction. Low intensity conflicts include disputes and non-violent crises, medium intensity conflicts include violent crisis while highly violent political conflicts include limited wars and wars. Refer to Heidelberg Conflict Barometer for a full methodology.

Chart: OCHA • Source: Heidelberg Institute for International Conflict Research

North-west Syria. Thousands of people in north-west Syria remain displaced. Violence forced families from their homes, and 80 per cent of the displaced were women and children. Many left on foot, taking just what they could carry, and moved to over-crowded camps with limited shelter and sanitation facilities. Some families have been living in these camps for several years as they were forced from their homes by conflict. *WFP/Photolibrary*

Attacks against health-care workers persist. WHO recorded over 1,000 incidents in 2019, including destroyed hospitals, attacks on medical workers, removal of supplies and military use of medical facilities.[7] Civilian populations continue to bear the brunt of the use of explosive weapons in populated areas. For the ninth consecutive year, civilians accounted for more than 90 per cent of total casualties of the use of explosive weapons in populated areas: in 2019, bombing, shelling and the use of other explosive weapons in populated areas killed, maimed or injured at least 17,904 people.[8] In 2020, pandemic-related containment measures appeared to reduce the number of people killed or injured by explosive weapons, with reports indicating a 58 per cent drop in civilian harm compared to 2019. Air strikes in particular have been largely suspended during lockdown. April to July 2020 saw 160 incidents compared to 554 the previous year. It remains to be seen whether the drop in violence will endure as confinement measures are lifted.

Aid worker security incidents (2010–2019)

Represents the number of aid workers killed, injured or kidnapped.

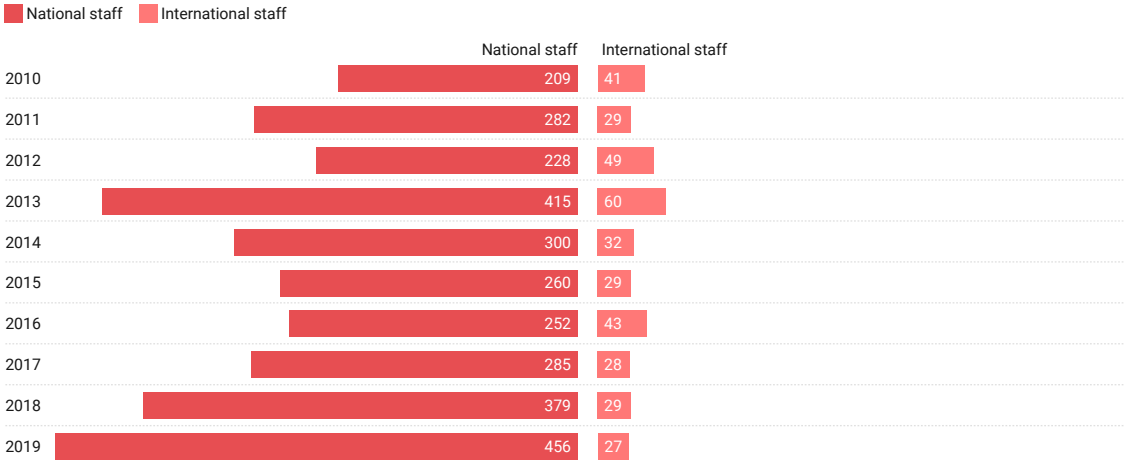


Chart: Office for the Coordination of Humanitarian Affairs • Source: Aid Worker Security

On 23 March 2020, the UN Secretary-General appealed for an immediate global ceasefire,[9] supported by the Security Council, the General Assembly, Member States, regional organizations, armed groups and civil society.[10] However, the pandemic is expected to spark further conflict and violence as countries experience civil unrest, political destabilization, and increases in crime, anti-refugee sentiment and suspicion of humanitarian workers. This will exacerbate existing insecurity, of which civilians will again bear the brunt.

References

[1] Political conflict is classified according to its intensity into low, medium or high. Low intensity political conflict is non-violent; it includes political disputes and non-violent crises. Medium and high intensity political conflict includes the use of violence. Specifically, highly violent political conflicts include 15 wars and 23 limited wars. For full definitions on methodology, please see Heidelberg Institute for International Conflict Research, Conflict Barometer 2019

[2] Lowcock, COVID-19 effects could deteriorate into 2021 and beyond, UN's Mark Lowcock says – Devex interview, 21 September 2020

[3] Report of the UN Secretary-General on Conflict-Related Sexual Violence, S/2020/487, 3 June 2020

[4] Report of the UN Secretary-General on Children and Armed Conflict, A/74/845–S/2020/525, 9 June 2020. The highest numbers were verified in the Syrian Arab Republic, the Occupied Palestinian Territory, Afghanistan and Somalia. 2019 saw some 4,400 incidents of denial of humanitarian access to children.

[5] Sophie Solomon, Humanitarian Access in the Time of Coronavirus: We Adapt, We Innovate and we Adapt Some More, UN OCHA on Medium, 20 May 2020.

[6] Report of the UN Secretary-General on the Protection of Civilians in Armed Conflict, S/2020/366, 6 May 2020.

[7] Report of the UN Secretary-General on the Protection of Civilians in Armed Conflict, S/2020/366, 6 May 2020.

[8] Action on Armed Violence, Explosive Violence in 2019, 7 January 2020.

[9] The United Nations Secretary-General's Call For a Global Ceasefire: Challenges and Opportunities

[10] See Resolution adopted by the UN General Assembly on 2 April 2020 (A/RES/74/270); Resolution adopted by the UN Security Council on 28 June 2020 (S/RES/607).

Displacement is increasing while durable solutions remain elusive

Part one: Global trends

The last decade saw the highest ever number of people internally displaced by conflict and violence: 79 million people were displaced between 2010–2019.

Internally displaced persons (IDPs) continue to make up the majority of people fleeing conflict, violence and natural disasters, while durable solutions remain elusive. Many of these people remain in protracted displacement. In 2019 alone, disasters caused 24.9 million new displacements, while 8.5 million people were newly displaced by conflict and violence.[1] By the end of 2019, there were an estimated 50.8 million new and existing IDPs, including a record 45.7 million people displaced due to conflict and violence.[2] Preliminary figures show that between January and June 2020, there were a further 14.6 million new displacements across 127 countries and territories. Conflict and violence triggered 4.8 million displacements, and disasters triggered 9.8 million. Most conflict-induced displacements took place in Africa and the Middle East, while the majority of disaster-induced displacements occurred in Asia.[3]

New internal displacements (2019)

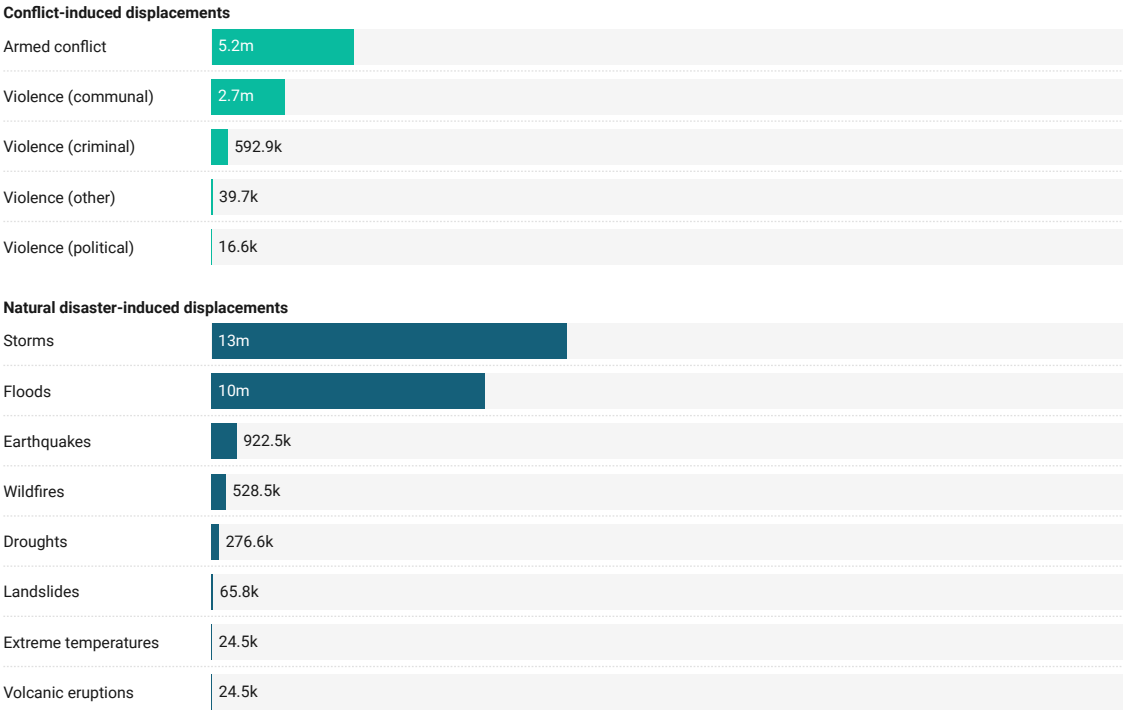


Chart: OCHA • Source: Internal Displacement Monitoring Centre

Mareb, Yemen. This father lives with his family in an IDP camp in Al-Jalal in Mareb. He and his family fled fighting initially to Al Jawf. After Al Jawf was attacked, they fled to Mareb. A mobile health team recently discovered that his two daughters are severely malnourished. He said: "These five years of war have had severe effects on us. We're tired, exhausted of this situation and living conditions. If there was no war, we could have been in our homes now. I don't know how or when my daughters developed malnutrition, but this is most likely because of these difficult living conditions." *UNICEF/Gabreez*

The 2020 half-year figures for Cameroon, Mozambique, Niger and Somalia are already higher than those for the whole of 2019. Burkina Faso, the Democratic Republic of the Congo (DRC) and Syria also recorded a significant number of conflict-induced displacements. As such, the total conflict-related displacement figures for 2020 are likely to be even higher than for 2019.[4]

The number of refugees doubled from 10 million in 2010 to 20.4 million in 2019.[5] More than two thirds of displacements across borders at the end of 2019 originated in just five countries: Afghanistan, Myanmar, South Sudan, Syria and Venezuela. Developing countries host 85 per cent of refugees.[6] As crises become increasingly complex and protracted, fewer refugees can return home. Only 3.9 million refugees returned between 2010 and 2019 compared to nearly 10 million the previous decade.[7]

Forcibly displaced people (2010-2019)

Explore the chart
gho.unocha.org

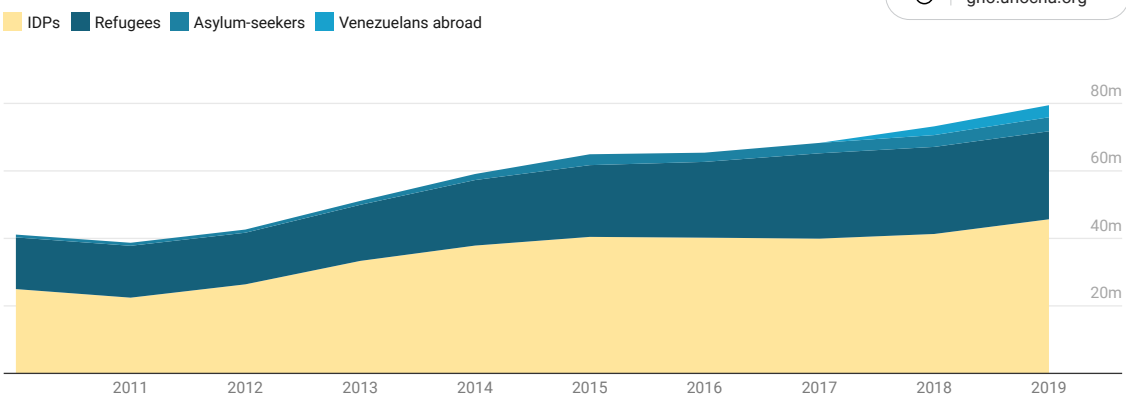


Chart includes refugees (including Palestinian refugees), asylum seekers, IDPs (conflict-induced and for 2019, also disaster-induced) and Venezuelans abroad from 2018 onward (Venezuelans abroad include refugees, migrants and asylum seekers).

Chart: OCHA • Source: IDMC / UNHCR / UNRWA

Forcibly displaced people (2010-2019)

Name	Total IDPs	Total refugees + asylum seekers	Total forcibly displaced
Worldwide	**50.7m**	**33.8m**	**84.5m**
Syria	6.5 m	6.7 m	**13.2 m**
Afghanistan	4.2 m	3.0 m	**7.2 m**
DRC	5.7 m	916.7 k	**6.6 m**
Pakistan	243.0 k	5.6 m	**5.9 m**
Colombia	5.6 m	265.0 k	**5.8 m**
Venezuela	300.0	4.5 m	**4.5 m**
South Sudan	1.6 m	2.2 m	**3.8 m**
Yemen	3.6 m	70.8 k	**3.7 m**
Somalia	2.6 m	953.1 k	**3.6 m**
Sudan	2.4 m	806.9 k	**3.2 m**
Nigeria	2.7 m	401.6 k	**3.1 m**
Iraq	1.6 m	647.2 k	**2.2 m**
Ethiopia	1.8 m	179.7 k	**2.0 m**
Myanmar	498.0 k	1.1 m	**1.6 m**
CAR	687.0 k	626.1 k	**1.3 m**
Cameroon	997.0 k	86.2 k	**1.1 m**
Ukraine	730.0 k	87.8 k	**817.8 k**
Burkina Faso	560.0 k	16.7 k	**576.7 k**
Libya	451.0 k	22.0 k	**473.0 k**
Burundi	35.0 k	427.5 k	**462.5 k**
Mali	214.3 k	172.9 k	**387.2 k**
Niger	316.0 k	4.7 k	**320.7 k**
oPt	121.0 k	193.1 k	**314.1 k**
Mozambique	242.0 k	8.4 k	**250.4 k**
Chad	203.0 k	16.5 k	**219.5 k**
Haiti	53.1 k	92.4 k	**145.5 k**
Zimbabwe	52.0 k	14.0 k	**66.0 k**

Chart includes refugees (including Palestinian refugees), asylum seekers, Venezuelans displaced abroad, IDPs (conflict-induced from UNHCR and disaster-induced from IDMC). The figures for Venezuela include IDPs and Venezuelans abroad, comprising refugees, migrants and asylum seekers. Showing countries with Humanitarian Response Plan only.

Table: OCHA • Source: IDMC, UNHCR, UNRWA

IDPs and refugees are particularly vulnerable to COVID-19 and its secondary effects. The risk of COVID-19 outbreaks in camp or camp-like settings remains real. This is due to crowded living conditions and limited access to water, sanitation and health facilities. Movement restrictions have impeded voluntary returns or escape from unsafe areas, and asylum seekers face particular challenges[8] while access to asylum procedures has been hindered in some countries. Stigmatization and discrimination against forcibly displaced people are on the rise. And the heightened protection risks facing IDPs and refugees in normal times have been exacerbated under COVID-19, especially for women and girls. The INFORM COVID-19 Risk Index shows that 6 of the 10 countries most at-risk of COVID-19 host a combined population of 17.7 million IDPs.[9]

Aid in action
Stranded migrants

The extraordinary mobility and travel restrictions of 2020 have exacerbated the precarious situations and vulnerabilities of migrant populations. As of July 2020, an estimated 2.75 million migrants were stranded, with COVID-19-related mobility restrictions impeding their intended movements. Many face deportation as their visas and permits expire, as well as homelessness, stigmatization and detention in overcrowded facilities without appropriate medical care or self-isolation facilities.[10] Those stranded may also be more vulnerable to exploitation, including trafficking in persons and – out of desperation – taking up employment in conditions with increased exposure to COVID-19. As of 28 September 2020, 218 countries, territories and areas have imposed entry restrictions.[11] Medical measures are the most common limitation to entry, representing 54 per cent of all possible restrictions. Deportations of stranded and irregular migrants can overwhelm weak public health systems in receiving countries. Several Governments have implemented commendable measures to support stranded migrants including blanket visa extensions, access to medical facilities and basic needs – though stranded migrants will continue to require protection and other assistance into 2021. *OCHA/Charlotte Cans*

The direct health impacts of COVID-19 will be dwarfed by the indirect ones. These include disruptions to immunization campaigns and essential health services, rising food insecurity and the economic fallout, all of which will hit forcibly displaced persons particularly hard, depriving many of their livelihoods and jobs, particularly in the informal economy.[12] According to a survey of IDPs and refugees in 14 countries, 77 per cent had lost a job or income since March 2020, 71 per cent reported difficulty paying rent or other basic housing costs (many had been evicted) and 70 per cent had reduced the number of meals for their household.[13]

Forcibly displaced persons' vulnerability to COVID-19 calls for their inclusion in national COVID-19 responses, a heightened focus on efforts to address gender-based violence (GBV) among displaced populations, advocacy to combat stigmatization and discrimination, and a stop to forced returns to insecure places of origin.

Most importantly, COVID-19 reinforces the imperative to advance durable solutions for forcibly displaced persons, which will reduce underlying vulnerabilities. The UN Secretary-General's High-Level Panel on Internal Displacement, which held its first meeting in February 2020, is tasked to provide the Secretary-General with innovative and concrete recommendations for Member States, the UN, NGOs and other stakeholders to better prevent, respond to and achieve solutions for internal displacement. The Panel's report is planned for September 2021.

References

[1] Internal Displacement Monitoring Centre, Global Report on Internal Displacement, April 2020, p. 11. Five countries – Afghanistan, Colombia, DRC, Syria and Yemen – accounted for more than half the total of IDPs displaced by conflict and violence.

[2] Internal Displacement Monitoring Centre, Global Report on Internal Displacement, April 2020, p. 1.

[3] Internal Displacement Monitoring Centre, Internal displacement 2020: mid-year update, 23 September 2020

[4] Internal Displacement Monitoring Centre, Internal displacement 2020: mid-year update, 23 September 2020

[5] Figures are based on UNCHR's Global Trends: Forced Displacement in 2019 and do not reflect the approximate 5 million Palestinian refugees under UNRWA's mandate.

[6] UNHCR, Global Trends: Forced Displacement in 2019, 18 June 2020, p. 22. The three most common countries of asylum hosted people almost exclusively from one single country: Turkey, with 3.6 million Syrians; Colombia, with 1.8 million Venezuelans; and Pakistan, with 1.4 million Afghans.

[7] UNHCR, Global Trends: Forced Displacement in 2019, 18 June 2020, pp. 11—12.

[8] UN Secretary-General, Policy Brief: COVID-19 and People on the Move, June 2020, p. 11.

[9] INFORM COVID-19 Risk Index identifies countries at risk from health and humanitarian impacts of COVID-19 that could overwhelm national response capacity, and therefore lead to a need for additional international assistance.

[10] IOM, COVID-19 Impact on Stranded Migrants, 30 September 2020; IOM, Issue Brief: COVID-19 and Stranded Migrants, 2 June 2020, p. 1; OCHA, Global Humanitarian Response Plan, July Update 2020.

[11] IOM, Global Mobility Restriction Overview, 28 September 2020

[12] UN Secretary-General, Policy Brief: COVID-19 and People on the Move, June 2020, p. 11.

[13] Norwegian Refugee Council (NRC), Downward Spiral: The economic impact of COVID-19 on refugees and displaced people September 2020

Hunger is Rising, COVID-19 Will Make it Worse

Part one: Global trends

The rise of hunger shows no signs of abating. By the end of 2020, the number of acutely food insecure people could increase to 270 million due to COVID-19, representing an 82 per cent increase compared to the number of acutely food insecure people pre-COVID-19.[1] Urgent and sustained humanitarian action is needed to avoid further deterioration and to prevent a risk of famine in areas already on the brink of starvation.

Nearly 690 million people were undernourished in 2019, up by almost 60 million since 2014.[2] Nearly half of all deaths in children under age five are attributable to undernutrition and, regrettably, stunting and wasting still have strong impacts worldwide. In 2019, 21 per cent of all children under age five (144 million) were stunted and 49.5 million children experienced wasting.[3] The effects of the pandemic will increase child hunger, and an additional 6.7 million children are predicted to be wasted by the end of 2020 due to the pandemic's impact.[4]

The situation continues to be most alarming in Africa: 19 per cent of its population is undernourished (more than 250 million people), with the highest prevalence of undernourishment among all global regions. Africa is the only region where the number of stunted children has risen since 2000.[5] Women and girls represent more than 70 per cent of people facing chronic hunger. They are more likely to reduce their meal intake in times of food scarcity and may be pushed to engage in negative coping mechanisms, such as transactional sex and child, early and forced marriage.[6]

Funding requirements for food security in humanitarian appeals have steadily increased and almost doubled over the last five years. This worrying trend has grown from $4.7 billion in 2015 to $8.9 billion in 2020.[7]

Conflict is the main cause of acute hunger – 77 million people in 22 countries experienced hunger due to armed violence and insecurity in 2019.[8] Seventy per cent of the top 20 countries at risk of food insecurity are in fragile and conflict-affected situations.[9] Pre-COVID-19 estimates of acute food insecurity in West and Central Africa already indicated a conflict-induced increase for 2020.[10] However, COVID-19's compounding impact could increase food insecurity in the region by 135 per cent.

Extreme climatic events drove almost 34 million people into food crisis in 25 countries in 2019, 77 per cent of them in Africa.[11] The number of people pushed into food crisis by economic shocks more than doubled to 24 million in eight countries in 2019 (compared to 10 million people in six countries the previous year).[12] Food insecurity is set to get much worse unless unsustainable global food systems are addressed. Soils around the world are heading for exhaustion and depletion. An estimated 33 per cent of global soils are already degraded, endangering food production and the provision of vital ecosystem services.

Aid in action
COVID-19 and the risk of famine

The devastating impact of COVID-19 is still playing out in terms of rising unemployment, shattered livelihoods and increasing hunger. Families are finding it harder to put healthy food on a plate, child malnutrition is threatening millions. **The risk of famine is real in places like Burkina Faso, north-eastern Nigeria, South Sudan and Yemen**.[13]

COVID-19 has ushered hunger into the lives of more urban communities while placing the vulnerable, such as IDPs, refugees, migrants, older persons, women and girls, people caught in conflict, and those living at the sharp end of climate change at higher risk of starvation.[14] The pandemic hit at a time when the number of acutely food-insecure people in the world had already risen since 2014, largely due to conflict, climate change and economic shocks. Acute food-insecurity is projected to increase by more than 80 percent - from 149 million pre-COVID-19, to 270 million by the end of 2020 - in 79 of the countries where WFP works.[15] The number of people in crisis or worse (IPC/CH Phase 3 or above) almost tripled in Burkina Faso compared to the 2019 peak of the food insecurity situation, with 11,000 people facing catastrophic hunger (IPC/CH Phase 5) in mid-2020.[16] For populations in IPC3 and above, urgent and sustained humanitarian assistance is required to prevent a deterioration in the hunger situation. It is alarming that in 2020, insufficient funds left food security partners unable to deliver the assistance required. For example, sustained food ration reductions in Yemen have directly contributed to reduced food consumption since March. Today, Yemen is one of four countries at real risk of famine. *OCHA/Giles Clark*

Evidence from food security assessments and analysis shows that COVID-19 has had a compounding effect on pre-existing vulnerabilities and stressors in countries with pre-existing food crises. In Sudan, an estimated 9.6 million people (21 per cent of the population) were experiencing crisis or worse levels of food insecurity (IPC/CH Phase 3 or above) in the third quarter of 2020 and needed urgent action. This is the highest figure ever recorded for Sudan.[17]

Food security needs are set to increase dramatically in 2021 as the pandemic and global response measures seriously affect food systems worldwide. Entire food supply chains have been disrupted, and the cost of a basic food basket increased by more than 10 per cent in 20 countries in the second quarter of 2020.[18] Delays in the farming season due to disruptions in supply chains and restrictions on labour movement are resulting in below-average harvests across many countries and regions. This is magnified by pre-existing or seasonal threats and vulnerabilities, such as conflict and violence, looming hurricane and monsoon seasons, and locust infestations.[19]

Further climatic changes are expected from La Niña. Forecasters predict a 55 per cent change in climate conditions through the first quarter of 2021,[20] impacting sea temperatures, rainfall patterns and hurricane activity. The ensuing floods and droughts that could result from La Niña will affect farming seasons worldwide, potentially decreasing crop yields and increasing food insecurity levels.

References

[1] WFP, Needs analysis informing WFP's Global Response Plan to COVID-19 – June 2020; Note that the updated June analysis covers 79 countries (all countries with WFP presence, except for DPRK, India, Pacific, Iran and Morocco). The projected 270 million figure is comprised of 149 million people acutely food insecure pre-COVID and 121 million additional people at risk to become food insecure before the end of the year. The 149 million baseline was updated to reflect all newly available data for 2020 and expanded country coverage to all WFP countries where data on acute food insecurity was available.

[2] FAO, IFAD, UNICEF, WFP and WHO. The State of Food Security and Nutrition in the World 2020. Transforming food systems for affordable healthy diets.

[3] UNICEF, WHO and the World Bank, Levels and trends in child malnutrition, March 2020.

[4] World Vision International Out of time: as families' incomes plummet, millions more children go hungry and are forced to work and beg 2020; Headey, Heidkamp, Osendarp, Ruel, et al. Impacts of COVID-19 on childhood malnutrition and nutrition-related mortality, The Lancet, vol. 396: issue 10250, 22 August 2020

[5] FAO, IFAD, UNICEF, WFP and WHO, The State of Food Security and Nutrition in the World 2020. Transforming food systems for affordable healthy diets, 2020.

[6] UNFPA, 10 things you should know about women and the world's humanitarian crises, 23 May 2016; Girls not Brides and International Centre for Research on Women, Taking action to address child marriage: the role of different sectors – food security and nutrition, 2016.

[7] OCHA, Financial Tracking Service, Appeals/Plan Overview, data retrieved 25 November 2020. Figures may be higher as they may not include multi-sector assistance.

[8] Food Security Information Network, Global Report on Food Crises 2020, p.22

[9] The Famine Action Mechanism (FAM), Emerging Consensus Among FAM Partners Concerning COVID-19 and Food Security Crises, June 2020.

[10] Primarily linked to conflicts in Central Sahel, northern Nigeria, Central African Republic, and Cameroon. OCHA, Global Humanitarian Response Plan, July Update 2020

[11, 12] Food Security Information Network, Global Report on Food Crises 2020 2020.

[13] FAO and WFP, FAO-WFP Early Warning Analysis of Acute Food Insecurity Hotspots, November 2020

[14] IOM and WFP, Populations at Risk: Implications of COVID-19 for Hunger, Migration and Displacement, November 2020; CARE Sometimes We Don't Even Eat: How Conflict and COVID-19 Are Pushing Millions of People to the Brink, November 2020;

[15] WFP, Needs analysis informing WFP's Global Response Plan to COVID-19 – June 2020

[16] Food Security Information Network, Global Report on Food Crises Update: In times of COVID-19, September 2020

[17] FAO and WFP, FAO-WFP Early Warning Analysis of Acute Food Insecurity Hotspots, November 2020.

[18] WFP, WFP Global Response to COVID-19: September 2020. The cost of a basic food basket has increased by more than 10 percent on top of reduced incomes in twenty countries during the second quarter compared to the first in 2020. The countries are Afghanistan, Angola, Bangladesh, Ghana, Haiti, Honduras, Iran, Kyrgyzstan, Lebanon, Libya, Mauritania, Mexico, Mozambique, Namibia, Nicaragua, Nigeria, Sudan, Syria, Tajikistan and Thailand. Food prices are also exceptionally high in many countries like Syria, Yemen, Lebanon and Zimbabwe.

[19] OCHA, Global Humanitarian Response Plan, July Update 2020.

[20] World Meteorological Organization, ENSO and Seasonal Climate Updates, October 2020

Climate change will continue to exacerbate vulnerabilities

Part one: Global trends

The last decade was the hottest on record.[1] Climate change continues to seriously challenge humanitarian response efforts. Increasingly severe weather and rising numbers of natural disasters are exacerbating chronic vulnerabilities.

In 2019, 396 natural disasters were reported, above the annual average of the last 10 years (343 disasters per year), killing 11,755 people, affecting nearly 95 million others[2] and causing approximately $150 billion in losses.[3] Natural disasters triggered 24.9 million new displacements in 2019, the highest recorded figure since 2012.[4] By 30 June 2020, 9.8 million people had been newly displaced by disasters. This figure is expected to rise, as displacements are yet to be accounted for from major flooding in Asia and the Sahel region, and the typhoon season in East Asia and the Pacific.[5]

Climate change and extreme weather events are key drivers of the recent rise in global hunger and food insecurity. In 2019, 34 million people suffered from weather-driven acute food insecurity – a 17 per cent increase from the previous year.[6] These numbers are expected to rise,[7] as more than 80 per cent of the world's most food insecure people live in disaster-prone countries. Swarms of desert locusts, triggered by unusual weather conditions, are threatening large areas of pastures and crops in the Horn of Africa, the Middle East and South Asia. The 2020 locust outbreak represented the worst infestation in 25 years in Somalia and Ethiopia, and the worst in 70 years in Kenya.[8]

Disaster events by type (1980-2019)

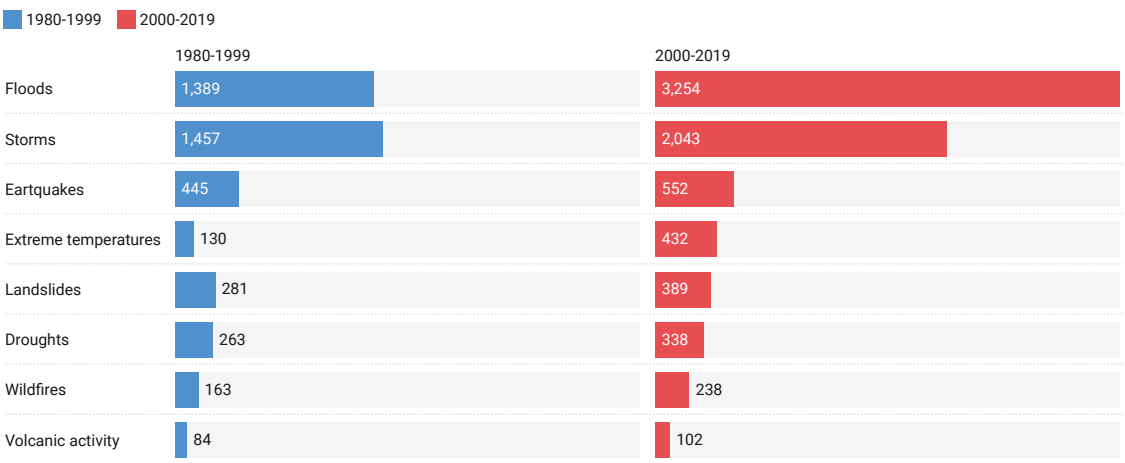


Chart: OCHA • Source: CRED / UNDRR

Facts and figures

The locust outbreak, brought about by weather variations, represented the worst infestation in 25 years in Somalia and Ethiopia, and 70 years in Kenya. *Photo: FAO*

In 2020, 8 of the 10 countries most vulnerable to the effects of climate change also had an inter-agency humanitarian appeal. *Photo: OCHA*

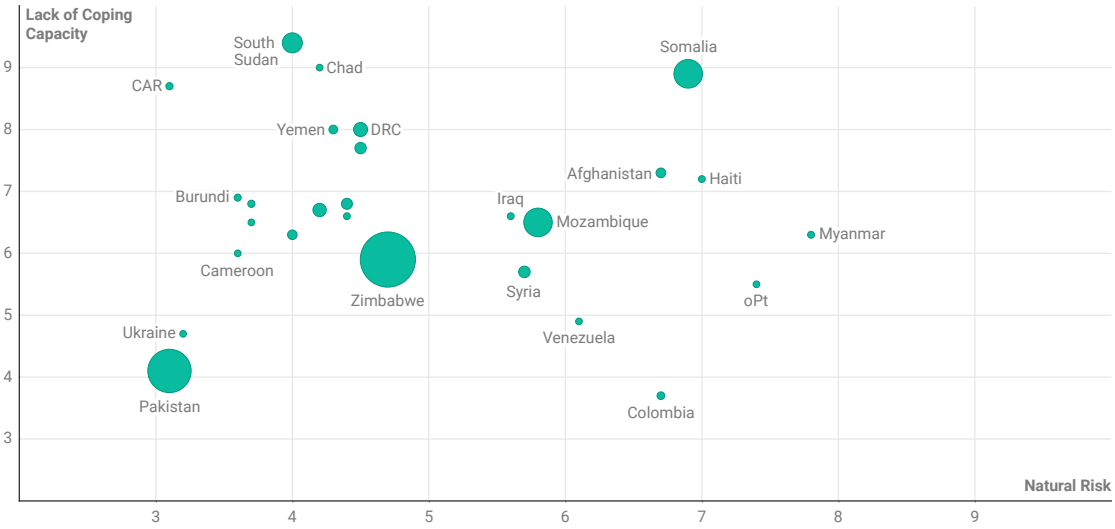
Children make up nearly half of those affected by disasters. *Photo: UNICEF*

Climate change disproportionately affects the poor and vulnerable. Children make up nearly half of those affected by disasters,[9] and women and girls often lack access to resources and assets to cope with disasters.[10] People in poverty, indigenous people and small-scale landholders are increasingly vulnerable due to a high level of income dependence on agriculture, fishing and ecosystems.[11] Agriculture, a vital sector in the poorest countries, is most affected by climatic changes, threatening export earnings, livelihoods, sources of income and food security.[12]

People caught in humanitarian crises were already among the most vulnerable to the impacts of climate change. They are now under even more strain due to the secondary effects of COVID-19, such as loss of livelihoods, reduced capacity to cope with shocks and increasing food insecurity. In 2020, 8 of the 10 countries most vulnerable to the effects of climate change[13] also had an inter-agency humanitarian appeal.[14] All these countries are among those considered most at risk from the impacts of COVID-19, as determined by the INFORM COVID-19 Risk Index.

INFORM Risk Index: Hazard and Exposure vs. Lack of Coping Capacity

Explore the chart
gho.unocha.org



The size of the circles indicates the number of disasters in 2019

Chart: OCHA • Source: INFORM Risk Index

Mobility restrictions due to COVID-19 are having unexpected effects on global weather-observing systems. The limitation of critical observation and measurement activities has affected the quality of forecasts and other weather-, climate- and ocean-related services, potentially compromising weather alert systems. The reduction of aircraft-based observations by an average of 75 to 80 per cent in March and April 2020 degraded the forecast skills of weather models. Observations at manually operated weather stations, especially in Africa and South America, have also been badly disrupted. In March 2020, nearly all oceanographic research vessels were recalled to home ports. Four full-depth ocean surveys of variables such as carbon, temperature, salinity and water alkalinity completed only once per decade have been cancelled. Poorer weather observation may impact climate-related warnings that protect lives and property, increasing the vulnerability of people already vulnerable to climate change.[15]

References

[1] World Meteorological Organization, Statement on the State of the Global Climate in 2019

[2] Excluding epidemics and insect infestations; Center for Research on the Epidemiology of Disasters, Disaster Year in Review (2019)

[3] Munich RE, Natural disasters in 2019

[4] Internal Displacement Monitoring Centre, Global Report on Internal Displacement 2020, 28 April 2020

[5] Internal Displacement Monitoring Centre, Internal displacement 2020: mid-year update, 23 September 2020

[6] Food Security Information Network, 2020 Global Report on Food Crises – Joint Analysis for Better Decisions, 21 April 2020

[7] World Food Programme, 14 Facts Linking Climate, Disasters, and Hunger

[8] Food and Agriculture Organization of the United Nations, FAO Appeals for Urgent Support to Fight Worsening Desert Locust Upsurge in the Horn of Africa, 30 January 2020

[9] IFRC, We Need to Do Better, Policy Brief for Enhancing Laws and Regulations to Protect Children in Disasters

[10] UNEP, UN Women, DPPA, UNDP: Gender, Climate & Security: Sustaining Inclusive Peace on the Frontlines of Climate Change

[11] UNDESA, World Social Report 2020: Inequality in a Rapidly Changing World

[12] World Bank, Shock Waves: Managing the Impacts of Climate Change on Poverty

[13] As determined by the Notre Dame Global Adaptation Initiative, University of Notre Dame

[14] Afghanistan, Central African Republic, Chad, Democratic Republic of the Congo, Haiti, Niger, Somalia, Sudan

[15] WMO, United in Science 2020, September 2020

Disease outbreaks are increasing, hard-won gains are at stake amid COVID-19

Part one: Global trends

The past decade has seen a steady increase in disease outbreaks, with an average annual growth of 6.9 per cent.[1] Over the past five years, 94 per cent of the countries with inter-agency humanitarian appeals have recorded at least one disease outbreak.[2]

Globally, over 5 million children under 5 years of age face the threats of cholera and acute watery diarrhoea.[3] WHO, UNICEF and Gavi, the Vaccine Alliance, reported that by August 2020, routine immunization services had been disrupted in at least 68 countries due to the COVID-19 pandemic, putting approximately 80 million children under 1 year of age at increased risk of contracting vaccine-preventable diseases.[4]

COVID-19 has hindered essential health services in almost every country (90 per cent), with the greatest impact being felt in low- and middle-income countries.[5] Non-communicable disease diagnosis and treatment have been disrupted by 69 per cent, family planning and contraception by 68 per cent, antenatal care by 56 per cent, and cancer diagnosis and treatment by 55 per cent.[6] Mental health treatment has experienced a 61 per cent disruption (see Mental Health and Psychosocial Support in Humanitarian Emergencies on this report).

COVID-19 cases and deaths per country (2020)

Explore the chart
gho.unocha.org

-	Country	Reported cases	Reported deaths	New reported cases
	Colombia	1,174,012	33,491	
	Ukraine	525,176	9,508	
	Iraq	514,496	11,580	
	Pakistan	352,296	7,092	
	Ethiopia	101,757	1,558	
	Venezuela	96,140	841	
	oPt	73,697	623	
	Libya	72,628	995	
	Myanmar	65,598	1,508	
	Nigeria	64,884	1,163	

Afghanistan	42,969	1,595	
Cameroon	22,692	433	
Sudan	14,401	1,116	
Mozambique	14,227	110	
DRC	11,691	318	
Haiti	9,168	232	
Zimbabwe	8,765	257	
Syria	6,552	337	
CAR	4,896	63	
Somalia	4,301	107	
Mali	3,806	139	
South Sudan	3,003	59	
Burkina Faso	2,609	68	
Yemen	2,072	603	
Chad	1,589	100	
Niger	1,282	69	
Burundi	627	1	

Data as of 15 November 2020. Showing countries with Humanitarian Response Plans
Table: OCHA • Source: WHO

In terms of communicable diseases, health-care disruptions caused by the pandemic are reversing hard-won gains in the fight against human immunodeficiency virus (HIV), tuberculosis (TB) and malaria. Analyses from WHO, UNAIDS, the Stop TB Partnership and others suggest that the annual death toll due to HIV, TB and malaria could nearly double due to COVID-19, wiping out up to 20 years of progress.[7]

The pandemic has shown how disease can drive humanitarian needs, sharpening the focus on ongoing structural and societal inequalities.[8] Lower-income groups usually face higher rates of chronic health conditions, such as diabetes or heart disease, and they are likely to suffer from underlying conditions such as diarrhoea, gastroenteritis, malaria and TB.

Aid in action
Ensuring equitable access to a COVID-19 vaccine

An effective and fairly distributed COVID-19 vaccine will be key to turning the course of the pandemic, in addition to infection prevention and control measures. The Access to COVID-19 Tools Accelerator (ACT-A) is a global collaboration to accelerate the development, production of and equitable access to COVID-19 tests, treatments and vaccines. ACT-A has three pillars: vaccines, diagnostics and therapeutics. It acts as a connector of health systems. The vaccine pillar, i.e. the COVAX facility, aims to ensure the global distribution of vaccines by acting as a platform that will support the research, development and manufacturing of a wide range of COVID-19 vaccine candidates, and negotiate their pricing. All participating countries, regardless of income levels, will have equal access to these vaccines once they are developed. The initial aim is to have 2 billion doses available by the end of 2021, which should be enough to protect high-risk and vulnerable people, as well as frontline health-care workers. Inter-Agency Standing Committee members are working closely with the COVAX facility to ensure that a 'humanitarian buffer' of the eventual vaccine is available for at-risk populations. *UNICEF/Ahed Izhiman*

References

[1] Elsevier, Global Research Trends in Infectious Disease, March 2020.

[2] As determined by the WHO's Global Health Observatory - Health Emergencies data from 2015-2019.

[3] UNICEF, Press Release: Over 5 Million Children Face the Threat of Cholera and Acute Watery Diarrhea in the Midst of COVID-19 as Yemen Gets Heavy Rains, April 2020.

[4] UNICEF, Immunization coverage estimates data visualization, July 2020 and OCHA, Global Humanitarian Response Plan, July 2020

[5] WHO, Pulse survey on continuity of essential health services during the COVID-19 pandemic: interim report, 27 August 2020

[6] WHO, Pulse survey on continuity of essential health services during the COVID-19 pandemic: interim report, 27 August 2020

[7] The Global Fund, Mitigating the Impact of COVID-19 on Countries Affected by HIV, Tuberculosis, and Malaria, June 2020.

[8] IASC, Key Messages on the COVID-19 Response: Applying the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, June 2020

[9] UN-Habitat, Fighting COVID-19 in Africa's Informal Settlements, 8 June 2020

Youth movements are shaping global trends

Part one: Global trends

Young people continue to feel the impacts of the COVID-19 pandemic, especially those living in disadvantaged circumstances. Despite this group's lower immediate health risk from COVID-19, their protection needs can be severely affected when caregivers are infected, quarantined or pass away, compromising their access to shelter, food and education if they are forced to procure a livelihood.

Economic and employment prospects for young people – already tough before the pandemic – have become even more dire. The proportion of youth who are not engaged in employment, education or training activities (the youth NEET rate) has remained stubbornly high over the past 15 years. It now stands at 30 per cent for young women and 13 per cent for young men worldwide. An estimated 600 million jobs would have to be created over the next 15 years to meet youth employment needs.[1]

Proportion of youth not in education, employment or training (NEET) (2019)

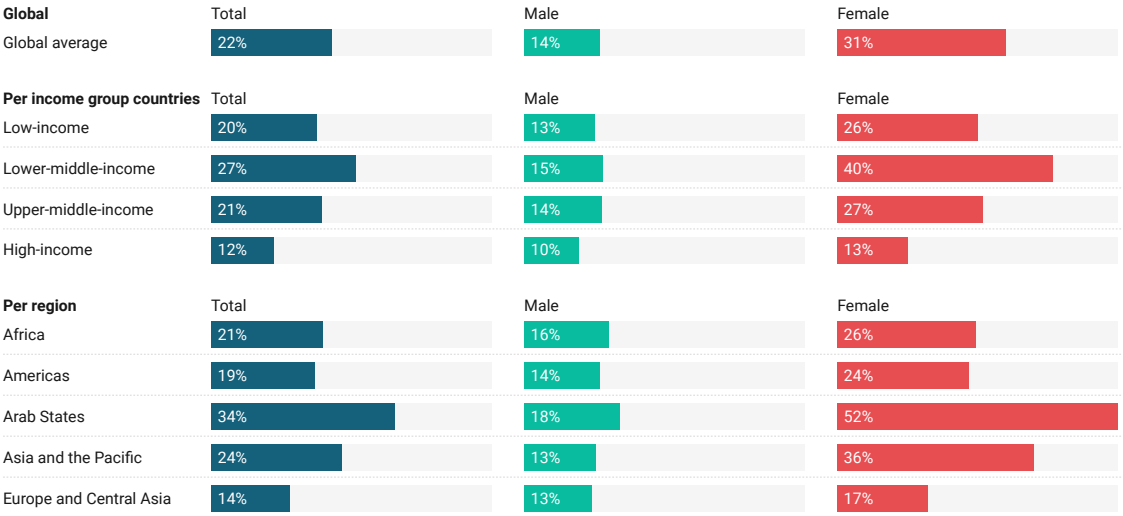


Chart: OCHA • Source: ILO

Aid in action
Ensuring equitable access to a COVID-19 vaccine

When COVID-19 hit, Governments responded by temporarily closing schools, impacting 91 per cent (1.6 billion) of students worldwide. At least 463 million children – a third of those affected by closures – were unable to access any remote learning during school closures. By September 2020, UNICEF reported that out of 158 countries surveyed about their school reopening plans, one in four had not put a date in place for allowing schoolchildren back into the classroom.[2] The loss of educational opportunities has undermined productivity, reduced lifetime earnings and widened inequalities. The economic fallout of the pandemic could cause a loss of $10 trillion in earnings over the lifetime of this current generation of children, pushing up to 86 million more children and young people into household poverty by the end of 2020.[3]

Worryingly, the loss of educational opportunities also raises other protection concerns that will reverberate through next year, especially in fragile settings. UNESCO estimates that 23.8 million children, adolescents and young people are at risk of not returning to school in 2020, including 11.2 million girls and young women.[4] Failure to return to school increases the risk of a rise in physical and emotional violence, sexual exploitation and abuse, and the recruitment of children by armed groups. Millions of children could be forced into child labour, which would mark the first increase in child labour since 2000.[5] In particular, the longer adolescent girls are out of school, the less likely they are to return as education disruptions greatly increase their risks of child, early and forced marriage and adolescent pregnancy. Failure to return to school also closes the door on an early intervention opportunity to identify domestic violence and provide nutritional support and routine immunizations or basic health screenings. Nearly 369 million children lost access to school meals in 2020 due to school closures, many of whom relied on these meals for their nutrition.[6] The loss of these pre-emptive opportunities could result in broader humanitarian needs in 2021 and beyond. *UNICEF/Helene Ryeng*

During lockdown, and in this context of overall economic and social distress, children and adolescents are at increased risk of domestic violence. Young women and girls are at higher risk of experiencing GBV if confined with their abusers, or sexual exploitation and child, early and forced marriage if the family experiences hardships while access to support services is severely disrupted.[7] Unaccompanied and separated children, including those living on the streets, are also at increased risk of sexual exploitation and abuse.[8] These impacts are further amplified in humanitarian contexts where conflict, fragility and other emergencies have undermined institutional capacity and limited access to services.[9]

Despite these impacts, young people have mobilized at an unprecedented scale to respond to the pandemic and other global crises. Young medical professionals and students are providing essential health care or engaging in advocacy and information campaigns. Many are volunteering to support older persons and other vulnerable populations, and are contributing as scientists, social entrepreneurs, and innovators.[10]

As the pandemic forces the world indoors, young people have embraced digital media to make their voices heard, and they are engaging in collective action on issues such as social injustice, racial discrimination and climate change.[11] The youth-led climate change movement, Fridays for Future, has moved online, launching a hashtag12 for climate action. Youth-led civil- society organizations, such as #DefyHateNow in South Sudan,[13] have launched community initiatives to fight misinformation, share best practices, and raise awareness on COVID-19 prevention and protection. This new level of engagement presents a unique opportunity for the international humanitarian system to integrate youth perspectives and leadership, ensuring humanitarian action is more inclusive for young people.

References

[1] UN DESA, World Youth Report 2020 – Youth Social Entrepeneurship and the 2030 Agenda, July 2020

[2] Fore, UNICEF Executive Director remarks on new updated guidance on school-related public health measures in the context of COVID-19, 15 September 2020; UNICEF, Are children able to continue learning during COVID-19 closures?, August 2020 and UNICEF, Keeping the World's Children Learning Through COVID-19, 20 April 2020.

[3] UNICEF and Save the Children, Children in Monetary Poor Households and COVID-19: Technical Note, June 2020.

[4] UNESCO, Act now: reduce the impact of COVID-19 on the cost of achieving SDG 4, September 2020.

[5] UNICEF and ILO, COVID-19 and child labour: a time of crisis, a time to act, June 2020.

[6] WFP and UNICEF, WFP and UNICEF: joint response to COVID-19, 2020.

[7] United Nations, Policy Brief: The Impact of COVID-19 on Women, April 2020.

[8] Compact for Young People in Humanitarian Action, COVID-19: Working with and for Young People, May 2020

[9] Save the Children, Fact Sheet - Child Protection in Emergencies, 2010.

[10] Compact for Young People in Humanitarian Action, COVID-19: Working with and for Young People, May 2020

[11] UNICEF, Pandemic Participation: Youth Activism Online in the COVID-19 Crisis, 14 April 2020

[12] UNICEF, Pandemic Participation: Youth Activism Online in the COVID-19 Crisis, 14 April 2020

[13] Wickramanayake, Jayathma, Meet 10 Young People Leading the COVID-19 Response in their Communities, 3 April 2020

New and emerging technologies are improving humanitarian action

Part one: Global trends

The rate of uptake for digital services has exploded over the last decade. By the end of 2019, the percentage of the global population using the Internet had doubled to 53.6 per cent, or 4.1 billion people, compared to 2009.

There are now more cellular phone subscriptions.[1] Such technology has opened the doors for new practices in humanitarian action, such as conducting real-time surveys and needs assessments over mobile phones or using electronic vouchers for assistance. The potential that new technologies offer to humanitarian action has become even more pronounced during the pandemic: Artificial Intelligence (AI) is being used for outbreak mapping and early warning, screening, diagnosis and treatment. 3D printers are supporting the production of face masks, face shields and ventilators. Drones are delivering medical supplies and testing samples. As many global activities have moved online almost overnight, COVID-19 has brought into focus the state of technological preparedness, digital inequality and business continuity.

Use of internet by gender (2019)

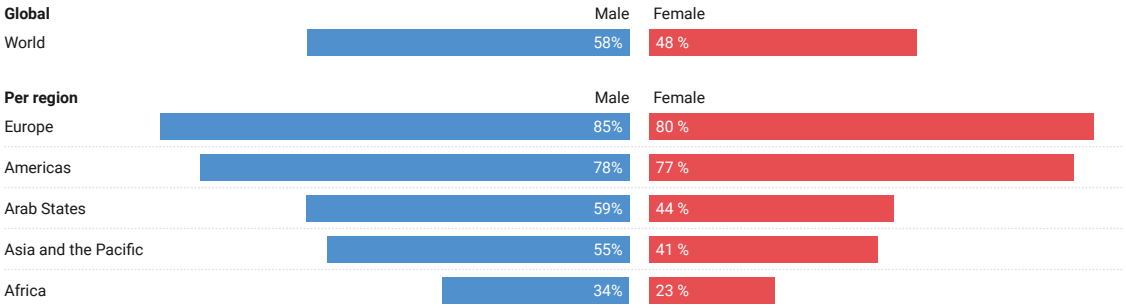


Chart: OCHA • Source: ITU

Innovative practices, such as anticipatory approaches and predictive analytics, are also supporting early action in emergencies such as famine, flooding, displacement or disease outbreaks. In 2020, for the first time, OCHA's Central Emergency Response Fund (CERF) allocated and released funding based on predictive analytics frameworks for famine in Somalia and flooding in Bangladesh.[2]

Kassala, Sudan. Children use their tablet and work with each other at the UNICEF supported Debate e-Learning Centre in a village on the outskirts of Kassala, eastern Sudan. The most efficient technological solutions are demand-driven; they could be "high tech", "low tech" or "no tech" depending on context and individual circumstances. *UNICEF/Noorani*

At the same time, the use of technologies in humanitarian settings poses significant risks and challenges to be mitigated. Data and privacy breaches can lead to surveillance, discrimination and persecution of vulnerable populations.[3] Lack of connectivity and digital literacy can widen the "digital divide" and lead to biases and digital discrimination, particularly in the use of AI.[4] Gender biases may intensify due to women's disproportionate lack of access to technology, such as mobile devices and the Internet.

Harnessing the opportunities and mitigating the risks of new and emerging technologies in humanitarian action requires a rights-based approach in accordance with international law, the "do no harm" imperative and humanitarian principles. This approach ensures that basics are in place, such as data protection, privacy and responsibility standards. Investment in connectivity and digital literacy will help bridge digital divides and aid localized approaches, while collaboration with other actors will boost synergies between areas of expertise and save resources. Importantly, technology will be most efficient under demand-driven approaches: the most effective response could be "high tech", "low tech" or "no tech" depending on context and individual circumstances.

References

[1] International Telecommunications Union (ITU) Statistics. Data downloaded 27 October 2020.

[2] CERF, Early funding from CERF as food insecurity in Somalia is projected to rise, 26 June 2020

[3] ODI, The Humanitarian 'Digital Divide', HPG Working Paper, November 2019

[4] ITU, Measuring digital development, Facts and figures 2019

Humanitarian-Development-Peace collaboration to reduce need

Part one: Global trends

Looking to 2021, nearly twice as many people will require humanitarian assistance than just five years ago.[1] Critical gains have been made in addressing need and vulnerability through closer collaboration. The humanitarian community can continue to build on these gains by strengthening collaboration between humanitarian development and peacebuilding actors.

The COVID-19 response builds on a growing culture of collaboration across humanitarian and development actors. Resident and Humanitarian Coordinators and country teams collaborate to create a joint understanding of the immediate and long-term impacts of COVID-19. This joint analysis has also examined the drivers of need across humanitarian and development sectors. Assessments and response plans to address the pandemic's socioeconomic impact more regularly include IFIs and complement humanitarian response efforts. Of the countries covered in this GHO, 22 also have a socioeconomic plan ready for 2021 and beyond, and Myanmar has participated in the UN Secretary-General's COVID-19 Response and Recovery Fund to more comprehensively address the population's humanitarian and development needs.

Countries with HRPs and Socioeconomic Response Plans

Afghanistan	Socioeconomic Response Plan	**Niger**	Socioeconomic Response Plan
Cameroon	Socioeconomic Response Plan	**Nigeria**	Socioeconomic Response Plan
CAR	Socioeconomic Response Plan	**oPt**	Socioeconomic Response Plan
Chad	Socioeconomic and Health Response Plan	**Pakistan**	Socioeconomic Response Plan
Colombia	Socioeconomic Response Plan	**Somalia**	Socioeconomic Response Plan
DRC	Socioeconomic Response Plan	**South Sudan**	Socioeconomic Response Plan
Ethiopia	Socioeconomic and Recovery Response Plan	**Syria**	Socioeconomic Response Plan
Haiti	Socioeconomic Response Plan	**Ukraine**	Socioeconomic Response Plan
Iraq	Socioeconomic Response Plan	**Venezuela**	Socioeconomic Response Plan
Mali	Socioeconomic Response Plan	**Yemen**	Socioeconomic Response Plan
Mozambique	Socioeconomic Response Plan	**Zimbabwe**	Socioeconomic Response Plan
Myanmar	Socioeconomic Response Plan		

Table: OCHA • Source: UN DCO

Aid in action

Humanitarian-Development collaboration for nutrition: lessons from Afghanistan, Myanmar and Niger

Humanitarian-development collaboration must be strengthened at all levels, according to a joint study on humanitarian-development collaboration for nutrition[2] outcomes. The report, commissioned by the Global Nutrition Cluster and Scaling Up Nutrition, covers three case studies carried out in Afghanistan, Myanmar and Niger. It describes challenges and lessons learned and gives recommendations for humanitarian and development actors at global, national and local level on how to strengthen collaboration for nutrition. Creation of space is recommended, so that humanitarian and development partners can link up and develop specific and shared nutrition objectives, and afterwards implement these through national multisectoral plans. The report also calls for strengthened inclusion and accountability with and to national authorities and communities, as well as reporting against action plans.

The COVID-19 response has led to a significant expansion of national social protection systems, with over 200 countries implementing such measures since the outbreak began. This has benefited over a billion people, including millions of vulnerable people across humanitarian contexts. This illustrates the importance of linking national social protection systems with humanitarian cash assistance (see Cash and Voucher Assistance for more details).[3]

IFIs have increased development investments in fragile contexts, offering opportunities for closer collaboration to reduce vulnerability. By mid-September 2020, IFIs and multilateral development banks had pledged approximately $182 billion[4] to assist Governments and the private sector to respond to and recover from COVID-19, focusing particularly on fragile contexts to support the immediate health response and minimize the socioeconomic impact. IFIs have increasingly repurposed funding to support the immediate response to COVID-19, complementing humanitarian response efforts.

Aid in action

Afghanistan: evaluating needs from a joint perspective

The COVID-19 pandemic drove accelerated engagement between humanitarian and development actors in 2020. The cross-cutting nature of the response opened space for Afghanistan's first common humanitarian-development needs analysis. Under this new approach, the Inter-Cluster Coordination Team worked with development actors to identify people who required an urgent social safety-net response from the Government and development actors. Thirty-five million people (93 per cent of the population) living on less than $2 per day were included in this response. This overlap of humanitarian and development needs was used by the World Bank to design its Dastarkhan-e-Milli programme with the Government. The programme will deliver hundreds of millions of dollars in social assistance to people in poverty, ensuring no one is left behind.

Planning for 2021 has provided another opportunity to continue strengthening linkages with development actors. An updated common needs analysis identified approximately 30.5 million people in need of some form of social assistance (IPC 2+ food insecurity, roughly 75 per cent of the population).[5] From this group, 15.7 million will be targeted for humanitarian assistance under the 2021 HRP, while the rest will require broader assistance from development actors and the Government. *WFP/Massoud Hossaini*

References

[1] In 2020, 235 million people will require humanitarian assistance (people in need) compared to 125 million people in 2016.

[2] The report will be available after 2 December 2020.

[3] Gentilini, Almenfi, Orton and Dale, Social Protection and Jobs Responses to COVID-19 : A Real-Time Review of Country Measures, World Bank, 22 July 2020

[4] Segal and Gerstel, International Financial Institutions' Ongoing Response to the Covid-19 Crisis, Centre for Strategic and International Studies, 21 September 2020

[5] Based on data from the UNFPA-World Pop-Flowminder population project for Afghanistan.

Gender and Gender-Based Violence in humanitarian action

Part one: Global trends

Humanitarian contexts affect women more heavily: 70 per cent of women experience gender-based violence (GBV) in humanitarian contexts compared with 35 per cent worldwide.[1] Humanitarian crises disrupt family and social networks, change the roles played by different genders and break down protection structures. Existing inequalities for women and girls risk being further exacerbated during and after a crisis.

Adolescent girls in conflict zones are 90 per cent more likely to be out of school than girls in non-conflict settings.[2] Sixty per cent of preventable maternal mortality takes place in settings of conflict, displacement, and natural disasters. Every day, 507 women and adolescent girls die from pregnancy and childbirth complications in emergency settings.[3]

Facts and figures

One in three women worldwide will experience physical or sexual abuse in her lifetime. *Photo: OCHA/Alioune Ndiaye*

One in five internally displaced or refugee women living in humanitarian crisis and armed conflict has experienced sexual violence. *Photo: OCHA/Alioune Ndiaye*

Every day, 507 women and adolescent girls die from pregnancy and childbirth complications in emergency settings. *Photo: UNICEF/Keïta*

COVID-19 has shed even greater light on the full extent of gender inequality, its impacts on women and girls and their exposure to violence. Across the globe domestic violence has been exacerbated by quarantine measures as victims and survivors are confined with their abusers. UNFPA predicts 15 million additional cases of gender-based violence for every three months of lockdown.[4] The pandemic's effects could also bring about an additional 13 million cases of child marriage - which can be avoided.[5] While GBV and gender equality are not synonymous and should be treated as distinct streams of work, GBV is included together with gender equality to reinforce the need to address the gender inequality root causes of GBV and, in order to achieve gender equality, women and girls must be protected from GBV.

Aid in action
South Sudan: partnering with local actors to address GBV

The humanitarian crisis plus the COVID-19 pandemic have increased the vulnerability of women and children to GBV. Between January and September, 6,295 GBV incidents were recorded. Two country-wide toll-free helplines were established to support survivors seeking timely and confidential assistance. The much-needed helplines are run by two women-led local NGOs, in collaboration with national authorities. The helplines received nearly 1,000 calls mainly from urban settings. To facilitate access to a diverse group of the vulnerable population, response officers with various language skills and experiences act as operators providing remote support.

The helplines have enabled remote preliminary counselling, referrals and case management for survivors in distress or at risk of violence. Follow-up phone calls, home visits and financial support have also been extended to survivors. Out of people targeted to receive GBV prevention and response services in 2020, 31 per cent were reached. The majority of response services are concentrated in Unity, Central Equatoria, Jonglei and Upper Nile States. *UNICEF/Helene Ryeng*

Women make up the majority of those in the health and social work industry.[6] They are frequently called on to care for family including the sick and elderly, putting them at increased risk of infection. Women face other knock-on effects of the pandemic: access to sexual and reproductive health are disrupted as are livelihoods, due to their lack of access to resources and/or their prevalence in the informal economy.

The gendered implications of the COVID-19 health emergency have been prioritized by humanitarian actors from the onset of the COVID-19 response. Gender analysis and implications have been highlighted in the Global Humanitarian Response Plan to mitigate protection and social economic impacts of COVID on women and girls in humanitarian settings.

Aid in action
Gender-based violence: an overview

Gender-based violence (GBV) is an umbrella term for any harmful act perpetrated against a person's will, and which is based on socially ascribed gender differences between females and males. The term encompasses acts that inflict physical, sexual or mental harm or suffering; threats of such acts; coercion; and other deprivations of liberty. These acts can occur in public or private. Domestic violence, rape, trafficking, early and forced marriage, sexual harassment, and sexual exploitation and abuse are some of the types of GBV common in humanitarian emergencies. GBV is deeply rooted in gender inequality and discriminatory gender roles and norms. During humanitarian emergencies, gender dynamics may be affected, and inequalities worsened, further fuelling risks of GBV for women and girls. This is especially when family and community protections have broken down, exposing women and girls to attacks as they perform gender roles, such as fetching water, food and firewood. They may also be targeted by armed actors who use sexual violence as a tactic of war, control and exploitation.

Addressing all forms of GBV is a priority in humanitarian settings because such acts pose immediate and life-threatening health consequences. Women and girls with disabilities are even more at risk. It is therefore important that humanitarian actors ensure that their actions and initiatives prevent and mitigate GBV from the onset of emergencies. *OCHA/Alioune Ndiaye*

References

[1] ActionAid (2016). On the frontline: Catalyzing women's leadership in humanitarian action, p. 10; OCHA (2016) World Humanitarian Data and Trends 2016, p.3

[2] UNESCO, Humanitarian aid for education: Why it matters and why more is needed, 2015

[3] OCHA, World Humanitarian Data and Trends 2016

[4] UNFPA, New UNFPA projections predict calamitous impact on women's health as COVID-19 pandemic continues, 28 April 2020

[5] UNFPA, Millions more cases of violence, child marriage, female genital mutilation, unintended pregnancy expected due to the COVID-19 pandemic. 28 April 2020

[6] United Nations, Gender equality in the time of COVID-19, 2020

Persons with disabilities

Part one: Global trends

Fifteen percent of the world's population has a disability, with 80 per cent living in developing countries.[1] They also make up a much higher percentage of those in crisis affected communities.[2] The most marginalized, such as children with disabilities, are at higher risk of abuse and neglect, and women with disabilities are more likely to experience sexual violence.[3]

At least 6.8 million IDPs – equivalent to 15 per cent of the global total for conflict-induced IDPs - could have a disability.[4] As COVID-19 accelerated, strain increased on vital services supporting persons with disabilities, including access to information, psychological support, close personal care and treatment of underlying health conditions.

In conflict situations, the breakdown of economies and social networks, insecurity, destruction of infrastructure, displacement and closure of services due to the COVID-19 pandemic, take a significant toll on persons with disabilities. Environmental, institutional and attitudinal barriers[5] increase the risks faced by of persons with disabilities experiencing poverty, abandonment or violence[6] and hamper their access to basic services including health, water, sanitation and education. Discrimination based on age, gender, race, religion, ethnicity or membership of a minority group may compound these risks.[7]

Western Bahr el Ghazal, South Sudan. This man is blind. He received training in walking independently with a cane provided by the NGO Sudan Evangelical Mission, with support from the South Sudan Humanitarian Fund. He no longer has rely on his daughter, who previously helped him walk, and she can go to school. In January 2020, OCHA South Sudan and partners assessed humanitarian needs in Wau and Jur River counties in Western Bahr el Ghazal, and monitored projects supported by the South Sudan Humanitarian Fund. *OCHA/Anthony Burke*

The COVID-19 outbreak has laid bare and multiplied the disproportionate effects of humanitarian settings on persons with disabilities, with many experiencing unmet health needs: 22 countries have already reported a drop of more than 25 per cent coverage of disability support services since the onset of the pandemic.[8] In Haiti, pre-existing stigmas and negative perceptions against persons with disabilities, including their perceived association with the pandemic, have led to increased discrimination and violence[9] Humanitarian actors have, therefore, issued specific guidance for making response inclusive.[10]

Good practices that emerged from the pandemic all pinpointed to a common factor: the importance of starting with an inclusive needs assessment. For example, in South Sudan, IOM consulted persons with disabilities in internally displaced and host community settings to design a more disability-inclusive approach to its response.

Aid in action

DRC: including the needs of persons with disabilities in humanitarian planning

The humanitarian community in DRC continues to strengthen the inclusion of persons with disabilities in the humanitarian programme cycle. An analysis of barriers encountered by persons with disabilities, carried out with 177 humanitarian partners, showed a lack of attention to the specific needs of this population group in humanitarian operations. It also revealed a lack of inclusive data and low participation of people affected in humanitarian action. Based on those observations, there was a series of recommendations and practical actions: The creation of a network of focal points to ensure inclusion in different sectors; Training of 363 humanitarian actors on disabilities and inclusion; Establishing focus groups with organizations of persons with disabilities; Mainstreaming their needs in analysis and response.

In 2021, efforts will continue through the development of inclusive sectoral strategies, action plans and tools, trainings and inclusive data-collection tools. Project proposals will be analysed to make them disability-inclusive. The participation of persons with disabilities in the technical support to operational actors will be encouraged, a joint handicap and age analysis will be carried out, and a knowledge, attitude and practice study will be undertaken. *Photo: OCHA/Eve Sabbagh*

The consultation aimed to better understand and respond to the particularities of contracting COVID-19 faced by persons with disabilities and the immediate economic impact for this group. IOM worked with organizations of Persons with Disabilities, which connected them with active participants to take part in focus group discussions and consultations.

Similarly, between March-April 2020, UNRWA community development social workers undertook a needs assessment among families of persons with disabilities. These families reported specific challenges associated with getting basic supplies of food, diapers, medicine, assistive devices and hygiene products during COVID-19. To address the identified needs, UNRWA provided home delivery of these important items directly to families.[11]

The UN Secretary-General recommends the continued strengthening of capacities to mainstream the inclusion of persons with disabilities into strategies, policies and programming. He has also emphasised the importance of improving the collection, sharing and use of data on disability in disaster risk management and humanitarian programme cycles, encouraging the use of the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action.[12]

References

[1] WHO and World Bank, World report on disability, 2016

[2] Humanity & Inclusion, COVID-19 in humanitarian contexts: no excuses to leave persons with disabilities behind! Evidence from HI's operations in humanitarian settings, 25 June 2020

[3] UNICEF, Including children with disabilities in humanitarian action – General Guidance, 2017

[4] United Nations, Persons with disabilities in the context of internal displacement - Report of the Special Rapporteur on the Human Rights of Internally Displaced Persons (A/HRC/44/41), 15 June 2020

[5] For example, the Special Rapporteur on the rights of IDPs highlights in her report about persons with disabilities in displacement situations (A/HRC/44/41) that persons with disabilities are often not considered equal members of the community and are segregated in social gatherings. She also states her concern about reports of negative stereotypes and the stigmatization of internally displaced persons with disabilities, including by service providers, camp residents and host communities (https://undocs.org/A/HRC/44/41, page 14).

[6] IASC, Guidelines on Inclusion of persons with disabilities in humanitarian action, October 2019

[7] United Nations, Persons with disabilities in the context of internal displacement - Report of the Special Rapporteur on the Human Rights of Internally Displaced Persons (A/HRC/44/41), 15 June 2020

[8] OCHA, Global Humanitarian Response Plan for COVID-19, July 2020

[9] Humanity & Inclusion, COVID-19 in humanitarian contexts: no excuses to leave persons with disabilities behind! Evidence from HI's operations in humanitarian settings, 25 June 2020

[10] Syria Protection Cluster, A disability-inclusive COVID-19 response – brief guidance note, 9 April 2020 and IASC, COVID-19 resources relating to accountability and inclusion

[11] IASC Inter-Agency Working Group on Disability-Inclusive COVID-19 Response and Recovery, COVID-19 Response in Humanitarian Settings: Examples of Good Practices for Including Persons with Disabilities, July 2020

[12] IASC, IASC Key messages on applying IASC Guidelines on Disability in the COVID-19 Response, 7 July 2020 and Report of the UN Secretary General on Natural disasters [forthcoming]

Mental health and psychosocial support in emergencies

Part one: Global trends

Even before the COVID-19 pandemic, statistics on mental health were stark: around half of all mental health conditions start by age 14, and suicide is the second leading cause of death in young people aged 15-29. People with severe mental conditions die 10-20 years earlier than the general population. Globally there is less than 1 mental health professional for every 10,000 people.[1]

The situation is even more dire in conflict zones, where one person in five (22 per cent) has some form of mental disorder, ranging from mild depression to anxiety and psychosis.[2] This is more than double the figure for the general population. The COVID-19 pandemic has exacerbated the mental health threat. Fear of the virus is spreading faster than the virus itself. And the adversity created by the virus e.g., the loss of livelihoods, confinement measures, the loss of family and friends, changes to routines, lack of schooling, is a risk factor for short-term and long-term mental health and psychosocial problems. Both the pandemic and measures to contain it are revealing mental health and psychosocial consequences in all countries, particularly in humanitarian settings where resources for mental health and psychosocial support are either scarce or nonexistent.

As of October 2020, around three-quarters of school or workplace mental health services have been wholly or partially disrupted.[3] Yet requests for mental health and psychosocial support have increased as a result of the pandemic: in north-western Syria, the number of new patients in and around Idleb, who received mental health consultations in April and May was double that of the same time period last year. The latest assessments in Jordan show that 41 per cent of all respondents witnessed a negative impact on their children's well-being due to the COVID-19 crisis and curfew.[4]

Lack of funding threatens the ability of countries to implement COVID-19 mental health and psychological support plans. In a WHO survey of 116 countries, 89 per cent reported that mental health and psychological support response were part of their national COVID-19 response plans. However, only 17 per cent of these countries had fully ensured additional funding in the government budget for these plans, while 47 per cent responded that they had secured partial funding.[5]

Attention to mental health is now included both as an element of humanitarian programming, to address needs and as a core component of aid organizations' obligation to staff. In response to the COVID-19 pandemic, the IASC published a wide range of Mental Health and Psychosocial Support (MHPSS) materials.[6] These range from guidance on basic psychosocial

Amman, Jordan. This Syrian mother and her son have been living in Jordan for eight years after fleeing their home in Homs. She lost her sight due to the psychological effect of the conflict. She relies on monthly cash assistance from UNHCR to pay her rent and bills, and to allow her son to continue attending school, rather than being forced to find work. *UNHCR/Mohammad Hawari*

skills of responders[7] to a book for children, helping them understand the range of emotions they may be feeling due to COVID-19.[8] For the first time, some of these resources became available in more than 100 local languages, in Braille, sign languages, audio and animations to enhance access of people with sensory disabilities.[9]

Failure to invest in MHPSS will have devastating consequences well into the future, millions of dollars could be lost due to reduced productivity and health care costs due to mental conditions. Children and young people will have poorer education outcomes, reduced cognitive development and persistent increases in mental health conditions. Their need for lifetime care may decrease the potential of the next generation to support economic recovery.

Some of the most significant leaps forward in mental health service development over the last 20 years have been made after emergencies, when the right political will exists. Those now developed or adapted as part of the COVID-19 response – such as the use of telemedicine for online consultations or the increase in community-based messaging for mental wellbeing – should be scaled up and continued.[10]

References

[1] United Nations, Policy Brief: COVID-19 and the need for mental health action, May 2020

[2] Charlson, van Ommeren, Flaxman, Cornett, Whiteford, Saxena, New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis, The Lancet, 11 June 2019

[3] WHO, The impact of COVID-19 on mental, neurological and substance use services (p 9), 5 October 2020

[4] WFP, UNICEF, and UNHCR, Multisectoral Rapid Needs Assessment: COVID-19 in Jordan, May 2020

[5] WHO, The impact of COVID-19 on mental, neurological and substance use services, 5 October 2020

[6] IASC, Mental Health and Psychosocial Support – Resources for COVID-19, 2020

[7] IASC, IASC Guidance on basic psychosocial skills – a guide for COVID-19 responders, 11 May 2020

[8] IASC, My Hero is You – storybook for children on COVID-19, 31 March 2020

[9] IASC, Adaptation of "My Hero is You!" – country level initiatives, 31 March 2020

[10] United Nations, Policy Brief: COVID-19 and the need for mental health action, May 2020

Older persons

Part one: Global trends

The global population over 80 has almost tripled in 20 years.[1] By 2050 it will triple again, when 1 in 6 people will be over 65.[2] More than 46 per cent of older persons – those aged 60 years and over—have disabilities and more than 250 million older people experience moderate to severe disability,[3] with numbers increasing as people grow older. This dramatic increase in the age of the population, particularly in Latin America, the Caribbean, East and South East Asia, places older person's needs and challenges in critical need of future support.

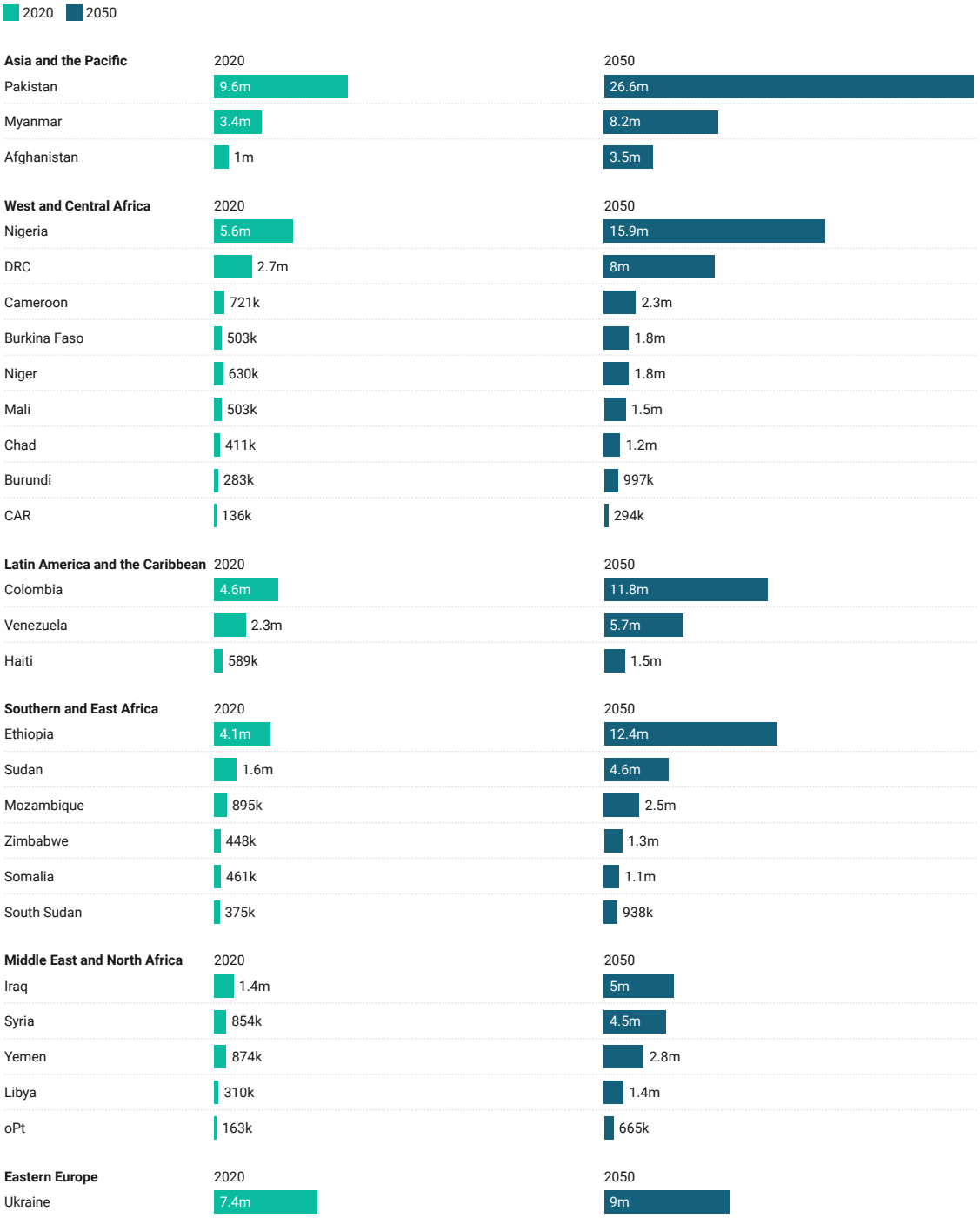
Approximately 26 million older persons experience disasters each year.[4] This number is growing, yet they continue to be overlooked in emergency relief systems.[5] Their ability to adapt and prepare may be hindered by health conditions, disabilities or social and economic disadvantages. Those who are less educated, unskilled and with fewer resources are more likely to be victims of abuse.[6] Older women are particularly at risk due to increased life expectancy, being widowed or alone.[7]

COVID-19 has increased the abuse, and neglect of older persons around the world[8] and greatly amplified fear and anxiety.[9] Before the pandemic, it was estimated that 1 in 6 older persons were subject to abuse. Emerging evidence indicates that this is sharply increasing as a direct result of the pandemic and lockdown measures.[10] The risks of neglect or isolation continues to be higher for people living in camps than those living in the community.[11]

Overcrowding in camp settings, as well as limited health care, and water and sanitation, puts older persons at particular risk.[12] In South Sudan 45 per cent of older persons reported that their access to health services had changed due to COVID-19, partly due to transport costs, partly due to fear of contracting the virus at a health facility and partly due to pre-existing difficulties in accessing health (9 per cent of older adults surveyed stated they never had access to health services before the pandemic).[13]

High levels of income insecurity, borrowing and food insecurity among older persons persist. In Venezuela, 77 per cent of older persons reported insufficient access to food with three in four having to borrow money[14] and in Syria, 53 per cent of older persons had less than 2 days of food in the house.[15]

Population growth, 65 years or older (2020-2050)



Showing countries with Humanitarian Response Plans

Chart: OCHA • Source: UN DESA

Ouallam, Niger. This Nigerian IDP lives on a site for displaced persons in Ouallam. She told UNHCR that an armed group threatened her community and forced them to leave the village empty handed. It took her nine days to travel 150 km, and for two days they had no food or water. This is the second time she has been forced from her home. *UNHCR/ Sylvain Cherkaoui*

More data and research are needed as focus shifts to supporting an aging population in humanitarian crises. Studies have shown that, when consulted and included appropriately in needs assessments or livelihood programs, older persons tend to be less marginalized. Basic accessibility features and other low-cost adaptations can help preserve the dignity of older persons and increase their social inclusion. Protection efforts must tackle age and disability discrimination and should not overlook that older persons demonstrate incredible resilience and positivity. They retain vital local knowledge and often occupy important roles as community leaders, volunteers or caregivers.[16]

References

[1] UN DESA, World Population Prospects 2019
[2] UN DESA, World Population Ageing 2019
[3] UN DESA, Ageing and Disability
[4] UN DESA, Expert Group Meeting on Older Persons in Emergency Crises, May 2019 15-17
[5] UN DESA, An inclusive response to older persons in humanitarian emergencies, December 2019
[6] UN DESA, An inclusive response to older persons in humanitarian emergencies, December 2019
[7] UN DESA, An inclusive response to older persons in humanitarian emergencies, December 2019
[8] WHO, COVID-19 and violence against older people, June 2020
[9] United Nations, Policy Brief: The impact of COVID-19 on older persons, May 2020
[10] OCHA, Global Humanitarian Response Plan for COVID-19, July 2020
[11] OCHA, Global Humanitarian Response Plan for COVID-19, July 2020
[12] United Nations, Policy Brief: The impact of COVID-19 on older persons, May 2020
[13] HelpAge International and Humanitarian & Development Consortium, COVID-19 rapid needs assessment of older people, July 2020
[14] Convite and HelpAge International, Rapid needs assessment of older people in Venezuela, November 2019
[15] OCHA, Global Humanitarian Response Plan for COVID-19, July 2020
[16] United Nations, Policy Brief: The impact of COVID-19 on older persons, May 2020

Part two
Inter-Agency Coordinated Appeals

The United Nations and partner organizations aim to assist 160 million people most in need across 56 countries. This section presents an overview of results from 2020, needs for 2021 as well as country-specific and regional response plans.

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Inter-Agency Coordinated Appeals: Results from 2020

Part two: Inter-Agency Coordinated Appeals

The Global Humanitarian Overview 2020 presented initial funding requirements of $29 billion to assist 109 million of the 168 million people in need. By April, requirements had reached $31 billion following the finalization of several response plans in the first quarter of the year and the addition of the Global Humanitarian Response Plan (GHRP) for COVID-19 in March.

By mid-November, following two updates of the GHRP and adjustments made to response plans in the context of COVID-19, requirements had reached $39 billion to assist 265 million of the 441 million people in need in 64 countries.[1] Until the July GHRP update, funding levels – both relative and absolute – were on par with previous years. Despite high levels of contributions this year, the gap between requirements and funding is larger than ever: $22 billion. This was approximately the total amount of global humanitarian requirements three years ago. Funding for the GHRP has reached $3.8 billion, or 40 per cent of the $9.5 billion required.

Some of the 2020 funding was repurposed to quickly adapt the existing response, provide protective equipment for humanitarian workers and people receiving aid, and scale up response to some of the secondary socioeconomic impacts of the pandemic in humanitarian contexts. Renewed emphasis was placed on prioritizing vulnerable groups, and providing funding to NGOs, frontline responders and anticipatory action initiatives. Inter-agency guidance was issued to encourage more harmonized and flexible approaches to cascading funding.

Total humanitarian funding (2012-2020)

See the full breakdown
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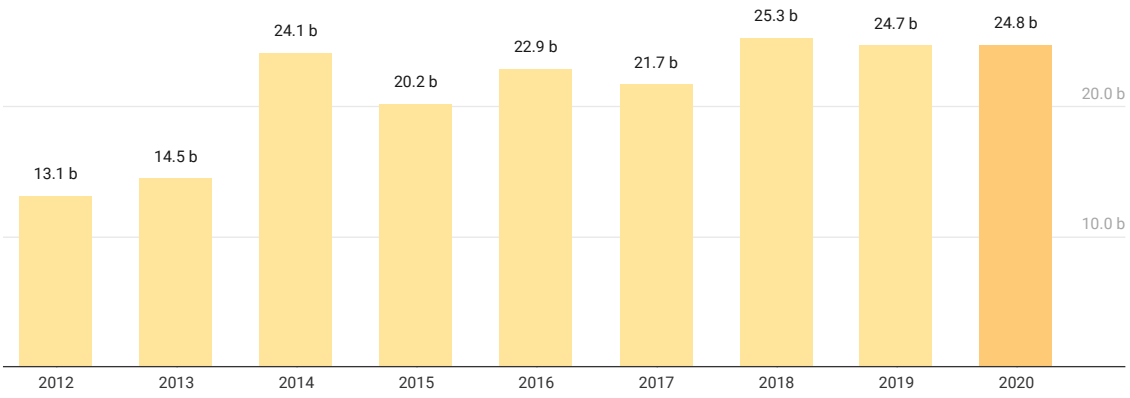

Chart: OCHA • Source: Financial Tracking Service

Inter-Agency Coordinated Appeals: Results from 2020

Appeals	Type	People in need	People targeted	Requirements (US$)	Funding	%
Afghanistan	HRP	13.9 m	11.1 m	1.1 b	514.4 m	45%
Burkina Faso	HRP	2.9 m	2.1 m	424.4 m	234.8 m	55%
Burundi	HRP	1.7 m	887.0 k	197.9 m	74.6 m	38%
Cameroon	HRP	6.3 m	3.4 m	390.9 m	168.6 m	43%
CAR	HRP	2.6 m	1.6 m	553.6 m	354.5 m	64%
Chad	HRP	6.4 m	3.8 m	664.6 m	286.0 m	43%
Colombia	HRP	10.4 m	1.7 m	209.7 m	38.4 m	18%
DRC	HRP	25.6 m	9.2 m	2.1 b	714.9 m	35%
Ethiopia	HRP	19.2 m	15.1 m	1.3 b	692.9 m	55%
Haiti	HRP	10.9 m	10.9 m	472.0 m	91.9 m	19%
Iraq	HRP	4.1 m	1.8 m	662.2 m	561.3 m	85%
Libya	HRP	1.0 m	345.3 k	129.8 m	113.6 m	88%
Mali	HRP	6.8 m	5.5 m	474.3 m	214.0 m	45%
Myanmar	HRP	986.0 k	848.0 k	275.3 m	173.2 m	63%
Niger	HRP	3.7 m	3.0 m	516.1 m	300.1 m	58%
Nigeria	HRP	10.6 m	7.8 m	1.1 b	536.2 m	50%
oPt	HRP	2.4 m	1.5 m	420.4 m	230.4 m	55%
Somalia	HRP	5.2 m	3.0 m	1.0 b	791.3 m	78%
South Sudan	HRP	7.5 m	7.4 m	1.9 b	971.4 m	51%
Sudan	HRP	12.2 m	8.8 m	1.6 b	846.6 m	52%
Syria	HRP	11.1 m	9.8 m	3.8 b	2.1 b	55%
Ukraine	HRP	3.4 m	2.1 m	204.7 m	120.7 m	59%
Venezuela	HRP	7.0 m	4.5 m	762.5 m	149.7 m	20%
Yemen	HRP	24.3 m	19.0 m	3.4 b	1.6 b	48%
Zimbabwe	HRP	7.5 m	6.0 m	800.8 m	206.2 m	26%
Djibouti	FA	150.0 k	150.0 k	14.3 m	3.7 m	26%
Honduras	FA	2.3 m	450.0 k	69.2 m	100.0 k	0%
Lebanon	FA	1.0 m	300.0 k	354.9 m	158.7 m	45%
Lesotho	FA	508.0 k	261.0 k	33.7 m	13.7 m	41%
Burundi Regional	RRP	2.8 m	2.8 m	267.6 m	46.7 m	17%
DRC Regional	RRP	2.2 m	2.2 m	587.4 m	39.8 m	7%
Horn of Africa and Yemen Regional	RMP	200.0 k	200.0 k	43.3 m	14.8 m	34%
Rohingya Joint Response Plan	JRP	1.8 m	1.8 m	1.1 b	624.6 m	59%
South Sudan Regional	RRP	3.8 m	3.8 m	1.0 b	99.7 m	10%
Syria Regional	3RP	9.5 m	9.5 m	6.0 b	2.1 b	34%
Venezuela Regional	RMRP	6.1 m	4.1 m	1.4 b	626.4 m	44%

Table: OCHA • Source: Humanitarian Insight

Inter-Agency Coordinated Appeals: Results from 2020

Appeals	Type	People in need	People targeted	Requirements (US$)	Funding	%
Cabo Delgado *Mozambique*	Other	712.0 k	354.0 k	35.5 m	43.5 m	**100%**
DPR Korea	Other	10.4 m	5.5 m	107.0 m	28.4 m	**27%**
Bangladesh	COVID-19	20.2 m	7.5 m	205.9 m	61.8 m	**30%**
Benin	COVID-19	3.0 m	1.0 m	17.9 m	3.1 m	**17%**
Colombia	COVID-19	0.0	0.0	283.9 m	32.1 m	**11%**
Djibouti	COVID-19	1.2 m	600.0 k	30.0 m	4.5 m	**15%**
DPR Korea	COVID-19	0.0	0.0	39.7 m	3.6 m	**9%**
Ecuador	COVID-19	9.0 m	2.4 m	46.4 m	19.3 m	**42%**
Iran	COVID-19	40.1 m	25.0 m	117.3 m	70.5 m	**60%**
Jordan	COVID-19	1.4 m	980.0 k	52.8 m	18.6 m	**35%**
Kenya	COVID-19	13.8 m	9.7 m	254.9 m	61.2 m	**24%**
Lebanon	COVID-19	6.0 m	0.0	136.5 m	90.2 m	**66%**
Liberia	COVID-19	4.4 m	2.5 m	57.0 m	7.5 m	**13%**
Mozambique	COVID-19	7.8 m	2.9 m	68.1 m	60.0 m	**88%**
Pakistan	COVID-19	6.7 m	5.7 m	145.8 m	84.8 m	**58%**
Philippines	COVID-19	39.0 m	5.4 m	121.8 m	18.9 m	**16%**
Rep. of Congo	COVID-19	1.7 m	400.0 k	12.0 m	1.5 m	**12%**
Sierra Leone	COVID-19	0.0	1.8 m	62.9 m	20.0 m	**32%**
Tanzania	COVID-19	11.1 m	7.5 m	158.9 m	19.0 m	**12%**
Togo	COVID-19	3.5 m	1.5 m	19.8 m	4.9 m	**25%**
Uganda	COVID-19	13.6 m	11.4 m	200.2 m	23.0 m	**12%**
Zambia	COVID-19	9.8 m	6.1 m	125.6 m	23.9 m	**19%**
Famine prevention *Global*	COVID-19	-	-	500.0 m	80.0 m	**16%**
NGO envelope *Global*	COVID-19	-	-	300.0 m	5.9 m	**2%**
Operational support *Global*	COVID-19	-	-	376.0 m	293.6 m	**78%**
Unspecified funding *Global*	COVID-19	-	-	-	404.7 m	**-**

Table: OCHA • Source: Humanitarian Insight

Funding gap (2012-2020)

Explore the chart
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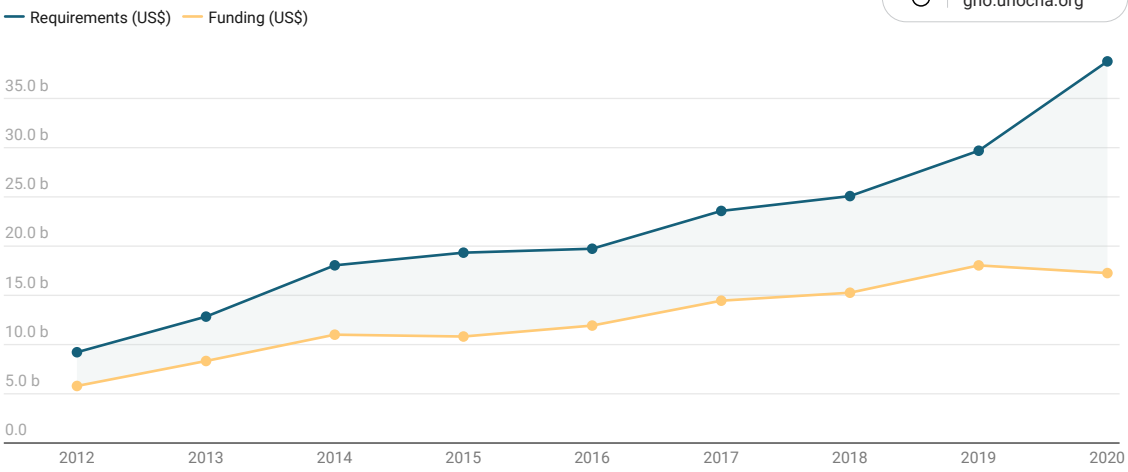


Chart: OCHA • Source: Financial Tracking Service

Despite the impact of the pandemic on donor economies, additional funding was secured in several cases; significant flexible funding was provided for the rapidly evolving situation; disbursements planned for later in the year were advanced. Some good funding practices have emerged, but humanitarian organizations, particularly NGOs and local responders, are suffering from severe underfunding and have been unable to carry out many activities planned for 2020.

Evolution of HRP requirements (2020)

Explore the chart
gho.unocha.org

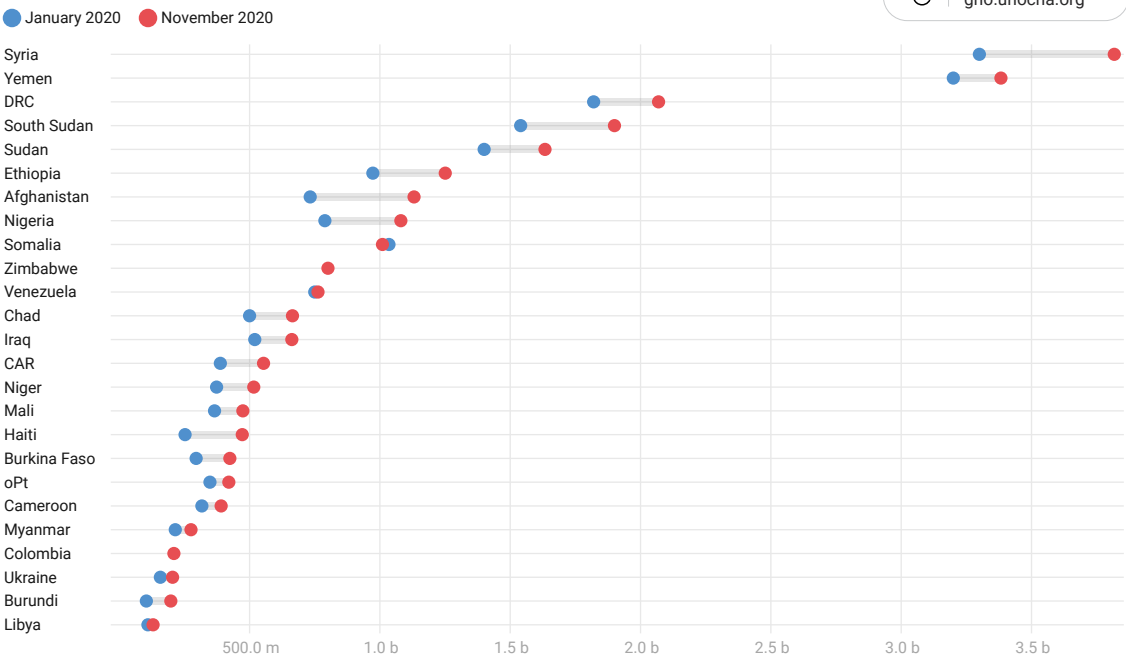


Chart: OCHA • Source: Financial Tracking Service

Renewed emphasis was placed on the importance of prioritizing vulnerable groups; providing funding to NGOs, front-line responders, and anticipatory action initiatives; and inter-agency guidance was issued to encourage more harmonized and flexible approaches to cascading funding. While some good funding practices have emerged, humanitarian organizations – and particularly NGOs and local responders – are suffering from severe underfunding. Some have had to rely on internal reserves and re-programming of existing funds to continue providing aid, while many have been unable to carry out planned activities for 2020.

High-Level Pledging Events coordinated by OCHA

Donors at the **High-Level Roundtable for Sudan** (January), held in London, committed to providing funding effectively, including through multi-year and flexible support. At the virtual **High-Level Pledging Event for Yemen** (June), donors announced $1.35 billion to meet the needs of conflict-affected people. As of mid-November, 85 per cent of pledges had been committed. At the virtual **Supporting the Future of Syria and the Region** event (June), significant pledges for humanitarian, development and stabilization activities were made, totaling $5.5 billion for 2020 and $2.2 billion for 2021 and beyond. Nearly all the funding pledged for 2020 has been committed. Ninety per cent of pledges made at the **Ending Sexual and Gender-Based Violence in Humanitarian Crises** event, held in Oslo in 2019, have been fulfilled. Donors at the virtual **Ministerial Roundtable for Central Sahel** (October) announced $1.74 billion for 2020 and beyond to scale up life-saving humanitarian aid to millions of people in Burkina Faso, Mali and Niger.

[1] Sixty-three countries were covered under the GHRP and Honduras issued a new Flash Appeal in November 2020

Inter-Agency Coordinated Appeals: Overview for 2021

Part two: Inter-Agency Coordinated Appeals

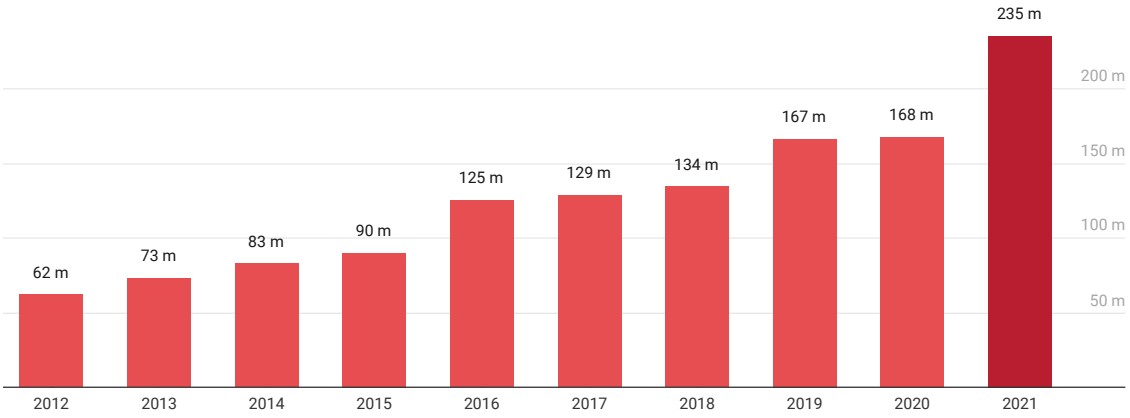
In 2021, 235 million people will need humanitarian assistance and protection. This means 1 in 33 people worldwide needs help — a significant increase from the 1 in 45 people a year ago, which was already the highest figure in decades. The UN and partner organizations aim to assist 160 million people most in need across 56 countries, which will require $35 billion.

In 2020, COVID-19 altered the landscape of humanitarian response. There were large increases in the number of people in need. Humanitarian programming is now adjusting to treat the humanitarian impacts of the pandemic in a more coordinated way, as its health and non-health effects merge with the impacts of other shocks and stresses. For 2021, the COVID-19 analyses and responses have been integrated into 'regular' Humanitarian Needs Overviews and Humanitarian Response Plans, as part of the Humanitarian Programme Cycle 2021, as well as into the inter-agency regional response plans (RRPs).

In **Syria**, the unprecedented economic downturn has resulted in loss of livelihoods, currency depreciation and price increases. Challenges with already weak basic services have been exacerbated by COVID-19, driving an increase in extreme poverty and food insecurity and a widespread inability to meet basic needs. In 2021 an additional 1.9 million people will need humanitarian assistance.

Evolution of People in Need (2012-2021)

See the full breakdown
gho.unocha.org



Figures as of launch of the Global Humanitarian Overview. Changes to the population figures and financial requirements for the RRPs have occurred because of the overlap with HRPs

Chart: OCHA • Source: Humanitarian Insight

Inter-Agency Coordinated Appeals: Overview for 2021

Appeals	Type	People in need	People targeted	Requirements (US$)
Afghanistan	HRP	18.4 m	15.7 m	1.3 b
Burkina Faso	HRP	3.5 m	2.9 m	607.4 m
Burundi	HRP	2.3 m	1.0 m	195.6 m
Cameroon	HRP	4.0 m	2.4 m	360.0 m
CAR	HRP	2.8 m	1.8 m	444.7 m
Chad	HRP	-	-	-
Colombia	HRP	6.7 m	1.5 m	300.0 m
DRC	HRP	19.6 m	9.6 m	2.0 b
Ethiopia	HRP	21.3 m	16.3 m	1.5 b
Haiti	HRP	4.4 m	1.5 m	235.6 m
Iraq	HRP	4.1 m	2.5 m	630.0 m
Libya	HRP	1.3 m	451.0 k	189.0 m
Mali	HRP	7.1 m	5.8 m	498.0 m
Mozambique	HRP	1.3 m	1.1 m	254.4 m
Myanmar	HRP	1.0 m	944.5 k	276.5 m
Niger	HRP	3.8 m	2.2 m	500.0 m
Nigeria	HRP	8.9 m	6.2 m	1.1 b
oPt	HRP	2.4 m	1.8 m	417.0 m
Pakistan	HRP	10.5 m	3.3 m	285.3 m
Somalia	HRP	5.9 m	4.0 m	1.1 b
South Sudan	HRP	7.5 m	5.6 m	1.5 b
Sudan	HRP	13.4 m	8.9 m	1.8 b
Syria	HRP	13.0 m	10.5 m	4.2 b
Ukraine	HRP	3.4 m	1.9 m	168.0 m
Venezuela	HRP	7.0 m	4.5 m	762.5 m
Yemen	HRP	24.3 m	19.0 m	3.4 b
Zimbabwe	HRP	6.8 m	4.5 m	505.5 m
Burundi *Regional*	RRP	488.5 k	488.5 k	208.9 m
DRC *Regional*	RRP	1.5 m	1.5 m	544.6 m
Horn of Africa and Yemen *Regional*	MRP	613.7 k	311.0 k	68.2 m
Rohingya *Joint Response Plan*	JRP	1.3 m	1.3 m	954.0 m
South Sudan *Regional*	RRP	3.1 m	3.1 m	868.7 m
Syria *Regional*	3RP	10.1 m	10.1 m	5.8 b
Venezuela *Regional*	RMRP	7.2 m	3.3 m	1.4 b

The figures for Burundi HRP are provisional as consultations with the Government are ongoing. The figures for Chad HRP are pending as consultations with the Government are ongoing. The figures for Colombia HRP and Venezuela HRP are estimates. The figures for Niger HRP are provisional and subject to change after the revision of the harmonized framework that sets the food security PIN. The figures for South Sudan HRP, Syria HRP and Yemen HRP are provisional and pending finalization of the 2021 HNO and HRP. Financial requirements, people in need and people targeted include all HRPs, RRPS' components of countries without HRPs, and other appeals. Changes to the population figures and financial requirements for the RRPs have occurred because of the overlap with HRPs. The regional appeals components included are as follows: Syria 3RP and Venezuela RMRP: fully included. Burundi RRP: Rwanda, Tanzania and Uganda components included. DRC excluded. DRC RRP: Angola, Republic of Congo, Rwanda, Tanzania, Uganda, Zambia components included. Burundi excluded. South Sudan RRP: Kenya, Uganda and Ethiopia components included, DRC and Sudan excluded Regional Migrant Response Plan for the Horn of Africa and Yemen: Ethiopia and Djibouti included, Somalia partly included, Yemen excluded. Figures for the Burundi RRP, DRC RRP, South Sudan RRP, Syr 3RP and Bangladesh JRP are preliminary and pending finalization and approval by partners and host country. Syria 3RP population figures include refugees and impacted members of host communities They are, however, provisional and subject to ongoing operational planning for 2021. Population figures for Bangladesh JRP include refugees, as well as impacted members of host community. Refugee population figures are estimates, calculated using October 2020 figures from ongoing joint Government of Bangladesh-UNHCR registration exercise as well as an estimated number of persons not able to be registered in the course of 2020, due to a slow-down in registration activities during the COVID-19 pandemic. Total population figures will be adjusted during 2021 once registration activities fully resume.

Inter-Agency Coordinated Appeals: Overview per region (2021)

Region	Appeals	People in need	People targeted	Requirements (US$)
Asia and the Pacific	**3**	29.9 m	19.9 m	1.9 b
Eastern Europe	**1**	3.4 m	1.9 m	170.0 m
Latin America and the Caribbean	**3**	18.1 m	7.5 m	1.3 b
Middle East and North Africa	**5**	45.1 m	34.3 m	8.8 b
Regional and Other Appeals	**7**	24.3 m	20.1 m	9.9 b
Southern and Eastern Africa	**7**	58.5 m	41.4 m	6.8 b
West and Central Africa	**8**	56.1 m	34.7 m	6.2 b

Table: OCHA • Source: Humanitarian Insight

After almost six years of protracted conflict and economic blockades in **Yemen**, families' capacity to cope continues to be eroded. Half the population is in acute need. More people are at risk of falling into this category, as coping strategies are exhausted. In the **Democratic Republic of the Congo**, increasing numbers of people are suffering from acute food insecurity (IPC phases 3 and 4). The economic situation is deteriorating, food prices are rising, and the population has been affected by flooding and localized conflict. In **Afghanistan** an additional 4.5 million people are in need due to escalating poverty, rising food insecurity, political instability and widespread conflict. In **Ethiopia**, the impact of the desert locust infestation and the pandemic have resulted in a further 2.1 million people needing humanitarian assistance.

In **Burkina Faso**, deteriorating food security, due to natural disasters and a grave protection crisis, grounded in conflict and insecurity, coupled with the impacts of COVID-19 on the socioeconomic situation, have increased the needs from $424.4 million to $607.4 million. The number of people in need increased from 2.9 million to 3.5 million due to worsening conflict and insecurity in affected areas. As partners have scaled up operational capacity, the number of people targeted has risen from 2.1 million to 2.9 million. **Zimbabwe's** requirements decreased by 37 per cent due to humanitarian organizations engaging with partners to prioritize and target the most acute life-saving and life-sustaining needs in 2021. **Haiti's** requirements have decreased by 50 per cent due to changes in response and humanitarian activities, focusing on specific vulnerable groups and geographical priorities. In **Mozambique**, requirements increased from $35.5 million to $254 million due to the inclusion of additional provinces to the localized Cabo Delgado plan. In **Libya**, the increased price of staple food, COVID-19 impacts and the oil blockade resulted in a 30 per cent increase in the number of people in need.

Of the **34 inter-agency coordinated appeals**, 11 have requirements exceeding $1 billion. These 11 plans account for $25 billion of the total $35 billion requirements.

Asia and the Pacific

The COVID-19 pandemic has severely affected the Asia and the Pacific region. The first case outside of China was reported in Thailand in January 2020, after which the disease quickly spread to other countries in the region. Despite strict measures to contain the virus, many countries are still experiencing severe outbreaks and far-reaching impacts.

As of November, over 12.1 million cases have been reported in 39 countries in the region and at least 222,000 deaths attributed to the disease. Even in countries with fewer reported cases, there have been severe impacts on livelihoods, household income and poverty, food security, access to medical care for non-COVID-19-related concerns including maternal and child health care, and protection concerns including rising rates of sexual and gender-based violence and child protection.

The UN supported 15 multisector response plans, covering 27 countries related to COVID-19, of which seven were included in the Global Humanitarian Response Plan. In total, these 15 plans are seeking some US$1.71 billion and targeting over 70 million people. Nationally led COVID-19 health plans requested an additional $1.5 billion.

The need to maintain effective response readiness despite the challenges of COVID-19 is critical in Asia and the Pacific; it remains the world's most disaster-prone region, with three out of every four disaster-affected people living in the region. In the last five years, nearly 800 million people in Asia and the Pacific have been affected by a natural disaster and almost 50,000 people have been killed. In addition, over one quarter of the world's conflicts occur in Asia and the Pacific. In recent years violence has intensified, while the region now hosts 3.2 million refugees.

In 2020, there are 12 humanitarian response plans, refugee response plans or other coordinated international response plans covering 10 countries and requesting a total of more than $2.8 billion, targeting over 23 million people. In total, 29 countries in Asia and the Pacific have had some type of humanitarian response plan – more than at any time since the 2004 tsunami, with a total humanitarian ask of more than $4.5 billion. Despite these challenges, countries in Asia and the Pacific are increasingly becoming aid providers; in 2020 countries in Asia contributed more than $1.69 billion in humanitarian aid.

Overview of appeals (2021)

Appeal	Type	People in need	People targeted	Requirements (US$)
Afghanistan	HRP	18.4 m	15.7 m	1.3 b
Myanmar	HRP	1.0 m	944.5 k	276.5 m
Pakistan	HRP	10.5 m	3.3 m	285.3 m

Table: OCHA • Source: Humanitarian Insight

Projected situation in 2021 and beyond

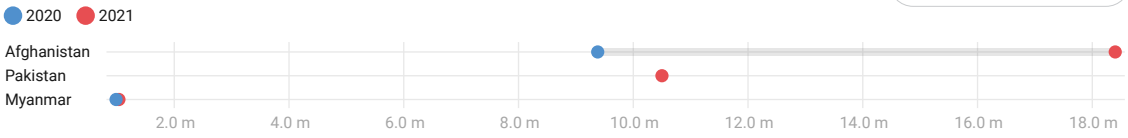
The impacts of COVID-19 are expected to continue through 2021 and possibly beyond, with far-reaching public health consequences and impacts on humanitarian needs. Updated response plans to address the humanitarian needs arising from COVID-19 are already being planned in many countries, including Indonesia, Papua New Guinea and Nepal. Many more countries will likely face multiple compound disasters eroding coping capacities, raising the possibility that additional people will require humanitarian assistance.

In addition, a number of countries, including Papua New Guinea, Indonesia, Philippines and Timor-Leste, are identified as being at 'high risk' of La Niña in early 2021, which could result in localized flooding, landslides, damage to crops and an increase in waterborne diseases, and further exacerbate already heightened vulnerabilities and humanitarian need in these countries.

Food security in Asia and the Pacific is expected to deteriorate in 2021 in countries including Afghanistan, Bangladesh, Nepal, Sri Lanka, Cambodia and Myanmar due to a combination of climatic shocks and socioeconomic challenges. Access and movement restrictions and social distancing are likely to continue, requiring increased use of remote assistance and changing response modalities, such as the use of mobile cash transfers.

Evolution of People in Need (2020 vs. 2021)

Explore the chart
gho.unocha.org



Figures at the launch of the Global Humanitarian Overview 2020 and 2021

Chart: OCHA • Source: Humanitarian Insight

Afghanistan HRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
18.4 M	15.7 M	1.3 B

Total population	Income level	INFORM Severity Index	Consecutive appeals	People reached (2020)
38.9 million	Low income	4.6 / Very High	2009 – 2021	10 million

Analysis of the context, crisis and needs

Forty years of war, recurrent natural disasters, increasing poverty and COVID-19 are devastating the people of Afghanistan. Conflict continues to drive extreme physical and psychological harm and has forcibly displaced 278,000 people in the first 10 months of 2020. Even after the start of intra-Afghan peace negotiations on 12 September 2020, civilian casualties remain high, with no sign of a lull in fighting. Women and children are disproportionately impacted, comprising 44 per cent of all civilian casualties in the first three quarters of 2020. Health facilities and workers continue to suffer from attacks and intimidation by parties to the conflict.

COVID-19 has resulted in reduced income for 59 per cent of households, while 17 per cent of recently assessed households have taken on catastrophic levels of debt, mainly to cover immediate food and health-care needs. An estimated 30.5 million people (those in IPC 2 and above) are at risk of requiring humanitarian assistance if they are left without urgent social assistance from the Government and development actors.

Hunger and malnutrition have spiked amid the economic downturn, with food insecurity now on par with the 2018-19 drought. Over the past five years, the proportion of people in crisis or emergency situations has increased fourfold. In 2021, an estimated 16.9 million people, 42 per cent of the population, will be in crisis or emergency levels of food insecurity (IPC 3+) – the fifth highest proportion in the world. Almost one in two children under 5 years of age is now facing acute malnutrition and needs life-saving treatment.

Evolution of needs and requirements (2016–2021)

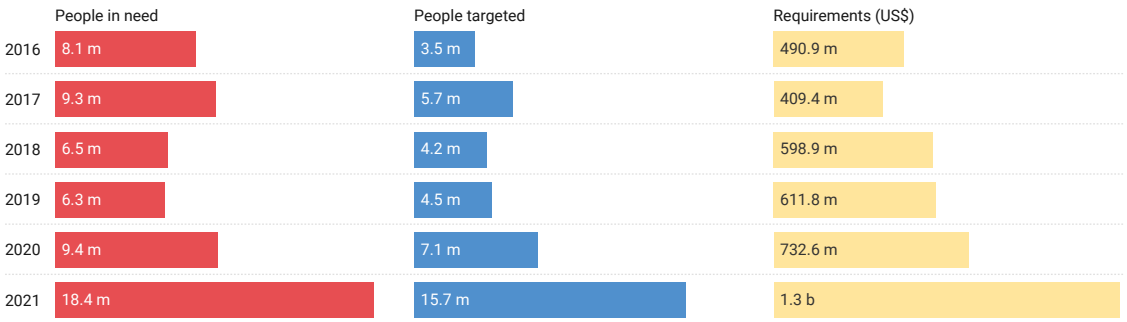


Chart: OCHA • Source: Humanitarian Insight

Charikar, Afghanistan. On 26 August, flash floods occurred across Parwan province, washing away hundreds of homes, killing several dozen people and injuring hundreds more. Flood victims received a pre-package of food from WFP, which has supported affected people by providing two months' worth of food. *WFP/Massoud Hossaini*

The pandemic also forced temporary school closures, leaving 10 million children out of school for most of the year and the vast majority with catch-up learning needs. Despite the heavy demand for WASH services in light of COVID-19, almost three quarters of the population in rural areas lack access to safe drinking water, sanitation and hygiene services.

Projected situation in 2021 and beyond

An estimated 18.4 million people need humanitarian assistance in 2021. This record number is almost double the number since the beginning of 2020 (9.4 million people), and it represents an increase of 31 per cent from the 2020 mid-year HRP revision (14 million people). This increase is driven by the social, economic and health impacts of COVID-19, high cross-border mobility, spiraling food insecurity and malnutrition, as well as conflict-driven displacement and protection needs. Results from the 2021 Joint Inter-Sectoral Analysis Framework indicate that all 34 provinces are considered to be in severe or extreme need, and more than half (19) are considered extreme.

High levels of debt, eroded livelihoods, continued conflict and repeated psychosocial trauma have exacerbated protection needs; 12.8 million people need protection assistance. Women are facing both an increased burden of care and GBV risks due to COVID-19. Additional protection assistance is needed for children who are increasingly required to work outside of home and are at heightened risk of early marriage, exploitation or recruitment into armed groups. With limited legal protection and increasing inability to secure employment, many households live under the threat of eviction.

As humanitarians shifted response priorities to meet COVID-19-induced needs, unaddressed priorities from 2020 are likely to drive more severe needs in 2021, requiring urgent supplementary development assistance, especially in protracted displacement sites. Financial strains and fear of catching COVID-19 meant that facility-based primary health and trauma services were underutilized in 2020, resulting in deteriorating health needs in 2021. Development actors delayed the roll-out of social safety net assistance in 2020, which is also a factor in the escalating humanitarian needs for 2021.

The situation beyond 2021 remains uncertain. While the current intra-Afghan negotiations present an opportunity to reduce harm to civilians and address humanitarian needs, increased violence seems likely to dominate the path to any peace agreement. Regional dynamics and anticipated additional waves of COVID-19 have the potential to threaten a hoped-for economic recovery.

Response priorities in 2021

In 2021, humanitarian partners expect to reach 15.7 million people (71 per cent of PiN; 91 per cent of the planned reach). This assistance has not been as comprehensive or durable as intended due to funding shortfalls, but it still reflects a dramatic scale-up in activities to meet new and exacerbated needs due to COVID-19. Limited funding has forced stricter prioritization on life-saving assistance and lower-cost, high-reach activities, such as risk communications, community engagement or COVID-19 awareness-raising, rather than the more intersectoral package of assistance envisaged. While conflict, access challenges, interference by parties to the conflict and natural disasters demanded partners' flexibility, humanitarians have maintained a presence and delivered some form of assistance in 390 of 401 districts in Q2 2020.

2021 is the final year of Afghanistan's multi-year HRP (2018-2021). Humanitarian partners aim to assist 15.7 million people, requiring $1.3 billion. The increase in planned reach is mostly driven by the sharp increase in the number of people in acute food insecurity, and it reflects humanitarian partners' proven capacity to scale-up, providing that resources are available. The response will also continue to emphasize the need to expand AAP work, reinforce the importance of PSEA, and strengthen gender, mental health and disability inclusion.

Myanmar HRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
1.0 M	0.94 M	276.5 M

Total population	Income level	INFORM Severity Index	Consecutive appeals	People reached (2020)
54.4 million	Lower middle	3.5 / High	2013 – 2021	0.7 million

Analysis of the context, crisis and needs

Myanmar continues to grapple with deeply rooted humanitarian challenges. An estimated 1 million people need some form of humanitarian support due to armed conflict, vulnerability to natural hazards or intercommunal violence. The expanding impact of the COVID-19 pandemic has further complicated the lives of people in humanitarian settings across the country.

More than 336,000 people in Myanmar are internally displaced, the majority of whom are in situations of protracted displacement. Overall levels of need have increased due to an expansion of armed conflict in Rakhine and southern Chin. This has caused civilian casualties and significant additional internal displacement since early 2019, with more than 100,000 IDPs reported as of November 2020.

An estimated 600,000 Rohingya who remain in Rakhine – 130,000 of whom are effectively confined to camps or camp-like settings established in 2012 – still cannot move freely. Movement restrictions severely limit their access to essential services, such as education and health care, and to livelihoods, which deepens their vulnerability and dependence on humanitarian aid. Despite an absence of large-scale clashes in Kachin State since mid-2018, close to 96,000 people remain in IDP camps that were set up after fighting broke out in 2011. Some 40,000 of these people are in areas controlled by non-State armed actors, which are largely inaccessible to international partners. The situation in the northern part of Shan State remains precarious due to volatile security dynamics, which continue to trigger temporary displacement of civilians, albeit at lower levels than in Rakhine. Civilians also continue to be affected by more sporadic clashes in parts of Kayin State, as well as in adjoining areas of Bago Region.

Evolution of needs and requirements (2016–2021)

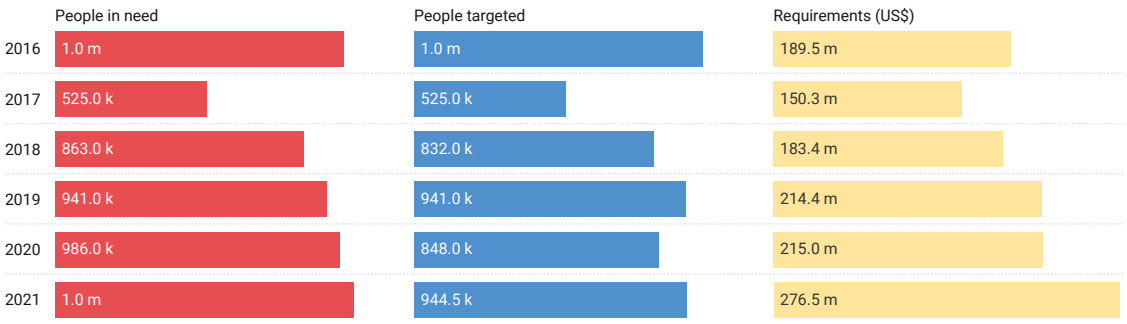


Chart: OCHA • Source: Humanitarian Insight

Kachin State, Myanmar. This mother of five lives in the Main IDP camp. "I am especially sad for the children as I think they suffer a bigger impact than adults, like mentally, they seemed depressed for some time," she says. "The lockdown felt suffocating. I wished the doors be open at least so we won't feel isolated." Despite the hardships, there have been some small positives. She said that the family has had more time together to bond and she sees restrictions relaxing now, which allows children like her 13-year-old daughter to play with friends again. *UNICEF/Minzayar Oo*

The launch of a National Strategy on IDP Resettlement and IDP Camp Closure in November 2019 has provided new opportunities for dialogue around durable solutions. However, significant challenges remain, including insecurity and conflict, limited availability of essential services in return or potential resettlement areas, landmine contamination, and complex issues around housing, land and property rights.

The rapid increase of locally transmitted COVID-19 cases across the country since mid-August 2020 has further complicated an already challenging humanitarian situation. Rakhine State has been a key epicentre in addition to the Yangon Region, which has seen the largest number of cases. As of late November 2020, some 80,000 cases, including more than 1,700 fatalities, were confirmed across the country. Some of the Government's measures to contain the spread of the virus have reduced humanitarian access, particularly in Rakhine State. There is also particular concern about the immediate and longer-term implications of the prolonged suspension of education across Myanmar due to COVID-19, including in humanitarian settings.

Projected situation in 2021 and beyond

In Rakhine State, conflict and displacement are expected to continue to drive needs. Heightened protection risks will persist for displaced populations and other conflict-affected communities, particularly stateless Rohingya, who will continue to be impacted by movement restrictions. In conflict-affected townships in Rakhine and Chin, displacement dynamics are likely to remain fluid, but with an upward trend. With conflict and movement restrictions expected to continue, the scope for sustainable, voluntary and dignified solutions for stateless IDPs and refugees is likely to remain limited.

Outbreaks of fighting in northern Shan may continue to cause temporary displacement, and to exacerbate vulnerabilities among displaced people and host communities. Dialogue around the National Strategy on IDP Resettlement and IDP Camp Closure will remain important, but a range of challenges will need to be overcome to enable durable solutions in Kachin and parts of northern Shan. In the meantime, protracted internal displacement will continue to generate recurrent needs across sectors.

With the marked increase in COVID-19 cases since August 2020, affected communities will face more serious challenges across targeted locations. The reduced access of displaced and non-displaced Rohingya to health care and other basic services due to movement restrictions will exacerbate vulnerability. IDPs in camps and displacement sites will continue to face heightened risks of COVID-19 transmission due to overcrowding, poor sanitation and other factors. The humanitarian response is likely to be further complicated by additional controls on movement and the transportation of supplies, which will affect the delivery of assistance to affected areas. With outbreaks likely to continue, finding ways for children to safely resume education will be increasingly critical.

Myanmar will remain vulnerable to a range of natural hazards, with a risk of natural disasters extending to locations not covered by the HRP. Continued dialogue and engagement with the Government and local partners on emergency response preparedness will remain important.

Response priorities in 2021

The 2021 HRP prioritizes the provision of life-saving assistance and protection for the most vulnerable crisis-affected people in Kachin, Shan, Rakhine, Chin, Kayin and Bago. It provides for targeted preventative and response activities relating to COVID-19 in humanitarian settings. It seeks to contribute to durable solutions to internal displacement wherever feasible, in line with international protection standards. The HRP also aims to strengthen the resilience of communities and contribute to efforts to address vulnerabilities and underlying structural issues, in partnership with development and peacebuilding partners. It includes activities to build national and local capacities to prepare for and respond to natural disasters and other emergencies.

Pakistan HRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
10.5 M	3.3 M	285.3 M

Total population	Income level	INFORM Severity Index	Consecutive appeals
220.9 million	Low income	3.4 / High	New appeal

Analysis of the context, crisis and needs

The Islamic Republic of Pakistan has encountered a series of unexpected shocks during 2020 that pushed the most vulnerable people into compounded crises with little opportunity for recovery, and affecting nearly every part of the country.

Drought-like conditions in 2019 were followed by a winter emergency across much of the western parts of the country. The COVID-19 pandemic and related economic shock, coupled with public health measures, dealt a severe blow to livelihoods and the economy, disrupted education, and caused increased food insecurity. In September, the Government declared a national emergency due to major monsoon-triggered floods in Sindh Province. The floods affected 2.4 million people and left thousands of people displaced, living on streets surrounded by water, and without access to clean water or sanitation.

In November, the Government reinstated cautionary measures due to a second wave of COVID-19 infections. This has increased the stress on a vulnerable population that has been moving out of poverty. An estimated 40 million to 62 million people are persistently and chronically vulnerable to food insecurity while also being exposed to natural hazards,[1] with a global acute malnutrition rate of 17.7 per cent. These shocks particularly affect women and children from disadvantaged households, home-based domestic workers and daily-wage earners (small shops, self-employed people and families). These vulnerable groups, particularly people with disabilities, elderly people, women, children and adolescents, are at heightened risk of resorting to negative coping mechanisms. These repetitive disasters have also exacerbated existing gender inequalities and discrimination, particularly within families, affecting survivors' psychological and physical health.

The Islamic Republic of Pakistan hosts over 1.4 million registered Afghan refugees[2] and refugees of other nationalities and asylum seekers under UNHCR's mandate. There are also some 880,000 Afghan Citizen Card holders and an estimated 300,000 to 500,000 undocumented Afghans. Most refugees reside in areas with the highest multidimensional poverty indicators.[3] Thirty per cent of the registered Afghan refugees are hosted in 54 refugee villages, but the majority are widely spread out in urban and semi-urban areas and live within host communities. Increased support to these communities is critical in the wider context of the economic and social shocks experienced in 2020.

Aid in action
Linking humanitarian planning and disaster risk reduction

The needs and rights-based approach of the humanitarian response aims to improve the interconnection of humanitarian, disaster risk reduction and development programmes to ensure complementarity and sustainability of efforts in addressing the underlying drivers of crises. The plan will focus on strengthening AAP by working with representatives while examining the role of remittances and inputs provided by Government to ensure that humanitarian interventions complement social safety net plans like the Government's Ehsaas Emergency Cash Program [4] to expand the use of anticipatory action for seasonal shocks, and to better integrate risk and hazard analysis, including socio-economic shocks. In this respect, OCHA and UNDRR are piloting the Checklist for Recommended Actions for DRR within the Humanitarian Programme Cycle into the humanitarian response plan for the Islamic Republic of Pakistan.
Photo: WFP/Saiyna Bashir

Projected situation in 2021 and beyond

The COVID-19 pandemic, prevention and mitigation measures and the global economic fallout will continue to have a large-scale socioeconomic impact throughout 2021, especially on people already living below the poverty line. The economic stress will likely result in growing unemployment, inflation and poverty. According to IMF, poverty is estimated to rise from 24.3 per cent to 40 per cent, and the economic impact will be most acute on vulnerable groups and the refugee population.

The meteorological department has predicted severe cold weather, including snowfall and rains over the winter. Monsoon floods are expected in 2021 as the adverse impacts of climate change continue to undermine traditional livelihoods and coping mechanisms. Most women living in rural areas and engaged in agriculture are experiencing food insecurity and water

shortages. Recovery in flood-affected and other disaster-affected districts is likely to be slow, and many people may fall further behind due to additional shocks in 2021. All of this could lead to increased food insecurity and malnutrition, along with increasing morbidity and mortality, particularly among children and pregnant/lactating women.

Response priorities in 2021

Most of the humanitarian response is nationally led from the Government, religious communities, the private sector and the people themselves. The humanitarian country team will complement national efforts by reaching the most vulnerable people while addressing priority gaps and strengthening the coordinated response between the aid community and Government counterparts at federal and provincial levels.

Multisectoral responses are required for the most at-risk communities identified in priority districts. This is due to repetitive natural disasters leading to displacement and damage to homes and infrastructure, the recurrence of acute food insecurity and high prevalence of acute malnutrition, and pre-existing vulnerabilities aggravated by the continuing impact of COVID-19. There will be a specific focus on strengthening the protection of the most vulnerable people from all forms of violence and upholding their rights. The protection of refugees also remains a priority.

To ensure the response reflects the needs of the most vulnerable sections of the population, such as women, girls, people with disabilities and other at-risk groups, there will be a strong focus on operationalizing commitments on accountability to affected people. This includes establishing a representative system and showcasing the complementarity of assistance with the support received from the Government and other inputs, while strengthening mechanisms for the prevention of sexual exploitation and abuse.

The humanitarian response will target 3.3 million people, including 1.4 million refugees, of the 10.5 million people in need who are living in the most vulnerable districts. Some $285 million is required in 2021 to provide food security, livelihoods, nutrition programmes, primary health services, including women's health, WASH7 and education support, as well as shelter for those displaced.

[1] Mainly floods occurring every year or every other year, with additional emergencies such as the severe cold weather and heavy snowfall in 2019-2020.

[2] Proof of Registration (PoR) card holders.

[3] In Khyber Pakhtunkhwa (58%) and Balochistan (23%).

[4] Ehsaas is a Government-led umbrella social safety net programme that includes the Ehsaas Emergency Cash programme, providing support to over 12 million beneficiaries due to the COVID-19 pandemic.

Eastern Europe

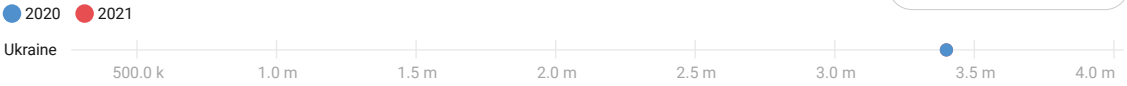
Part two: Inter-Agency Coordinated Appeals

Humanitarian needs arising from the armed conflict in eastern Ukraine remain critical – even more so due to the unprecedented effects of COVID-19. Despite a drop in civilian casualties after the 27 July ceasefire and additional steps towards peace, there is no end in sight to hostilities.

The prevailing absence of a political solution continues to bring uncertainty and challenges to millions of people on both sides of the 427 km 'contact line' dividing the Donbas region into areas under the Government's control (GCA) and those outside it (NGCA). Since 2014, this divide has severed previously interdependent networks of services and markets and cut people off from the cities upon which they depended for social benefits and essential services. The 'contact line' has also widened the rift between the people of GCA and NGCA.

Evolution of People in Need (2020 vs. 2021)

Explore the chart
gho.unocha.org



Figures at the launch of the Global Humanitarian Overview 2020 and 2021
Chart: OCHA • Source: Humanitarian Insight

Luhanske, Ukraine. A UNHCR worker writes down this 82-year-old woman's winter fuel needs in the village of Luhanske, Donetsk. As Ukraine enters the coldest months of January and February, when temperatures often fall below minus 20 degrees Celsius, winterization support for eastern Ukraine is not adequate to help vulnerable residents cope with the conditions caused by the conflict. A handful of older people who stayed behind struggle to keep warm in the harsh winter after conflict drove out younger residents. *UNHCR/Evgeny Maloletka*

Ukraine HRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
3.4 M	1.9 M	168.0 M

Total population	Income level	INFORM Severity Index	Consecutive appeals	People reached (2020)
43.7 million	Lower middle	3.5 / High	2014 - 2021	1.0 million

Analysis of the context, crisis and needs

The conflict has plunged an already economically troubled region into ruin. The shock of COVID-19 has added pressure on the weakened health-care system, the provision of social services and the struggling regional economy. During the first months of the pandemic, all crossing points along the 'contact line' were completely sealed off in an attempt to contain the virus, which seriously restricted people's freedom of movement. This has further separated NGCA residents from the rest of Ukraine, cutting them off from social services and entitlements, including pensions. Two of the five crossing points partially reopened in June, but crossing procedures remain complicated. In 2020, the number of monthly crossings has been less than 10 per cent of the 1.2 million monthly crossings in 2019. The volume of humanitarian aid to NGCA dropped by 14 per cent between March and October 2020. The pandemic has made hundreds of thousands of conflict-weary people more vulnerable and even more dependent on humanitarian assistance.

With simmering hostilities and COVID-19 exacerbating the dire humanitarian situation in eastern Ukraine, the needs remain similar in scale, albeit significantly higher in severity, with 3.4 million people in need of humanitarian assistance in 2021. The elderly, people with disabilities, female-headed households and children are among the most vulnerable, as are the 340,000 IDPs living in undignified conditions across the country.

Evolution of needs and requirements (2016–2021)

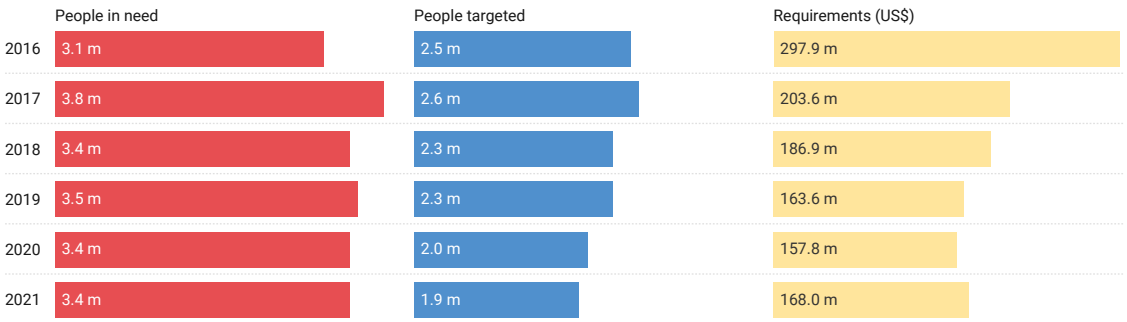


Chart: OCHA • Source: Humanitarian Insight

Avdiivka, Ukraine. A local citizen of Avdiivka, Donetsk area, stands next to his home, which was shelled.
UNHCR/Anastasia Vlasova

Projected situation in 2021 and beyond

Despite the latest ceasefire, the armed conflict is likely to continue with low intensity in 2021. COVID-19 will continue to be a major factor worsening the epidemiological situation throughout the approaching winter until at least mid-2021. The situation in NGCA is expected to be more acute due to the limited capacities of hospitals and laboratories. Socioeconomic vulnerabilities of the people on both sides of the 'contact line' are likely to remain severe due to the cumulative impact of the conflict exacerbated by COVID-19.

The 'contact line' is likely to remain substantially closed until next summer despite the potential opening of two new crossing points in Luhanska oblast. Humanitarian convoys to NGCA, particularly to Luhansk (NGCA), are likely to remain difficult as the only crossing point in the region (Stanytsia Luhanska) does not allow truck transport, and restrictions on convoy transits through Donetsk (NGCA) are still in place. On a positive note, gradual progress on new organizations gaining access to operate in NGCA is likely, especially for pandemic-related response.

With COVID-19 continuing to firmly grip the entire country, economic recovery in eastern Ukraine seems unlikely. Communities are expected to remain dependent on support to regain their self-sufficiency and recover from the effects of the prolonged crisis as well as the pandemic. Despite an increase in the Government's engagement in humanitarian response in GCA, national emergency response and preparedness capacities are likely to be overwhelmed by increasing and more severe needs

Response priorities in 2021

The 2021 response will continue to focus on saving lives, ensuring people's access to basic services and strengthening protection to those affected by the conflict and COVID-19. Humanitarian actors will continue to support the Government and local authorities to strengthen service delivery and provide humanitarian response in areas under its control. This support recognizes the strong capacity, particularly of the regional and local authorities, to play this leadership role and the development opportunities that are present. In 2021, humanitarian partners aim to assist 1.9 million people (including 189,000 IDPs in GCA). This is similar to the response target of 2020, and it reflects response capacity, access restrictions and the development of COVID-19.

The humanitarian response will require $168 million during 2021. The critical priority requirements for early funding have been identified to allow immediate implementation of urgent activities. They were selected with emphasis on quality humanitarian actions that (i) save lives, (ii) specifically address the urgent needs of the most vulnerable, (iii) target the areas of the most severe humanitarian needs, (iv) consider time criticality, taking into consideration seasonality and COVID-19-related factors; (v) consider the probability of immediate implementation, and (vi) are non-duplicative of, or complementary to, the responses by other actors.

Latin America and the Caribbean

Part two: Inter-Agency Coordinated Appeals

Latin America and the Caribbean has long been afflicted by multiple humanitarian challenges including recurring natural disasters, grinding poverty, extreme violence, chronic and acute food insecurity, and widespread displacement. These challenges provided a foothold for the COVID-19 pandemic in the region, which became the global epicentre of the disease for much of 2020. The crippling multidimensional social and humanitarian consequences will be felt for years, if not decades.

Independent of the pandemic, the region's well-documented climate vulnerabilities were exposed to historic impacts throughout 2020. In May, the 2020 Atlantic hurricane season was forecast to produce 15 to 19 named storms. However, it shattered records with 30 named storms so far and is now the most active hurricane season ever. November alone saw Category 4 storms Eta and Iota strike Central America in quick succession, affecting more than 4.5 million people following widespread flooding across a nine-country span between south-east Mexico and north Colombia. This increase is partly due to the La Niña climate pattern, which increases the number of storms in the Atlantic basin and leaves South America with intense drought and high heat. This triggers record temperatures and raging wildfires in parts of Argentina, Bolivia, Brazil and Paraguay that have claimed millions of hectares.

Tukuko, Venezuela. Yukpa mothers wait for a nutritional screening by the Venezuelan Red Cross. The Yukpa indigenous people belong to a binational tribe that lives on both sides of the Venezuelan and Colombian border and number nearly 10,000. The Venezuelan Red Cross is an implementing partner of UNHCR projects in the region. *OCHA/Gemma Cortés*

These recurring climate shocks, which include seasonal drought in Central America and the Caribbean and flooding in South America's many rivers, contribute to a challenging set of linked needs. Food insecurity grew from 22.9 per cent in 2014 to 31.7 per cent in 2019, which represents 205.3 million people in moderate or severe food insecurity. This is the world's fastest such increase due to persisting food insecurity in Central America, especially in the Northern Countries of Central America (NCA), i.e. El Salvador, Guatemala and Honduras, and rising food insecurity in South America. The number of Haitians facing severe acute food insecurity has increased from 2.6 million (2019) to 3.1 million people (2020) in rural areas. Of those people, 1.2 million are facing emergency levels of hunger. An IPC analysis carried out in August 2020 projects that from March to June 2021, 4.4 million people (46 per cent of the analysed population) will need humanitarian assistance.

Overview of appeals (2021)

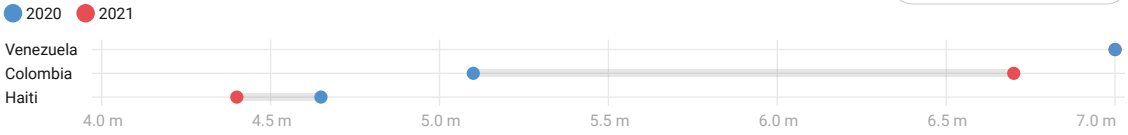
Appeal	Type	People in need	People targeted	Requirements (US$)
Colombia	HRP	6.7 m	1.5 m	300.0 m
Haiti	HRP	4.4 m	1.5 m	235.6 m
Venezuela	HRP	7.0 m	4.5 m	762.5 m

The figures for Colombia HRP and Venezuela HRP are estimates.
Table: OCHA • Source: Humanitarian Insight

In addition to food insecurity, the NCA also feature chronic violence, inequality, weakened institutions and sociopolitical volatility that continue to drive mass displacement within borders. The Internal Displacement Monitoring Centre cites more than 940,000 violence-related IDPs collectively within the NCA and across borders. COVID-19 confinement measures and border closures led to welcome decreases in violence and displacement, but these indicators are trending towards pre-pandemic levels following border openings and the lifting of confinement measures. The United States Customs and Border Protection notes that September 2020 apprehensions at the US-Mexico border had already surpassed September figures dating back to 2015, indicating renewed movement from the NCA towards the United States.

Evolution of People in Need (2020 vs. 2021)

Explore the chart
gho.unocha.org



Figures at the launch of the Global Humanitarian Overview 2020 and 2021
Chart: OCHA • Source: Humanitarian Insight

Rubio, Venezuela. A vulnerable family in Las Tapias neighbourhood, where living conditions are precarious. While the economic contraction has affected people's capacity to access food, COVID-19 has turned thousands of lives upside down. *OCHA/Gemma Cortés*

In South America, the pandemic dried up informal economies, decreasing livelihoods and food access and increasing protection risks. It also triggered a reverse flow back to Venezuela that has seen thousands of people return to their home country. They often cross the border irregularly, with greater needs and fewer assistance options amid host and transit countries' overburdened services, both for their own populations and for the more than 4 million Venezuelans across South American host countries. Despite significant institutional efforts and a coordinated approach to the pandemic, humanitarian needs remain in certain parts of Colombia, resulting from armed conflict, natural disasters and the influx of mixed-migration flows from Venezuela.

The region's extant vulnerabilities, both before and during the pandemic, are further complicated by cycles of social upheaval. Countries such as Argentina, Bolivia, Brazil, Ecuador and Peru have witnessed mass protests and violence over COVID-19 lockdown measures; perceived Government negligence or allegations of corruption in COVID-19 response; electoral tensions; and inequality and unpopular reform. Protests have led to rights abuses, scores of injuries and, in some cases, deaths.

2021 will undoubtedly require an even greater concentration of adaptable humanitarian response efforts given the long-term effects of the pandemic on the various crises in the region. The UN Economic Commission for Latin America and the Caribbean forecasts that 231 million of the region's 656 million inhabitants will be in poverty at the start of 2021 — poverty levels not seen since 2005. The widespread impact of depressed economies will lead to further migration, food insecurity, and health and protection concerns amid high vulnerabilities to natural hazards, strained Government safety nets and potential aggravations to deep-seated sociopolitical tensions.

Colombia

HRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
6.7 M	1.5 M	300.0 M

Total population	Income level	INFORM Severity Index	Consecutive appeals	People reached (2020)
50.9 million	Upped middle	4.2 / Very High	2020 – 2021	1.2 million

Analysis of the context, crisis and needs

The COVID-19 pandemic has significantly impacted the most vulnerable populations in Colombia, aggravating the impact of violence and poverty dynamics, natural disasters and large mixed-migration movements. As a result, the number of people in need increased from 5.1 million in 2019 to 6.7 million by the end of 2020.

More than 1.2 million COVID-19 cases and over 34,500 deaths were reported by November.[1] Although strict Government measures and response efforts have successfully mitigated the pressure on the health system, they could not entirely prevent the spread of the disease and had negative socioeconomic consequences. The unemployment rate has increased by 55 per cent,[2] further increasing monetary and extreme poverty in the country. Despite national authorities' rapidly increasing social safety-net programmes, food insecurity has increased significantly; an estimated 3.5 million Colombians are severely food insecure and require urgent, life-saving assistance[3] Maternal mortality rates and those of children under age 5 have increased in some areas,[4] and the closing of educational facilities due to COVID-19 left 10 million children, including refugee and migrant children, out of school for half a year. This will have a lasting impact on youth. Women and girls have been disproportionally affected by food insecurity[5] and loss of employment,[6] among others.

Despite the 2016 Final Agreement for Ending the Conflict, which brought a period of relief unseen in decades, IEDs, displacement, general attacks against the population and civil infrastructure occur regularly in parts of the country.[7] In some areas, illegal armed groups took advantage of the pandemic-related situation to expand their territorial presence, which has led to hostilities and increased control over communities.[8] In the second half of the year, the country witnessed an uptick in violence and killings, forced confinement,[9] access restrictions, GBV and explosive hazard contamination, aggravating protection needs.[10] Concerns regarding a continued high level of recruitment and use of children by armed groups remain. Children, youth and women, as well as Afro-Colombians and indigenous communities, have been disproportionally affected.

Evolution of needs and requirements (2020–2021)

Chart: OCHA • Source: Humanitarian Insight

Chocó, Colombia. A father and son cross the Darien Gap, a perilous journey across a jungled portion of land separating Colombia from Central America. The risks of the journey include no access to safe water, as well as exposure to natural hazards, dangerous animals, robbery, abuse and exploitation. *UNICEF/William Urdaneta*

Projected situation in 2021 and beyond

The humanitarian situation in the country is expected to remain critical during 2021. With the persistence of rural poverty, inequality, land disputes and the widespread presence of illicit crops, armed violence is bound to persist in the country. Protection risks are thus expected to remain severe in the areas with presence and under influence or partial control of armed groups.

The pandemic will continue to represent a risk. Unless a vaccine is made available to the most vulnerable and rural populations, the risk of contagion in many municipalities without sufficient prevention and response capacities, and often access, remain high. Reduced global commodity prices of Colombia's key exports as well as the severe impact on critical sectors such as tourism are likely to delay economic recovery and impact food security. Reduced humanitarian funding and exceeded operational and budgetary capacity of local administrations risks limiting response capacity.

Response priorities in 2021

As of November, humanitarian actors have complemented the Government's response by providing assistance to over 1.2 million people. Of these, 940,000 people across the country received assistance related to the impact of COVID-19, with a particular focus on GBV survivors. Some 600,000 of the most vulnerable Colombians affected by armed violence and natural disasters – particularly indigenous and Afro-Colombian communities – also received life-saving assistance through the Humanitarian Response Plan in the departments of Chocó, Nariño, Norte de Santander and Cauca, among others.

However, UN agencies and their partners continue to face access restrictions and are experiencing obstructions and direct threats from armed groups. At least 242 attacks against medical missions and health workers were registered during the first nine months of 2020, representing a 63 per cent increase in comparison to the previous year.[11] Limited funding for the COVID-19 Plan and the HRP have also hampered response efforts.

In 2021, the humanitarian response in Colombia will focus on communities in remote rural areas where morbidity/mortality rates are high, hostilities persist, coping capacities are insufficient and the impact of natural disasters, mixed-migration inflows and the pandemic are disproportionally severe. Humanitarian actors will aim to provide more integrated multisectoral response, protect and save lives through humanitarian assistance and protection, and contribute to lasting solutions using a protection, gender and differential approach. They will further engage in prevention and disaster preparedness measures and more effectively complement the Government's own response. Enhancing rapid response mechanisms across the most affected territories will also be a priority.

[1] Excluding the people in need due to mixed migration movements. Please refer to the Refugee and Migrant Plan for more information.

[2] Ministry of Health, Colombia.

[3] National Administrative Department of Statistics (DANE), September 2020 in comparison to September 2019

[4] Epidemiological Bulletin of the National Institute of Health.

[5] World Food Programme.

[6] National Administrative Department of Statistics (DANE)

[7] Monitor, OCHA.

[8] Monitor, OCHA.

[9] Forced confinement is a practice of control whereby freedom of movement of population is restricted, impeding access to goods and services essential for survival for more than one week, and affecting access to at least three essential goods and services, thus generating humanitarian needs.

[10] Monitor, OCHA; The National Colombian Women's Observatory; Office of the High Commissioner for Peace of Colombia

[11] Ministry of Health of Colombia

Haiti HRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
4.4 M	1.5 M	235.6 M

Total population	Income level	INFORM Severity Index	Consecutive appeals	People reached (2020)
11.4 million	Low income	3.5 / High	2010 - 2021	1.4 million

Analysis of the context, crisis and needs

Haiti has faced recurring sociopolitical and economic challenges for several decades. These challenges are mostly based on deep-rooted structural issues, and the country remains highly prone to natural hazards and the effects of climate change. In 2020, Haiti suffered further from the COVID-19 pandemic. The number of confirmed cases and fatalities remains relatively low compared to other countries in the region, but the secondary consequences have impacted access to essential services and increased the risk of violence and stigmatization.

The country's economic situation further deteriorated in 2020, closely linked to the value of the local currency and the consequences of the pandemic. Economic growth is expected to decline by 3.1 per cent in 2020 as the service sector contracts and supply chains are disrupted, as the global economy heads into recession. The fiscal deficit is expected to widen to over 6 pe cent of GDP (from a pre-COVID-19 forecast of 3 per cent) and inflation is expected to reach over 20 per cent.

An upsurge in gang violence has displaced hundreds of families. In late August, Tropical Storm Laura caused flooding in several departments, directly affecting around 8,800 families. The decrease of the overall PIN from 4.6 to 4.4 million is mostly linked to the fact that more than 1 million people facing food insecurity in 2020 have been assisted. Food insecurity, health, education, access to water and protection were the most affected sectors in 2020. This was due to adverse climatic, economic and political conditions, access constraints due to the pandemic and heightened insecurity. The IPC analysis conducted in August 2020 estimated that 4 million people are currently affected by acute food insecurity (phases 3 and 4).

Evolution of needs and requirements (2016–2021)

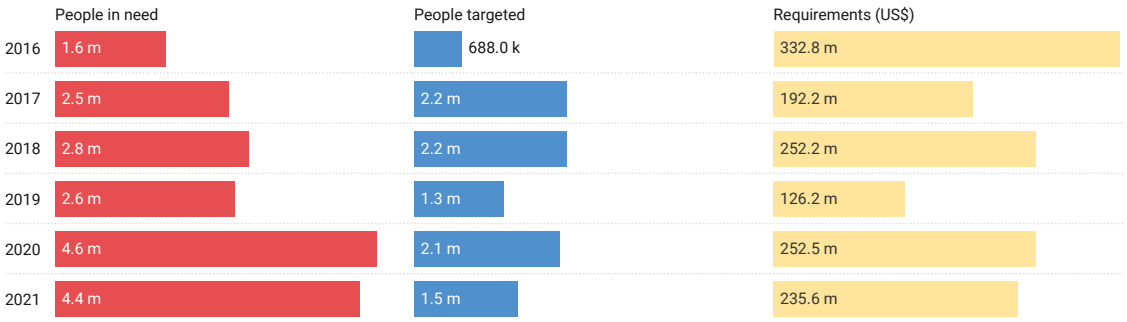


Chart: OCHA • Source: Humanitarian Insight

Sevré, Haiti. This woman learned COVID-19 protection measures from the radio. She immediately started looking for a prevention tool: a tap bucket. She explains: "We would like to put a bucket in the middle of the village but we couldn't find one. We even looked at the weekly market in vain. A few days ago, the Red Cross donated this bucket to us. We put water in it, and we wash our hands very often." *UNICEF/Edler*

Projected situation in 2021 and beyond

The humanitarian landscape in Haiti in 2021 will largely depend on the evolution of the country's political and socioeconomic situation, which could further affect access to essential services and impact the most vulnerable people. The risk of violence due to legislative elections next year must be accounted for. Gang violence, corruption, impunity, poverty, gender inequality, limited access to basic services and severe depletion of natural resources will remain at the root of recurring political and socioeconomic crises. Moreover, any sudden-onset emergency (hurricane, earthquake) or climate-related impact (e.g. drought) will represent a threat to Haiti's recovery efforts.

In 2021, around 4.4 million people will need humanitarian assistance. Pregnant or breastfeeding women, children, the elderly, people with disabilities, displaced people and those in rural areas are likely to suffer from increasingly difficult living conditions. The changes and their associated effects on people are expected to last beyond 2021, as trends show continued high levels of food insecurity, violence and displacement. The HRP will be revised accordingly for 2022.

Response priorities in 2021

In 2020, an estimated 1.4 million people received humanitarian assistance – 61 per cent of the targeted population. Food security assistance has enabled people to maintain their livelihoods. The health impact of the pandemic has been largely contained due to the joint efforts of all partners in supporting the Haitian authorities. Despite many difficulties, thousands of people continued to benefit from essential services even though access was limited.

Insecurity, poor road conditions, and logistical and COVID-19-related constraints hampered physical access to affected populations. Pre-existing coordination challenges were further compounded by the inability of partners and stakeholders to meet in person, and frequent electricity and network interruptions.

Around 1.5 million people of the 4.4 million who need humanitarian assistance will be targeted in 2021. This number includes all people in IPC phase 4 and the most vulnerable populations in 65 (out of 140) communes prioritized in the HRP.

The HCT has identified four strategic orientations for the response over the next two years:

- Reduce acute vulnerabilities and strengthen resilience through joint efforts of humanitarian and development actors, considering the structural nature of humanitarian needs in Haiti.
- Increase people's capacity to meet their basic needs through strengthening access to basic services, improving food security, and decreasing mortality and morbidity due to preventable diseases.
- Enhance accountability to affected populations, particularly to the most vulnerable groups, by strengthening their access to protection services, engaging them in all phases of the response and increasing their self-reliance.
- Strengthen emergency preparedness and response to restore access to services and autonomy following a disaster, and to contribute to the empowerment of institutions and civil society.

Acute vulnerabilities have increased over the past few years due to a combination of sociopolitical crises and shocks. Despite this, financial requirements have slightly decreased compared to those established in 2019. This is mainly due to the commitment to better prioritize humanitarian interventions, and to strengthen the partnership with development actors within the nexus framework.

Venezuela HRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
7.0 M	4.5	762.5 M

Total population	Income level	INFORM Severity Index	Consecutive appeals	People reached (2020)
28.7 million	Upper middle	4.1 / Very High	2019 - 2021	4.0 million

Analysis of the context, crisis and needs

Seven consecutive years of economic contraction, episodes of hyperinflation, political polarization and institutional challenges have been key drivers of humanitarian needs in Venezuela. The economy is estimated to have contracted by 74 per cent since 2013,[1] leading to decreased public spending and impacting the provision of essential services. People's incomes, savings and purchasing power have also been severely affected.

At the start of 2020, the humanitarian situation appeared to be stabilizing. A series of liberalizing economic measures gave respite to the economy and helped rein-in inflation. Increasing remittances provided a lifeline for many and humanitarian response contributed to addressing some of the most acute needs. This trend has been reversed by COVID-19 and compounded by rising costs of food and essential non-food items, declining remittances and lower global oil prices. Hardship for vulnerable people has increased and new needs have emerged.

Food security and nutrition remain a key concern.[2] In 2019, a WFP assessment estimated 2.3 million Venezuelans to be severely food insecure and an additional 7 million moderately food insecure. The rate of undernourishment has increased from 2.5 per cent in 2010-2012 to 31.4 per cent in 2017-2019.[3] According to Government data, severe acute malnutrition rates among children under 5 were 4 per cent in 2019, with an additional 10 per cent at risk.

After the first COVID-19 cases were confirmed, the authorities quickly implemented rigorous social quarantine measures, which slowed down the spread of the virus. After a peak in September, the number of cases has stabilized and is managed within existing capacity and humanitarian support. Limited access to safe water, hygiene and PPE and low PCR testing capacity remain a challenge despite recent improvements.

Evolution of needs and requirements (2019–2021)

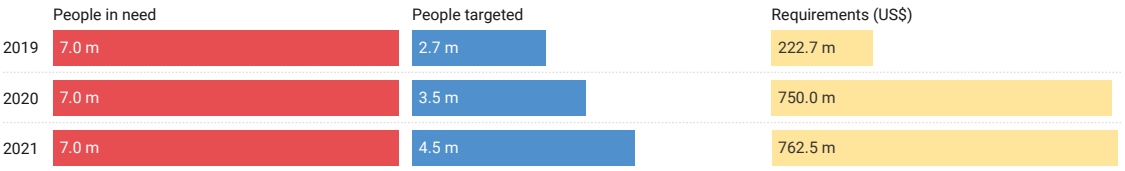


Chart: OCHA • Source: Humanitarian Insight

Rubio, Venezuela. This vulnerable family lives in the Las Tapias neighbourhood, where living conditions are precarious. While the economic contraction has affected people's capacity to access food, COVID-19 has turned thousands of lives upside down. This 84-year-old man and his son worry every morning about how to feed their family. The pandemic-related restrictions are hampering his capacity to put food on the table for his seven family members. *OCHA/Gemma Cortés*

Prior to the pandemic, the Venezuelan health system was already under strain. Important gains made last year to control communicable diseases like malaria and measles are at risk as epidemiological surveillance and vaccinations have been challenging due to COVID-19. Patients are at risk as health facilities continue to struggle with ensuring adequate water supply and sanitation services.[4] As resources are re-assigned to COVID-19 response, other essential health services have been impacted.

The education system also remains affected with an estimated 850,000 children having dropped out of school in 2019,[5] and a similar number at risk of dropping out. School closures, to mitigate the spread of COVID-19, have affected 6.8 million students.[6]

Violence, including gender-based violence, has increased during the lockdown as some people have been confined in situations of domestic violence. Children and adolescents have been particularly affected, facing protection risks and high levels of stress and anxiety, with limited mental health and psychosocial support services available.

Around 130,000 Venezuelan migrants have returned from neighboring countries since mid-March - most due to losing their livelihoods in the context of COVID-19. Returnees need to quarantine in Government-run temporary shelters, many of which require support in providing adequate shelter and basic services. An increasing number of Venezuelans have been crossing into neighboring countries through irregular routes since the easing of quarantine measures in the region. Migrants face high protection risks and have reported blackmail and extortion along these routes.

Projected situation in 2021 and beyond

The humanitarian situation in Venezuela is expected to continue throughout 2021 as the impact of COVID-19 persists. The country's GDP is expected to have contracted by 26 per cent in 2020,[7] likely resulting in increased poverty rates and further reduction in essential services. Food security and nutrition are expected to remain a key issue due to decreased purchasing power, as well local food production challenges.

A pattern of mixed migration flows is likely to continue with more Venezuelans returning and leaving the country in 2021. If borders remain closed, people will continue using irregular routes and be exposed to protection risks including a heightened risk of trafficking, sexual violence and exploitation, especially for women and children.

Response priorities in 2021

Between January and September 2020, humanitarian partners reached an estimated 3.7 million people with some form of assistance – although this does not mean all their humanitarian needs were covered. This includes some 2.4 million people that have received COVID-19 related support, mostly in health, WASH, protection and education.

In 2021,[8] the humanitarian community in Venezuela will focus on: providing life-saving assistance with critical health, nutrition, food security, protection and WASH interventions; improving living standards by strengthening livelihoods, maintaining safe and effective access to essential goods and services and ensuring safe and dignified shelters for people on the move; prevention, mitigation and response to protection risks, including those related to GBV, associated with human mobility and abuse, exploitation and neglect of children and adolescents. Differentiated needs by age and gender, as well as those of indigenous communities and persons with disabilities will be considered.

Despite the achievements, some partners – particularly NGOs - continue to face access challenges like politicization of humanitarian aid, fuel shortages, COVID-19 related travel restrictions, as well as administrative constraints on the entry of organizations, personnel and supplies. Advocacy has recently resulted in progress in addressing some of these challenges, including the adoption of a resolution enabling international NGOs to register in the country.

The 2020 Venezuela HRP was one of the world's lowest funded. Ensuring a response commensurate with the scale of needs will only be possible with urgent additional funding.

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[1] ECLAC, Economic Survey of Latin America and the Caribbean 2020: Main conditioning factors of fiscal and monetary policies in the post-COVID-19 era, October 2020

[2] The Food Security Information Network Global Report on Food Crises 2020 included Venezuela among the 10 worst food crises in the world.

[3] FAO, State of Food Security and Nutrition in the World Report 2020. The Government does not agree with these findings.

[4] An assessment of WASH conditions in 17 hospitals conducted by PAHO/WHO in 2019 found that 88.3 per cent of the assessed hospitals present a high risk that hygiene and sanitary conditions pose a health risk to patients and staff; the rest face a medium risk. The findings were supported by internal WASH cluster monitoring of 89 health facilities.

[5] Ministry of Education data.

[6] Ministry of Education estimate based on administrative data.

[7] ECLAC, Economic Survey of Latin America and the Caribbean 2020: Main conditioning factors of fiscal and monetary policies in the post-COVID-19 era, October 2020

[8] Figures for People in need, People targeted and Requirements are estimates.

Middle East and North Africa

Part two: Inter-Agency Coordinated Appeals

Conflict and hostilities combined with economic contraction and governance challenges continue to devastate communities and increase humanitarian and protection needs in the Middle East and North Africa region.

Over 12 million people are internally displaced across the region, with some displaced multiple times facing protection risks and human rights violations, including gender-based violence, which is particularly affecting women and girls. Protracted and escalating hostilities in parts of Syria, Yemen and Libya continue to force people to flee their homes and communities and exacerbate civilian suffering, deaths and injuries.

The economic crisis, including soaring inflation and fuel shortages in several countries, exacerbates an already fragile food security and nutrition situation and erodes people's coping capacities. Many are resorting to negative coping mechanisms such as skipping meals, increasing debt and child marriages to meet basic needs.In Syria, despite relative stability in the third quarter, food prices remain 90 per cent higher than in the first half of 2020, while the fuel crisis and currency depreciation in Yemen continue to increase prices of essential commodities, affecting critical services and aid operations.

Ibb, Yemen. This 13-year-old girl is a former Taizz resident. She and her family fled the fighting in 2015. Now she wants to be an architect and design modern buildings. *OCHA/Giles Clarke*

The Beirut Port explosions multiplied Lebanon's worst economic crisis in its recent history. The Lebanese pound continues to depreciate, unemployment is rising, prices of basic goods are surging rapidly, and the threat of hunger is looming for the poorest people. Acute malnutrition remains a major characteristic, with increasing numbers of acutely malnourished children and women reported in multiple countries. This includes parts of Yemen, where cases of young children suffering from severe acute malnutrition have increased by 15 per cent.

COVID-19 has had a devasting impact on people, stretched health systems and other basic services and intensified already high humanitarian needs. Years of active conflict in the region have decimated basic infrastructure. This combination of factors along with the economic downturn has left countries in the Middle East and North Africa struggling to keep up with the pace of the pandemic, including absorbing confirmed cases in health facilities or maintaining other essential health services such as routine vaccinations. Even worse is the pandemic's socioeconomic impact; it has eroded livelihoods, reduced remittances, increased unemployment and pushed vulnerable people further into poverty.

Overview of appeals (2021)

Appeal	Type	People in need	People targeted	Requirements (US$)
Iraq	HRP	4.1 m	2.5 m	630.0 m
Libya	HRP	1.3 m	451.0 k	189.0 m
oPt	HRP	2.4 m	1.8 m	417.0 m
Syria	HRP	13.0 m	10.5 m	4.2 b
Yemen	HRP	24.3 m	19.0 m	3.4 b

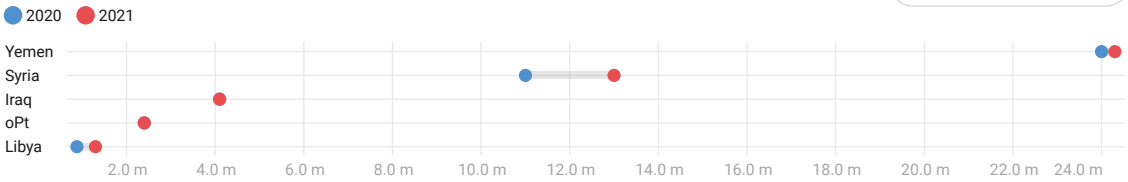
The figures for Syria HRP and Yemen HRP are provisional and pending the finalization of the 2021 HNOs and HRPs.
Table: OCHA • Source: Humanitarian Insight

Millions of people rely on humanitarian assistance for their basic needs, including through cross-border operations. However, partners continue to face access challenges reaching affected communities due to conflict, insecurity, blockades and bureaucratic impediments; the COVID-19-related containment measures have further constrained this access – as infection rates surge, more movement restrictions are expected.

In the coming year, the challenges remain immense. Over 45 million people across the region will need some form of assistance. If left unaddressed, conflict and violence, political and economic instability and food insecurity will continue to drive up humanitarian and protection needs across the region.

Evolution of People in Need (2020 vs. 2021)

Explore the chart
gho.unocha.org



Iraq HRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
4.1 M	2.5 M	630.0 M

Total population	Income level	INFORM Severity Index	Consecutive appeals	People reached (2020)
40.2 million	Upper middle	3.9 / High	2014 - 2021	1.4 million

Analysis of the context, crisis and needs

Of the 6 million people displaced during the conflict with ISIL, 1.3 million people remain internally displaced with limited prospects of durable solutions. Many of the 4.7 million returnees still experience acute humanitarian needs, jeopardizing sustainable returns. The impact of COVID-19, particularly the loss of livelihoods, disrupted access to services and increased protection risks (including GBV), has increased humanitarian needs among conflict-affected populations, particularly in out-of-camp and return locations.

Protracted displacement continued in 2020. Ninety-two per cent of IDPs have been displaced for more than three years, with under 1 per cent of IDPs returning per month on average. Four out of five IDPs live in out-of-camp settings. The main obstacles to return remain damaged or destroyed houses, and a lack of livelihoods and basic services in areas of origin. Insecurity in areas of origin also remains a key challenge to return.

Options for durable solutions remain limited. Progress on improving conditions in return areas at the beginning of the year was reversed by the impact of COVID-19. This complicated efforts to ensure durable solutions to displacement and jeopardized sustainable returns. Government-led camp closures since October 2020 could push in-camp IDPs into areas with limited options for a safe and dignified life.

Evolution of needs and requirements (2016–2021)

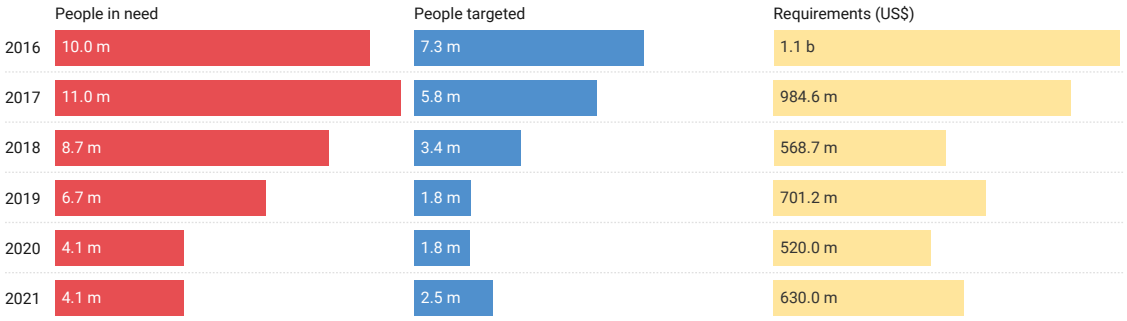


Chart: OCHA • Source: Humanitarian Insight

Mosul, Iraq. Two girls go to school amid the destruction from the last war, west of Mosul. Three years after Mosul was retaken from the so-called Islamic State, parts of west Mosul still resemble a warzone, with entire neighbourhoods destroyed. Buildings remain collapsed into each other like a deck of cards. They create a dangerous mess of bricks and steel that looms over children and families trying to resume their lives as best they can, despite daily reminders of the violence. *UNICEF/Anmar*

Humanitarian needs have become more acute. COVID-19 exacerbated pre-existing vulnerabilities among conflict-affected populations, resulting in increased use of negative coping mechanisms. In-camp IDPs have become increasingly aid dependent as livelihoods were lost due to COVID-19. Acute needs have also increased in out-of-camp settings, with the percentage of out-of-camp IDPs in acute need increasing from 36 per cent to 45 per cent over the past year. Thirty-eight per cent of returnees now face acute needs, compared to 28 per cent last year. In the absence of durable, safe and dignified solutions to displacement, and due to the compounding effects of COVID-19, 4.1 million IDPs and returnees need humanitarian assistance, with more than half (2.4 million people) facing acute need.

Projected situation in 2021 and beyond

The situation in Iraq is extremely volatile due to COVID-19 and the political and security context. The humanitarian community plans for a flexible humanitarian response, adapting to the changing circumstances throughout the year.

The closure of IDP camps has been a goal of successive Iraqi administrations. In October 2020, the Government started closing several IDP camps, with more expected to close in the coming months. Based on previous experience, sudden and premature camp closures result in substantial secondary displacement, with about one third of camp departures resulting in returns unlikely to be sustainable.

COVID-19 will continue to impact the situation in the country. Iraq's economy is projected to contract by 9.3 per cent in 2020 and poverty rates are expected to increase. Millions of people could end up using negative coping mechanisms to meet basic needs. The provision of essential health services is under pressure, and families are not accessing essential services, including immunizations and mother-and-child health care, to the same extent as in 2019. An estimated 300,000 children risk missing vaccinations, which could lead to measles outbreaks or the return of polio (eradicated in 2014). The impact of COVID-19 hits conflict-affected populations particularly hard, but it also affects the general population. In the absence of at-scale social safety nets, more people could fall under the emergency threshold. The humanitarian community will closely monitor vulnerability levels throughout the country and take appropriate action should emergency thresholds be crossed.

Response priorities in 2021

The 2020 Iraq HRP targeted 1.8 million people. It is projected to reach 1.4 million people by the year's end despite significant movement and access challenges. The HRP was adjusted in early 2020 to mitigate and respond to the impact of COVID-19 and to adapt implementation to the new operating environment.

The 2021 Iraq HRP will target 2.5 million people, including all IDPs in camps, out-of-camp IDPs in acute need and returnees in acute need, paying attention to age, gender and disability. The targeting criteria thus remain as in 2020. While all in-camp IDPs were reached with assistance in 2020, challenges remained to reach all IDPs out of camp and returnees (projected reach of 71 per cent and 61 per cent, respectively). With ongoing Government-led camp closures, more people are expected to move to out-of-camp settings and the response will have to adjust to address acute needs in these new locations.

Due to the increased number of people facing acute humanitarian needs, the 2021 Iraq HRP will have a decidedly humanitarian focus to alleviate suffering, and to enable the most vulnerable populations to meet basic needs, minimize the use of negative coping mechanisms, access essential services, and live-in safety and dignity.

The humanitarian community will work closely with the Durable Solutions Task Force, which will promote sustainable returns and durable solutions for conflict-affected populations and improve conditions in return areas, and with development partners and the Iraqi Government to address longer-term needs.

Libya HRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
1.3 M	0.45 M	189.0 M

Total population	Income level	INFORM Severity Index	Consecutive appeals	People reached (2020)
6.9 million	Upper middle	4.1 / Very High	2015 - 2021	0.4 million

Analysis of the context, crisis and needs

Libya is struggling to cope with the effects of ongoing armed conflict, economic and governance crises, and the direct and indirect impact of COVID-19, all of which have resulted in the deterioration of public services and people's livelihoods. The crisis in Libya has a strong protection dimension, with violations of international human rights and humanitarian law, including conflict-related sexual violence and grave violations against children.

Due to the armed conflict that extended into 2020, 417 civilian casualties were reported as of June. Indiscriminate shelling has also damaged and destroyed health facilities, schools, water infrastructure, and people's homes. Between January and September, Libya recorded 28 attacks on medical facilities, ambulances, and medical personnel, resulting in the deaths of eight people and injury of 23 others. Armed conflict and insecurity continued to drive displacement during the first part of the year. A rapid shift of the frontlines in June and July allowed a few thousand people to return home although the destruction of basic services and the presence of explosive hazards remain major constraints that are hindering safe and dignified returns. As of September, 392,000 people remained internally displaced throughout the country.

Libya continues to be at high risk of the spread of COVID-19. A serious obstacle to responding to the COVID-19 pandemic has been the fragmented governance in Libya. By September, a national preparedness and response plan for COVID-19 was still to be endorsed. The true scale of the pandemic is likely still not known due to shortages in COVID-19 testing supplies, adequate health care facilities and contact tracing.

Evolution of needs and requirements (2016–2021)

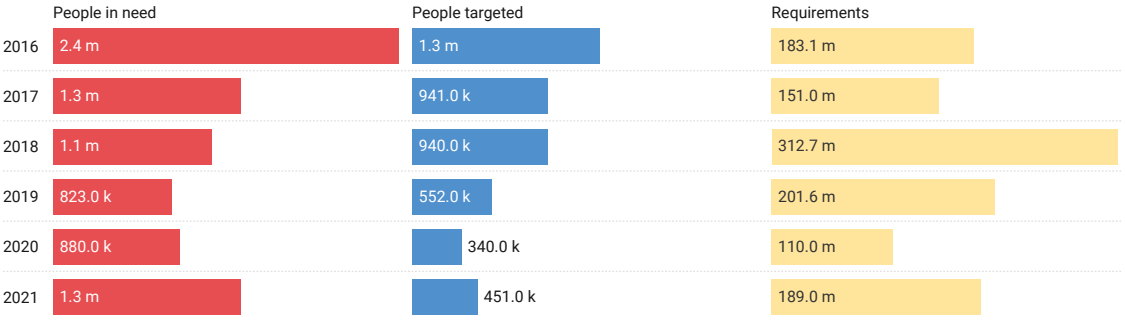


Chart: OCHA • Source: Humanitarian Insight

Benghazi, Libya. The Qaryounis settlement in Benghazi is home to 204 families (677 individuals), almost all of whom were displaced from Tawergha in 2011. Most of the shelters have corrugated metal or zinc roofs that need maintenance. In the rainy season, the families experience leaks in the shelters. The rainy season also causes problems with the sewage system and waste overflows, since almost all the families rely on unprotected septic tanks to manage the waste. Accessing safe drinking water is another major concern. Even though the settlement is equipped with a water network, unclean water flows in the network, so it can only be used for domestic purposes. Most of the families drink mineral water, posing a financial burden due to its relatively high price. *OCHA/Giles Clarke*

The ability of many people to cover basic needs, including housing, has been eroded by the current economic crisis and the socioeconomic impact of COVID-19. During 2020, the country regularly experienced prolonged power and water cuts, as well as fuel shortages, further affecting people's livelihoods and disrupting critical services. Movement restrictions imposed to reduce the spread of the virus have driven up the price of essential food and goods by 20 per cent above pre-COVID levels as of September 2020, and negatively affected people's livelihood opportunities. Unemployment in vulnerable groups have increased with about 27 per cent of surveyed migrant workers unemployed in August, compared to 10 per cent in February. Many women who rely on the informal economy for their livelihoods have been similarly affected. Many migrants and refugees, including children, continued to face arbitrary detention, gender-based violence, forced labour, extortion, and exploitation.

Projected situation in 2021 and beyond

About 1.3 million people are estimated to need some form of humanitarian assistance next year, a 40 per cent increase compared to 2020. The highest needs are found in Alkufra, Benghazi, Ejdabia, and Tripoli due to the impact of armed conflict. These locations also host the highest number of displaced, migrant, and refugee populations. The formal ceasefire agreement signed on 23 October, while still to be implemented, holds promise. Should the ceasefire be accompanied by associated, positive political and economic developments, internal displacement would reduce as households may feel secure enough to return home. Access to services would likely improve as increased revenue, specifically from the oil sector, would allow

for more investment in public service delivery. However, these possible improvements could still be hampered in the foreseeable future by the continued impact of COVID-19 cases and imposed prevention measures to curb the spread of the disease.

Even with an optimistic upturn in Libya's fortunes, humanitarian needs will remain high in the near term as agreements materialize on the ground and the economy rebounds. In the long term, it is anticipated that some vulnerable groups would still require some form of humanitarian assistance until sustainable solutions are achieved. Advocacy would also remain necessary in order to overcome the cultural barriers and discrimination.

Response priorities in 2021

IDPs, returnees, migrants, refugees and non-displaced people who are affected by Libya's overall context will remain as priority vulnerable groups for the 2021 HRP. A total of 1.3 million people need humanitarian assistance and/or critical protection services. Of those, 451,000 of the most vulnerable people will be targeted by the 2021 HRP. The international humanitarian community will continue to work with Libyan stakeholders to cultivate the capacity of Libyan authorities to lead and implement protection and assistance for those most in need.

Centrality of protection, age, gender and diversity, as well as capacity strengthening, will remain at the core of the humanitarian response. Safeguarding measures to prevent and provide protection from sexual exploitation and abuse will be strengthened. Data management will also be a key component of the response to ensure needs analysis and response planning are people-centered. The financial requirement for the HRP 2021 is $189 million. The plan will complement Libyan efforts, with an emphasis on increasing coordination and collaboration in a principled manner.

occupied Palestinian territory HRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
2.4 M	1.8 M	417.0 M

Total population	Income level	INFORM Severity Index	Consecutive appeals	People reached (2020)
5.1 million	n/a	3.9 / High	2003 - 2021	1.2 million

Analysis of the context, crisis and needs

A protracted protection crisis continues in oPt, largely attributable to the ongoing occupation, the internal Palestinian divide, continued violations of international law, and recurrent escalations of hostilities between Israel and Palestinian armed groups. 2020 witnessed a sharp increase in the severity of humanitarian needs across oPt. This was due to the COVID-19 outbreak and measures taken by the Palestinian Authority (PA) in response to Israel's threat to formally annex parts of the West Bank. These factors will continue to drive vulnerability and humanitarian need in oPt in 2021.

The COVID-19 mortality rate remains low by global standards (77 persons per million people). However, measures imposed to contain the pandemic (recurrent lockdowns, travel restrictions, school closures, reduction of commercial activities and mandatory quarantines) have severely undermined living conditions across oPt. In Gaza, unemployment in the second quarter of 2020 reached a historical high of over 49 per cent.[1]

Compounding the situation was the PA's decision to halt almost all bilateral contacts with Israel, between May and November, including refusing to accept the tax clearance revenues that Israel collects on its behalf. Together with the economic slowdown due to the pandemic, this severely reduced the PA's capacity to pay salaries, deliver services and maintain social

Evolution of needs and requirements (2016–2021)

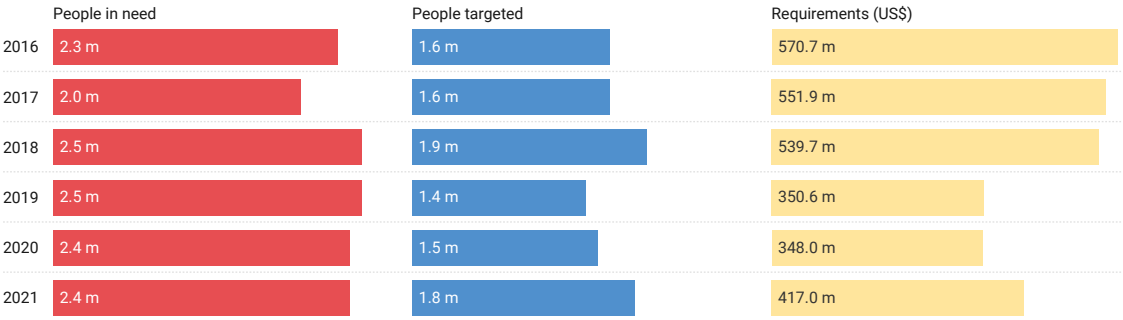


Chart: OCHA • Source: Humanitarian Insight

Jabalia, occupied Palestinian territory. Two siblings look out from inside their home. They are at risk of eviction from their rented home in Jabalia, Gaza. *NRC/Ahmed Mashharawi*

safety nets. While, by mid-November 2020, the PA had indicated that it would resume coordination with Israel, the impacts are yet to be assessed and damage sustained from the six-month halt remains. UNRWA's financial crisis also remains an element of concern with the potential for considerable humanitarian consequences across oPt.

There has been a significant decline in conflict-related casualties in 2020. However, concerns about excessive use of force by Israeli soldiers resulting in the killing or serious injury of Palestinians remain, as well as a lack of accountability for violations of international law.[2] Significant shortfalls in funding for humanitarian organizations alongside an ever-increasing constriction of operational space are increasingly undermining the humanitarian community's ability to respond to growing needs.

Projected situation in 2021 and beyond

The Palestinian economy is expected to shrink between 2.6 and 7.6 per cent by the year's end, compared to 2019. The proportion of poor households in the Gaza Strip is projected to increase from 53 to 64 per cent and more than double in the West Bank, from 14 to 30 per cent.[3] Against the backdrop of a general deterioration in living conditions and the lack of security coordination between the PA and Israel, the potential remains for an increase in violence, including an escalation of hostilities in Gaza, during 2021.

In the Gaza Strip, the 2 million Palestinians, who have been under Israeli blockade for over 13 years, have been further isolated from the external world by COVID-19-related restrictions and the halt in coordination, with serious impacts on access to medical care. At the same time, the main factors driving the fragile humanitarian situation there remain in place, with no changes foreseen. In the West Bank, policies and practices affecting Area C, East Jerusalem and the Israeli-controlled part of Hebron city are expected to continue, placing Palestinians at risk of forcible

Aid in action
Adapting responses with flexible funding

The Humanitarian Coordinator (HC) used the oPt Humanitarian Fund to rapidly scale up response to the COVID-19 outbreak. In support of the Health Cluster Strategic Preparedness and Response Plan, the HC initially allocated $1 million to WHO to rapidly procure critical health supplies essential to expand testing, tracing, prevention and treatment for COVID-19 cases. The first standard allocation from the fund tackled the outbreak and mitigated the effects of the pandemic, in the framework of the Inter-Agency COVID-19 Response Plan. Several projects have been subsequently topped up to sustain operations in quarantine centres in the West Bank and Gaza. More than $16 million has been allocated to strengthen the health components of the response and ensure the delivery of critical COVID-19-related activities across the different sectors. Timely and rapid allocations from the fund boosted the procurement of screening tests, personal protection equipment, hygiene kits, consumables and other critical supplies, provided essential non-food items and water in quarantine centres, and enhanced safe treatment of medical waste. The fund's allocations have been essential in anticipating the wave of shortages of critical items experienced in the global markets, and they have helped tackle the spread of the virus. *Photo: WFP/ Wissam Nassar*

transfer and leading to erosion of livelihoods. Economic development will remain hampered by the occupation and limitations on Palestinian access to land and natural resources, and by a multilayered system of administrative, bureaucratic and physical constraints, including the Barrier. Many of these constraints are linked to the presence of Israeli settlements, which are illegal under international law.

Throughout oPt, the most vulnerable people remain those living in poor or women-headed households; Palestine refugees living in refugee camps; children, particularly those under 5 years of age; the older population; pregnant and lactating women; persons with disabilities; small-scale farmers, herders and fishers; and displaced people.

Response priorities in 2021

In 2020, humanitarian partners aimed to reach 1.5 million Palestinians with assistance through the HRP. However, due to the COVID-19 outbreak in oPt, by April most of the regular HRP activities had been reprogrammed to respond to pandemic-generated needs. Overall, 1.2 million Palestinians received humanitarian assistance in 2020, including 300,000 people targeted by the original plan.

Key achievements included the allocation and mobilization of resources. This covered 94 per cent of the funds requested for the plan, meeting basic WASH needs for the most vulnerable people during the COVID-19 crisis. The oPt Humanitarian Fund provided rapid and flexible support to humanitarian operations to respond to the COVID-19 outbreak in oPt.

In 2021, an estimated 2.4 million Palestinians across oPt will require humanitarian assistance. The majority, 64 per cent, live in the Gaza Strip. Although this total is only slightly more than the estimate for 2020 (2.41 million), the number of people suffering from severe need has increased. Of the total number of people in need, humanitarian partners will aim to assist the most vulnerable (1.8 million people), with a financial requirement of $417 million.

Their needs will be addressed through multisector efforts that aim to protect the rights of Palestinians living under occupation, provide access to essential services for the most vulnerable, and support Palestinians' ability to cope with the effects of the crisis, while more sustainable solutions are sought. The 2021 HRP will maintain the centrality of protection as a

[1] Palestinian Central Burau of Statistics (PCBS), Labour Force Survey, April-June 2020.

[2] See Report by the High Commissioner of Human Rights, Ensuring accountability in the occupied Palestinian territory, March 2020.

[3] The World Bank, Economic report to the ad-hoc liaison committee, June 2020

Syria HRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
13.0 M	10.5 M	4.2 B

Total population	Income level	INFORM Severity Index	Consecutive appeals	People reached (2020)
17.5 million	Low income	4.9 / Very High	2012 - 2021	7.4 million

Analysis of the context, crisis and needs

After a decade of crisis in Syria, humanitarian needs remain extensive and multifaceted across the country. Hostilities causing civilian casualties, the destruction of civilian infrastructure, and violations of IHL and IHRL remain features of the crisis, but they have become increasingly localized in 2020. The security situation remains fluid, particularly in north-west Syria (NWS), where a ceasefire is in place but breaches have been reported, – as well as in southern areas under local reconciliation agreements.

Syria's economy has experienced an unprecedented downturn, exacerbated by issues including years of conflict and the financial crisis in Lebanon. The resulting sharp depreciation of the Syrian currency to an all-time low has spurred unprecedented price increases for staple goods, particularly bread and fuel. COVID-19 has been a further aggravating factor, negatively impacting an already depleted workforce and debilitated health system, in which only 58 per cent of hospitals are reported to be fully functional.

Over the past year, an already complex humanitarian access situation has become more challenging; the number of border-crossing points authorized by the UN Security Council for UN-delivered assistance and supplies has been reduced from four (in 2019) to just one. The combined impact of these changes has been far-reaching, with several factors currently driving needs. Hostility-induced mass displacements have decreased since March 2020, but

Evolution of needs and requirements (2016–2021)

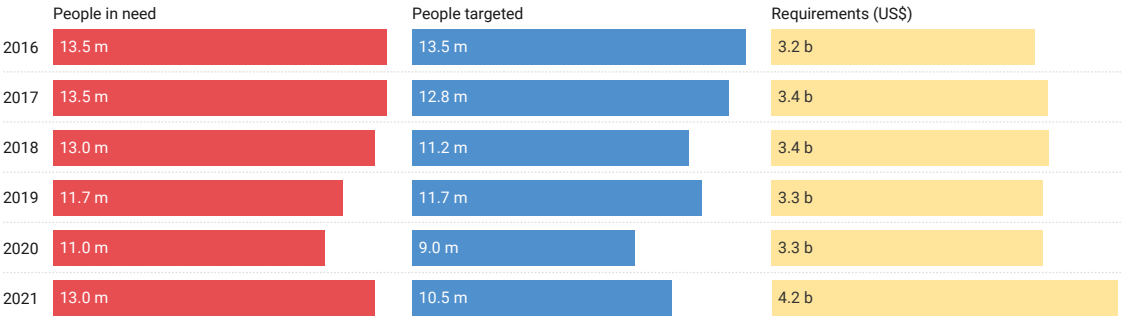


Chart: OCHA • Source: Humanitarian Insight

Binish, Syria. Sixteen families originally from Marret Al-Numan, in the countryside south of Idleb, now live in a damaged school in the town of Binish. They were displaced four months ago and have no other option as they could not obtain a tent in the nearby IDP camps. *OCHA*

life-threatening needs remain disproportionately high among displaced communities. More than 1.5 million of the 2.7 million IDPs in NWS currently shelter in around 1,100 "last resort" sites. Many of these sites are overcrowded, and access to shelter, safe water, food, health and psychosocial support is inadequate.

Acute needs stemming from a lack of access to basic services, livelihoods and economic opportunities, combined with high levels of destruction to critical civilian infrastructure, including health facilities, water systems and schools, are also observed in parts of Deir-ez-Zor, Al-Hasakeh and Raqqa Governorates in north-east Syria; in Dar'a Governorate in the south; and in overburdened host communities in Damascus and Rural Damascus.

Across Syria, the dramatic socioeconomic decline has reduced purchasing power and the availability of essential goods and services. It has also severely limited employment opportunities, adding to growing poverty. The average food basket in Syria cost 247 per cent more in October 2020 than at the same time in 2019. These trends have resulted in a sharp increase in food insecurity – from 7.9 million people a year ago to 9.3 million by July 2020.

Additional 'silent' consequences of years of crisis include unprecedented levels of stunting affecting 674,000 children under 5 years of age (a 37 per cent increase compared to 2019); increased morbidity related to non-communicable diseases; gender-based violence (GBV); and widespread psychological trauma, especially in children. More families are being forced to make unacceptable trade-offs to survive, including skipping meals, taking on additional debt, and pre-emptively moving to areas where humanitarian assistance is assured, such as camps.

The widespread lack of livelihoods and employment opportunities, inadequate access to basic services and growing food insecurity have become principal drivers of need, denying millions of people the ability to meet their basic needs in a dignified, self-sustained manner.

Projected situation in 2021 and beyond

These trends are expected to continue into 2021, leading to an increase in PiN from 11.1 million to an estimated 13 million in 2021.[1] The scale of needs stemming from new or recurrent displacements will depend on a potential increase in hostilities in NWS, as well as other locations. Syria remains a 'protection crisis,' with related needs resulting from hostilities, widespread explosive hazard contamination, psychological trauma, GBV and family separation, among others.

Returns are expected to continue in line with trends in 2020. Even if a COVID-19 vaccine becomes available, the virus is expected to spread further. It will spare few people, but most acutely affect people living in densely populated areas and/or areas where basic service provision is weak.

Response priorities in 2021

Consequently, humanitarian actors will focus their multisectoral response efforts on the following priorities in 2021:

- Respond to critical protection risks, ensuring protection risk assessments inform all humanitarian programming.
- Maintain critical basic services, including through the rehabilitation of key civilian infrastructure, with a focus on mitigating the impact of COVID-19 on people's health and its secondary effects on livelihoods, education and protection needs.
- Scale up livelihood and agricultural support to respond to growing food insecurity.
- Improve chronic malnutrition among under-fives and nutritional deficiencies in pregnant and lactating women through coordinated nutrition, food security, health and WASH interventions.
- Address basic needs of the most vulnerable IDP, host community and returnee households as flexibly as possible, including addressing assistance gaps in last-resort IDP sites, with a particular focus on winterization support.

To access people in need, humanitarian responders will continue to leverage and advocate for all cross-border and cross-line response modalities. The UN estimates that 10.5 million people will be targeted with humanitarian assistance in 2021. This is an increase from 9.5 million people at a cost of $4.2 billion, which is a 10 per cent increase compared to 2020.

[1] Figures for People in need, People targeted and Requirements are pending the finalization of the 2021 HNO and HRP.

Yemen HRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
24.3 M	19.0 M	3.4 B

Total population	Income level	INFORM Severity Index	Consecutive appeals	People reached (2020)
29.8 million	Low income	4.6 / Very High	2008 - 2021	10.7 million

Analysis of the context, crisis and needs

Humanitarian needs continued to grow in 2020, driven by the escalating conflict and a protracted economic blockade that has fuelled the ongoing economic crisis. The situation was exacerbated by torrential rains, a fuel crisis, the threat of desert locusts and COVID-19. The operating environment continues to be extremely restricted, hindering a principled aid operation, and the humanitarian response was crippled by a huge funding shortfall. Capacity within the humanitarian operation was a further limitation. By mid-2020, Yemen had returned to alarming levels of food insecurity and acute malnutrition. All indications suggest that the severity of needs for large sections of the population is increasing. COVID-19 has compounded food insecurity, mainly due to limited work opportunities, lower incomes and reduced remittances.

Conflict intensified during 2020, resulting in shocking levels of civilian suffering. By the end of October, there were 47 front lines, up from 33 in January 2020. The war had already caused an estimated 233,000 deaths, including 131,000 from indirect causes such as lack of food, health services and infrastructure. Hostilities have directly caused tens of thousands of civilian casualties; 3,153 child deaths and 5,660 children were verified in the first five years of the conflict, and 1,500 civilian casualties were reported in the first nine months of 2020. Attacks continue on facilities protected by international humanitarian law, including medical centers.

Evolution of needs and requirements (2016–2021)

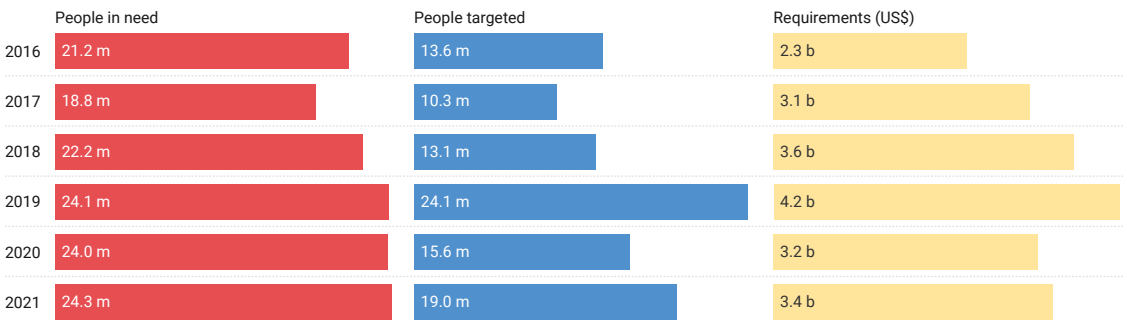


Chart: OCHA • Source: Humanitarian Insight

Aden, Yemen. This 12-year-old girl fled the port city of Al Huydaydah with her family. She now lives at a former school on the outskirts of Aden. She has three brothers and four sisters and dreams of being a teacher. *OCHA/Giles Clarke*

Yemen's economy was subject to further shocks this year and macroeconomic stability remained absent. By the end of September, the Yemeni rial had depreciated to an all-time low of YER850 (US$3.4) in southern governorates. Foreign reserves dried up, and remittances from Yemenis abroad, the largest source of foreign exchange, fell by up to 70 per cent due to the COVID-19 global downturn. With nearly all goods imported, more people are being squeezed out of markets, unable to afford essential items. Fuel shortages in northern governorates from June onwards exacerbated the humanitarian situation, reducing essential services and the transport of essential goods, constraining access to income opportunities and restricting the humanitarian operation.

Between April and August 2020, heavy rains and flooding devastated communities, causing deaths and injuries, destroying infrastructure and livelihoods, and increasing the spread of deadly diseases. Tens of thousands of families were affected, many of them already displaced. Other natural hazards pose a threat, including desert locust infestations, which are expected to cause damage and loss worth $222 million to staple crops, animals and livestock.

Despite some advances made with authorities in overcoming bureaucratic constraints, the operating environment shrank further in 2020. Since August 2020, some 19.1 million people in need were in hard-to-reach areas, where armed conflict and insecurity, bureaucratic constraints and logistic impediments often combined to challenge aid deliveries. By October, most COVID-19-related restrictions had been lifted, but pre-existing challenges around movement restrictions and interference in humanitarian activities still hamper the response. Humanitarian staff continue to be detained, harassed and threatened and their visas arbitrarily refused or withdrawn.

With only 50 per cent received of the $3.386 billion needed to fund the response, drastic cuts have been made to the aid operation, and 31 out of 41 critical UN programmes have been reduced or closed. Aid agencies are now reaching about 10.7 million people a month, down from over 13.6 million people a month at the start of the year.

More than 3.6 million civilians have been displaced due to the conflict, including at least 158,000 in 2020. Some of the highest levels of vulnerability are concentrated in IDP sites where very few services are available. An estimated 422,000 migrants, asylum seekers and refugees in Yemen are at extreme risk and an estimated 138,000 are completely reliant on aid. COVID-19 resulted in a backlash against this group, many of whom have been forcibly moved, detained and subjected to inhumane conditions. Thousands remain stranded in dire need of assistance.

Humanitarians continue to work towards delivering an efficient, effective and principled response, but the outlook remains bleak. The latest (partial) IPC analyses show that by December 2020, the population facing high levels of acute food insecurity (IPC Phase 3 and above) will increase from 2 million to 3.2 million people (40 per cent of the 7.9 million population analysed in the south). In December 2018, a quarter of a million people were found to have slipped into severe food crisis, with the worst hunger clustered in conflict-affected areas.

Acute malnutrition among children under 5 years of age has hit record levels in some areas. Over half a million children under 5 years of age face acute malnutrition, up 9.5 per cent. Severe acute malnutrition is up by 15.5 per cent this year, leaving 100,000 young children at risk of dying without treatment. There are acute WASH deficits in 54 districts, and 46 districts are at high risk of cholera. COVID-19 is an added burden on the fragile health system, where only 50 per cent of facilities are functional. This has discouraged the population from seeking treatment for other deadly diseases and conditions.

Projected situation in 2021 and beyond

In 2021 the situation is expected to deteriorate further, and the severity of needs is expected to increase unless there is conflict de-escalation and an improvement in the economy and funding.

Response priorities in 2021

During 2021, more than 105 partners across Yemen plan to assist 19 million people.[1]
The response will prioritize: fighting hunger by providing food assistance and supporting livelihoods; reducing outbreaks of cholera and infectious diseases; providing basic services to displaced families living in emergency and IDP settlements; protecting civilians and advocating for adherence to international humanitarian law; and rehabilitating public infrastructure to enable life-saving basic services to the population.

[1] Figures for People in need, People targeted and Requirements are pending the finalization of the 2021 HNO and HRP.

Southern and East Africa

Part two: Inter-Agency Coordinated Appeals

In East Africa, humanitarian needs are rising and are expected to increase in 2021 due to conflict, climatic shocks, disease and economic challenges. There are now more than 8.3 million internally displaced people and more than 4.6 million refugees across East Africa, primarily due to conflict and violence in Ethiopia, Somalia, South Sudan and Sudan.

The Eastern Route for migration from the Horn of Africa to Yemen and beyond remains the busiest maritime route globally. However, due to COVID-19-related border restrictions and closures, migrants have been stranded in countries with limited access to services and at significant risk of trafficking and exploitation.

Over 31.5 million people were severely food insecure in East Africa at the end of 2020, with concerns that Jonglei State in South Sudan may be at risk of famine. Conflict remains the major driver of food insecurity in the region, but the Horn of Africa desert locust upsurge in 2020 was the worst in 25 years in Somalia and Ethiopia, and 70 years in Kenya. It destroyed agriculture and livelihoods and worsened an already alarming food security situation. The socioeconomic impacts of COVID-19 have also increased pre-existing vulnerabilities, including in Burundi.

Nyal, South Sudan. Embroiled in conflict since 2013, South Sudan is facing a critical humanitarian situation, with chronic hunger and malnutrition affecting families and children in particular. The conflict's longer-term effects have forced tens of thousands of families to remain in temporary shelters and millions of people to seek refuge outside the country. WFP provides life-saving humanitarian assistance in South Sudan, reaching 5 million people across the country. *WFP/Gabriela Vivacqua*

Climatic shocks are compounding the devastation wrought by violence. From June to October 2020, at least 3.6 million people were impacted by floods or landslides across East Africa, many of whom were already suffering due to insecurity and conflict. In Sudan, about 875,000 people were affected by the country's worst floods in decades, while about 663,000 people were affected in Somalia. In South Sudan, 856,000 people were affected by flooding, including in Jonglei, where people had already been subjected to large-scale subnational violence in 2020. In Ethiopia, about 1.1 million people were affected by flooding in regions where more than 1.1 million had previously been displaced by violence. In addition to the COVID-19 pandemic, the trajectory of which remains uncertain in the region, East Africa is experiencing multiple disease outbreaks including malaria, cholera, polio, chikungunya and viral hemorrhagic fever. Several of these diseases have been exacerbated by above-average rains.

Overview of appeals (2021)

Appeal	Type	People in need	People targeted	Requirements (US$)
Burundi	HRP	2.3 m	1.0 m	195.6 m
Ethiopia	HRP	21.3 m	16.3 m	1.5 b
Mozambique	HRP	1.3 m	1.1 m	254.4 m
Somalia	HRP	5.9 m	4.0 m	1.1 b
South Sudan	HRP	7.5 m	5.6 m	1.5 b
Sudan	HRP	13.4 m	8.9 m	1.8 b
Zimbabwe	HRP	6.8 m	4.5 m	505.5 m

The figures for Burundi HRP are provisional as consultations with the Government are ongoing. The figures for South Sudan HRP are provisional and pending finalization of the 2021 HNO and HRP.

Table: OCHA • Source: Humanitarian Insight

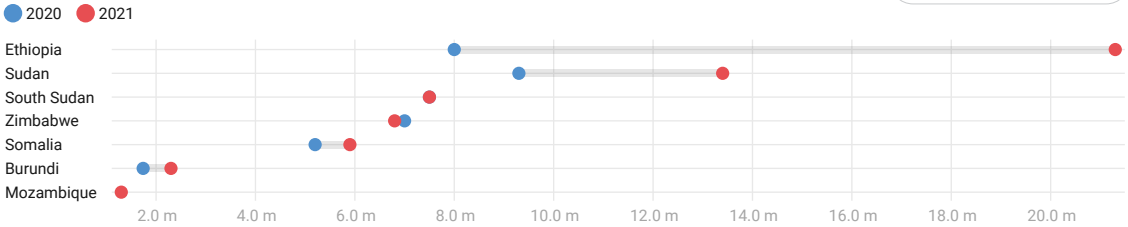
In 2021, East Africa will face significant challenges, which could further increase humanitarian needs. Below-average rains are predicted for the current season and tentatively for the next, which could affect crop production and exacerbate food insecurity in 2021. Elections in Uganda, delicate transitions in Sudan and South Sudan, violence and political uncertainty in Somalia, and the potential for conflict to spread within and beyond Ethiopia could increase protection risks and force more people to flee their homes. The return of Burundian refugees is expected to intensify in 2021, with efforts ongoing to ensure that any movements back to the country are safe, dignified, voluntary and informed.

In Southern Africa, the climate crisis and socioeconomic impact of COVID-19 are deepening existing vulnerabilities, while conflict in northern Mozambique has led to the region's first major displacement crisis in more than a decade.

Severe food insecurity is affecting 15.9 million people, up from nearly 12 million in 2019. In 2020, the early cessation of rainfall impacted harvests in central and eastern parts of the region. Southern regions that received favourable conditions for agricultural production were impacted by COVID-19 restrictions, resulting in food deficits and price hikes. In other locations, including Zimbabwe, economic challenges contributed to rising food insecurity, while migrants across the region were impacted by COVID-19-related containment measures, with thousands returning from South Africa to Lesotho and Zimbabwe, in particular. At the same time, the African migratory locust outbreak in Southern Africa poses a threat to the 2020/2021 harvest, with about 2.3 million severely food insecure people living in locust-infested areas in the five most-affected countries: Angola, Botswana, Namibia, Zambia and Zimbabwe. Over 2.3 million children and pregnant and lactating women need nutrition support and services across the region, while COVID-19-related containment measures have impacted vital community-based interventions, including screenings.

Evolution of People in Need (2020 vs. 2021)

Explore the chart
gho.unocha.org



Figures at launch of the Global Humanitarian Overview 2020 and 2021

Chart: OCHA • Source: Humanitarian Insight

The pandemic has strained already fragile health systems in a region that still has the world's highest number of people living with HIV. COVID-19 has disrupted routine immunization services and reduced access to critical testing and treatment for tuberculosis and HIV. Malaria is on the rise in Angola, Madagascar, Mozambique, Namibia and Zimbabwe, and there are ongoing outbreaks of measles in Angola and cholera in Mozambique.

Protection risks, particularly gender-based violence (GBV), increased in 2020 due to the economic strain caused by the pandemic. With schools closed for much of 2020, girls are especially vulnerable to their families adopting negative coping strategies, including child marriage, child trafficking and transactional sex. Women faced heightened rates of intimate partner violence and increased exposure to GBV, including when they had to queue for fuel and water. The rise of GBV in the region has increased the risk of HIV transmission.

Buzi, Mozambique. Children receive food provided by a supermarket chain at the Samora Machel school, where they were brought after their homes were destroyed and flooded in Buzi, Mozambique. *UNICEF/Karel Prinsloo*

In Mozambique, conflict in Cabo Delgado escalated rapidly in 2020, causing rising needs. In 2020, displacement tripled from March (110,000) to September (355,000), and more than 400,000 people were displaced by the end of November. Over 90 per cent of internally displaced people are hosted by families and communities, placing strain on their limited resources. Reports of violations against civilians by parties to the conflict have been increasing, including killings and abductions.

Entering 2021, Southern Africa faces the prospect of cyclones, floods, locusts and displacement. The annual cyclone season (November-March) is predicted to bring at least several cyclones to the Indian Ocean, potentially impacting Madagascar and Mozambique. Meanwhile, the conflict in Mozambique is intensifying in scale, scope and complexity and is expected to drive rising needs and displacement into 2021. There have already been cross-border attacks from northern Mozambique into southern Tanzania, which is itself faced with political and human rights challenges that could escalate in 2021.

Burundi HRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
2.3 M	1.0 M	195.6 M

Total population	Income level	INFORM Severity Index	Consecutive appeals	People reached (2020)
11.9 million	Low income	3.3 / High	2016 - 2021	0.4 million

Analysis of the context, crisis and needs

The combined effects of the COVID-19 pandemic as well as climate-related shocks have exacerbated humanitarian needs in Burundi. 2020 was characterized by above-average rainfall in parts of the country, leading to flooding, displacement of people and destruction of harvests. The socioeconomic impacts of COVID-19 have also increased the population's level of pre-existing vulnerabilities, reversing the downward trend in humanitarian needs observed since late 2018. At the same time, due to the seasonality of cholera and mass distribution of mosquito nets, the number of cholera and malaria cases has reduced significantly during 2020 while measles cases have increased.

Burundi is among the 20 most vulnerable countries in the world to climate change.[1] In late 2019, rising temperatures of the Indian Ocean contributed to an increase in the number and scale of natural disasters in the country. Between October 2019 and October 2020, floods, landslides and other disasters affected 13 of Burundi's 18 provinces. The disasters have also contributed to a 23 per cent increase of IDPs, up from 104,000 in late 2019 to 127,832 in September 2020. Natural disasters account for 83 per cent of internal displacement in Burundi. The effects of climate hazards also continue to impact agricultural production in a context where 90 per cent of the population rely on subsistence farming.

Evolution of needs and requirements (2016–2021)

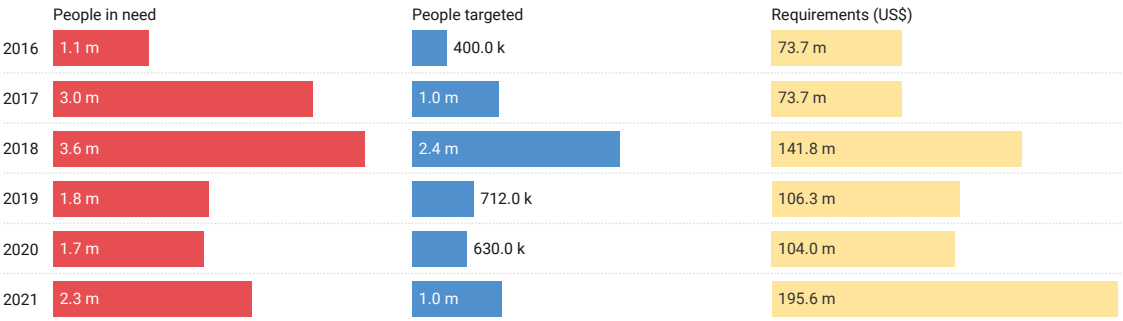


Chart: OCHA • Source: Humanitarian Insight

Bujumbura Rural province, Burundi. Children stand in their flooded schoolyard. Their school has become a living space for those displaced by the floods. Nearly 10,000 children have been forced to stop their schooling due to the flooding in Bujumbura Rural province. *OCHA/Lauriane Wolfe*

The Government has made important efforts to strengthen its capacity in Disaster Risk Reduction, however the pre-existing chronic vulnerabilities, including the fragile economic situation, have impacted its capacity to prepare for and respond to climate-related hazards. Ranked 185 out of 189 on the Human Development Index, Burundi has experienced negative GDP growth over the past five years. The Government has mobilized domestic resources to offset fiscal and balance-of-payments difficulties, but this has been insufficient to meet the continuously rising social demand driven by a high population growth.

Following the newly elected President's appeal for Burundian refugees to return to the country, the voluntary return of refugees facilitated by UNHCR has increased in recent months. While the number of returnees was relatively limited in 2019 and during the first half of 2020, a considerable increase was noted in the second half of 2020. As a result, 21,769 out of the 28,198 returnees since the beginning of the year were registered between July and 7 November 2020. In addition, the situation of the 78,000 refugees and asylum seekers remains precarious. Nearly 50 per cent of the refugees live in urban areas where the economic situation is fragile while assistance is limited to specific protection cases. For refugees living in camps, there are few job opportunities, resulting in a high dependency on humanitarian assistance.

Between January and June 2020, 370,000 (or 42 per cent) of the 887,000 people targeted by the revised HRP were assisted by humanitarian actors, particularly through food and livelihood support and provision of services, including protection and nutrition. Despite these achievements, the low level of funding continues to hamper humanitarian partners' efforts to meet the needs of the affected people. The most underfunded sectors include shelter and non-food items, education, WASH, protection, and the multisectoral repatriation response.

Projected situation in 2021 and beyond

The socioeconomic impact of COVID-19 and the prevalence of climate-related hazards are expected to continue to contribute to the humanitarian situation in Burundi throughout 2021. This is likely to aggravate pre-existing vulnerabilities. While most of 2020 was characterized by above-average rainfall, the last quarter of the year is expected to be marked by below-average rainfall in half of Burundi, particularly in the eastern and northern parts. According to projections, the lack of rainfall is expected to impact the first cropping season of 2021 and the availability of seeds for future seasons. Combined with the loss of economic opportunities due to decreased cross-border trade following the COVID-19 pandemic, this is expected to increase the number of food insecure people, in IPC phases 3 and 4 from 1.3 million people in October 2020 to 1.9 million people in January 2021.

While average rainfall is expected in the western provinces during the last quarter of 2020 and beginning of 2021, further rain, albeit at normal levels, could lead to further flooding due to saturating groundwater levels in areas affected by the 2020 floods. This could lead to further displacement, heighten the risk of diseases with epidemic potential, such as malaria and/or cholera, and impact crops along Lake Tanganyika. The return of Burundian refugees is expected to intensify in 2021 with 143,000 planned returns (compared to 50,000 in 2020), particularly in Burundi's eastern and northern provinces. This is also expected to place additional burden on the already vulnerable host communities. Moreover, insufficient donor interest in funding protracted refugee situations could heighten the vulnerability of Congolese refugees in Burundi, particularly those living in camps, where ageing infrastructure needs substantial repair.

Response priorities in 2021

For $196 million,[2] the Burundi HRP 2021 will target 1.04 million people out of an estimated 2.3 million people who need humanitarian assistance. The response will prioritize the most vulnerable populations, particularly returnees, victims of natural disasters including IDPs, and those affected by/at risk of epidemics as well as food insecurity and malnutrition. The priority areas of intervention will include provinces classified at severity level 4 (Cankuzo, Kirundo and Ruyigi) and at severity level 3 (Ngozi, Cibitoke, Bubanza, Kayanza, Bujumbura, Rumonge, Makamba, Rutana, Gitega, Karuzi, Muyinga), as identified during the intersectoral severity analysis.

[1] According to the ND-GAIN Country Index, Vulnerability and Readiness.

[2] Provisional figure. Consultations with the Government are ongoing.

Ethiopia HRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
21.3 M	16.3 M	1.5 B

Total population	Income level	INFORM Severity Index	Consecutive appeals	People reached (2020)
115.0 million	Low income	4.0 / High	2017 - 2021	13.0 million

Analysis of the context, crisis and needs

Despite positive political developments, in 2020, the population of Ethiopia continues to face uncertainty over political transition due to the ongoing conflict; climate shocks (droughts, floods); desert locust invasion and the ongoing socio-economic impacts of the COVID-19 pandemic. Some of the most marginalized and at-risk population groups have been impacted by multiple shocks, creating an emerging protection crisis. During the Mid-Year Review of the 2020 HRP, the number of people targeted for humanitarian assistance doubled from 7 to 15.1 million.

Since the end of 2017, displacement due to inter-ethnic conflict has emerged as a significant driver of humanitarian needs in Ethiopia. Over the last three years, more than 3 million people have been internally displaced due to conflict. Since 30 September 2020, more than 1.3 million people had either been returned to their areas of origin or relocated to other places. However, durable solutions have in most cases not been attained and residual protection and assistance needs, resulting from their displacement continue, including the need for continued humanitarian assistance. In addition, increased insecurity and localized conflict have not only created protection concerns for the population at large, but have also posed intermittent access challenges for aid workers. At the end of 2020, a conflict between Federal and regional armed forces in Tigray, added a new challenge to the complex humanitarian situation. The conflict is expected to deepen the humanitarian needs of the 850,000 vulnerable people already targeted in the 2020 HRP and generate additional needs.

Evolution of needs and requirements (2017–2021)

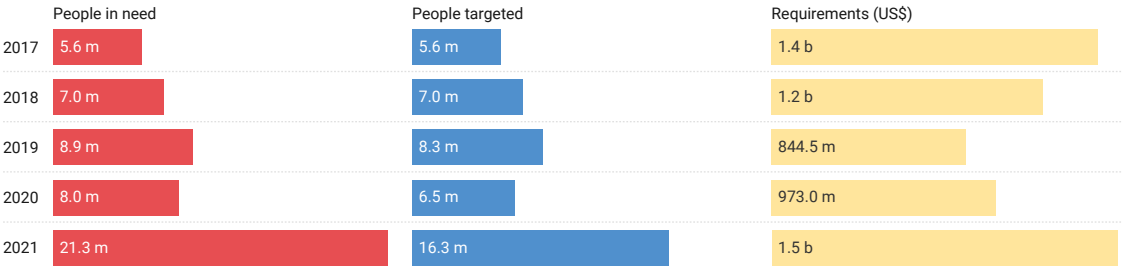


Chart: OCHA • Source: Humanitarian Insight

Hamdayet, Sudan. An Ethiopian refugee and her child collect mats at a transit site in Hamdayet, Sudan. The number of Ethiopian refugees streaming into eastern Sudan has now surpassed 40,000 since the crisis began, with more than 5,000 women, children and men fleeing the ongoing fighting in the Tigray region over one weekend. Particularly vulnerable people have been identified and referred to relevant services. Hot meals are being provided and more water points and latrines constructed. *UNHCR/Olivier Jobard*

Floods continue to affect and displace thousands every year. Between June and September 2020, prolonged kiremt rains led to flooding and landslides in six regions. The National Disaster Risk Management Commission (NDRMC) reports in September indicated that about 1 million people were affected and more than 30,000 people were displaced by floods in 2020.

Refugees hosted across the country have been impacted by border closures and travel restrictions as their access to asylum was compromised. In addition, more than 200,000 refugee children have been out of school due to the ongoing pandemic.

Over the last three years, more than 8 million people, on average, were targeted annually with humanitarian food assistance. In 2020 the number of people in need increased to 11.7 million, in part due to the worst desert locust outbreak in 25 years. As of the end of August 2020, the number of children admitted for Severe Acute Malnutrition (SAM) treatment reached unprecedented levels. Over 37,000 SAM children were admitted each month for four consecutive months (13.2 pe cent increase in 2020 compared to 2019) and over 1.5 million children, pregnant women and nursing mothers were affected by moderate acute malnutrition (MAM).

Projected situation in 2021 and beyond

The combination and recurrence of multiple, simultaneous, compounded shocks, including conflict, communicable diseases, drought, floods, desert locusts as well as the impact of COVID-19 will continue to put people at risk and undermine their capacity to recover from shocks. Tensions and conflict may result in continued and further displacement and pose protection risks in different parts of Ethiopia. The run-up to the national elections scheduled for mid-2021 will see deepened ethnic tensions with localized instability and displacement well after the elections.

Biyodidley, Ethiopia. A group of farmers tries to make a cloud of smoke, marking their location to an aerial spraying operation. Hoppers have fledged, and an increasing number of small immature and mature swarms have continued to devour crop and pasture fields in Tigray, Amhara, Oromia, and Somali regional states. *FAO/Michael Tewelde*

Changes in the humanitarian context brought about by the COVID-19 pandemic have disproportionately impacted crisis-affected communities. This situation is likely to further deteriorate due to the economic crisis and result in employment losses, not only in Ethiopia but also for migrants who are forced to return home. In 2020,[3] at least 53,490 migrants have been returned to Ethiopia.

Outbreaks of measles and endemic diseases will put further strain on health facilities strained by the pandemic. Coupled with the pandemic, the desert locust invasion has contributed to increased food insecurity and the impact will continue to affect agricultural outputs in 2021 as new generations of desert locusts breed.

Early projections indicate that the spring rains in 2021 will likely be below average with regional drought conditions expected, impacting negatively on crop producers dependent on the Belg as well as on those dependent on long-cycle crops and the Meher.

Lack of livelihoods and inability to meet basic needs leads to an increase in negative coping strategies compounding protection risks, including but not limited, to child labor, early marriage, and transactional sex. In addition, the conflict in Tigray will likely increase protection risks, nutrition/health status, and displacement both within and outside the country.

Response priorities in 2021

The crisis in Ethiopia is quickly becoming a protection crisis and partners will prioritize protection-related interventions in 2021. Due to the complex context in which Ethiopia finds itself, the humanitarian community will pay particular attention to and ensure the centrality of protection across the response.

Responding to the increasing rate of displacement and the search for durable solutions for those displaced will also be a priority in 2021. A multi-sectoral humanitarian response to the immediate needs of IDPs will include the provision of core relief items to an estimated 1.6 million IDPs, as well as the provision of water, sanitation and hygiene services to more than 710,000 IDPs. This is in addition to a concerted effort towards durable solutions for displaced people.

Addressing the aggravating impact of COVID-19 on the conditions of people in need of humanitarian assistance will also be a major priority. Mainstream response has encountered a diversion of resources, reduced funding for non-COVID needs, as well as reduced operational capacity due to the impact of the pandemic. The Country Team will among other things prioritize preparedness and response activities including water, sanitation and hygiene services at health facilities and schools to prevent COVID-19 as well as water-borne diseases. Particular attention will be paid to the needs and protection of vulnerable groups such as women, girls, old persons and people with disabilities.

Food insecurity has been a protracted issue in Ethiopia for the past 50 years. Each year, for the last 4 years, approximately 3.4 million people have been chronically dependent on food assistance, A combination of the desert locust invasion, unfavorable impacts of COVID-19, as well as the multiple factors driving humanitarian need and the increasing number of returning migrants, have increased the number of people requiring emergency food and nutrition assistance in both rural and urban communities. An estimated 12.9 million highly food insecure people will be targeted with emergency food assistance. Livelihoods interventions will be prioritized in areas affected by desert locusts.

Nutrition partners will aim at reaching more than 460,000 children affected by severe acute malnutrition to be admitted for treatment and close to 3 million children with moderate acute malnutrition, pregnant women and nursing mothers.

[1] As of 30 of September IOM reported 53,490 returned migrants to Ethiopia in 2020.

Mozambique HRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
1.3 M	1.1 M	254.4 M

Total population	Income level	INFORM Severity Index	Consecutive appeals
31.3 million	Low income	3.2 / High	2019 - 2021

Analysis of the context, crisis and needs

The crisis in Cabo Delgado, Mozambique, has rapidly escalated as a result of conflict, insecurity and violence, leaving an estimated 1.3 million people in need of urgent humanitarian assistance and protection in 2021. Attacks by non-state armed groups expanded geographically and increased in intensity in 2020, significantly heightening protection risks, especially for women and girls, people with disabilities, older persons and people living with HIV/AIDS. Reports of violations against civilians by non-state armed groups, including killings, beheadings and kidnappings, increased in 2020, and there were allegations of abuses by government forces.

The number of people displaced by the crisis more than quadrupled from March (110,000) to November 2020 (over 500,000), with children accounting for an estimated 45 per cent of people displaced. More than 90 per cent of displaced people are staying with family and friends in host communities' whose already meager resources are being strained by the growing influxes: in Ibo district, there are now more IDPs than host community members; in Pemba city, more than 100,000 displaced people have arrived over the past year, on top of the original population of around 224,000 people. Meanwhile, 10 per cent of displaced people are staying in collective sites which are overcrowded, lack privacy, and have limited access to safe shelter, water and sanitation. This is contributing to protection risks, including gender-based violence, rising numbers of child and teen pregnancies, and increased exposure to exploitation and negative coping mechanisms, including transactional sex.

Health, WASH and Education services across Cabo Delgado -which were already stretched- have been significantly impacted by the escalating violence. Insecurity has damaged or destroyed 36 per cent of health facilities across Cabo Delgado province and there are no functional health

Evolution of needs and requirements (2017–2021)

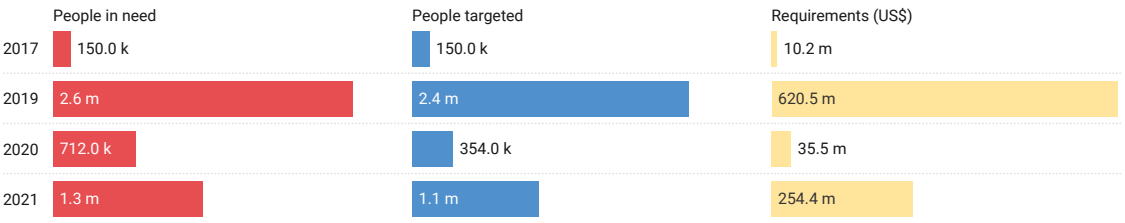


Chart: OCHA • Source: Humanitarian Insight

Pemba, Mozambique. A group of displaced people arrives at the Pemba port, having left their belongings behind. Around 390,000 people have been displaced in Cabo Delgado, one of the poorest parts of the country of 30 million people. Aldeias, Portuguese for villages, are often attacked during the early morning hours. Those fleeing must often abandon their homes without any warning. They are frequently on foot, with no food, water, money, documents or clothes. *WFP/Sean Rajman*

facilities in the districts hardest hit by conflict (Mocomiboa da Praia, Macomia, Muidumbe and Quissanga). This has reduced the capacity to detect and respond to disease outbreaks, including cholera, measles and COVID-19. It has also affected the provision of critical care, such as sexual and reproductive healthcare, immunization activities, access to anti-retrovirals (ARVs) and treatment for tuberculosis (TB). At the same time, an estimated 176,000 people have lost access to their primary water source due to disruption of services from centralized water supply networks as a result of conflict. Lack of access to safe water and hygiene facilities is a major concern and heightens the risk of disease outbreaks: 45 per cent of health facilities in Cabo Delgado lack access to water and 85 per cent of schools lack adequate hygiene facilities.

Food insecurity is rising as conflict and repeated displacement, compounded by climatic shocks, have disrupted communities' agricultural activities and livelihoods. More than 900,000 people in Cabo Delgado, Niassa and Nampula are now facing Crisis or Emergency levels of food insecurity (IPC Phase 3 and 4), while disruption of markets due to insecurity has driven up the cost of food and household items.

Projected situation in 2021 and beyond

Humanitarian needs and displacement in the northern provinces of Cabo Delgado, Niassa and Nampula are expected to rise in 2021 due to the compounding effects of extreme climatic events and increasing violence and attacks in Cabo Delgado. Violence and attacks are expected to lead to new waves of displacement and violations against civilians. Displaced people are likely to continue looking for safety in the southern districts of Cabo Delgado province and, increasingly, the neighboring provinces of Nampula and Niassa provinces. This will place further strain on already over-stretched health, WASH and education system, and will continue to drive food insecurity in 2021.

The Government of Mozambique has indicated that it intends to relocate people arriving into these areas into formally established resettlement sites, which will themselves require significant attention and action by international partners to ensure that they meet minimum emergency response standards and that any population movements are safe, dignified, voluntary and informed. At the same time, communities will likely be faced with climatic shocks -especially flooding- which will negatively impact displaced people already struggling to survive and challenge the ability of humanitarian partners to reach people in need, while keeping people off from access to essential services, as was seen during January 2020. At the same time, communities will be struggling to cope with the additional socio-economic strain caused by the COVID-19 pandemic, weakening their capacity to withstand shocks and pushing increasing numbers of households to adopt negative coping mechanisms.

Response priorities in 2021

In 2021, humanitarian partners will require $254.4 million to assist 1.1 million people out of an estimated 1.3 million people in need of humanitarian assistance. This represents a significant increase from the $35.5 million requested under the Rapid Response Plan developed for Cabo Delgado in May 2020, which is commensurate with the manifold increase in humanitarian needs from the beginning to the end of 2020.

In order to galvanize targeted resources and action to respond to the most severe needs in the country, the 2021 Mozambique HRP focuses solely on the three northern provinces affected by conflict, violence, insecurity and displacement: Cabo Delgado, Niassa and Nampula. Within these provinces, humanitarian partners will implement multi-sectoral responses for people displaced by the violence and vulnerable host communities in need of protection, food security, nutritional support and access to safe water, healthcare, education and shelter.

The HRP has been robustly prioritized. Each sector has reviewed all of the projects proposed by their partners to ensure that they are aligned with the cluster and overarching response priorities, provide value-for-money, and tackle cross-cutting issues, including gender, protection, accountability to affected people and the prevention of sexual exploitation and abuse. In addition, an inter-cluster review was held to ensure complementarity, avoid duplication and promote multi-cluster action to address issues that require more than a single cluster response. Given the highly complex operating environment, the HRP includes a strong common services component, including for logistics, coordination, security and community engagement. As the context is rapidly evolving, humanitarian partners will continue to identify adaptable, appropriate and effective approaches to access the most vulnerable in 'hard-to-reach' locations, including through rapid and mobile response to ensure assistance in areas where humanitarians are unable to maintain a consistent presence.

Listening, and responding, to the voices of affected communities will be a core tenet of the Mozambique humanitarian response. This will also include activities to prevent and respond to sexual exploitation and abuse, in line with the humanitarian community's clear zero-tolerance policy.

Somalia HRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
5.9 M	4.0 M	1.1 B

Total population	Income level	INFORM Severity Index	Consecutive appeals	People reached (2020)
12.3 million	Low income	4.6 / Very High	1998 - 2021	2.3 million

Analysis of the context, crisis and needs

Somalia's prolonged humanitarian crisis is characterized by ongoing conflicts, climate shocks including floods and drought, communicable disease outbreaks and weak social protection. Since the beginning of 2020, two additional shocks have contributed to a deterioration of humanitarian conditions: the desert locust infestation and the COVID-19 pandemic.

Flooding displaced 840,000 people in the first 10 months of 2020 and destroyed infrastructure, property, and 144,000 hectares of agricultural land. Somalia also experienced the worst desert locust invasion in 25 years; tens of thousands of hectares of cropland and pasture were damaged, with potentially severe consequences for agriculture and pastoral-based livelihoods.

Communities living in conflict areas were severely impacted by armed violence. Civilians bore the brunt through death and injury, property destruction, taxation of communities (including through forced child recruitment), land grabbing, destruction of livelihoods, limited freedom of movement, and limited access to services and humanitarian assistance.

COVID-19 directly impacted the lives of Somalis, worsening patterns of vulnerability. This came on top of ongoing disease outbreaks such as cholera, measles and, recently, vaccine-derived poliovirus. Health-care providers have faced increased burdens and costs, forced to alter the way care is provided. Restrictions also disrupted the face-to-face delivery of humanitarian assistance, impacting assessments, targeting and the quality of the response. However, partners successfully scaled up mobile money transfers and transitioned to assessments via mobile phones.

Evolution of needs and requirements (2016–2021)

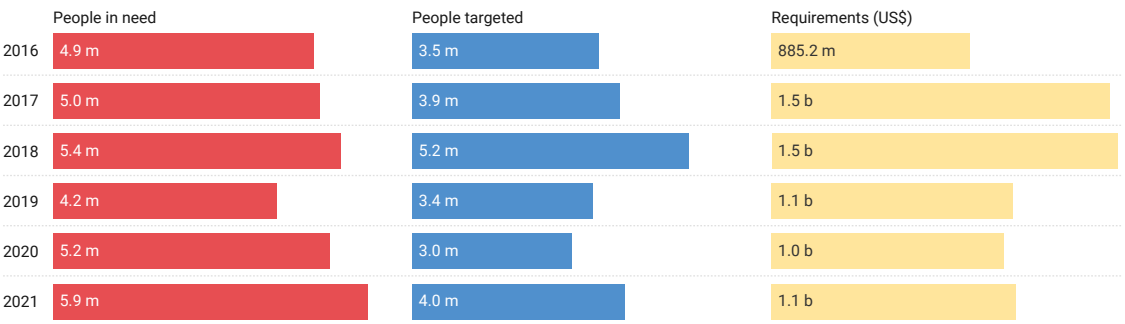


Chart: OCHA • Source: Humanitarian Insight

The number of people in need has consistently increased over the last three years, from 4.2 million in 2019 to 5.2 million in 2020 and 5.9 million in 2021. This is further reflected in the number of displaced people in 2020: 1.2 million. This is the highest number over the past three years, with 884,000 in 2018 and 770,000 in 2019. Other factors, such as gender, age and disability, add to the level of vulnerability, risks and barriers faced. As such, they need to be considered in the humanitarian response.

Projected situation in 2021 and beyond

Based on the risk analysis, it is highly likely that climate shocks will continue to affect the most vulnerable people in Somalia in 2021. Drought conditions are expected in early 2021 as La Niña is likely to cause decreased rainfall in the Deyr rainy season (October-December), affecting crop production. Given the fragility of food security in the country, this will likely have a devastating impact well beyond the beginning of 2021. Further, despite ongoing control measures, there is a high likelihood that conditions will remain favorable for locusts to continue breeding and developing, increasing food insecurity and the effects on livelihoods.

Recent climate events show that even during drought conditions, heavy and localized rains are likely to cause damage and displacement. Flooding is expected to occur again during the 2021 Gu rainy season (April-June). However, it may not be as severe as in 2020. The number of people affected by flooding has increased significantly in recent years, with 840,000 displaced in 2020, 416,000 in 2019 and 281,000 in 2018.

The COVID-19 pandemic, along with other communicable diseases and an ongoing outbreak of cholera, will continue to affect the most vulnerable Somalis and strain the already weak health system. According to a WHO global estimate, 20 per cent of Somalia's population will suffer from the direct and indirect impacts of the pandemic in 2021.

Armed conflict and insecurity are expected to continue to drive needs and cause displacement while simultaneously impeding effective humanitarian operations and access to vulnerable or marginalized communities. Due to the security situation in Yemen and sporadic instabilities in Ethiopia, it is expected that Somalia will continue to receive refugees and asylum seekers. Over 28,000 refugees and asylum seekers are projected to require assistance and support in 2021.

Response priorities in 2021

Despite operational and access challenges, humanitarian partners reached over 2.3 million people out of 3 million targeted in 2020. For 2021, humanitarian partners anticipate an increase in the number of people in need, driven by climate shocks, conflict and increased vulnerability. The aim, therefore, is to assist 4 million people, including IDPs, refugees and returnees, with access to basic services and livelihoods support, while providing life-saving food assistance to 3.1 million IDPs and non-IDPs in crisis and emergency phases of food insecurity.

Aid in action
Operationalizing humanitarian-development-peace collaboration

Significant strides were made in 2020 to operationalize the humanitarian-development-peace nexus in Somalia. Led by the Integrated Office of the DSRSG/RC/HC and OCHA under the guidance of the RC/HC, a high-level Nexus Steering Committee is being established informally alongside the Somalia Aid Architecture. The committee will provide advice and direction for the successful implementation of the nexus. On the ground, humanitarian and development actors are making progress on coordinating flood response, mitigation and preparedness measures. Devastating floods are becoming more intense and frequent in Somalia, exacerbated by climate change and causing recurring displacement, income loss and property damage. The response led by the Government, local authorities and the international community addresses the most urgent needs. However, more focus is needed on root causes and longer-term development to enable a sustainable solution. A Water and Flood Task Force was formed, bringing together humanitarian and development actors, including Government officials and donors, to develop a road map on flood response. It aims to improve humanitarian-development coordination, assess future flood response priorities, and identify best practice opportunities on flood mitigation and river management. This will include a coordinated approach to determine whether activities sit under the HRP or the UN Cooperation Framework. *UN Photo/Ilyas Ahmed*

A key response priority is to ensure that 2.8 million people receive critical, life-saving assistance so their health, nutrition and short-term capacity to survive are not compromised. Children under 5 years of age, vulnerable women and persons with disabilities are among the most vulnerable in IDP and non-IDP populations.

The lack of protection from violence, abuse and neglect remains an important consequence of the current humanitarian crisis for up to 4 million people. The centrality of protection is therefore a key priority across the humanitarian response, including strengthening the overall protection environment for all affected populations via protection mainstreaming, accountability to affected populations, human rights and eviction monitoring.

South Sudan HRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
7.5 M	5.6 M	1.5 B

Total population	Income level	INFORM Severity Index	Consecutive appeals	People reached (2020)
11.2 million	Low income	4.4 / Very High	2010 - 2021	6.5 million

Analysis of the context, crisis and needs

As the humanitarian crisis in South Sudan enters its eighth year, approximately two thirds of the population need some form of humanitarian assistance. Years of conflict, subnational violence, food insecurity, severe flooding and now the COVID-19 pandemic have led to increased vulnerabilities among the population.

More than 1,500 people[1] were killed and over 157,000 displaced because of subnational violence during the first half of 2020. Women and children have been abducted, and more than 6,000 GBV incidents were recorded between January and September 2020.

Food insecurity persisted for communities across the country. At least 6.5 million people were acutely food insecure during the 2020 lean season. Households were negatively impacted by COVID-19, and the economic shocks linked to the depreciation of the South Sudanese pound, which resulted in drastic increases in food prices. Between August and mid-September 2020, the cost of a food basket increased by 42 per cent. An estimated 1.3 million children and 350,000 women were acutely malnourished in 2020.

Repeated displacements triggered by violence and flooding in 2020 occurred in locations already experiencing multiple crises, such as Jonglei State and Greater Pibor Administrative Area. Flooding has affected an estimated 800,000 people across almost half of South Sudan's counties and temporarily displaced nearly 400,000 people.

Evolution of needs and requirements (2016–2021)

Chart: OCHA • Source: Humanitarian Insight

Pibor, South Sudan. Children in Pibor build their own boat from tarpaulin and plastic bottles. A spade is used as an oar. Early and heavy seasonal rain caused flooding in several parts of South Sudan, with Upper Nile, Lakes and Jonglei being hardest hit. Humanitarian partners are responding to the floods by ensuring access to clean water and sanitation and continuation of essential services such as nutrition and health, including immunization. They are also providing child protection services, including family tracing and reunification. Schools will soon reopen after being closed due to COVID-19. A safe reopening assessment will be carried out for schools, also in areas where schools are damaged by floods or used as shelters. *UNICEF/Helene Ryeng*

The country continues to struggle with disease outbreaks due to low immunization coverage, a weak health system and poor hygiene and sanitation. Illnesses such as malaria and waterborne infections continue to impact people. The COVID-19 outbreak increased pressure on the limited health services and disrupted learning. More than 2.2 million children are out of school, with girls disproportionately affected. People have an increased vulnerability to waterborne diseases, given the vast geographic areas impacted by floods, with an elongated rainy season. Access to health-care services will remain a challenge for many people, with 44 per cent of the population living within 5 km of a health facility.

Some 1.6 million people are internally displaced. The majority (75 per cent) live in host communities, with the remaining 25 per cent in camp-like settings, including Protection of Civilians (PoC) sites and IDP camps. More than 2.2 million South Sudanese refugees are seeking refuge in the region, with the main outflow in 2020 attributed to insecurity, flooding and food shortages in potential return areas. Some 1 million IDPs and 285,000 refugees have spontaneously returned, and many remain vulnerable due to a lack of access to services, shelter and protection.

Humanitarian access deteriorated in 2020, with repeated acts of violence against humanitarian workers and humanitarian assets. Between January and September 2020, approximately 450 violent incidents against humanitarian personnel and assets were reported. Nine humanitarian workers were killed while delivering life-saving humanitarian assistance between January and October 2020. Despite these challenges, 5.6 million people received food assistance and livelihoods support, and 1.1 million children and new mothers received nutrition services. More than 3.6 million health consultations were conducted in 2020.

Projected situation in 2021 and beyond

Conflict, economic crisis, flooding and disease outbreaks will remain key drivers of humanitarian needs in South Sudan. Limited progress in the peace agreement and political and security tensions are expected to continue in 2021. Anticipated subnational violence will cause more displacement and increase humanitarian needs. Protection issues, including GBV, remain a concern. It is expected that the IDPs will remain in the newly transitioned IDP camps (formerly PoC sites) and host communities because of a lack of basic services in their areas of origin.

Food insecurity is anticipated to deteriorate in 2021 compared to 2020, driven by insecurity, COVID-19 impacts, floods, continued economic crisis, and sharp increases in food prices. The number of South Sudanese people who will need food assistance at the peak of the lean season in 2021 is estimated to increase substantially, pending IPC findings. The highest levels of food security are concentrated in areas affected by recurring shocks, such as violence and floods, including in Jonglei, Upper Nile, Unity, Lakes and Warrap states. Limited availability of and access to basic WASH services and poor vaccination coverage are likely to cause disease outbreaks as COVID-19 continues to put additional pressure on an overstretched health system. Humanitarian organizations will face increasing access constraints, including bureaucratic impediments affecting their ability to effectively respond to people's needs.

Response priorities in 2021

In 2021,[2] the humanitarian response will be guided by three overall strategic objectives: i) to reduce morbidity and mortality among vulnerable populations; ii) to facilitate access to cross-sectoral basic services; iii) to enable populations to cope with repeated shocks and find solutions to displacements. Centrality of Protection will be at the core of the response, including the prevention of and response to GBV.

As the humanitarian crisis continues, resources are falling short of what is required to adequately respond to increasing needs. Funding levels for the 2020 appeal are low compared to the same period last year. As of 24 November, the HRP and its COVID-19 addendum requesting $1.9 billion were 51 per cent funded. Responding to people's needs while mitigating and preventing the onward transmission of COVID-19 will increase the cost of care. The multiple drivers of needs that compound each other will require more resources to support an agile and timely response.

[1] Human Rights Division, United Nations Mission in South Sudan, Quarterly Brief on Violence Affecting Civilians, April–June 2020.

[2] Figures for People in need, People targeted and Requirements are pending the finalization of the 2021 HNO and HRP.

Sudan HRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
13.4 M	8.9 M	1.8 B

Total population	Income level	INFORM Severity Index	Consecutive appeals	People reached (2020)
43.8 million	Low income	4.6 / Very High	1993 - 2021	8.8 million

Analysis of the context, crisis and needs

The continuing political transition has opened opportunities for peacebuilding and international engagement. However, humanitarian needs have continued to rise, driven by an economic crisis, COVID-19, record flooding levels, localized conflict and disease outbreaks.

During 2020, there has been some progress towards addressing the economic crisis. An international conference secured pledges of financial support, including for a cash-transfer programme; the IMF began a programme to support economic reforms; and the United States Government announced the intention to remove Sudan from the State Sponsors of Terrorism List, an impediment to securing debt relief and international finance. However, this support is not yet sufficient to allow for economic reforms while mitigating the impact on vulnerable people. The economy has continued to deteriorate, exacerbated by the socioeconomic impact of COVID-19, with rising inflation, fuel and medicine shortages, and soaring food prices.

Conflict remains lower than the levels of 2016 and earlier. In 2020, the Government reached a peace agreement with several armed groups in Darfur, Blue Nile and South Kordofan (the Two Areas), though two key groups who control certain parts of the country have not yet signed this agreement. Still, several incidents of violence in Darfur, South Kordofan and eastern Sudan close to 100,000 people. Protection concerns remain a core driver of humanitarian needs in the country. While the peace process may open opportunities for durable solutions, these are yet to be found. Millions of people continue to live in protracted displacement inside and outside the country as refugees.

Evolution of needs and requirements (2016–2021)

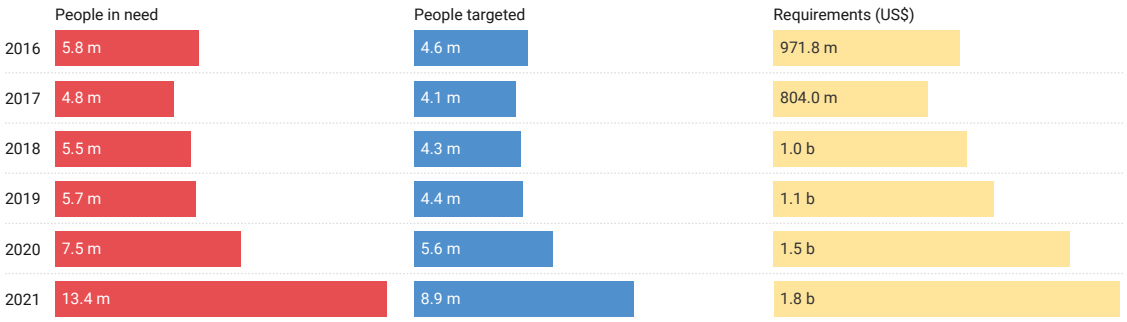


Chart: OCHA • Source: Humanitarian Insight

Mandela Mayo, Sudan. This 50-year-old widow is the mother of 3 daughters and grandmother of 10 children. She lives with two of her daughters and eight grandchildren, as well as two cousins. Her home was partly destroyed due to heavy rain during the floods. Her husband died years ago, and she is the only person who generates income in the family by washing clothes. *OCHA/Indeepvision*

Military escalation that started on 3 November in Ethiopia (Tigray region) resulted in a refugee influx into East Sudan. As at 22 November 40,277 Ethiopian refugees have crossed the border into Sudan, up from 146 individuals on 9 November. Humanitarian partners, under the leadership of UNHCR, are planning to respond to 100,000 arrivals from Ethiopia over six months and developing a contingency plan for 200,000 for the same period.

Renewed outbreaks of malaria, polio, chikungunya and viral hemorrhagic fever continue. A rise in the number of COVID-19 infections is putting additional pressure on an already weak health system. 2020 also saw the worst episode of flooding in decades, affecting nearly 900,000 people, damaging houses, and causing losses of livelihoods and agricultural production.

Projected situation in 2021 and beyond

A total of 13.4 million people (over a quarter of the population) are projected to need humanitarian assistance in 2021. This represents a one-third increase from 2020 and the highest level in a decade. About 7.3 million people will need emergency assistance for life-threatening needs, while 13 million people will need humanitarian services because living standards are so low. The highest needs include health, water and sanitation, and food security. A total of 7.8 million of people in need are women and girls. Particularly vulnerable groups include 2.5 million IDPs and 1.1 million refugees, mostly from South Sudan. Just over half of people in need are in the conflict-affected states of Darfur and the Two Areas, which have the highest rates of food insecurity. But the largest increases in people in need have been in the east and the center, driven by the economic crisis. Protection concerns will remain prominent, with a higher impact on the most vulnerable people.

Aid in action
Improving financial planning

In 2021, the Sudan HRP transitioned from using exclusively project-based costing to a hybrid approach to calculate its financial requirements. This hybrid approach includes a combination of activity-based costing to project registration. This HCT-endorsed process seeks to harmonize partners' approaches on budgeting for humanitarian interventions, based on activities that are common within each sector. Using sector-specific methodologies, in collaboration with partners, each sector has agreed on a set of activities, goods and services packages for each sector, which they will implement under the 2021 HRP. Sectors have established ranges of cost per activities, which provides them with operational flexibility in a context with high inflation and changing operational costs. The hybrid approach increases transparency on the calculation of financial requirements per sector, and it allows them to directly link the type of activity with the number of people targeted in each sector to draw an estimation of the total cost per sector. The activities are used to inform project registration, which will still allow for financial tracking under FTS. *Photo: OCHA/Indeepvision*

Drivers of need are likely to persist into 2021. Gaining access to debt relief and IFI financing will take time. Economic reform efforts remain at risk, as donor support is not yet at the level to mitigate potentially painful impacts on the population. The economic situation is likely to limit improvements to health systems, with significant disease outbreaks likely to continue as progress addressing protracted displacement will require significant investment in development and services. Significant flooding is likely to reoccur, if not at 2020 levels.

Beyond 2021, the evolution of needs will depend on the economic crisis, the stability of the political transition, the peace process, and international economic and development support. The Juba Peace has re-set the clock on the transition – to January 2024 – with handover from the military in July 2022. It allows its signatories to run for office in the future and gives them a place in the executive. Significant humanitarian needs are likely to persist in the medium term.

Response priorities in 2021

As needs have increased, humanitarian organizations have scaled up assistance despite operational challenges posed by COVID-19 and the economic crisis. But funding gaps remain. Improvements in humanitarian access under the civilian transitional Government – including to areas under the control of non-State armed groups – have facilitated aid delivery. While funding for humanitarian operations in 2020 reached the highest level since 2011, it did not keep pace with the growth in needs, resulting in a larger funding gap than in 2019. Overall, humanitarians reached 8.8 million people in 2020 with some form of assistance. A total of $1.8 billion is required to support the humanitarian response in 2021. The 2021 HRP is based on activity-based costing, and premised on the number of people to be targeted.

In 2021, the HRP will prioritize life-saving multisectoral assistance in areas with the highest convergence of severity of needs, including response readiness for recurring flooding, conflict and disease outbreaks. Partners will scale up food assistance, disease prevention and response, and emergency response to people newly displaced by conflict or flooding. The response will also prioritize life-sustaining services, such as essential health services (including vaccination and antenatal care), surveillance and response to waterborne and vector borne diseases, education, livelihood opportunities, water and sanitation, supplemental nutrition and school feeding, aiming to avoid further deterioration.

Finally, the HRP will prioritize the rights-based approach to protection needs, particularly in Darfur where the UNAMID peacekeeping mission is set to close. The modus operandi of humanitarian aid delivery will, as possible and appropriate, support building community capacity to sustain durable solutions and promote social peace.

Zimbabwe HRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
6.8 M	4.5 M	505.5 M

Total population	Income level	INFORM Severity Index	Consecutive appeals	People reached (2020)
14.9 million	Lower middle	3.7 / High	2019 - 2021	4.0 million

Analysis of the context, crisis and needs

In 2021, 6.8 million people will need humanitarian assistance in Zimbabwe, primarily due to climatic shocks and prevailing macro-economic challenges, compounded by the COVID-19 pandemic. Over the past year, the cost of basic commodities has significantly increased. Poverty is estimated to have affected at least 47 per cent (7.6 million people) of the country's population in 2020, up from 40 per cent (6.6 million people) in 2019. Women, who constitute 65 per cent of the informal sector, are disproportionately affected by economic hardship.

Following relatively good 2019/2020 seasonal rains and a major scale-up in food assistance, there was a reduction in severe food insecurity in 2020 compared to 2019. However, nearly 3.4 million people in rural areas are projected to face Crisis or Emergency (IPC Phase 3 or above) food insecurity during the 2020/2021 lean season (January-March) and 2.3 million people in urban communities are projected to be food insecure in 2021. Households saw an average 51.5 per cent reduction in income in 2020 compared to 2019, according to the ZimVAC. An estimated 1.2 million people in IPC Phase 2 (Stressed) would be at least one phase worse were it not for ongoing assistance. It is vital that this assistance be continued throughout the 2020/2021 lean season.

Zimbabwe saw a sharp increase in protection concerns during the COVID-19 lockdown, including gender-based violence, in 2020. From January to September 2020, 5,507 GBV cases were reported through the National GBV Hotline, a 200 per cent increase compared with the same timeframe in 2019.

Evolution of needs and requirements (2019–2021)

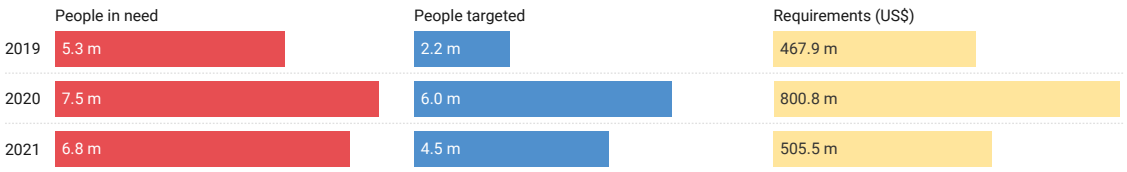


Chart: OCHA • Source: Humanitarian Insight

Mutare, Zimbabwe. A mother feeds potatoes to her 19-month-old son, Freedom, at her home next to the Tanganda Rural Health Centre near Mutare, Zimbabwe. Freedom was suffering from malnutrition but has been receiving plumpy'nut supplement and is recovering well. Southern Africa, including Zimbabwe, is experiencing a severe drought. Eastern parts of Zimbabwe are worst affected as they are suffering from the effects of crop destruction by Cyclone Idae last year and the drought this year. For two consecutive seasons, farmers were hardly able to plant crops. *UNICEF/Prinsloo*

Children have been uniquely impacted by the prevailing humanitarian situation. Over 4.6 million children lost access to education and referral mechanisms provided in schools, while over 1.7 million children lost access to school feeding programmes. The humanitarian situation in Zimbabwe has caused a decrease in quality dietary habits, while access to nutrition services has been disrupted. Distressed households have reported increased use of negative coping mechanisms including child labor, early marriage and transactional sex, while economic challenges are creating barriers for children's return to education, especially for girls.

Projected situation in 2021 and beyond

The Zimbabwean economy remains unpredictable and inflation is likely to continue in 2021. In 2020, month-on-month inflation peaked at 35.53 in July, while year-on-year inflation peaked at 785.6 per cent in May. The stressed macro-economic environment is unlikely to improve in the immediate-term and is expected to negatively impact on household livelihoods, incomes and access to basic commodities, as highlighted in the 2020 ZimVac.

Forecasts of rain offer a more positive outlook for the 2020/2021 season, crop production is expected to improve and efforts are underway to boost agricultural production, including through conservation agriculture methods ("Pfumvuzda"). However, production will remain 30 per cent below the five-year and ten-year averages and multiple risks could negatively impact the 2020/2021 harvest, including the African Migratory Locust outbreak. The forecasted above-average rainfall could create a favourable breeding environment for an outbreak and swarms and hoppers are already seen in Manicaland Providence and Hwange. If uncontrolled, locust damage to crops would have a multiplier effect on food insecurity in communities already affected by previous droughts and COVID-19.

Disruptions to critical services -including Child Protection, Education, Health and WASH- are likely to persist, due to floods, drought, COVID-19, prevailing economic challenges, potential industrial action by critical civil servants and power outages. The economic situation has constrained access to reproductive healthcare and the pandemic is straining aging health infrastructure. Power cuts have disrupted care for critically-ill patients and essential drugs and commodities have faced stockouts. Average to above-average rainfall -forecast for the 2020-2021 rainy season- and worsening access to clean water and appropriate sanitation, could increase the risk of water-borne disease outbreaks, particularly during the first half of 2021.

Response priorities in 2021

The 2021 Zimbabwe Humanitarian Response Plan calls for $505.5 million to provide life-saving and life-sustaining assistance to nearly 4.5 million people out of the estimated 6.8 million in need. In consultation with the Government of Zimbabwe, the HRP prioritizes response to floods, drought, COVID-19 and the prevailing economic situation. The 2021 portfolio of projects has been robustly prioritized through a two-step process. Clusters undertook intensive sectoral reviews of planned activities against the severity of needs and partner capacity. They then reviewed each other's proposals to remove duplication and promote synergies in tackling critical issues that require multi-sectoral response (e.g. gender-based violence, malnutrition, disease outbreaks). This also allowed them to collectively and effectively tackle cross-cutting issues, including the centrality of protection, gender-sensitive response and the prevention of sexual exploitation and abuse.

The reduction in financial requirements from 2020 to 2021 reflects this rigorous process, rather than a reduction in the scale of the crisis. It was also an intensive effort, undertaken in close coordination with development actors, to determine which activities will go into the HRP, versus those to be incorporated into development frameworks, including the new United Nations Strategic Development Cooperation Framework. Lastly, cash-based programming was incorporated into the HRP, wherever feasible.

West and Central Africa

Part two: Inter-Agency Coordinated Appeals

The West and Central Africa region is beset with some of the world's most acute and prolonged crises. Deep poverty, rapid population growth, climate change, chronically high food insecurity and malnutrition continue to drive extreme levels of vulnerability. The COVID-19 pandemic, related prevention measures and socioeconomic consequences are deeply affecting fragile communities. Conflict in the region's hotspots persists or has worsened.

The compounded impact on the most vulnerable people is devastating and causing unprecedented, fast-escalating needs. Compared to last year, the number of people in need in the region has increased by 35 per cent. More than 1 person in 10 – over 60 million people – will require assistance and protection in 2021. Close to 1,000 humanitarian partner organizations are working across the region to respond to the most urgent needs of these people. Relief operations and local capacity require further scale-up, but funding is not keeping up.

Climate change and extreme weather events are a major driver of needs. Droughts are becoming more recurrent and severe, threatening livelihoods in vulnerable rural communities. Rainfall is irregular and increasingly unpredictable. In 2020, flooding has affected 2.3 million people in 18 countries of the region, resulting in the destruction of goods, land and livestock.

N'Djamena, Chad. This year's rainy season saw record-high rainfall in Chad, and in the Sahel as a whole. August 2020 saw numerous floods across most of the national territory: the central regions, the south, the east, Lac province and the capital, N'Djamena. *OCHA/Federica Gabellini*

In conflict-affected regions, civilians are facing a dramatic protection crisis. Almost 13 million people had to flee their homes, 1.5 million more than one year ago. Insecurity and violence are threatening lives and livelihoods, increasing human rights violations, including sexual and gender-based violence, and jeopardizing social cohesion. Insecurity is also constraining humanitarian access, leaving communities without essential assistance and exposing aid workers to increased risks.

Overview of appeals (2021)

Appeal	Type	People in need	People targeted	Requirements (US$)
Burkina Faso	HRP	3.5 m	2.9 m	607.4 m
Cameroon	HRP	4.0 m	2.4 m	360.0 m
CAR	HRP	2.8 m	1.8 m	444.7 m
Chad	HRP	-	-	-
DRC	HRP	19.6 m	9.6 m	2.0 b
Mali	HRP	7.1 m	5.8 m	498.0 m
Niger	HRP	3.8 m	2.2 m	500.0 m
Nigeria	HRP	8.9 m	6.2 m	1.1 b

The figures for Chad HRP are pending as consultations with the Government are ongoing. The figures for Niger HRP are provisional and subject to change after the revision of the harmonized framework that sets the food security PIN.

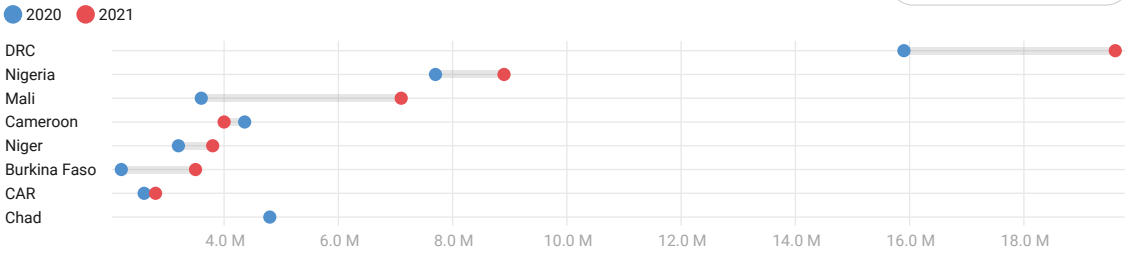
Table: OCHA • Source: Humanitarian Insight

Violence and climate shocks also are the main drivers of a dramatic food crisis. Across the region, more than 40 million people are facing severe food insecurity. If conditions deteriorate, hunger hotspots in north-east Nigeria and Burkina Faso risk slipping into famine within months.

In the Sahel, forced displacement is at an unprecedented high, with 5 million people uprooted from their homes. More than 14 million people are acutely food insecure – two times more than one year ago. In the Central Sahel (Burkina Faso, Mali and western Niger) insecurity has rapidly deteriorated. Since 2018, the number of IDPs has risen twentyfold. In the Lake Chad Basin, incursions and violent incidents remain common, leading to additional displacement and needs.

Evolution of People in Need (2020 vs. 2021)

Explore the chart
gho.unocha.org



Figures at launch of the Global Humanitarian Overview 2020 and 2021

Chart: OCHA • Source: Humanitarian Insight

Gao, Mali. People who fled Mondoro are seen at the camp for displaced people of Gao on October 13, 2020. The displaced, who fled violent clashes in central Mali, arrived at the site at the end of 2018. According to the latest census, the site hosts around 600 displaced households. *OCHA/Michele Cattani*

In the Democratic Republic of the Congo (DRC) and the Central African Republic (CAR), long-running conflict and protracted crises continue to affect millions of people, with severe protection risks, forced displacement and high levels of food insecurity. In western Cameroon, violent conflict in the south-west and north-west regions has displaced more than 700,000 people.

In 2021, the situation of millions of children, men and women affected by crisis in West and Central Africa remains critical. The trend in the Sahel points to further deterioration, with significant risk of spillover into coastal countries. The recent coup d'état in Mali and disputed elections in Guinea and Côte d'Ivoire have increased political and intercommunal tension. Upcoming elections in Burkina Faso, Niger, CAR and Chad will be set in contexts of insecurity. In Cameroon, solutions to the crisis in the anglophone regions are yet to materialize. In CAR, the peace agreement is regularly violated to the detriment of the protection of civilians, and new conflict hotspots in eastern DRC have caused more violence and forced displacement.

Burkina Faso HRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
3.5 M	2.9 M	607.4 M

Total population	Income level	INFORM Severity Index	Consecutive appeals	People reached (2020)
20.9 million	Low income	3.9 / High	2013 - 2021	2.3 million

Analysis of the context, crisis and needs

Over the past two years, a grave protection-and-displacement crisis has emerged in Burkina Faso. It is grounded in insecurity and conflict, as non-State armed groups have increasingly targeted Government institutions and civilians with deadly attacks. As of October 2020, more than 1 million people have been displaced in less than two years.

The most severe impact is felt in already fragile parts of the country, where much of the population has long felt excluded from decision-making. Rising intercommunal tension, stigmatization between communities on the basis of ethnicity or other factors, and further erosion of trust in the Government linked to protection and human rights challenges were all exacerbating the situation prior to the COVID-19 pandemic, which has had a further detrimental impact. Furthermore, Burkina Faso experienced heavy rains and violent winds in 2020, affecting 106,000 people – most of whom were already displaced by conflict.

The number of food-insecure people has nearly tripled over the past year, from 1.2 million to 3.3 million. For the first time in 10 years, the food security assessment (carried out in July 2020) classified two provinces of the Sahel region as being in emergency conditions (IPC 4), affecting 500,000 people. Of those people, 11,000 are at risk of catastrophic conditions (IPC 5). Global acute malnutrition rates are between 15 and 17 per cent, and severe malnutrition rates are 4 to 6 per cent among IDPs in several of the most affected and/or hard-to-reach areas of the Centre-Nord and Sahel regions.

Evolution of needs and requirements (2016–2021)

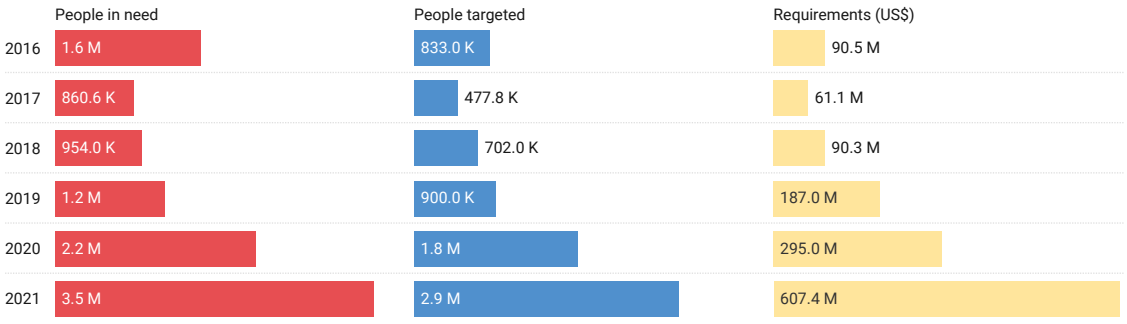


Chart: OCHA • Source: Humanitarian Insight

Protection needs are increasing, with 2.1 per cent of IDPs living with disabilities, according to official sources. This is twice the national average. More than one third of children are at risk of recruitment by armed groups, forced labour or other protection concerns, and 1 per cent of IDP children are unaccompanied. Women and girls, who make up 54 per cent of IDPs, are at increased risk of sexual and gender-based violence by armed groups; many are forced to adopt negative coping mechanisms, including sex for survival.

Nearly 1 million people are affected by the closure or minimal functioning of 323 health centres. When the new school year started, 350,000 children remained without access to education due to the closure of over 2,200 schools. COVID-19's effect on the economy exacerbates different vulnerabilities. An August 2020 study by the National Institute of Statistics and Demography indicates that one quarter of households do not have access to basic foodstuffs at a given time, while 10 per cent of employed people lost their jobs.

Humanitarian funding to Burkina Faso has more than doubled in 2020, but underfunding remains a significant constraint on humanitarian action, as needs and requirements continue to outpace funding and capacity. For 2020, just 55 per cent of required funding had been received by 25 November.

Projected situation in 2021 and beyond

In total, 3.5 million people in areas covered by the 2021 Humanitarian Response Plan (HRP) need multisectoral humanitarian assistance. This is a 60 per cent increase from the start of 2020. More than 1.3 million people require support to ensure their physical and mental well-being. Despite their incredible generosity and resilience, the Burkinabé people are increasingly unable to cope with this multidimensional crisis.

People who need assistance are concentrated in six regions covered by the 2021 HRP: the Sahel, Centre-Nord, Nord, Boucle de Mouhoun, Est and Centre-Est (newly included in 2021). Among the most vulnerable groups are displaced people – both IDPs and refugees. Of those people, 19,000 are mainly Malian nationals; people in host communities, particularly where displaced people exceed residents; and people in areas where ongoing conflict and insecurity severely challenge humanitarian access. Women, girls, boys, the elderly and people living with disabilities experience the greatest concentration of needs.

Presidential and parliamentary elections will usher in a new Government in 2021. In the past, social upheaval has accompanied such transitions, increasing the risk of further challenges in access to basic social services such as health, education and public finance. The flooding and violent winds experienced in 2020, which severely affected already vulnerable households, are likely to return in 2021, according to meteorological information.[1]

Kaya, Burkina Faso. The Central Sahel is the epicentre of one of the world's fastest-growing humanitarian crises. "We need to reverse this downward spiral with a renewed push for peace and reconciliation. We also need much more humanitarian aid. UN agencies and NGOs are on the ground to complement national humanitarian response efforts. With better funding, we can do much more," said UN Secretary-General António Guterres. *OCHA/Olympia de Maismont*

Response priorities in 2021

Given the worsening situation, further increases in response capacity are required in 2021, as well as concerted efforts to address disparities concealed by response-wide results. It will be essential to ensure greater capacity and coverage of rapid response action, secure high-quality and more durable materials, fulfil national and international standards, expand and standardize cash-based programming, and expand the coverage of protection referral systems and support services.

The humanitarian community has collectively prioritized and supported enhanced engagement with and accountability to communities. Initial perception and satisfaction survey results show that affected communities prioritize food assistance, health care and adequate shelter among their most urgent needs, as well as strengthened access to basic social services, including WASH, education, and protection services and support. The results of the same survey indicate that inadequate amounts of available assistance, both in the number of people reached and the duration of support, are sources of dissatisfaction.

The continued increase in funding requirements in 2021 is due to larger target figures and increasing unit costs, including due to COVID-19-related measures. New areas of humanitarian action have been included, such as site management and new common services, such as UNHAS and logistics. Some clusters also need to make significant investments, such as those relating to shelter and NFIs, for the benefit of IDPs after more than two years of limited and immediate-use focused efforts.

[1] Centre Africain pour les Applications de la Météorologie au Développement (ACMAD)

Cameroon HRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
4.0 M	2.4 M	360.0 M

Total population	Income level	INFORM Severity Index	Consecutive appeals	People reached (2020)
26.5 million	Lower middle	3.7 / High	2014 - 2021	2.2 million

Analysis of the context, crisis and needs

Humanitarian needs in nine of Cameroon's ten regions continue due to three concurrent crises affecting the country: the Lake Chad Basin conflict, the North-West South-West crisis and the Central African refugee crisis in the eastern regions. The required assistance ranges from immediate life-saving to protracted recovery.

In 2020, violence escalated against civilians in Cameroon's Far North. Cameroon remains the country second most-affected by the Lake Chad Basin emergency. Ongoing hostilities have uprooted 560,000 people,[1] an increase over 72,000 since October 2019. Armed attacks, abductions, including of children, and the looting and destruction of goods and infrastructure continue to cause physical and psychological trauma. Insecurity is exacerbating already limited access to basic social services such as education and health. Epidemics such as cholera, meningitis and measles are recurrent.

Excess rainfall since July 2020 has caused widespread flooding in five regions of Cameroon. More than 170,000 people were affected in the Far North region alone. The loss of livelihoods due to the armed conflict, the socioeconomic impact of the COVID-19 pandemic, as well as the destruction of houses, goods, crops and fields to the floods have resulted in a drastic increase in food insecurity. An estimated 630,000 people will be food insecure from June to August 2021,[2] which is a 50 per cent increase compared to the same period in 2020.[3]

What began as a political crisis in the South-West and North-West regions in 2017 has now become a significant, complex humanitarian emergency that displaced over 1 million people.[4]

Evolution of needs and requirements (2016–2021)

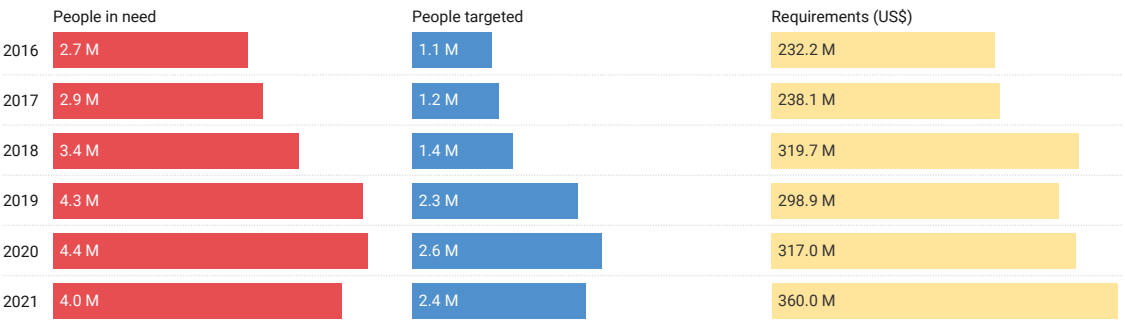


Chart: OCHA • Source: Humanitarian Insight

Ekona, Cameroon. A banana seller at the now-abandoned plantation town of Ekona, located a few miles from Buea. Just three years ago, Ekona Yard was a bustling fruit-processing centre packed with families who lived and worked in the vast surrounding banana-and-palm plantations. Since the crisis, the Government-owned plantations have been shut down as workers fled fearing attacks from separatists who oppose any kind of support to the Cameroonian Government. *OCHA/Giles Clarke*

People in rural and hard-to-reach areas are most affected because of limited or no access to medical, nutrition and WASH facilities and limited access to farmland due to insecurity. An estimated 700,000 children are out of school due to the crisis in the North-West and South-West regions. Students and teachers are killed, kidnapped, tortured, caught in crossfire, and subjected to arbitrary arrest and detention. In the Adamawa, East and North regions, Cameroon hosts 284,000 refugees from CAR.[5] This is placing significant pressure on already limited natural resources and basic social services in host communities and exacerbating pre-existing vulnerabilities. Seventy per cent of the refugees have no formal education and 46 per cent have no source of income. Girls and young women are more likely to miss out on school, and they are particularly vulnerable to forced and early marriages and other forms of sexual exploitation.

Projected situation in 2021 and beyond

In 2021, 4 million people in Cameroon will need humanitarian assistance. In 2021, Cameroon will be the twelfth country in the world at highest humanitarian risk, with an INFORM index of 6.6 on a scale of 10. The trend is a clear deterioration of the humanitarian risk situation compared to 2020 (twenty-fourth country with a humanitarian risk index of 6 out of 10). Risks are particularly high in the Far North (7.3) North-West (6.5), South-West (6.2) and Est (6.1) regions. The highest risks are linked to conflicts, epidemics and floods. The security situation is expected to continue to deteriorate in the Far North, North-West and South-West regions in 2021, with a conflict risk index of 8 for the Far North and North-West and South-West regions. Limited humanitarian access due to underfunding, insecurity and poor road infrastructure is also projected to remain a key impediment to reaching people in need. Access by relief organizations will become increasingly more complex and dangerous as security deteriorates and humanitarian organizations are increasingly targeted by non-State armed groups.

Aid in action
Bringing protection and gender to the fore

The humanitarian country team (HCT) in Cameroon has developed – separate, but complementary – roadmaps on the centrality of protection and on gender in humanitarian action. These two roadmaps are part of the first initiatives on this regard in different humanitarian contexts. These two year-long plans (2021-2022) articulate the collective results that the HCT, and the humanitarian community more broadly, aim to achieve and will be held accountable to. The two roadmaps will help the humanitarian operations to increase the quality and efficiency of its response, in line with the IASC gender and protection policies. Thanks to evidence-based analysis and adapted programmes, it is expected that protection and assistance needs will be appropriately addressed. Progress in achieving agreed results will be regularly monitored by the HCT, with support from the protection and the gender senior advisers supported respectively by the ProCap and GenCap projects. *Photo: OCHA/Giles Clarke*

Response priorities in 2021

The 2021 Humanitarian Response Plan will prioritize the most vulnerable 2.4 million people based on an analysis of the severity of needs across sectors, with a financial requirement of $360 million. In addition to meeting the most urgent needs, the approach taken in Cameroon recognizes that humanitarian needs are exacerbated by underlying structural causes. When and where appropriate, response activities are planned in complementarity with development and State actors to maximize impact, particularly in geographic areas, boosting the contribution of humanitarian action towards collective outcomes and achieving the SDGs. Protection remains a priority in the humanitarian response in Cameroon.

[1] 321,886 IDP (IOM, DTM, June 2020); 114,496 Nigerian refugees (UNHCR, September 2020; IOM DTM June 2020); 123,489 returnees (IOM, DTM, June 2020).

[2] Cadre Harmonisé, Octobre 2020. [3] In October 2019, Cadre Harmonisé estimated 324,285 people to be food insecure from June to August 2020.

[4] 409,000 within the NWSW regions (MSNA, OCHA, August 2020); 361,000 returnees (MSNA, August 2020, OCHA) 302,000 to other regions (5,301 to Adamawa (MIRA, August 2019, UNHCR), 52,931 to Yaoundé, Center (MIRA, August 2020, CHOI); 80,925 to Littoral (MSNA, August 2020, OCHA); 162,726 to West (MSNA, August 2020, OCHA)).

[5] UNHCR, September 2020

Central African Republic HRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
2.8 M	1.8 M	444.7 M

Total population	Income level	INFORM Severity Index	Consecutive appeals	People reached (2020)
4.8 million	Low income	4.0 / High	2003 - 2021	1.4 million

Analysis of the context, crisis and needs

Despite the signing of the Political Accord for Peace and Reconciliation (APPR) in February 2019, the security situation in the Central African Republic (CAR) remains highly volatile. A continued rise in armed groups' activities, violent confrontations over the control of natural resources, and intercommunal conflict, including transhumance-related conflict, have further eroded the population's capacity to sustain multiple shocks. One in four Central Africans is displaced, either within or outside CAR. As of September 2020, almost 641,000 people are internally displaced, an 8 per cent increase compared to the same period in 2019.

The COVID-19 pandemic has inflicted a devastating blow to the economic sector of a country already ranked second to last on the Human Development Index (HDI). COVID-19 restrictions and confinement measures have also increased protection risks. From April to June, the number of minors suffering from GBV increased significantly in Bangui. The closure of schools exposed hundreds of thousands of children to additional risks of recruitment into armed groups and the worst forms of labour, notably in mines. One GBV case per hour is recorded through the VBGIMS system, which covers only 42 per cent of the territory. The number of GBV cases recorded doubled in the capital, Bangui. The secondary impacts of COVID-19, food insecurity and malnutrition have spread to urban centers, such as Bangui and Bimbo. Further deterioration has taken place in the socioeconomic context and is near collapse, severely affecting the prices of basic commodities, the labour market and households' purchasing power at a time when the median cost of the Survival Minimum Expenditure Basket increased by 10 per cent.

Evolution of needs and requirements (2016–2021)

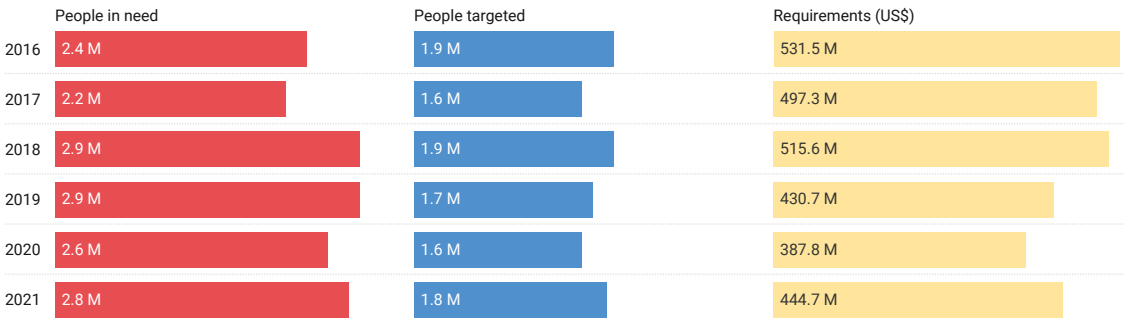


Chart: OCHA • Source: Humanitarian Insight

The impacts of devastating floods in 2019, which affected 100,000 people, are still being felt in the capital. Thousands of people remain in displacement sites and thousands more are seeking shelter from this year's torrential rains. As of November 2020, more than 24,000 people have been affected by floods caused by climatic change. Areas with a high concentration of IDPs are the most prone to epidemics, such as measles and waterborne diseases. Only one in three Central Africans has access to safe and drinkable water and sanitation facilities.

CAR is one of the world's most dangerous countries for humanitarian workers, with more than one incident against humanitarian workers recorded each day. From January to October 2020, 344 security incidents were reported, which is a 42 per cent increase compared to the same period last year.

Projected situation in 2021 and beyond

An estimated 2.8 million people need humanitarian assistance, including 1.9 million people with severe needs. This represents the highest severity in the past five years. With no improvement in the security and structural drivers of the crisis and the emergence of new crises and hotspots, a sharp deterioration of key humanitarian indicators have been recorded. In the projected situation, 2.3 million people are food insecure, with 525,000 people in IPC Phase Four. Overall, at the intersectoral level, 52 sub-prefectures have reached severity threshold 4, and 20 sub-prefectures have reached severity threshold 3.

With a score of 7.8, CAR ranks fifth in the world in terms of risk level, according to the INFORM 2021 index. This is due to the high risk of conflict, socioeconomic vulnerabilities and lack of human capital. CAR is classified as the world's most vulnerable country to COVID-19. This is due to poor access to WASH structures, combined with household economic vulnerability and insufficient health coverage. The country is also experiencing heavy rains, with devastating consequences in bordering areas with Chad and Congo and in the capital, Bangui. Additional risks include the resurgence of Ebola in neighboring DRC and the presidential elections on 27 December 2020. Outbreaks of violence would likely result in more displacement and a further surge in humanitarian needs.

Response priorities in 2021

The humanitarian community assisted 1.4 million people between January and September 2020. These people comprised 78 per cent of the 2020 HRP targeted population, including those in hard-to-reach areas. Humanitarian actors were able to reach more people in 2020 compared to the previous year. This was despite an increasingly volatile security environment, logistical constraints such as dilapidated roads and bridges, and the absence of State services outside the capital. Three-quarters of beneficiaries have reported feeling safe accessing humanitarian assistance and are comfortable filing complaints with aid providers.

Aid in action

Placing the affected people at the heart of a principled response

In 2020, the humanitarian community made an ambitious commitment to ensure that people remain at the heart of the response. Three poles of action were identified: protection, accountability to affected people and provision of services to communities. The humanitarian response took a qualitative leap by further involving the affected population in decisions having a directly bearing on them. Consultations with 16,000 households took place in all the country's sub-prefectures, including through the Multi-Sector Needs Assessment in collaboration with REACH and Ground Truth Solutions. Communication and community engagement related to the COVID-19 response have adapted to information needs, including to debunk widespread rumors about the virus. *Photo: OCHA/Adrienne Surprenant*

In 2021, humanitarian partners will further scale up integrated and multisectoral response approaches. This includes strengthened efforts to protect and assist the most vulnerable, including people living with disabilities, and women, girls and boys who are at risk of GBV. Better understanding of the barriers faced by people with disabilities and ensuring their full inclusion in targeting exercises will be prioritized, given that 57 per cent of people with disabilities reported not being able to access services. Improving feedback mechanisms will also be a priority, as 76 per cent of the affected civilians interviewed reported not knowing how to file a complaint.

Consultations to ensure accountability to affected populations will continue to be prioritized. Humanitarian partners will also continue their efforts to provide emergency assistance to communities in hard-to-reach areas through a conflict-sensitive access strategy and flexible, localized response mechanisms. Preparedness activities and response efforts will be a priority, due to the growing impact of climatic shocks. In the spirit of the Nexus, humanitarian actors will seek complementarity with durable solutions projects, social protection schemes and disaster risk reduction programmes in areas of convergence.

Chad HRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
–	–	–

Total population	Income level	INFORM Severity Index	Consecutive appeals	People reached (2020)
16.4 million	Low income	4.1 / Very High	2004 - 2021	2.2 million

Analysis of the context, crisis and needs

In 2020, Chad was affected by growing insecurity within its borders and within neighboring countries, economic fragility intensified by the COVID-19 pandemic, a precarious health context, and the impact of destructive climate-related events. The pandemic's socioeconomic impact exacerbated pre-existing vulnerabilities, including of people – many of whom are women – working in the informal sector. The context was marked by the closure of borders, a collapse of the oil price, a rise in food prices and initial paralysis of the economic fabric, including high levels of unemployment for several months.

The security situation continued to be of concern in Lac province, including clashes between non-State armed groups and the Chadian Army and the declaration of a 'no-go zone' for civilians. As a result, the number of IDPs in that province increased to 336,000 – a 98 per cent rise compared to 2019. In southern and eastern Chad, some 480,000 refugees from the Central African Republic (CAR) and Sudan still depend on humanitarian assistance. Nearly 20,000 new refugees arrived in eastern Chad in 2020 due to the persistence of intercommunal clashes in Darfur. Intercommunal conflict between farmers and herders has also continued, particularly in the south.

Heavier floods compared to those in 2019 resulted in significant livelihood losses for farmers and herders, especially in the center, east and south, affecting some 388,000 people. For the first time since 2012, the capital was also severely affected by excessive rainfall. Rivers then burst their banks. Some 35,000 people required assistance.

Evolution of needs and requirements (2016–2020)

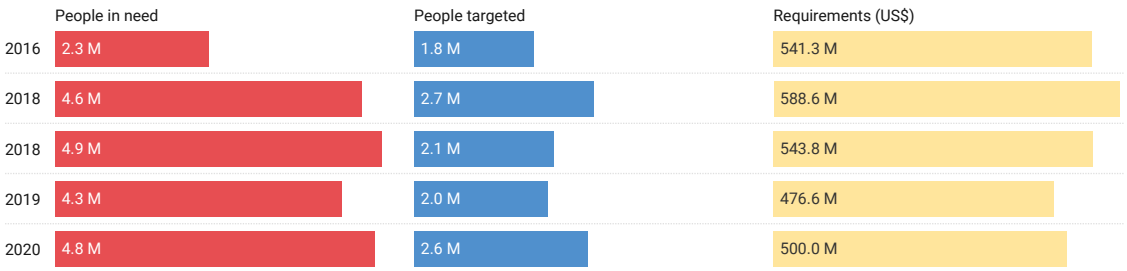


Chart: OCHA • Source: Humanitarian Insight

N'Djamena, Chad. A group from the Chadian Red Cross, helped by local volunteers, distribute non-food items to assist flood-affected people. This year's rainy season saw record-high rainfall in Chad and in the Sahel as a whole. Floods destroyed 5,250 houses and killed 10 people. Those affected have sought refuge in their own neighbourhood or those nearby. Some people are hosted by family members but many remain homeless. *OCHA/Federica Gabellini*

The socioeconomic impact of COVID-19 affected the food and nutrition situation of the most vulnerable people. In 2020, the number of severely food insecure people remained 1 million. According to the preliminary results of the November food security assessment (Cadre Harmonisé), 2 million people now need livelihood support. The prevalence of acute malnutrition continues to rise, with 18 out of 23 provinces in an alarming nutritional situation. At the national level, GAM prevalence is 12.9 per cent, of which 2.9 per cent is in its severe form (SAM). Almost 2 million people are affected by health emergencies, the most vulnerable of whom are children under 5 years of age, pregnant and breastfeeding women, people with disabilities and the elderly. This situation is largely explained by the poor access to basic social services worsened by the pandemic, but also by the increase in endemic and epidemic diseases, notably malaria, measles and a new outbreak of chikungunya.

Projected situation in 2021 and beyond

Chad will remain affected by the political and security dynamics in neighboring countries. The active presence of non-State armed groups in northern CAR will, for the time being, slow down the potential return of CAR refugees from southern Chad. However, political developments in Sudan might lead to the gradual return of the Sudanese refugees in eastern Chad. In contrast, the presence of non-State armed groups in Lac province and military counteroperations are likely to cause further displacements. Instability in Libya has led to new waves of migrants returning to northern Chad.

The consequences of climate change, especially droughts and floods, will affect agrosylvopastoral production, with negative impacts on food security and malnutrition rates. Access to basic social services, particularly health services, will remain challenging, especially with the persistence of epidemics such as cholera and measles, the lack of adequate health care, and the high prevalence of certain diseases, especially malaria. The persistence of COVID-19 could further worsen the living conditions of the most vulnerable people.

Response priorities in 2021

In 2021, the humanitarian response will remain guided by the established multi-year 2017-2021 strategic framework and its goals: to save and preserve life and dignity through multisectoral and integrated emergency assistance; to reduce vulnerability by building resilience; and to contribute to the protection of the most vulnerable populations and strengthen accountability to affected people.

Within this, 2021 response priorities and approaches will promote an integrated approach, with an increased number of defined multisectoral strategies, including for refugees, and it will reinforce complementarity between humanitarian and development action to achieve collective results. In this context, strengthening and empowering Government leadership is a priority, as is promoting durable solutions for displaced people (refugees, returnees and IDPs).

Planning will be based on, inter alia, the specific vulnerabilities of women, girls, boys, children and people with disabilities. It will mainstream protection concerns and respond to the humanitarian impact of the COVID-19 pandemic. The centrality of protection and accountability to affected populations will be reinforced through community-based approaches to prevent protection risks, respond to the most urgent protection needs, including for GBV survivors, and assure fundamental human rights. Emergency preparedness, response and risk reduction measures remain of vital importance to mitigate the humanitarian consequences of climate change. The use of cash-transfer modalities, based on a survey of market availability and accessibility, will be further reinforced.

The humanitarian community is currently completing its analysis of people in need of assistance in 2021, and of the most vulnerable to be targeted for response. Final figures are pending formal completion of the Cadre Harmonisé process, which will reflect the projected impact on food insecure people from unfavorable climate effects, including droughts and floods and the socioeconomic impacts of the pandemic. Figures will also include the increased number of people displaced due to insecurity in Lac province.

Democratic Republic of the Congo HRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
19.6 M	9.6 M	2.0 B

Total population	Income level	INFORM Severity Index	Consecutive appeals	People reached (2020)
89.6 million	Low income	4.5 / Very High	1999 - 2021	6.6 million

Analysis of the context, crisis and needs

In the Democratic Republic of the Congo (DRC), violent conflict, epidemics and natural disasters continue to compound and exacerbate existing vulnerabilities. These include high levels of poverty, weak public infrastructure and limited-service delivery. Disputes over land and mineral resources continue to drive conflict dynamics and displacement. In 2020, armed conflict further intensified in Ituri and some parts of the Kivus.

DRC remains home to the largest IDP population in Africa, with 5.2 million displaced people. A total of 1.7 million people displacements took place in 2020.[1] The country also hosts some 529,000 refugees from neighbouring countries.[2] Almost 21.8 million people currently face severe acute food insecurity, the highest absolute number ever recorded worldwide.[3] Some 3.4 million children under age 5 are acutely malnourished.[4]

Communicable disease outbreaks continue to add to the complexity and gravity of the situation: while the tenth Ebola epidemic in the eastern region ended in June, a new Ebola outbreak has emerged in Equateur, which is an extremely fragile area. Thanks to the combined efforts of the Government and the humanitarian community, the worst national measles epidemics ended in August 2020. However, measles, as well as cholera, remain a serious concern (415 deaths on 32,375 cases and 184 deaths on 4,283 cases, respectively, in 2020).[5]

Evolution of needs and requirements (2016–2021)

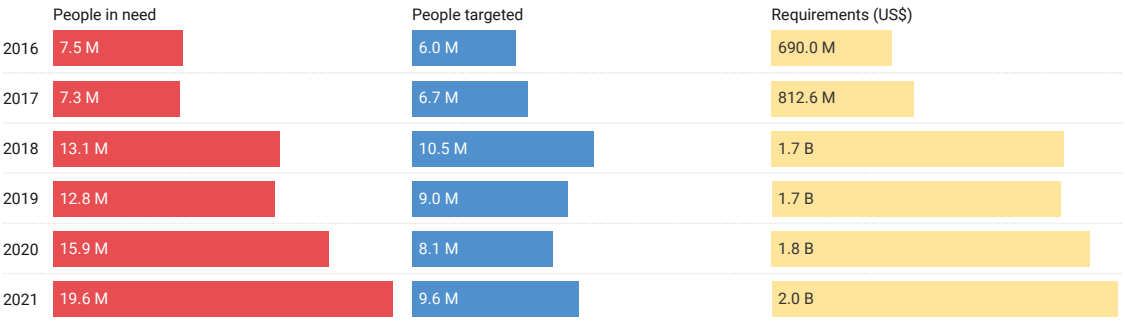


Chart: OCHA • Source: Humanitarian Insight

Aid in action
Analyzing the impact of COVID-19

An analysis of COVID-19 impact was undertaken to evaluate the epidemic's influence on humanitarian needs and operations in DRC. When the epidemic emerged in the country in March 2020, a rapid survey, was launched and responded to by 149 humanitarian partners. This analysis of the immediate impact of preventive measures on humanitarian activities showed that 80 per cent of partners had been directly affected and had to reduce movements or presence in the field. The results were used for advocacy to ensure access to areas most affected by the humanitarian crisis. Six months later, a second survey was launched to update the analysis. The analysis was more comprehensive and focused on COVID-19 impact on (i) humanitarian operations (access, operational capacities) (ii) services & systems (access to health, WASH, nutrition, education & protection services) (iii) persons (protection incidents, food insecurity, coping mechanisms). 234 organizations participated in the survey which was completed by a qualitative analysis of secondary data available on the specific impact of COVID-19 epidemic in DRC. It contributed to strengthen the intersectoral analysis of needs in the framework of the HNO 2021. *Photo: WHO/Junior Kannah*

In March the first COVID-19 infection was recorded, and to date 11,329 cases and 308 deaths have been confirmed.[6] Due to extremely limited testing capacity, the full extent of the pandemic is likely to be larger. But the economic impact is evident: falling commodity prices are triggering a currency devaluation, which in turn is driving up prices.

The volatile security situation, particularly in eastern DRC, continues to hinder access to affected people, as does poor infrastructure. Humanitarian actors in several provinces have reduced movements or temporarily suspended their activities on multiple occasions due to incidents. At least 249 security incidents directly affecting humanitarian personnel or assets have been reported since the beginning of 2020.[7]

Projected situation in 2021 and beyond

Conflicts are expected to persist. The dynamics of these conflicts will remain complicated as a result of national and provincial political dynamics. The reconfiguration of the UN Stabilization Mission in the Democratic Republic of the Congo (MONUSCO) could also be a factor influencing the situation and local contexts. Population displacement and protection incidents, especially in eastern DRC, are expected to persist. IDPs, returnees and host communities continue to be the most vulnerable. The evolution of epidemics or new disease outbreaks and potential natural disasters, such as floods, could potentially aggravate the situation further.

The number of people who need humanitarian assistance in DRC has increased from 15.6 million in 2020 to 19.6 million in 2021. This is being driven by intensified conflict in some areas, increasing severe food insecurity, COVID-19 and the Ebola outbreak in Equateur province. The impact of the latter is expected to significantly decrease over the coming months but would remain under surveillance. Structural underdevelopment and humanitarian crises will continue to limit people's access to essential goods and services, negatively impacting their coping mechanisms and capacity for resilience.

Response priorities in 2021

By the end of 2020, the humanitarian community expects to have reached 6.6 million people. The 2021 response strategy will focus on addressing five critical issues: population movements, food insecurity, malnutrition, epidemics and protection. In 2021, humanitarian partners will aim to assist 9.6 million of the most vulnerable people in DRC, with an estimated financial requirement of $1.98 billion. The targeting methodology has been further strengthened through the intersectoral approach and severity analysis to ensure that the most severe needs are prioritized.

Following the severity analysis, the key geographical focus of the humanitarian response will be on Ituri, North Kivu, South Kivu, Tanganyika and the Greater Kasai area. These locations have an overlay of crisis drivers and deepening humanitarian needs.

Humanitarian partners will work to achieve objectives by delivering targeted, multisector assistance. Throughout the response they will mainstream key cross-cutting approaches, which include AAP, prevention of SEA, mitigation of GBV risk in programme implementation and inclusion of people with disabilities. Building on progress made since 2019 (such as proposed collective outcomes), humanitarian actors will continue to enhance and promote the Nexus approach to reduce vulnerabilities.

[1] Population movements commissions, Statistical data on population movements (September 2018 – August 2020).

[2] UNHCR, Refugees data as of the end of July 2020.

[3] IPC analysis, 18th cycle, current period (July – December 2020), August 2020.

[4] Nutrition Cluster data, as of the end of August 2020.

[5] WHO and Ministry of Health, Epidemiological data as of the end of October 2020.

[6] WHO and Ministry of Health, Epidemiological data as of the end of October 2020.

[7] INSO, UNDSS, OCHA, as of the end of September 2020.

Mali HRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
7.1 M	5.8 M	498.0 M

Total population	Income level	INFORM Severity Index	Consecutive appeals	People reached (2020)
20.3 million	Low income	3.8 / High	2012 - 2021	2.6 million

Analysis of the context, crisis and needs

In 2020, the humanitarian crises in Mali worsened due to the immediate multifaceted effects of conflict and violence, including inter and intracommunal conflicts, radicalized armed groups and criminality. The number of vulnerable people who need assistance increased due to pervasive poverty, the COVID-19 pandemic and the chronic effects of climate change. Mali also underwent a political crisis culminating in the Army ousting the Government, resulting in an 18-month transition period as of September. The conflict and the accompanying humanitarian needs expanded from Mali's Liptako-Gourma region to the Kayes, Koulikoro and Sikasso regions in the south and west.

The number of food-and-nutrition insecure people reached 1.3 million people during the lean season of June-August 2020, which is an increase of more than 200 per cent compared to the same period in 2019. This is due to the volatile security and transitional political context, combined with the weak presence of Malian regional authorities and technical services. Additionally, 2.4 million people currently need support to protect their livelihoods.

The growing instability led to a surge in internal displacement. As of the end of August 2020, close to 290,000 people were internally displaced. This is four times more than in early 2019 and adds 100,000 people since August 2019. UNHCR reported that the number of Malian refugees and asylum seekers in neighbouring countries increased from 138,402 to 141,676 between September 2019 and July 2020. Meanwhile, 84,000 Malian refugees returned to Mali over the same period due to the insecurity.

Evolution of needs and requirements (2016–2021)

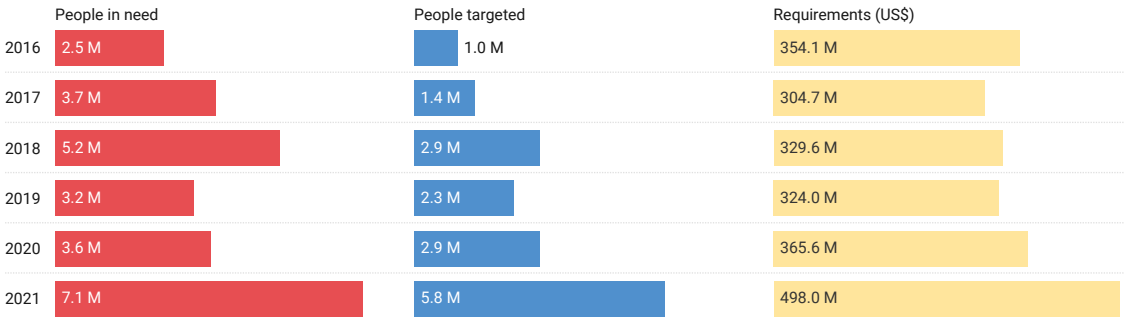


Chart: OCHA • Source: Humanitarian Insight

Gao, Mali. A displaced woman who denounced a case of GBV against her daughter during their displacement, at the One Stop Center in Gao. In the Central Sahel, more than 1.5 million people have been forced from their homes by violence in the last two years. GBV has spiked, millions of children are out of school, and basic health and social services are lacking. *OCHA/Michele Cattani*

The protection of vulnerable groups remains worrisome, with 4,411 cases of gender-based violence (GBV) reported since January 2020, mainly by women (98 per cent), of whom 61 per cent are girls. Civilians are increasingly exposed to risks on the main roads due to improvised explosive devices (IEDs) in central Mali. From January to September 2020, IEDs killed 181 civilians. This is on par with the past two years: IEDs claimed 222 casualties in 2019 and 249 casualties in 2018.

A total of 1,261 schools remained closed due to insecurity in the center and north, depriving 338,700 children of their right to education. Access to safe drinking water remains problematic, with less than one in two people having access to safe drinking water in Gao and Kidal. Five per cent of IDPs have safe access to water, which is below the national average of 68.8 per cent.

In conflict-affected areas, 23 per cent of health facilities are not functioning and primary health-care services remain limited. As of 8 November 2020, 3,706 COVID-19 cases had been confirmed in 38 health districts across 9 regions, including 137 deaths (3.7 per cent case-fatality rate) and 2,828 patients cured. In addition, the socioeconomic consequences related to COVID-19 are likely to have a long-term socioeconomic impact for the poorest households.

Floods caused significant damage to crops, equipment, housing, grain stores and livestock. According to Government figures, as of 30 September 2020, floods affected 11,019 households (80,760 people), including 5,400 IDPs, in the Koulikoro, Menaka and Segou regions. Faced with a public health emergency, natural disasters and fragile security, humanitarian partners (with 45 per cent of financial requirements resourced available) will reach 2.6 million people out of the targeted 5.5 million by December 2020. This is an increase of approximately 11 per cent from the 2.35 million people reached by 30 September 2020.

Projected situation in 2021 and beyond

Given the deterioration of the protracted humanitarian context, 2021 is likely to see humanitarian needs increase. Operational challenges related to humanitarian access, protection and the preservation of humanitarian space will dominate advocacy and coordination efforts to reach people in need. Under the current circumstances, IDPs have no short- or medium-term prospect for return. Substandard living conditions, food insecurity, malnutrition and health hazards will rise among an increasingly vulnerable population who resort to negative coping strategies, affecting women, girls and people with disabilities.

Despite favourable rainfall for the 2020 agricultural season, humanitarian partners identified a record 7.1 million people who need humanitarian assistance in 2021 out of 13.5 million crisis-affected people. Food insecurity is likely to continue due to the access constraints to arable land because of ongoing conflict in central Mali. Sustained high market prices for cereals and livestock, as well as COVID-19-related restrictions that include supply chain disruptions, are among the underlying factors worsening the food security situation. Approximately 188,000 Malian children under 5 years of age are expected to be affected by severe acute malnutrition in 2021, while an estimated 1.2 million people are exposed to the risk of waterborne diseases.

In response to the pandemic, resources were reallocated from basic health-care services. This has negatively impacted health-care services such as primary health care, nutritional services and vaccinations.

Response priorities in 2021

For 2021, the Malian humanitarian community renews its commitment to strengthen its operational capacities to meet the needs of 5.8 million people targeted by the 2021 Humanitarian Response Plan (HRP). The overall estimated budget for humanitarian planning is $498 million. This is for sectoral, intersectoral, and multisectoral interventions covering the humanitarian consequences of the crisis related to life-saving responses, strengthening basic social services, assuring the protection of the population and promoting resilience. These interventions include three thematic pillars in line with the three-year strategic objectives: food and nutritional security; health and WASH; and protection, education and shelter/non-food items, as adopted in 2020.

The pandemic has exacerbated protection risks and threats including GBV, and increased stigma and discrimination towards IDP. The centrality of protection remains crucial in the humanitarian response for Mali in 2021. Cross-cutting issues such as gender, accountability, SGBV and PSEA are also crucial. To reduce vulnerability, strengthen resilience and improve the protection of the environment, collective outcomes must be identified based on strengthened coordination and complementarity between humanitarian, development and peace interventions. This includes social cohesion activities and the socioeconomic empowerment of affected populations.

Interventions integrate COVID-19 mitigation measures to protect staff, communities and partners involved in humanitarian programmes.

Niger HRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
3.8 M	2.2 M	500.0 M

Total population	Income level	INFORM Severity Index	Consecutive appeals	People reached (2020)
24.2 million	Low income	3.7 / High	2011 - 2021	1.1 million

Analysis of the context, crisis and needs

2020 has been marked by persistent and increasing insecurity in certain border areas between Niger and neighbouring Nigeria, Mali and Burkina Faso. The activities of non-State armed groups (NSAGs) in the regions of Diffa, Tillabéri and Tahoua and the recurrent incursions of NSAGs from bordering countries caused population movements, particularly in the Tillabéri and Maradi regions. As of 30 September 2020, the number of people on the move (IDPs, refugees and returnees) was estimated at more than 530,000, which is an increase of 21 per cent in comparison to 2019. In the regions of Diffa, Maradi, Tillabéri and Tahoua alone, the number of IDPs increased by 37 per cent. Insecurity has led to the closure of 356 schools, affecting more than 33,500 children in Maradi, Tillabéri and Tahoua. The number of human rights violations also increased. Overall, 1,758 protection incidents were recorded as of 30 September. The number of recorded GBV cases increased by 133 per cent, from 1,399 in 2019 to 3,261 in 2020.

Flooding in Niger between August and September caused extensive damage. As of 20 October, 632,000 people (three times more than forecast by the Government) in 116 communes (44 per cent) across the country were affected by the destruction of more than 50,000 houses and over 18,000 ha of farming areas, and the loss of more than 15,000 small ruminants. These losses will weaken the livelihood conditions of already vulnerable populations.

As of 31 October, the COVID-19 epidemic has also impacted the daily lives of Nigeriens in 28 out of 72 health districts. Its impact has not been strong in terms of loss of human lives (69 deaths as of 31 October out of 1,220 people declared positive, i.e. a fatality rate of 5 per cent).

Evolution of needs and requirements (2016–2021)

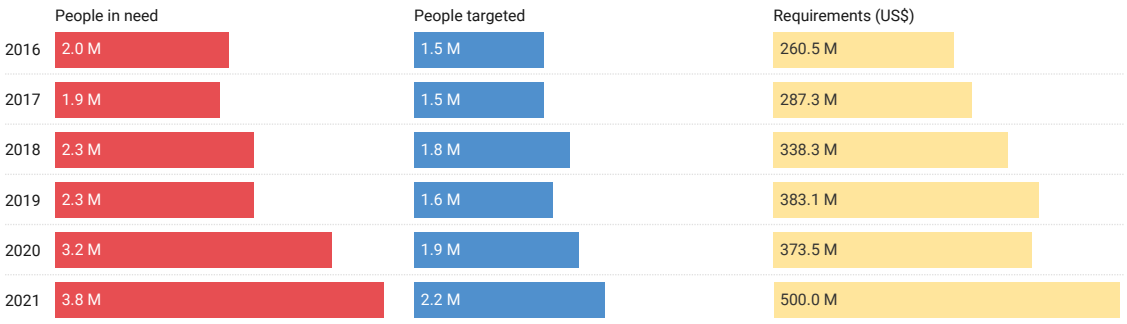


Chart: OCHA • Source: Humanitarian Insight

Gomozo, Niger. These two girls spend between four and six hours every day collecting water for their families. They take turns with other girls in the family, who pair up with a friend every morning before the sun is too strong and every afternoon before sunset. In Niger, as in many other countries on the African continent, collecting water takes up a colossal amount of time for women and girls. When water is not piped to the home, the burden of fetching it falls disproportionately on women and children, especially girls. *UNICEF/Juan Haro*

However, its effects have been felt on the economic level. The mobility restrictions introduced by the Government to limit the spread of the virus restricted the population's access to necessary food items. In addition to COVID-19, Niger experienced three other disease outbreaks, namely measles, vaccine-derived poliomyelitis virus type 2, and malaria. According to health authority records released in September 2020, measles affected 2,685 people, polio affected 5 people, and there were more than 2 million cases of malaria. Malnutrition and food insecurity are also major concerns, affecting more than 2 million people.

Government-imposed escorts due to insecurity have greatly contributed to restricting humanitarian access. In Tillabéri and Tahoua, more than six assessment missions were canceled between January and July for reasons linked to escort requirements, depriving several thousand affected people of much-needed humanitarian assistance. In October, more than 30,000 people were deprived of access to health-care services due to the closure of health centres in the districts of Ayorou and Banibangou in Tillabéri because of insecurity. The rehabilitation of hydraulic facilities could not take place in the Tillabéri region, depriving more than 12,000 people, living in 12 sites, of access to drinking water.

2020 was an unpredictable year. COVID-19 overturned the initial 2020 planning, leading to the revision of the HRP 2020 in July. The PiN was revised from 2.9 million at the beginning of the year to 3.7 million at the mid-year review, and the target increased from 1.8 million to 2.2 million during the same period. Despite the low level of funding received (44 per cent of funds requested by 2 November 2020), the humanitarian community was able to assist 1.07 million people, or 49 per cent of targeted people. Food assistance was provided to 1,073,088 people, while 73 per cent of those targeted were able to benefit from temporary access to drinking water.

Projected situation in 2021 and beyond

The impact of this year's flooding, localized droughts, COVID-19, as well as armed conflicts and NSAGs activities (including physical aggression and human rights violations), climate hazards, health and water challenges and malnutrition will increase the number of vulnerable people already living in precarious conditions. In light of this context, the number of people who need humanitarian assistance will most likely increase in 2021.

Response priorities in 2021

In 2021, the focus will be on mitigating the impact of the various shocks on the livelihoods of the affected populations, but also on ensuring greater protection of affected communities. Thus in 2021, an estimated 2.2 million people will be targeted for humanitarian assistance. Despite the trend of increasing needs, this figure, which is almost the same as after the HRP revision in July 2020, is the result of better targeting by clusters (focus on people in acute need of assistance) and of improved synergy with development actors within the Nexus framework. For example, the food security cluster target was split between the National Plan of vulnerable populations, which covers the needs of 31 per cent of affected people, and the HRP, which covers the remaining 69 per cent. Since the average cost per beneficiary has not changed, the required budget for 2021 is estimated at $500 million.[1]

[1] Provisional figures subject to change after the revision of the harmonized framework that sets the food security PIN.

Nigeria HRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
8.9 M	6.2 M	1.1 B

Total population	Income level	INFORM Severity Index	Consecutive appeals	People reached (2020)
206.1 million	Lower middle	4.2 / Very High	2014 - 2021	5.7 million

Analysis of the context, crisis and needs

The major crisis in Nigeria's north-east persists unabated: the continuing conflict will still severely affect millions of people in 2021, subjecting them to displacement, impoverishment and threat of violence. The armed conflict has no clear end in sight. The Nigerian Armed Forces' strategy (since 2019) of regrouping in 'super camps' has not guaranteed security and protection for nearby IDPs and other civilians. Prospects for displaced people's safe return to their areas of origin are far from certain.

The operating environment remains extremely volatile, particularly in Borno State where all the major supply routes have become dangerous for civilians and specifically for aid workers, humanitarian cargo and assets. Humanitarian hubs and aid organizations' offices have suffered regular attacks in 2020.

Protection needs are formidable. Women and girls are under threat of violence, abduction and rape, for example when venturing outside the trenches that surround many IDP camps to collect firewood, though also within IDP camps. Gender-based violence is growing, as are forced and child marriage; women and girls still lack adequate protection and access to services. Desperation drives women to negative coping strategies such as exchanging sex for food and other necessities. These all drive greater maternal mortality, morbidity such as fistula, unwanted pregnancies, and girls dropping out of school. Displacement and returns impose high risk on separated and unaccompanied children. Adolescent males and boys risk forcible recruitment by armed groups or suspicion of association with armed groups by authorities.

Evolution of needs and requirements (2016–2021)

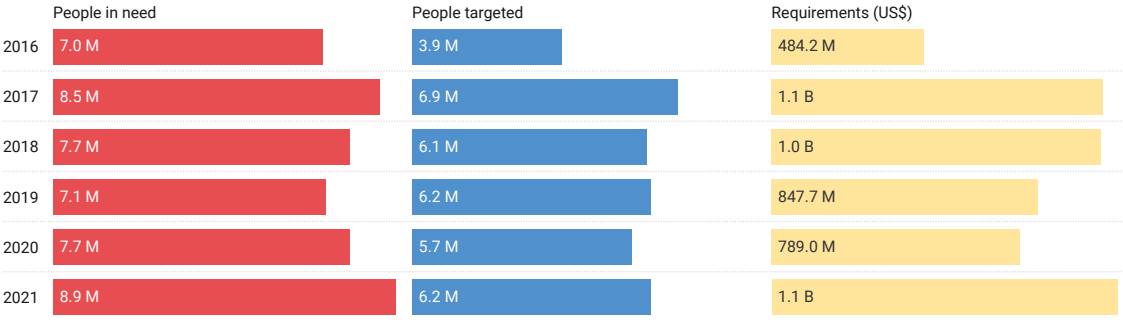


Chart: OCHA • Source: Humanitarian Insight

Makoko, Nigeria. A family travels home by boat after receiving food rations at a collection centre for the National Home Grown School Feeding Programme, in Makoko. The Federal Government of Nigeria and state Governments, with assistance from WFP, have rolled out programmes to supplement nutritional deficits for school children, which may arise from COVID-19-related school closures. *WFP/Damilola Onafuwa*

The COVID-19 pandemic both deepens humanitarian needs and complicates the response. The Nigerian economy has suffered from the fall in global oil prices and from restriction measures to mitigate the pandemic, particularly intermittent border closures and the need to dedicate resources to curtailing the virus' spread. The consequent impairment of livelihoods cascades down to loss of income and buying power, with acute effects on the already-vulnerable and food-insecure. Operationally, COVID-19 measures to keep humanitarian staff and beneficiaries safe consume time and resources. Conflict and insecurity have cut people off from their main means of livelihoods—agricultural lands. This causes major food insecurity in north-east Nigeria, which COVID-19's effects on incomes have exacerbated: despite good crop yields, food insecurity is rising.

Nonetheless solutions are sought for people caught in this crisis, many since 2009. State governments are increasingly committed to IDP returns: the Borno State Government in particular has set a target of all IDPs returning by May 2021. If most of the areas identified for return are highly insecure and inaccessible to humanitarian organizations, alternatives could be available and need further exploration—mainly resettlement in safer areas where there is enough land, or local integration alongside the cities and towns where they refuge. For the few areas that are relatively safe for IDPs who choose to return, a concerted package including timely durable-solution plans is now needed to ensure safe, voluntary, and dignified return. Essential services, firm livelihood prospects, basic infrastructure, civil administration to ensure rule of law, and humanitarian aid for the difficult first phases of return will all have to be delivered synchronously. For IDPs from areas not conducive to returns, humanitarians will advocate (and State governments have signalled some openness to developing) the alternative solutions—

durable though not necessarily permanent—of local integration or resettlement. A focused initial exercise might point the way forward by crystallizing new joint working methods among government, national and local civil society, and the international community—in particular development, humanitarian and peace-building actors. Still, as solutions will be slow to arrive for most of the 1.9 million IDPs in need, the humanitarian community must continue to improve conditions in camps, including decongestion, and host communities.

Projected situation in 2021 and beyond

The thorough multi-sector needs assessment (MSNA) in mid-2020 plus other data and risk analysis project a 13 per cent rise in people in need in 2021, from 7.9 million in 2020 to 8.9 million people in 2021. The slight reduction of IDPs and returnees in need is more than offset by a rise in needs of host communities, mainly due to COVID-19. Needs are multi-sectoral and vary in severity across areas and among the three affected groups of IDPs, returnees and host communities.

Response priorities in 2021

Strategic, inter-sectoral focuses for 2021 can be grouped as: improve conditions and services in IDP camps; remedy acute food insecurity including in host communities; strengthen self-reliant livelihoods for IDPs in and out of formal camps; and achieve alternative and durable solutions on the limited scale likely to be feasible in 2021.

Because the needs are widespread, areas (and affected groups therein) with worse levels of severity are estimated as people in need. Within those, sectors target the people most in need, with gender sensitivity, up to the limit of a sector's collective capacity to deliver. Prioritization of the most critical actions therein further sharpens the planned response. Better quantifying the Government's humanitarian response will focus the HRP on true gaps.

Lastly, the prospect of solutions for some affected people calls for synchronized humanitarian, development and peace-building actions in the nexus spirit, which this HRP will pursue concretely as opportunities arise in 2021.

Regional Refugee Appeals

Part two: Inter-Agency Coordinated Appeals

In 2021, UNHCR will continue to develop Regional Refugee Response Plans (RRPs) in multiple contexts to respond to various refugee crises, including mixed refugee-migrant displacement situations.

The 2021 RRPs cover the inter-agency response in 33 refugee-hosting countries, articulating protection and solutions and describing the needs of refugees and other persons of concern, as well as host communities impacted by crises. Response activities support the objectives stated in the 2016 New York Declaration for Refugees and Migrants, and they ensure appropriate linkages with the Global Compact on Refugees (GCR).

Recognizing the importance of the whole-of-society approach, the 2021 RRPs are developed with joined-up interventions for the delivery of predictable refugee and host-community responses over the immediate and medium-term. A broad range of actors, including the United Nations, other international and national organizations, civil society, faith-based and refugee-led organizations, development and financial institutions and the private sector, will continue to establish synergies with host Governments. These will ensure the delivery of humanitarian assistance and support sustainable development, ensuring that no one is left behind.

Amman, Jordan- An 11-year-old Syrian refugee walks to school in Amman. Her family fled Homs in 2013. Due to their dire financial situation, she had to take on household duties. Despite this, her resilient spirit enables her to excel at school: she is top of her class, rejects the idea of early marriage and aspires to be a pilot when she grows up. Every morning she changes her baby brother's nappy, makes breakfast and gets her other two brothers ready. She then cleans the house and leaves for school. Four hours later, she comes home to the same responsibilities. Her mother works most mornings cleaning houses and her father is bed-bound due to physical and psychological effects of three years' imprisonment and torture. *UNHCR/Diego Ibarra Sánchez*

As unified inter-agency plans, the RRPs build on different partners' comparative advantages, comprising detailed strategies aimed at responding to displacement situations with regional implications. In 2021, the RRPs will integrate new health and socioeconomic needs caused by the COVID-19 pandemic within ongoing humanitarian responses. The inter-agency plans incorporate a solutions-based approach by building self-reliance and resilience through a strong overarching vision and coherent engagement of partners and host Governments in the pursuit of protection and solutions for refugees, migrants and impacted members of host communities.

Overview of appeals (2021)

Appeal	Type	People in need	People targeted	Requirements (US$)
Burundi *Regional*	RRP	488.5 k	488.5 k	208.9 m
DRC *Regional*	RRP	1.5 m	1.5 m	544.6 m
South Sudan *Regional*	RRP	3.1 m	3.1 m	868.7 m
Syria *Regional*	3RP	10.1 m	10.1 m	5.8 b

Financial requirements, people in need and people targeted include all HRPs, RRPS' components of countries without HRPs, and other appeals. Changes to the population figures and financial requirements for the RRPs have occurred because of the overlap with HRPs. The regional appeals components included are as follows: Syria 3RP: fully included. Burundi RRP: Rwanda, Tanzania and Uganda components included. DRC excluded. DRC RRP: Angola, Republic of Congo, Rwanda, Tanzania, Uganda, Zambia components included. Burundi excluded. South Sudan RRP: Kenya, Uganda and Ethiopia components included, DRC and Sudan excluded. Figures for the Burundi RRP, DRC RRP, South Sudan RRP and Syria 3RP are preliminary and pending finalization and approval by partners and host country. Syria 3RP population figures include refugees and impacted members of host communities. They are, however, provisional and subject to ongoing operational planning for 2021.

Table: OCHA • Source: Humanitarian Insight

Burundi Regional RRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
0.55 M	0.55 M	240.8 M

Countries covered	Refugees and returnees	Host communities
DRC, Rwanda, Tanzania and Uganda	313,000 people	237,000 people

Analysis of the context, crisis and needs

Despite heightened tensions in Burundi during the May 2020 elections, there was no major forced displacement inside the country or across borders. The new Government of Burundi has urged refugees who had fled the country, including Government critics and human rights activists, to return home. Since August 2020, an increasing number of voluntary returns have been facilitated from Tanzania and Rwanda, as well as from DRC. UNHCR will continue to facilitate the voluntary repatriation of Burundian refugees who express their wish to return, but it remains crucial to provide international protection to refugees who are not seeking to return at this time and to fully respect their right to asylum.

The majority of the refugee population remain dependent on humanitarian assistance. They live in densely populated camps with inadequate shelter, health services and WASH infrastructures, coupled with food ration cuts in several countries due to underfunding. The COVID-19 pandemic further exacerbated the situation.

Burundian refugees face multiple protection risks, particularly SGBV, including survival sex and early marriage, due to limited access to livelihoods, school closures, overcrowded shelters, lack of domestic energy supply and reduced humanitarian assistance. Refugee children make up over 50 per cent of the refugee population and are exposed to particular risks. The situation of unaccompanied and separated children is particularly concerning, as many suffer neglect. Adolescents have increasingly resorted to negative coping mechanisms.

Projected situation in 2021 and beyond

In the context of the refugee response, RRP partners will continue to prioritize support to children, women and persons living with disabilities or with other specific needs and consolidate community-based protection mechanisms. Psychosocial and mental health support will be scaled up. There is an urgent need to create better conditions to promote the self-reliance of refugees in asylum countries. This can be done through increased livelihood opportunities, the expansion of cash-based interventions promoting refugees' financial inclusion and contribution to the local economy, and stronger socioeconomic inclusion of refugees (particularly in the areas of health, education and jobs). RRP partners will aim to integrate the refugee response with development plans and efforts to promote socioeconomic growth by scaling up livelihood interventions in refugee camps, hosting districts and urban areas, and ensuring the inclusion

Kibondo, Tanzania. A Burundian refugee sits with her youngest daughter outside her home in Nduta refugee camp, Tanzania. Some 1,300 refugee families are involved in a vegetable production project aimed to diversify diets and improve nutrition at home. The project, jointly run by UNHCR and the Danish Refugee Council, is helping families establish special 'keyhole gardens', and it provides them with vegetable seeds, tools and training on good farming practices. *Danish Refugee Council/Christina John*

of refugees within national systems and services. Partnerships with the private sector will be strengthened to enhance refugees' work opportunities through advocacy and policy efforts. The projected voluntary repatriation of some 141,000 Burundi refugees in 2021, mainly from Tanzania (93,000) and Rwanda (40,000), requires the reinforcement of counseling, registration and departure centres, the renovation and/or construction of transit facilities, and the recruitment of additional qualified staff to carry out pre-departure formalities and logistical support. COVID-19 testing must be organized for all departing refugees, requiring further upgrading of health and WASH facilities.

Response priorities in 2021

The 2021 Burundi RRP[1] outlines the multi-agency response strategy and financial requirements of 35 partners supporting host Governments. The strategy provides protection and assistance to Burundian refugees across the four main asylum countries, assists impacted members of the host communities, and supports refugees returning to Burundi. The updated plan developed in accordance with the Refugee Coordination Model takes a comprehensive and solutions-oriented approach and includes the impact on host communities. The 2021 RRP for the Burundi situation envisages stronger engagement with development and peacebuilding partners to enhance services and infrastructure in refugee-hosting and return areas. An inter-agency 2021 Joint Refugee Return and Reintegration Plan is being developed to enhance the absorption capacity and reintegration opportunities in return areas in Burundi, complementing the RRP. This is in light of increasing numbers of refugee returns to Burundi since August 2020, and the continued high number of voluntary repatriations anticipated in 2021.

DRC, Rwanda and Uganda have developed refugee responses in line with the GCR, granting the right of movement to refugees, providing refugees access to national social services and

Aid in action
Voluntary return of Burundian refugees from Rwanda

Following tripartite consultation at the technical level between UNHCR and the Governments of Rwanda and Burundi on 13 August 2020, RRP partners happy ave made efforts to support those refugees expressing a desire to return to their country of origin after five years of asylum in Rwanda. During September and October 2020, over 15.000 refugees registered their intention to voluntarily repatriate. In collaboration within the authorities from Rwanda and Burundi, RRP partners organized nine convoys of returnees, repatriating close to 4,750 Burundian refugees in the first two months. RRP partners are not promoting refugee return to Burundi but stand ready to facilitate voluntary repatriation as an important durable solution for those opting to. return. With the current registration trends and plans to repatriate at least 5000 refugees per week, it is anticipated that an estimated 8,0000 Burundian refugees will have been assisted to return home by the end of 2020, and that an additional 40,000 Burundians may be voluntarily repatriated from Rwanda in 2021. In the picture, a Burundian refugee mother and child prepare to board a bus in the Rwandan border town of Nemba to return home after living in Mahama camp since 2015. *Photo: UNHCR/Eugene Sibomana*

supporting the goal of self-reliance. Efforts towards greater autonomy of refugees are, however, severely hampered due to many constraints on the ground, including inadequate resources, lack of economic opportunities, poor infrastructure and security-related challenges. Tanzania maintains an encampment policy and restrictive livelihood environment.

In 2021, RRP partners will continue to preserve access to asylum and ensure reception, protection and assistance for Burundian refugees, including new arrivals, with targeted assistance for persons with specific needs using a community-based approach. Refugees will be registered and issued with documentation (national ID cards, birth and marriage registration). Moreover, RRP partners will intensify activities to enhance peaceful coexistence and social cohesion between host communities and refugees, including through the protection of the environment. COVID-19 prevention and response activities will also continue throughout 2021, and critical

[1] These people in need and people targeted figures include refugees and returnees, as well as impacted members of host communities, they are however provisional and subject to ongoing operational planning for 2021. The financial requirements are preliminary, and pending finalization and approval by partners.

Democratic Republic of the Congo
Regional RRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
1.7 M	1.7 M	594.5 M

Countries covered	Refugees and returnees	Host communities
Angola, Burundi, Rep. of Congo, Rwanda, Uganda, Tanzania and Zambia	313,000 people	237,000 people

Analysis of the context, crisis and needs

In 2020, the complexity of the DRC crisis continued as the security situation progressively deteriorated due to ongoing inter-ethnic conflicts and armed attacks in South Kivu. This situation was compounded by the COVID-19 pandemic and the recurrence of an Ebola outbreak in North Kivu and Ituri provinces. Since 2019 and throughout 2020, increased violence combined with other root causes, such as major socioeconomic challenges, structural deficiencies, and the dynamics around governance and mineral resources, have given rise to the massive internal displacement of almost 5 million people, making it the largest IDP situation in Africa.

The majority of displaced people remain within DRC, but tens of thousands of new refugees have fled across borders since the beginning of 2020. Refugees continued to flee mostly from eastern areas of North and South Kivu and Ituri provinces to Uganda and other Great Lakes countries, and from Haut Katanga and Tanganyika to Zambia and other southern African countries. Some host countries in the region experienced reduced outflows, while other countries, especially Burundi and Angola, reported a net reduction in the Congolese population attributed to spontaneous returns, suggesting a general stability in some areas of origin.

Congolese refugees' needs in the region remain significant, and the precarious situation of most of the countries hosting refugees amid the COVID-19 pandemic highlights the importance of bringing humanitarian and protection assistance closer. COVID-19 prevention measures resulted in increased protection risks for DRC refugees with specific needs. Reports of GBV increased, and measures such as the closure of schools and the suspension of child-friendly spaces and sports activities led to increased child neglect, and adolescent engagement in negative coping mechanisms. In Zambia, a significant reduction in the attendance of girls in schools has been recorded since the lockdown. Furthermore, the prolonged periods of lockdown measures to prevent and reduce the spread of COVID-19 had a negative impact on refugees' economic situation, as they were unable to engage in their usual livelihood activities.

Zombo, Uganda. An 18-year-old Congolese asylum seeker holds her six-month-old child in Zombo, near Uganda's border with DRC. She has been here for over a month after fleeing militia attacks in DRC's Ituri province. In July 2020, UNHCR, the Government of Uganda and partners mounted an emergency operation in the Zombo district to receive thousands of asylum seekers stranded in no-man's land between Uganda and DRC since late May. The Guladjo and Mount Zeu border points have been opened for three days to receive civilians who are among an estimated 45,000 people displaced by militia violence in eastern DRC. Like many countries, Uganda closed its borders in March to contain the spread of COVID-19. Upon arrival at the border, all asylum seekers underwent security and health screening. Vulnerable individuals were identified and fast-tracked for assistance. Mandatory 14-day quarantine and COVID-19 testing is being carried out at Zewdu Farm Institute, where arrivals are being registered and given food and basic aid. *UNHCR/Rocco Nuri*

Projected situation in 2021 and beyond

The 2021 DRC RRP brings together 70 partners. It aims to address the needs of new arrivals of Congolese refugees in the region and those in protracted situations, and to assist impacted members of host communities. Protection and assistance will be provided to Congolese refugees and asylum seekers by all humanitarian and development partners involved in the DRC RRP. There will be an increased focus on developing sustainable livelihood opportunities in line with the Global Compact on Refugees for both refugees and the host population, thereby fostering peaceful coexistence. UNHCR and partners will continue advocacy with the host country authorities for the inclusion of humanitarian responses in national system services, mainly in the areas of education, health, water and social services.

Response priorities in 2021

In 2021,[1] child protection priorities will include strengthening child protection networks and continued case management, and the monitoring and follow up of unaccompanied and separated children. Family tracing and reunification will also be facilitated. In education, the response will aim to provide remedial/catch-up lessons for pupils unable to follow distance learning programmes and for important classes linked to examinations.

Aid in action

Supporting local integration and strengthening the humanitarian-development collaboration

RRP partners in Zambia support the local integration programme, which aims to bridge the gap between traditional humanitarian assistance and longer-term development interventions. Social services, and infrastructural and sustainable economic opportunities are offered mainly for the most protracted refugee situations as well as the ongoing Congolese response. In addition, the local integration programme contributes to the strategic objective of the Zambia-United Nations Sustainable Development Partnership (2016-2021) to foster inclusive socioeconomic development and refugee participation. The local integration programme taps into the comparative advantages of nine UN agencies working in close cooperation with Government authorities and local partners. *Photo: UNHCR/Enoch Kavindele Jr*

Through the RRP, partners will aim to strengthen livelihoods and the resilience of DRC refugees and host communities. In Zambia, partnerships will be strengthened with pre-identified financial institutions to enhance access to financial services, financial literacy training, basic entrepreneurship skills training, business capital provision, and market information access to individuals and community micro savings and lending groups. In ROC, agencies will fund income-generating activities of mixed groups (host population and refugees/asylum seekers) in order to promote a peaceful coexistence between the two populations. Partners will continue to organize capacity-building workshops to develop skills in managing small business projects. In Burundi, some of the main actions proposed for young and adult refugees are vocational training and internships in local enterprises, training and financial support of income-generating activities, and support in agriculture techniques and materials.

In 2021, RRP partners will continue to work on environmental projects, such as those established in Rwanda. There will be continued engagement with the Ministry of Emergency Management in projects that will benefit refugees and host communities under International Development Association funding from the World Bank.

Response programmes in Southern Africa have been adapted to observe social distancing and other COVID-19 mitigation measures. In 2021, RRP partners will continue to focus on risk communications to spread information about COVID-19 prevention and services. Additional handwashing facilities will be installed, and additional soap will be distributed to continue good hygiene practices and reduce the risk of spreading COVID-19. To respond to refugees' multiple health needs, partners will increase health-care access. COVID-19 case tracing will be strengthened, and additional qualified health professionals will be employed.

Voluntary repatriation operations will resume in 2021, providing conditions are conducive for a sustainable return. In ROC, approximately 5,000 refugees and asylum seekers from DRC have expressed their intention to return. Their voluntary repatriation will be organized, providing that resources are made available. Local integration will be supported for those who wish to remain. RRP partners will continue processing vulnerable cases of DRC refugees who need resettlement.

[1] These people in need and people targeted figures include refugees and returnees, as well as impacted members of host communities, they are however provisional and subject to ongoing operational planning for 2021. The financial requirements are preliminary, and pending finalization and approval by partners.

South Sudan Regional RRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
4.2 M	4.2 M	1.2 B

Countries covered	Refugees and returnees	Host communities
DRC, Ethiopia, Kenya, Sudan and Uganda	2.4 million	1.8 million

Analysis of the context, crisis and needs

Conditions are not yet conducive for facilitating safe and dignified voluntary repatriation to South Sudan due to ongoing armed conflict and human rights violations. This is despite the signature of the Revitalised Agreement on the Resolution of the Conflict in the Republic of South Sudan (R-ARCSS) by the warring parties in September 2018 and the formation of the Transitional Government of National Unity in February 2020. Some South Sudanese refugees have spontaneously returned to their country, but large-scale forced displacement continues within the country, and new refugee influxes have been registered in all asylum countries in 2020.

RRP partners in all countries are working with host Governments to promote the inclusion of refugees in national systems and ensure their access to basic services alongside host communities. However, considerable challenges remain. The majority of South Sudanese refugees in the region are hosted in relatively remote, underdeveloped and economically underserved areas. Host communities often find themselves in a precarious socioeconomic situation, impacted by food insecurity and malnutrition. They can suffer from limited access to basic social services and economic infrastructure, as well as scarce livelihood opportunities. The presence of refugees could further exacerbate their situation by increasing competition over limited social services, livelihood opportunities and natural resources. These development-related challenges need to be addressed urgently to prevent tensions between refugees and host communities, which could negatively impact the protection and safety of refugees. The COVID-19 pandemic and severe floods in some countries in the region have exacerbated the already dire situation.

South Sudanese refugees face serious protection risks, particularly SGBV, due to harmful traditional practices, loss of income and livelihood opportunities, school closures, overcrowded shelters, lack of domestic energy supply and reduced humanitarian assistance. Refugee children make up 65 per cent of the population and are exposed to particular risks. The situation of tens of thousands of unaccompanied and separated children is particularly concerning, as many suffer harassment, exploitation, neglect and abuse. Large numbers of refugee children are out of school because of the pandemic and because high poverty levels compel some children to work instead. As a result, many children are exposed to child labour, early marriage and onward movement, including smuggling and trafficking. Effective identification, assessment and targeted support to children at risk remain limited and are compounded by the lack of specialized child-protection services, particularly in remote areas.

Jewi Refugee Camp, Ethiopia. A South Sudanese refugee child prepares a meal at Jewi refugee camp in Ethiopia. The five major refugee-hosting countries maintain an open-door asylum policy. Ethiopia, Kenya and Uganda have proved exceptional hosts and they increasingly include refugees in their national social services. Progressive, out-of-camp refugee policies are also being commendably applied by the Governments of Sudan and DRC, and these merit greater support. *UNHCR/Eduardo Soteras Jalil*

Projected situation in 2021 and beyond

RRP partners will strengthen national child-protection systems, including birth registration, prioritize family reunification and alternative care placement, and enhance access to quality education. RRP partners will also intensify SGBV prevention and response, prioritize support to persons with specific needs, consolidate community-based protection mechanisms and scale up psychosocial and mental health support. RRP partners will continue to reinforce the response and to meet the life-saving needs of South Sudanese refugees, while strengthening national protection and resilience mechanisms in asylum countries. There is an urgent need to create better conditions to promote the self-reliance of refugees in asylum countries through increased livelihood opportunities, expansion of cash assistance and socioeconomic inclusion of refugees, particularly in the areas of health, education and jobs. It is essential to increase freedom of movement and refugee access to markets including small-scale farming to address chronic food insecurity due to repeated ration cuts. RRP partners will aim to integrate the refugee response with development plans and efforts to promote socioeconomic growth.

Response priorities in 2021

The 2021 South Sudan RRP[1] outlines the multi-agency response strategy and financial requirements of 94 partners, supporting host Governments to provide protection and assistance across the five main asylum countries. The updated plan, developed in accordance with the Refugee Coordination Model, takes a comprehensive and solutions-oriented approach and includes the impact on host communities. The 2021 RRP for South Sudan envisages stronger engagement with development and peacebuilding partners. It recognizes the need to move beyond emergency assistance to strengthen the resilience and self-reliance of South Sudanese refugees, and to support host communities to strengthen a peaceful coexistence.

Aid in action

Innovations generate income for refugees and host communities during COVID-19 crisis

To address the impact of the COVID-19 pandemic, food ration cuts a decreased level of humanitarian funding, Uganda's RRP partners are using innovations to create alternative livelihood opportunities, inject cash into the micro economy, and mitigate food insecurity and negative coping mechanisms. To increase their income, refugee tailors across Uganda's refugee settlements are producing face masks, which UNHCR is buying to distribute in the settlements. Refugees are also involved in labor-intensive activities in construction and environmental conservation activities, such as road rehabilitation and tree growing. In November 2020, UNHCR launched a commercial farm for refugees and host communities in the Adjumani district in northern Uganda as part of its strategy to mitigate the effects of COVID-19 on Ugandans and South Sudanese refugees. This will create hundreds of new jobs for refugees and host communities, create income, increase food security, and promote peaceful coexistence between refugees and host communities. *Photo: UNHCR/Frederic Noy*

DRC, Ethiopia, Kenya, Sudan and Uganda have developed refugee responses in line with the GCR, articulating prioritized multi-stakeholder responses. The establishment of the Intergovernmental Authority on Development (IGAD) Support Platform, launched at the Global Refugee Forum in December 2019, coupled with the pledges made by South Sudan and the five RRP countries, will contribute to an integrated protection and solutions strategy for South Sudanese refugees.

The RRP will facilitate refugees' participation in peacebuilding initiatives, promoting social cohesion between refugee and host communities and national reconciliation efforts in South Sudan. Interventions are also foreseen to promote sustainable energy and prevent or reverse environmental degradation linked to refugee sites. COVID-19 prevention and response activities will continue, and critical gaps in the WASH sector will be prioritized throughout 2021.

[1] These people in need and people targeted figures include refugees and returnees, as well as impacted members of host communities, they are however provisional and subject to ongoing operational planning for 2021. The financial requirements are preliminary, and pending finalization and approval by partners.

Syria Regional RRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
10.1 M	10.1 M	5.8 B

Countries covered	Refugees	Host communities
Egypt, Iraq, Lebanon, Jordan and Turkey	5.5 million	4.5 million

Analysis of the context, crisis and needs

The Syrian crisis remains the world's largest refugee situation, with some refugees approaching nearly a decade in displacement. Turkey, Lebanon, Jordan, Iraq and Egypt continue to collectively host over 5.5 million refugees. Turkey hosts the highest number of refugees in the world, while Lebanon and Jordan have among the world's highest concentration of refugees per capita. Despite the efforts of host Governments, strongly supported by the international community for many years, the multilayered crises across the region continue to have a profound impact on host countries, vulnerable host communities and refugees. This has exacerbated socioeconomic conditions, further exposing underlying vulnerabilities and increasing protection risks.

The impact of COVID-19 has made a difficult situation even more challenging for Syrian refugees. While poverty rates were already high, refugees have lost their livelihoods. They are taking on debt and are increasingly unable to meet their basic needs including food, education, health and rent due to the impact of COVID-19. Over 60 per cent of refugee households reported the loss of jobs and entire incomes due to the pandemic in some 3RP countries. Food consumption has been reduced. Some 35 per cent of children are out of school, while over 20 per cent of children cannot continue education through distance learning. Protection risks are also prevalent with the risk of trafficking; limited freedom of movement; lack of documentation; housing, land and property issues; SGBV; and child protection challenges set to persist and, in some cases, increase in 2021.

Projected situation in 2021 and beyond

The hardship facing vulnerable host communities has long been severe and is now worsening. COVID-19 has accelerated poverty and unemployment. Food prices have increased by nearly 100 per cent in some countries over the last year. Many host-community members, including female-headed households, work in the informal sector and are often missed by national safety nets. Youth employment is approaching 50 per cent in some countries. Host countries also confront unparalleled macroeconomic challenges. After nearly a decade of hosting some of the

Duhok, Iraq. A 70-year-old Syrian refugee sits outside a shelter at Bardarash camp in Duhok, Iraq. She arrived with six family members and needs medical assistance. UNHCR continues to receive refugees crossing the border from north-east Syria into Iraq to escape a military offensive along the border with Turkey. Thousands of Syrian refugees have been transported from the border areas to Bardarash refugee camp, some 150 km inside Iraq. Most are women, children and elderly people, and some required psychosocial support. *UNHCR/Hossein Fatemi*

world's most vulnerable people, these Governments are now hard hit by worsening economic conditions and mounting financial pressures. This places new and severe strains on national and local institutions' abilities to sustain services for all, risking social cohesion and threatening to roll back hard-won development gains. These trends will likely continue into 2021 and beyond.

Response priorities in 2021

In 2021, over 150 3RP partners, in line with the GCR and the implementation of the SDGs, will continue to support host Governments in their efforts to promote resilience for all, to ensure no one is left behind, and to ensure the needs of Syrian refugees, host communities and other vulnerable populations can be met. The 3RP response in 2021[1] will comprise programmes and activities that, taken together, will seek to make progress in the following four areas in close coordination with national stakeholders, and with actors such as International Financial Institutions:

Protecting people: Protection of people is at the centre of the 3RP response to ensure that no one is left behind. This approach informs all aspects of advocacy and programming. Key programmes and activities in this area include support for access to protection, non-refoulment, registration, strengthening the protection space, prevention from and response to violence and exploitation, case processing, facilitation of referrals, legal assistance and information dissemination.

Promoting durable solutions: Refugees continue to require access to territory, international protection, and support in countries of asylum. Given the protracted situation, opportunities for durable solutions are urgently needed to enable refugees to look to the future with hope and dignity. Key programmes and activities in this area include resettlement and complementary pathways, support for people who take a voluntary and informed decision to return to Syria, as well as the promotion of local opportunities.

Barja, Lebanon. A 10-year-old Syrian refugee plays with her three-year-old sister at their home in Barja, Lebanon. Their family comes from Gdaidet al Turkman village in east Ghouta, just outside the Syrian capital, Damascus. They fled to Lebanon in 2014 and are awaiting resettlement to Norway. The COVID-19 pandemic has suspended international resettlement for refugees worldwide, dividing some families and stranding them thousands of miles apart. UNHCR is concerned that international travel could increase refugees' exposure to the virus. As resettlement remains a life-saving tool for many refugees, UNHCR is appealing to States to ensure that movements can continue for the most critical emergency cases wherever possible. *UNHCR/Diego Ibarra Sánchez*

Contributing to dignified lives: The crisis continues to impact the socioeconomic well-being of vulnerable populations due to a range of factors, addressing the multiple deprivations facing refugees and vulnerable host populations. Supporting enabling conditions and opportunities for all to lead a dignified life is a priority for all 3RP partners across a range of sectors. Key programmes and activities in this area relate to multipurpose cash-based assistance, livelihoods opportunities, support to education, health and WASH services, systems for refugees and vulnerable host communities, and shelter support for camp-based refugees.

Enhancing local and national capacities: Broadening the capacity of institutions and systems helps to provide protection and essential social services, foster social cohesion, and increase opportunities for impacted communities to realize dignified lives. Key programmes and activities in this area include capacity-building and training for public institutions at all levels, support to local infrastructure and services, technical support, and strengthening policy and other partnerships with a wide array of local actors.

[1] These people in need and people targeted figures include refugees, as well as impacted members of host communities, they are however provisional and subject to ongoing operational planning for 2021. The financial requirements are preliminary, and pending finalization and approval by partners.

Other Appeals

Part two: Inter-Agency Coordinated Appeals

In 2021, three other appeals are in place. The Rohingya Refugee Response - Joint Response Plan (JRP) in Bangladesh, will deliver vital assistance to 889,000 refugees and 472,000 members of the host community who are in need.

The JRP will strengthen the protection of all Rohingya refugees, foster the well-being of Bangladeshi host communities and work towards achieving sustainable solutions in Myanmar. The Regional Migrant Response Plan for the Horn of Africa and Yemen, will provide life-saving and basic needs support to over 300,000 migrants along the Eastern Route. It will offer protection assistance to both migrants and host communities and strengthen access to return. The Venezuela Regional Refugee and Migrant Response Plan, targets 3.3 million people, including members of host communities. It will scale-up efforts across different sectors and focus on immediate humanitarian assistance and protection activities for the region's largest movement of refugees and migrants in recent history.

Cox's Bazar, Bangladesh. A 12-year-old Rohingya refugee covers herself and her 10-month-old niece. Both go for a walk in the early morning at the Kutupalong camp to warm up from the cold inside their shelter. *UNHCR/Andrew McConnell*

Guasdualito, Venezuela. A doctor shows a group of returnees the way to a temporary shelter while they wait to be consulted. Thousands of Venezuelan migrants are returning home from neighbouring countries amid the pandemic. To support the COVID-19 response, the humanitarian community scaled up its assistance, providing affected people with water and sanitation services, livelihood assistance and medical supplies. *OCHA/Gemma Cortés*

Overview of appeals (2021)

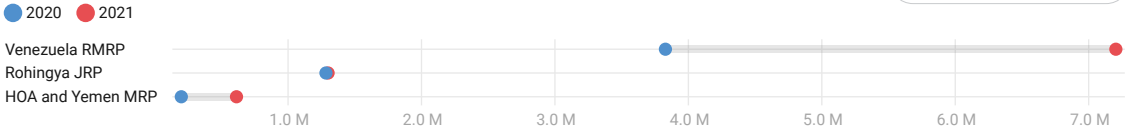
Appeal	Type	People in need	People targeted	Requirements (US$)
Rohingya *Joint Response Plan*	JRP	1.3 m	1.3 m	954.0 m
Horn of Africa and Yemen *Regional*	MRP	613.7 k	311.0 k	68.2 m
Venezuela *Regional*	RMRP	7.2 m	3.3 m	1.4 b

Population figures for Bangladesh JRP include refugees, as well as impacted members of host community. Refugee population figures are estimates, calculated using October 2020 figures from ongoing joint Government of Bangladesh-UNHCR registration exercise as well as an estimated number of persons not able to be registered in the course of 2020, due to a slow-down in registration activities during the COVID-19 pandemic. Total population figures will be adjusted during 2021 once registration activities fully resume. The components included for the Regional Migrant Response Plan for the Horn of Africa and Yemen are as follows: Ethiopia and Djibouti included, Somalia partly included, Yemen excluded.

Table: OCHA • Source: Humanitarian Insight

Evolution of People in Need (2020 vs. 2021)

Explore the chart
gho.unocha.org



Figures at the launch of the Global Humanitarian Overview 2020 and 2021

Chart: OCHA • Source: Humanitarian Insight

Rohingya JRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
1.3 M	1.3 M	954.0 M

Country covered	Refugees	Host community
Bangladesh	889,000	472,000

Analysis of the context, crisis and needs

Some 860,000 Rohingya refugees reside in 34 congested camps in Ukhiya and Teknaf upazilas of the Cox's Bazar district. The humanitarian community has worked to meet the humanitarian needs of refugees and host communities throughout 2020. The operation pivoted in March 2020 to focus on emergency preparedness and response for the COVID-19 pandemic.

The Government of Bangladesh and the humanitarian community quickly mobilized to mitigate and respond to the anticipated impacts of the COVID-19 pandemic. This fast response was key, given conditions in the camps, the high levels of vulnerability among the Rohingya refugees and nearby Bangladeshi communities, and the severe strain placed on the national health-care system.

Activities in the camps were restricted to critical services only. An 80 per cent reduction in the number of humanitarian workers going to the camp each day helped mitigate the spread of the virus. However, the reduced humanitarian footprint restricted the delivery of essential assistance and contributed to a deterioration in the protection environment, exacerbating the vulnerabilities of women, children, older persons and those with disabilities. The Rohingya crisis reflects trends seen around the world during the pandemic: GBV, violence against children and negative coping mechanisms have increased. Child labour, child marriage, trafficking and dangerous onward movements by boat have also risen.

Cox's Bazar is among the country's poorest districts, with a total Bangladeshi population of more than 2.6 million. Over the last three years, the Rohingya refugee presence has compounded existing challenges. The massive humanitarian operation has increased employment and economic opportunities, but Bangladeshi host communities have faced adverse consequences for their food security, livelihoods and nutritional status, particularly in Ukhiya and Teknaf upazilas, where the camps are located. Humanitarian and development initiatives have begun to address these impacts in Cox's Bazar district, but COVID-19 has stretched the capacities of communities and Government institutions, impacting Rohingya refugees and Bangladeshis living nearby.

Cox's Bazar, Bangladesh. An older patient is checked by a doctor at a refugee camp in Cox's Bazar. IOM is supporting medical care for Rohingya refugees in Bangladesh. *IOM/Abdullah Al Mashrif*

Projected situation in 2021 and beyond

The humanitarian response is now moving into its fourth year following the massive influx from Myanmar. Rohingya refugees will continue to rely on humanitarian aid to meet their basic needs until durable solutions are possible. The humanitarian community will provide life-saving assistance to Rohingya refugees within a solid protection framework, whil also working to create conditions conducive to voluntary return to Myanmar. In 2021, sustained and strengthened assistance across multiple sectors will be required in areas including food, nutrition, safe water and adequate sanitation, shelter, and access to health care and education for Rohingya refugees and nearby Bangladeshi communities.

The uncertainties of the global COVID-19 pandemic compound the already overwhelming sense of insecurity and trauma faced by Rohingya refugees. The humanitarian community is concerned by an evident deterioration in the overall protection and security environment in the camps, which stems in part from necessary COVID-19-related restrictions on the delivery of essential services and assistance. These are likely to persist into 2021.

Addressing the specific needs of women, girls and vulnerable groups will be critically important. Once the public health situation stabilizes, reopening temporary learning centres and resuming educational programmes will be a key priority to ensure the well-being of refugee children and youth. In nearby host communities, the loss of livelihoods, the breakdown of food production and market systems, and the worsening of food and nutrition indicators will remain challenges next year. The social impacts of the pandemic and increased competition over livelihoods could further undermine cohesion and peaceful coexistence between refugees and host communities.

Rohingya refugees and local Bangladeshis will continue to be highly vulnerable to the impacts of cyclones and monsoon winds and rains. Regular improvements to shelters have been limited during the COVID-19 pandemic. Frequent heavy rains have contributed to the deterioration of shelters in the refugee camps, and the use of more durable materials is needed to ensure the safety and sustainability of households, particularly during the monsoon and cyclone seasons. Building on Bangladesh's well-established and effective disaster response capacities, the Government and humanitarian partners will work to mitigate risks, enhance community resilience to shocks, and ensure adequate contingency planning and preparedness for cyclones and monsoons.

Response priorities in 2021

The humanitarian community, including NNGOs, INGOs and UN agencies, working across sectors and in close coordination with the Government of Bangladesh, will continue to improve protection and assistance standards for Rohingya refugees and their host communities in the Teknaf and Ukhiya upazilas of Cox's Bazar. Four strategic objectives will guide the response in 2021 following the pathway established this year:[1]

- Continue to strengthen the protection of Rohingya refugee women, men, girls and boys.
- Deliver quality, life-saving assistance to populations in need.
- Foster the well-being of Bangladeshi host communities in Ukhiya and Teknaf upazilas.
- Work towards achieving sustainable solutions in Myanmar.

A protection framework that recognizes critical protection issues, foresees targeted protection activities, and commits all humanitarian partners to protection and gender mainstreaming will guide the response for Rohingya refugees. It will be implemented in full partnership with the Government of Bangladesh and affected populations.

The humanitarian response will focus on improving living conditions for Rohingya refugees. This includes access to education through the Myanmar Curriculum Pilot and skills development, as well as upgrading shelters and learning facilities to two-storey structures. Another key focus will be enhancing systems for community representation in the Rohingya refugee camps, AAP and promoting social cohesion.

Humanitarian actors will support the Government in strengthening public services and delivery for vulnerable communities in Ukhiya and Teknaf, the areas most affected by the presence of Rohingya refugees. They will also support development planning in Cox's Bazar district and work to achieve synergies between humanitarian and development assistance.

Aid in action

Rohingya and Bangladeshi volunteers on the frontline of the COVID-19 response

The first case of COVID-19 was confirmed in the Rohingya refugee camp in mid-May. In response, a temporary reduction in the humanitarian footprint was introduced to minimize risk of virus transmission. Thousand of Rohingya refugees and Bangladeshi volunteers served as critical first responders to the pandemic, carrying out life-saving activities under the 2020 JRP and COVID-19 Response Plan. Beyond supporting essential programmes, such as emergency preparedness, water and sanitation, and site development works, Rohingya and Bangladeshi volunteers served as community health workers and provided critical support to COVID-19 treatment facilities, which catered to both communities.

Humanitarian partners, including community-based organizations, provided training on life-saving COVID-19 prevention and response messages and actions, which thousands of volunteers then disseminated in Rohingya, Burmese and Bengali languages across all 34 camps in Ukhiya and Teknaf, and adjacent Bangladeshi communities. Volunteers on the front lines of the emergency response also connected women and girls to safe spaces and shared GBV prevention and referral messages to mitigate the risk of domestic violence and abuse. “Knowing that my work is reducing even a small bit of their suffering is the best reward that I can ask for,” says a 22-year-old female Bangladeshi volunteer who supports the host and Rohingya communities.

The picture shows a Rohingya volunteer cyclist before his shift. He has a megaphone to deliver key COVID-19 and MHPSS messages to the community. *Photto: IOM/Mashrif Abdullah Al*

[1] Population figures for Bangladesh JRP include refugees, as well as impacted members of host community. Refugee population figures are estimates, calculated using October 2020 figures from ongoing joint Government of Bangladesh-UNHCR registration exercise as well as an estimated number of persons not able to be registered in the course of 2020, due to a slow-down in registration activities during the COVID-19 pandemic. Total population figures will be adjusted during 2021 once registration activities fully resume.

Horn of Africa and Yemen Regional MRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
0.76 M	0.56 M	98.7 M

Departing migrants	Transiting migrants	Migrants in destination	Returnees	Host/Returnee Communities
138,356	213,922	36,730	177,524	410,574

Analysis of the context, crisis and needs

Migration from the Horn of Africa along the Eastern Route to Yemen and beyond remains the world's busiest maritime route. In recent years, thousands of migrants, travelling mainly from Ethiopia and Somalia through smuggling networks, have transited through Yemen each year, with some travelling via Djibouti to the Kingdom of Saudi Arabia. An estimated 160,000 migrants arrived in Yemen in 2018 and over 138,000 arrived in 2019. The migrants are mostly Ethiopian (93 per cent) and Somali (7 per cent). They are mostly young men or boys with low levels of education, migrating due to destitution, disparities and/or conflict in their areas of origin, and often seeking economic opportunities.

In 2020, COVID-19 brought new challenges and risks for migrants travelling the Eastern Route. The pandemic prompted Governments in the Horn of Africa and the Gulf to impose stringent border closures, increase movement restrictions and tighten security along known migratory routes. This made the already dangerous and difficult journey even more perilous. The movement restrictions impacted migrant flows, with just 33,122 new arrivals recorded in Yemen between 1 January and 30 September 2020, representing a decrease of 69 per cent compared to the same period in 2019.

Increased movement restrictions within countries and the forced transfers of migrants have also resulted in migrants becoming stranded along the route. They have no access to essential services, they are exposed to smugglers, abuse and exploitation, and they face increased risks of contracting COVID-19 as well as other threats to their health and well-being. As of October 2020, 14,500 migrants were stranded in Yemen, 1,200 in Djibouti and over 900 in Somalia. At the same time, continued returns from Yemen and Saudi Arabia have been observed, with over 82,000 recorded, including spontaneous returns (47,000) and forced returns (35,000) to Ethiopia between January and October 2020. However, total return figures are estimated to be much higher.

Throughout their journey, migrants face extreme protection risks, including violence, trafficking, abduction, forced labour, exploitation, detention and GBV. They risk death while crossing the Bab-el-Mandeb strait and the Gulf of Aden, and exposure to conflict as they pass through Yemen. In 2020, at least 51 migrants died on the Horn of Africa route. The most recent deaths were in October 2020: 20 migrants were found dead, with others missing, off the coast of Djibouti while crossing the strait. In 2019, at least 123 migrants were killed or went missing

Aden, Yemen. A couple of young Somali refugees are greeted by a humanitarian worker as they arrive at the Aden sea port. *OCHA/Mahmoud Fadel*

along the route, with an estimated 60 migrants killed in air strikes in Sa'ada, Yemen. Numbers of deaths are lower in 2020 due to reduced migration along the route, but an average of 159 people have died annually on the route since 2014, with the real number estimated to be higher. While these risks affect all migrants taking on this dangerous journey, women and girls are at heightened risk of GBV, and unaccompanied children are at greatest risk of harm.

Projected situation in 2021 and beyond

Needs in 2021 are expected to be exacerbated due to the increased number of migrants stranded across the Eastern Route due to COVID-19-related movement restrictions and border closures. More so, the reopening of borders, and the negative impact of COVID-19 on income and livelihoods in countries of origin, will mean that the number of persons opting to migrate in search of better opportunities will be on par with or more than the numbers in 2019. The needs of host communities in areas of return or where migrants are transiting through, stranded or settled are expected to increase as more people compete for reduced resources and access to services. As borders reopen and restrictions are slowly lifted, migrants stranded in Djibouti, Somalia or Yemen are expected to resume their journeys or attempt return to their countries of origin due to lack of resources and difficulties faced while stranded. It is anticipated that those who decided to migrate but were unable to due to the pandemic will start their journeys in 2021, particularly as COVID-19 will have exacerbated poverty and unemployment in areas of origin, contributing towards the decision to migrate despite increasing difficulties along the route.

Migrant flows in 2021 are expected to be similar to 2019, with 1.7 million people projected to be impacted and 763,184 people projected to be in need of humanitarian assistance (including 352,610 migrants and 410,574 host/returnee community members). This includes transiting migrants, stranded migrants, migrants at destination, returnees, host communities (at areas of

origin and in areas where migrants are transiting, stranded, at destination), as well as families of those who have migrated. Some 86 per cent of all migrants transiting are expected to be in need, whereas 100 per cent of stranded migrants will be in need due to their situation.

Response priorities in 2021

The 2021 Migrant Response Plan (MRP) targets 563,128 persons out of a total of 763,184 people in need (including 251,329 migrants and 311,799 host/returnee community members). Note that overlaps with HRPs are avoided by adjusting people in need, people targeted and requirements.

This will require partners to ensure that assistance to migrants is balanced with that of host communities. Under the MRP partners will:

- Provide life-saving assistance to vulnerable migrants and host communities.
- Build evidence, partnerships and coordination to enhance the humanitarian response and migration management throughout the migration route.
- Strengthen access to return, sustainable reintegration and community stabilization.
- Provide quality, timely and inclusive protection assistance and services to migrants and host communities.

The migrant response will focus on life-saving and basic needs support along the route via mobile teams and the establishment of Migrant Response Points and Child Protection desks, and at waystations. Protection services will be prioritized, including strengthening child protection services, referral mechanisms and establishing additional standard operation procedures. Assistance to vulnerable host communities will be provided through similar response modalities.

Partners will also support the capacity-building of Governments to improve assistance to migrants, and in the development of policies and laws to improve migrants' rights and migration management. Community-based resilience and economic empowerment activities targeting hotspots of migration and areas of return will be key to addressing some of the root causes of migration and help to build synergies between humanitarian and development activities. A regional approach will focus on strengthening the evidence base at the same time as fostering an environment of cooperation and agreement between Governments and among partners, with the objective of upholding international standards and norms to protect and assist migrants. This approach will go hand in hand with the in-country responses.

Venezuela Regional

RMRP

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
7.2 M	3.3 M	1.4 B

Refugees and migrants		Host communities	
In need	*Targeted*	*In need*	*Targeted*
5.5 million	2.6 million	1.7 million	0.6 million

Analysis of the context, crisis and needs

The political, human rights and socioeconomic developments in the Bolivarian Republic of Venezuela have led to the largest movement of refugees and migrants in the recent history of Latin America and the Caribbean. As of November 2020, of the approximately 5.5 million refugees and migrants from Venezuela displaced globally, some 4.6 million are hosted in the region alone, including an estimated 1 million with an irregular status. Despite the devastating and ongoing socioeconomic and human impact of COVID-19, countries in Latin America and the Caribbean have continued to show great solidarity towards Venezuelans, facilitate access to basic rights and life-saving services, and support their integration. However, the already precarious situation of many refugees and migrants from Venezuela and affected host communities is reaching alarming levels. National and local capacities have been dangerously strained due to the continued impact of COVID-19 in Latin America and the Caribbean, threatening the overall social fabric in the 17 countries covered by the regional Refugee and Migrant Response Plan (RMRP).

Some countries have included Venezuelans in social welfare programmes put in place during the pandemic, but there is a need for R4V partners to significantly scale-up efforts to assist people in increasingly precarious situations. In a region characterized by high levels of informal labour, the implementation of measures aimed at curbing the spread of COVID-19 (including border closures, lockdowns, curfews and other quarantine measures) has had a disproportionately grave impact on refugees and migrants. Without savings or alternative social safety nets, many people are unable to cover basic needs or access vital services due to the loss of employment.

Halted or limited movements between borders have reduced the ability of refugees and migrants to regularly enter and stay in some countries in 2020. This has resulted in increased irregular border crossings and exposure to protection risks. The deteriorating economic and social situation in many countries resulted in some refugees and migrants considering return, often through irregular channels. This has raised additional protection and health concerns. At the same time, increasing numbers of re-entries to neighbouring countries were noted towards the end of the year.

Manaus, Brazil. A Warao family from Venezuela at a shelter in Manaus, Brazil, where they were relocated amid the COVID-19 pandemic. The measures taken to mitigate the pandemic have significant consequences for the protection, health, socioeconomic welfare and resilience of forcibly displaced and stateless people and their host communities. *UNHCR/Felipe Irnaldo*

Projected situation in 2021 and beyond

In 2021, movements of refugees and migrants in the region, including through irregular channels, are expected to continue despite the lasting impact of the COVID-19 pandemic, potential restrictions at border crossings, and/or lack of opportunities to regularize their stay in countries of destination. People in such irregular situations will remain highly vulnerable to exploitation and abuse, including violence, discrimination, smuggling and trafficking.

Due to the complex economic and political outlook, increased dependency on emergency humanitarian assistance in the areas of health, shelter, food, protection and access to education is reflected in the increased needs outlined in the 2021 RMRP.

The COVID-19 pandemic has resulted in a dramatic increase of reported cases of GBV and mental health needs, leading to widespread food insecurity, rising levels of malnutrition and growing destitution, especially among the most vulnerable people, namely unaccompanied and separated children, single-headed households, women and girls at risk of GBV and trafficking, the elderly, those with chronic diseases, the LGBTQI+ community and those in irregular situations.

Xenophobia and stigmatization are on the rise, often based on negative perceptions associated with fear of spreading the virus and rising rates of evictions and homelessness, leading to a vicious cycle of irregularity, vulnerability, destination and stigmatization.

Response priorities in 2021

The Venezuela RMRP 2021[1] will address the identified needs through significantly scaled-up efforts across its different sectors. It will maintain a balance between responses, focusing on immediate humanitarian assistance and protection activities that bridge the humanitarian-development-peace nexus by responding to the longer-term resilience and integration needs of affected populations and host institutional communities. As such, the RMRP 2021 is the result of an intra-regional, field-driven strategic planning process, bringing together 158 appealing organizations in consultation with all host Governments, local communities and authorities, civil society and faith-based organizations, the Red Cross Movement and the donor community, as well as consultations with refugees and migrants from Venezuela.

The Regional Inter-Agency Coordination Platform (R4V) is convened by UNHCR and IOM to coordinate response efforts across 17 countries of Latin America and the Caribbean. In 2021, it will further strengthen coherency and consistency throughout the response. The response is reflective of the diverse thematic needs and response objectives, and it is structured across nine regional sectors with the additional support of six working groups, all led by different NGOs and UN agencies that will continue providing strategic sectoral leadership in 2021.

Complementing the work of the Regional Platform, dedicated local coordination mechanisms (eight National and Subregional Platforms) will collaborate with host Governments on the operational coordination and implementation of the RMRP. These National and Subregional Platforms are in place in Brazil, Chile, Colombia, Ecuador and Peru at the national levels, and in the Caribbean, Central America and Mexico and Southern Cone at the subregional levels. Their sectoral configuration is tailored to the situational context and operational capacities of Governments and RMRP partners, taking into account existing coordination structures as well as needs of refugees and migrants in the specific context.

In 2021, the RMRP seeks to complement and further strengthen the national and regional responses of Governments, including specifically the Quito Process as the main technical regional intergovernmental coordination forum in which key policies towards refugees and migrants from Venezuela are discussed and adopted.

Aid in action
Focus on the environment

The RMRP for the Venezuela situation is the first of its kind to integrate the cross-cutting theme of the environment into its regional response. Building on the 2020 experience, this is developed through sectoral analysis using an environmental lens. This helps determine environmental problems faced by refugees and migrants from Venezuela, as well as the environmental impact of the response. Building on thematic guidance notes developed by the Regional Platform's Environment Focal Point, it has been a requirement for all R4V partners to complete an environmental self-assessment as part of their participation in the RMRP, and it will be complemented by environmental assessments throughout the year. This focus is part of a wider incorporation of key cross-cutting themes throughout the work of the Regional Platform jointly with mainstreamed considerations for PSEA, AAP, Gender and Centrality of Protection. In the picture, a caminante treks along a public road. Many make this journey with just a light jacket, rubber flip flops and a small backpack with the most essential items they manage to carry. *Photo: IOM/Muse Mohammed*

[1] The people in need figure corresponds to refugees and migrants from Venezuela in destination (PiN: 3.8M / target: 2.3M), in pendular movement (PiN: 992k / target: 188k) and Colombian returnees (PiN: 625k / target: 174k), as well as host communities (PiN: 1.7M / target: 660k). For additional information concerning refugees and migrants from Venezuela in transit (PiN: 285k / target: 212k), please see the Regional Refugee and Migrant Response Plan (RMRP).

Part three
Delivering better

As crises become more complex and protracted, humanitarians are constantly improving their response. Processes that enable this include, delivering aid through cash instead of goods, working with and through local actors and undertaking intersectoral analysis.

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Moving gender equality and GBV prevention forward

Progress has been made in developing normative frameworks and practical guidance, which now include more robust gender analysis in humanitarian assessments and programming.

Guidance, reporting and evaluations

The first-ever thematic Inter-Agency Humanitarian Evaluation (IAHE) on Gender Equality and the Empowerment of Women and Girls (GEEWG) concluded in 2020. The evaluation highlighted the need for continued attention to gender analysis and analysis of sex-and age-disaggregated data in HRPs, building on the considerable progress already reported over the past few years. Women's participation had increased, but there is a system-wide need for more efforts to promote the meaningful participation and decision-making of women and girls and local women-led organizations.

Annual reporting is helping identify areas of further investment to advance gender equality and the empowerment of women and girls. This has been evident since the adoption of the IASC Policy on Gender Equality and the Empowerment of Women and Girls (GEEWG) and the accompanying Gender Accountability Framework in 2017.

The 2021-2025 Road Map for the Call to Action on Protection from Gender-Based Violence in Emergencies to collectively prevent, mitigate and respond to GBV was launched on 25 September 2020.

Between March and June 2020, the COVID-19 response prompted a spate of gender analyses and evaluations, as humanitarians moved to adjust their programming and prepared guidance to help responders during the pandemic. The Lutheran World Federation Kenya-Somalia commissioned a Gender Impact Assessment to establish impacts of its programme, and to understand if the organization had inadvertently perpetuated the status quo and power inequalities. CARE conducted rapid gender analysis (RGAs) in over 40 countries, often with a UN partner. The RGAs fed into a synthesis report titled 'She told us so' which helped to illustrate the gendered impacts of the pandemic and the difference between men's and women's priorities.

The IASC Gender Reference Group mobilized UN and INGO partners to develop the Gender Alert for COVID-19 and a series of webinars in English, French, Spanish and Arabic, providing guidance for integrating gender equality and the empowerment of women and girls in COVID-19 response. Gender in Humanitarian Action Groups (GIHA), including the Asia-Pacific GIHA, were among the first gender networks to produce advocacy on the impact of COVID-19 on women and girls.

Together, the Inter-Agency GBV Minimum Standards, the Guidelines for Identifying and Mitigating GBV Risks within the COVID-19 Response, the Gender Alert for COVID-19 and the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action complement the IASC Gender Handbook. They are all tools that help humanitarians integrate gender considerations, respond to the needs of women and girls as well as men and boys with disabilities, and address GBV, which is still one of the most pervasive expressions of gender inequality.

Integrating gender analysis

The enhanced Humanitarian Programme Cycle (HPC), rolled out in 2019, places inclusivity at the centre of needs and response analysis, emphasizing gender and disability inclusion. This helps nuance the understanding of the impacts on and experiences of different segments of the affected population. The enhanced HPC encourages country teams to strengthen gender analysis and gender responsive programming. It promotes the increased engagement of gender experts in the HPC process, increased use of sex- and age-disaggregated data, and greater participation of local women's organizations in humanitarian planning. The enhanced HPC also guides country teams to look at structural and socioeconomic variables that influence how women, girls, men and boys experience crises, and their access to humanitarian assistance and decision-making.

Aid in action
Addressing GBV prevention and mitigation in COVID-19 times

To mitigate gender-based COVID-19 stigma in Cox's Bazar, Bangladesh, Oxfam used info kits (Bluetooth speakers with audio messages) to increase women's access to information. In the context of Cox's Bazar, where women's access to technology and information is significantly lower than that of men's, reports indicate that this simple innovation is very empowering for women. Gender- and COVID-19-based stigma have been conflating, and men have used stigma against women to reinforce discrimination with messages such as "COVID-19 is coming for you because you do not pray." Having women's group members as 'owners' of these info kits created an open environment and reduced misinformation. It also gave women the confidence to challenge some of the gendered stereotypes they faced. *Photo: OCHA/Vincent Tremeau*

Through continued quality reviews of HNOs and HRPs, and 'deep dives' into how well gender equality matters have been integrated into programming, the quality of HNOs and HRPs has improved, particularly the collection and analysis of sex- and age-disaggregated data. Since 2015 OCHA, in partnership with select UN agencies and donors, has undertaken HPC Quality Scoring, which is a quality review of the HNOs and HRPs[1] was the lowest-scoring indicator. Performance against gender indicators has steadily improved, and in 2020 the average gender score was 90 per cent.

More than 10,000 projects have used the IASC Gender with Age Marker to strengthen the design and monitoring of gender- and age-responsive humanitarian programmes (also see article on Pooled Funds and humanitarian emergencies).

Operational and financial support

The inter-agency Gender Standby Capacity (GenCap) Project provides strategic and operational support to humanitarian coordination leadership, helping to bring gender equality and women's empowerment to the centre of humanitarian action. Working along the pillars of leadership programmes, GenCap strengthens gender outcomes and accountabilities. In 2020, GenCap senior gender advisers supported country operations around the globe, including in Cameroon, Chad, Colombia, DRC, Haiti, Mali, Mozambique, Niger, Somalia, Syria, Yemen and Zimbabwe.

Humanitarian financing efforts to address funding shortfalls are being prioritized but often not quickly enough to address the increasing needs. This includes progress monitoring of financial pledges and other commitments made under the Oslo Conference on Ending Sexual and Gender-Based Violence in Humanitarian Crises. In 2020, CERF allocated over $60 million to GBV-focused programmes (for more details see Pooled funds and humanitarian emergencies).

Going forward

Despite this progress, more work is needed to address gender inequality and gender-based needs and barriers to accessing essential services across sectors. It is particularly important to strengthen greater coordination, mainstreaming, and joint accountability for including ways to prevent, mitigate and respond to GBV across sectors. Specifically, addressing the GBV needs of girls requires a tailored, holistic approach that includes protection, education and sexual and reproductive health interventions.

Addressing gender inequality and gender-based needs starts with robust gender analysis that examines how gender interacts with a multitude of other factors such as age, race, disability, ethnicity, sexual identity and orientation, and religion. Gender analyses must also be based on both quantitative and qualitative data that includes consultations with all affected populations, particularly women and girls, and the relative power disparities between different subpopulations.

Such analysis helps to shape how different individuals and groups experience a crisis, and how these factors compound vulnerabilities and exacerbate protection risks, including GBV. Better gender analysis will also help to profile marginalized population groups and provide humanitarian data for issues such as child marriage or the specific needs of needs of adolescent girls.

Aid in action

Call to Action on Protection from Gender-Based Violence in Emergencies

The Call to Action on Protection from Gender-Based Violence in Emergencies (Call to Action) is a groundbreaking partnership of over 85 States and donors, international organizations and NGOs engaged in humanitarian action. Partners are committed to collectively prevent, mitigate and respond to GBV, especially violence against women and girls, from the start of a crisis. This means ensuring that policies and programmes are in place and sufficiently resourced to address GBV and its root cause of gender inequality. The strength of the Call to Action lies in the shared commitments of diverse stakeholders to achieve the initiative.

Partnerships with local women's organizations play a central role in spearheading change and are key to sustaining localized action to address GBV against women. The 2021-2025 Call to Action Road Map was launched on 25 September 2020. It is the Call to Action's overarching guiding framework. It sets out common objectives, targets and a governance structure to ensure that pledges are translated into concrete and targeted actions on the ground. The Call to Action draws attention to the promotion of gender equality in the 2021-2025 Road Map. Gender equality is a core principle for the collective efforts under the partnership, and specific actions related to gender equality are included under each of the Road Map's six outcomes. The GBV Accountability Framework is a tool to translate IASC Guidelines into concrete actions to drive more robust funding, coordination and programming to prevent, mitigate and respond to GBV in emergencies. The framework was integrated into the new Call to Action Road Map. *Photo: IOM*

Greater consideration of age, for example, would stop younger and older adolescent girls falling through the gaps of humanitarian needs assessments and response plans in demographic groupings such as 'women' and 'children'. Political will, funding, resources and technical capacity are required to address gender inequality. Funding in particular is also needed to scale up and maintain essential services for GBV survivors in humanitarian settings.

[1] The gender indicators in the HPC Quality Scoring look at how well HNOs integrated a gender dimension; the indicators include, among others, whether people in need (PiN) figure is disaggregated to reflect population groups, whether analysis presents existing capacities and coping mechanisms for following groups, barriers to access and whether analysis explains factors that may contribute or are contributing to heightened risk.

Protection from Sexual Exploitation and Abuse

Sexual exploitation and abuse are an unacceptable breach of the fundamental rights of the people served by the humanitarian sector and of those working within it, as well as a deep betrayal of its core values.

The IASC supports a humanitarian environment in which people affected by crises are safe and respected, and can access the protection and assistance they need without fear of exploitation or abuse by any aid worker. The IASC also supports aid workers themselves, ensuring they are respected and empowered to deliver aid and protection in a manner that is free from abuse.

The IASC is scaling up protection from sexual exploitation and abuse (PSEA) within all humanitarian response operations, focusing on three priorities at country level:

- Encouraging victims to come forward by ensuring that safe, trusted and accessible mechanisms for reporting SEA are available in all humanitarian situations, and promoting a "speak up" culture within IASC entities.
- Improving quality, survivor-centred SEA assistance and additional protection measures.
- Strengthening vetting, reference-checking, investigation processes and disciplinary measures, including prompt and respectful investigations.

In 2020, the IASC issued the Interim Technical Note: Protection from Sexual Exploitation and Abuse (PSEA) during COVID-19 Response. To date, as part of the COVID-19 response, 22.6 million children and adults were provided with a safe channel to report SEA. In addition, UNHCR and ICVA launched an Interagency Community Outreach and Communications Fund on PSEA, and the IASC produced an interactive learning package for IASC partner staff to raise awareness of sexual misconduct. It also strengthened the Six Core Principles on PSEA.

An IASC PSEA site and global dashboard have been launched to make resources more readily available to practitioners and to track progress on PSEA against IASC commitments.

Aid in action
Ethiopia: strengthening complaints and feedback mechanisms

The PSEA Network in Ethiopia, together with the Inter-Agency Accountability Working Group, is undertaking a collective mapping of existing complaints and feedback mechanisms (CFMs) and services - including GBV and child protection services. The mapping focuses on the three regions hosting IDPs and potentially the region hosting refugees. It will entail an analysis of the coverage and functionality of individual organisations' CFMs to enable the set-up of complementary, inter-agency reporting channels tailored to a specific community. The mapping will also enable the drafting of the inter-agency PSEA community-based complaint mechanisms standard operating procedures, including referral pathways and defining the recording and processing of complaints in country. The Logistics Cluster (LC) is providing information management expertise to the mapping exercise by adapting its interactive Road Access Constraints Map. This interactive map will enable access to information about operational CFMs and assistance services locally. It will be accessible to both aid workers and communities. A dashboard will be extracted, translated into local languages, printed and made available locally. This initiative reflects a collective people-centered approach: it considers communities' needs for information and access to operational CFMs, rather than an organizations' own mechanisms. *Photo: UNHCR/Mustafa Saeed*

Aid in action
Zimbabwe: integrating PSEA into planning

PSEA has been established as a core priority of Zimbabwe's 2021 Humanitarian Response Plan. Under the leadership of the Resident Coordinator and with the technical support of a dedicated PSEA Coordinator, the Humanitarian Country Team has ensured that PSEA is incorporated throughout all stages of the planning process. This includes in the inter-cluster review process, plus a review of critical projects by the PSEA Coordinator. Recognizing that PSEA needs to be implemented rapidly and effectively, the 2021 HRP includes a dedicated inter-agency PSEA project to ensure that resources are available for collective PSEA initiatives. This builds on the activation and training of Zimbabwe's PSEA Steering Committee and PSEA Network, as well as the roll-out of sexual exploitation and abuse reporting standard operating procedures. *Photo: NFPA/Nikita Little*

Pooled funds and humanitarian emergencies

Part three: Delivering better

The Central Emergency Response Fund (CERF) and the Country-based Pooled Funds (CBPFs) continue to serve as critical funding instruments that provide rapid and flexible funding where it is needed most. They enable timely, effective and principled humanitarian action while strengthening leadership, coordination and coherence in emergency responses.

As of 30 October, CERF has allocated more than $676 million[1] directly to 43 countries.[2] This is the highest amount in CERF's history. The CBPFs have allocated $607 million in 18 country contexts. Twelve UN agencies and (via IOM) 24 international and national NGOs have received CERF funding, targeting 65 million people. This includes people targeted indirectly with COVID-19 messages, hence the high number.

CBPFs have allocated funding to 14 UN agencies, 148 international NGOs, 161 national partners and 4 Red Cross/Red Crescent national societies, targeting 88 million people.[3] The ERC assigned the largest-ever amount through CERF's Underfunded Emergencies (UFE) Window: $225 million was allocated to support crisis response in 20 countries, up from $200 million in 2019, which was itself a record.[4]

Pooled Funds allocations per country (2020)

Explore the chart
gho.unocha.org

Country	Total allocations	CERF	CBPFs
Total	1.28 B	676.40 M	607.00 M
Syria Cross-border	164.8 M	-	164.8 M
Sudan	147.5 M	99.87 M	47.6 M
Global	120.1 M	120.07 M	-
DRC	112.3 M	69.93 M	42.3 M
Syria	108.7 M	54.88 M	53.8 M
Afghanistan	76.0 M	13.00 M	63.0 M
South Sudan	58.4 M	18.66 M	39.7 M
Somalia	49.7 M	22.09 M	27.6 M
oPt	43.0 M	22.29 M	20.7 M
Lebanon	35.2 M	18.99 M	16.2 M
Zimbabwe	34.9 M	34.89 M	-

Pooled Funds allocations per country (2020)

Country	Total allocations	CERF	CBPFs
Ethiopia	32.6 M	8.00 M	24.6 M
Nigeria	29.6 M	10.60 M	19.0 M
Yemen	23.3 M	-	23.3 M
Niger	22.0 M	21.97 M	-
CAR	21.8 M	-	21.8 M
Pakistan	21.0 M	11.33 M	9.7 M
Chad	16.5 M	16.53 M	-
Bangladesh	15.1 M	15.09 M	-
Mozambique	14.0 M	14.00 M	-
Iraq	12.3 M	-	12.3 M
Jordan	11.8 M	6.00 M	5.8 M
Myanmar	11.0 M	-	11.0 M
Burkina Faso	10.0 M	10.01 M	-
Eastern Africa	10.0 M	10.00 M	-
Cameroon	8.7 M	8.72 M	-
Mali	7.0 M	7.00 M	-
Haiti	7.0 M	7.00 M	-
Rep. of Congo	6.9 M	6.93 M	-
Mauritania	6.0 M	6.00 M	-
Honduras	5.0 M	5.00 M	-
DPR Korea	5.0 M	5.00 M	-
Guatemala	5.0 M	4.99 M	-
Madagascar	4.0 M	4.00 M	-
Uganda	4.0 M	3.95 M	-
Ukraine	3.7 M	-	3.7 M
Angola	3.5 M	3.50 M	-
Kenya	3.0 M	3.01 M	-
Namibia	3.0 M	3.00 M	-
El Salvador	3.0 M	3.00 M	-
Vanuatu	2.6 M	2.61 M	-
Djibouti	1.7 M	1.73 M	-
Fiji	1.0 M	1.00 M	-
Rwanda	1.0 M	1.00 M	-
Lesotho	750.0 K	750.00 K	-

Table: OCHA • Source: Central Emergency Response Fund / Country-based Pooled Funds

CERF and the CBPFs have been at the forefront of the global humanitarian response to the pandemic, supporting local and early action. COVID-19-related allocations account for 28 per cent of all allocations from both funds this year. Through 2020, CBPFs allocated a record 39 per cent of all allocations ($236 million) to local and national humanitarian partners (national NGOs and Red Cross/Red Crescent national societies). This is the largest share of funding.

In 2021, COVID-19 and pressures on resource availability will further highlight the CBPFs and CERF's speed and agility in allocation and disbursement modalities, coupled with stability and economy in administration. Frontline responders will continue to be supported to meet shifting needs on the ground with timely resources, efficient oversight arrangements and flexibility to adapt programmes.

Top contributions to Pooled Funds (2020)

Donor	Total	CERF	CBPFs
Germany	306.0 M	113.4 M	192.7 M
United Kingdom	166.4 M	12.6 M	153.8 M
Sweden	154.8 M	84.4 M	70.4 M
Netherlands	154.5 M	89.4 M	65.2 M
Norway	85.0 M	50.3 M	34.7 M
Belgium	73.6 M	24.3 M	49.3 M
Canada	52.6 M	22.5 M	30.1 M
Denmark	50.7 M	25.2 M	25.5 M
Switzerland	49.7 M	24.0 M	25.6 M
Ireland	43.7 M	11.4 M	32.3 M

Table: OCHA • Source: CERF / CBPFs

Response to COVID-19

In 2020 CERF and CBPFs placed a major focus on ensuring timely response to COVID-19, while maintaining high-level support to other emergencies. Together, CERF and CBPFs allocated $359 million (28 per cent of all allocations) in 49 country contexts to support humanitarian partners in their pandemic response. This included new allocations and reprogramming of existing grants. CERF and CBPFs have played a critical role in delivering urgently needed frontline humanitarian assistance. Around $168 million has been allocated to international and national NGOs, Red Cross/Red Crescent national societies and other local partners, directly and as sub-grantees of other funds' recipients. This enabled humanitarian actors to deliver a fast and localized response in key sectors including health, WASH, logistics and protection, including GBV. Among others, 7.9 million units of personal protective equipment (PPE), primary health-care kits and medical supplies have been delivered. The CBPFs and CERF also supported essential protection services for 550,000 people, including psychosocial support, legal counselling and protection-awareness campaigns.

Golongolong, Nigeria. With a grant from the Nigeria Humanitarian Fund (NHF), the local civil society organization Greencode delivers water to IDPs who are living in an informal settlement about an hour outside Maiduguri. Before the NHF-funded project started, this community had no access to water. *OCHA/Eve Sabbagh*

CERF and CBPFs increased their flexibility and agility, making a special effort to support NGOs. CBPFs allocated $223 million for COVID-19 response, with 65 per cent going to NGO partners, including 122 international NGOs, 115 national NGOs and 4 Red Cross/Red Crescent national societies to assist over 41 million people.[5] To date, CERF has allocated more than $215 million to address the primary and secondary humanitarian impacts of COVID-19 in 48 countries.

CERF piloted five innovations during the pandemic:

Global UN block grants. In February 2020, CERF made the first-ever global block-grant allocations of $95 million. Providing resources directly to UN agencies at the global level rather than through traditional country-specific grants maximized flexibility to prioritize critical country programmes aligned with the GHRP.[6] Resources were allocated to nine UN agencies between February and May 2020. The funding supported life-saving efforts across 36 countries.

Funding for NGOs to support frontline responders. In June 2020, CERF made its first-ever NGO allocation. It channelled $25 million via IOM to 24 frontline NGOs for COVID-19 response in six countries, piloting an approach to provide NGOs with more direct access to CERF funding. One third of the recipients were national NGOs. The projects focused on the WASH and health sectors, including mental health, sexual and reproductive health, GBV response and protection.

Funding to support GBV programming. For the first time, CERF earmarked a portion of resources from its UFE window for GBV response activities. The initial provision of $5.5 million from the overall envelope of $100 million had a catalytic effect: across the 10 countries, almost $22 million had been allocated to dedicated GBV projects and health projects that contribute to GBV prevention and mitigation.

Support to cash programming in response to rising food insecurity. In November 2020, the ERC allocated $80 million for cash programmes in six countries[7] with severe levels of food insecurity exacerbated by the pandemic. Cash programming is one of the most cost-effective modalities to address humanitarian needs.

Flexibility in adjusting CERF projects. Since the pandemic began, CERF has offered a streamlined process to request project extensions and reprogramme funds, if needed, to respond to uncertain operating environments. As of late October, CERF had approved $15.6 million in reprogramming requests for COVID-19-related activities in 30 countries.

Funding local action

CBPFs encourage greater participation of national and local humanitarian organizations in decision-making and frontline response. This includes measures to promote access to direct funding as well as through sub-granting programmes, partnerships and consortiums.

In 2020 CBPFs allocated $236 million[8] to local and national NGOs (39 per cent of total CBPFs funding), continuing to be the largest source of direct funding for such organizations. This marked an increase of $4 million compared with the previous year, when local and national NGOs received 34 per cent of total CBPFs funding. Of particular note in 2020 was the Syria Cross-Border Humanitarian Fund, which provided $120 million to local and national NGOs and the Turkish Red Crescent, accounting for 73 per cent of their $165 million allocation that year.

Allocations per type of recipient organization (2020)

Chart: OCHA • Source: Country-based Pooled Funds

Supporting the most vulnerable and underserved people

For the second consecutive year, OCHA's CBPFs and CERF have made significant headway in helping the humanitarian community reach the most vulnerable people. Support for programmes in critically underfunded areas has been encouraged. These include education in protracted crises, and promoting the involvement of affected groups in humanitarian response and protection, including women, girls and people with disabilities.

In 2020, gender equality and support to GBV continued to be an important focus area for CBPFs. The pooled funds allocated $390 million - around 65 per cent of total allocations - to projects that intend to contribute to gender equality with consideration to age groups. This is in line with the IASC Gender with Age Marker (GAM) assessment.

Of the 88 million people targeted by CBPFs partners, 47 million are women and girls (53 per cent).[9] CBPFs have allocated $10.4 million to projects that include GBV programming. Examples include the creation of safe houses for GBV survivors in Wau, South Sudan, by local NGO Nile Hope, and shelter and emergency assistance to GBV survivors in Syria through the NGO Caritas Liban. CBPFs actively promote the participation of women in governance arrangements; across the 18 funds, women represent international NGOs in 13 advisory boards and national NGOs in 12 advisory boards.

Allocations per type of recipient organization (2020)

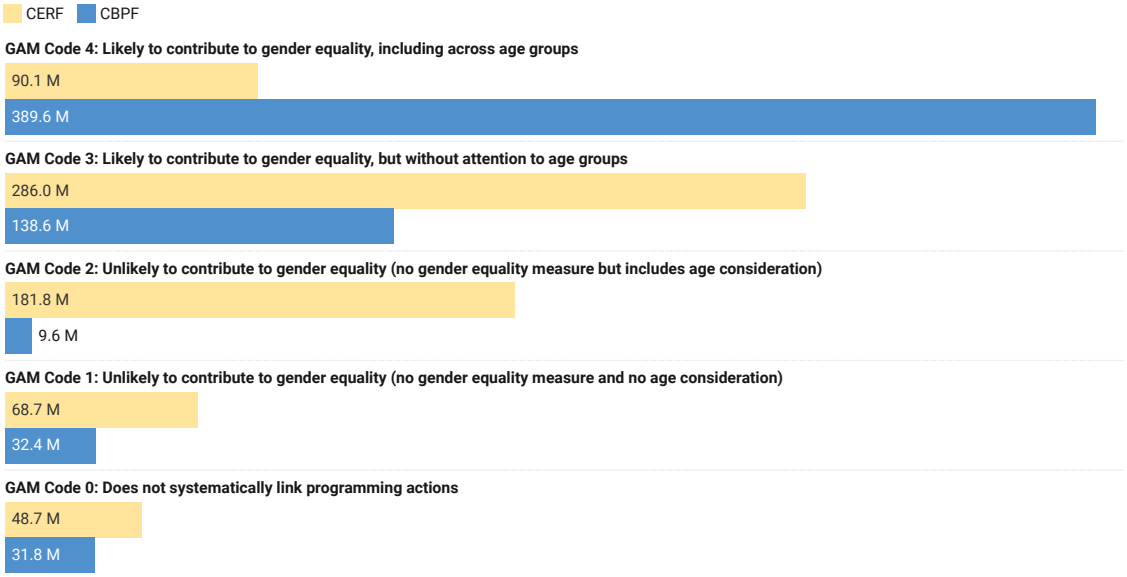


Chart: OCHA • Source: Central Emergency Response Fund / Country-based Pooled Funds

Gender continued to be a priority for CERF in 2020. All submissions were informed by a gender analysis, with data disaggregated by sex and age, and they had completed the mandatory GAM. Of the 65 million people targeted with life-saving assistance through CERF in 2020, approximately 50 per cent were women and girls.

Quarantine requirements and economic hardship due to the pandemic have led to an increase in GBV. Therefore, CERF increased its support to GBV programming in 2020, allocating an estimated $60 million to GBV-focused projects in by 25 November, up from $30.2 million in all of 2019. For the first time, CERF earmarked a portion of its UFE envelope for GBV programming.

Maradi, Niger. About 40,000 Nigerian refugees have fled the violence in the north-western Nigeria states of Zamfara, Sokoto and Katsina. They were first hosted in a site closer to the border but were relocated as violence began spreading further over the past few months. The new refugee site in Garin Kaka was set up thanks to CERF funding from CERF, which enabled them to set up shelters and children-friendly spaces, and provide food and water, health services and protection assistance. Host communities in the neighbouring village also received some assistance as the large number of refugees relocated to their area could put pressure on the meager resources. *OCHA/Eve Sabbagh*

In emergencies, people with disabilities are often among the most vulnerable. They are less visible during the assessment phase, partly owing to an overall shortage of reliable baseline data and a lack of technical capacity about how to adapt projects,[10] and they may be unable to access goods and services offered by relief organizations (also see Part one: Persons with disabilities). In 2019, CERF and CBPFs started systematically tracking activities targeting people with disabilities. In 2020, CERF projects targeted 2.6 million people with disabilities, while CBPFs partners supported 5 million people with disabilities (around 6 per cent of all people targeted) with $5.4 million for focused activities.

Education is often neglected in protracted emergencies, with children missing multiple years of schooling that are difficult to make up. In 2020, CERF allocated $26.4 million to emergency education projects, benefiting an estimated 7.4 million children, compared to $15 million in 2018 and $19 million in 2019. Through CBPFs, the education sector received $20 million in 2020 (over 3 per cent of all allocations), targeting around 660,000 children.

The protection sector received $61 million from CERF, which is the highest ever amount in a year and nearly 10 per cent of overall CERF funding. Consequently, the number of people targeted with CERF-funded life-saving protection assistance reached 8.6 million in 2020. CBPFs allocated $60 million to protection activities (10 per cent of total allocations), targeting nearly 4 million people in need.[11] In particular, CBPFs provided $41 million to support child protection activities in different emergencies.

Anticipatory Action

OCHA and partners developed two anticipatory action frameworks in 2020, covering flooding in Bangladesh and drought in Ethiopia, and started work on additional pilots in Chad and Malawi. These follow the development of the first pilot anticipatory action framework in Somalia in 2019. In June 2020, the Somalia framework was triggered for the first time, with CERF providing $15 million to six UN agencies for anticipatory action in five sectors.[12] This action supported 1.3 million Somalis ahead of rising food insecurity and the compounding effects of locusts, floods and COVID-19. Pre-agreed financing and actions made the allocation, review and revision process three times faster than previous slow-onset emergency allocations.

In 2020, Bangladesh became the first country to use CERF for anticipatory action in a sudden-onset emergency. OCHA and partners successfully scaled up an anticipatory action mechanism set up by the Bangladesh Government, the Red Cross and WFP. In July, $5.2 million in CERF funding was released within four hours of the trigger, indicating a high probability of a severe flooding forecast along the Jamuna River and the need to help 220,000 people protect themselves. This was the fastest release of CERF funding in history.

The Ethiopia framework was set up in November and is ready for activation when forecast thresholds for drought and severe food insecurity are reached.

These three pilot activations demonstrate how anticipatory action can be brought to scale collectively through strong partnerships among implementing organizations, the leadership of UN RCs and HCs and collaboration with national Governments.

[1] All figures in this section reflect data as of 30 October 2020, unless otherwise noted. Slight discrepancies may occur between tables and text due to rounding. For the most up-to-date figures, see CBPF Business Intelligence Portal and CERF Allocation Data.

[2] An additional 12 countries were reached through agency block grants in CERF's COVID response.

[3] Number of people targeted may include double counting as same people may receive assistance from more than one project. This number is therefore not comparable to the CERF figure.

[4] At the time of writing, a number of projects under the second UFE round of 2020 remained under review but were expected to be approved.

[5] Number of people targeted may include double counting as same people may receive assistance from more than one project. This number is therefore not comparable to the CERF figure.

[6] An exception to this was the WFP allocation, which focused exclusively on securing the continuity of supply chains for essential commodities. Also, the initial grant to WHO and UNICEF ($15 million) did not specify GHRP counties, as the allocation was made prior to the GHRP launch.

[7] Afghanistan ($15 million), Burkina Faso ($6 million), DRC ($7 million), Nigeria ($15 million), South Sudan ($7 million) and Yemen ($30 million).

[8] Includes grants received as direct recipients ($180.6M) as well as sub-grants received as sub-implementing partners ($55.8M).

[9] Number of people targeted may include double counting as same people may receive assistance from more than one project.

[10] OCHA, Evaluation of Country-Based Pooled Funds – Global Synthesis Report, November 2019.

[11] Number of people targeted may include double counting as same people may receive assistance from more than one project. This number is therefore not comparable to the CERF figure.

[12] Food security, Health, Nutrition, Protection and WASH.

COVID-19 and localization

Part three: Delivering better

Local actors are critical both as first responders in a crisis and the providers of long-term support. Since the World Humanitarian Summit in 2016, work has continued through the Grand Bargain Localization Workstream and the IASC to deliver on commitments that reinforce complementarity of international response with ongoing nationally and locally led response at the country level.

COVID-19 has instilled a renewed sense of urgency in the need to support local and national actors. Localization is regarded as a necessity and an opportunity to effectively meet humanitarian needs, especially where post-COVID-19 response and recovery efforts are largely led by local organizations. This offers an important opportunity to gather evidence on the comparative advantages of local and national actors in local response. Over the last year, there has been progress in many areas.

Aid in action
Somalia: local NGOs work to flatten the curve

In the spring of 2020, Somalia was affected by the triple threat of floods, locusts and COVID-19. In southern Somalia in particular, local NGOs played a critical role in the humanitarian response. Movement restrictions limited the access of UN organizations and INGOs to certain areas, meaning that only local organizations could mount a response. Local Somali NGOs distributed translations of key WHO public health messages and COVID-19 mitigation strategies, as well as myth-busting misinformation about the virus. This demonstrated their ability to deliver life-saving responses to flatten the curve of the pandemic. *Photo: WFP/Kevin Ouma*

Guidance to support local and national action in the COVID-19 response

At a time when the effective and timely response to COVID-19 required immediate response at local and national levels and travel and movement restrictions impeded the international community's response, the IASC released Interim Guidance on Localisation and the COVID-19 response. This was produced in recognition of the critical role of national and local actors, including civil-society organizations, the Red Cross/Red Crescent Movement's 14 million volunteers, Governments, the private sector, and communities themselves. The guidance highlights the importance of providing expertise, capacity and support to staff and partners already on the ground. It stresses how national and local actors can contribute to a complete response that reaches the most vulnerable people and addresses the gendered impact of the COVID-19 emergency. The guidance will require further operationalizing in 2021.

Aid in action
Vanuatu: local business network in action after cyclone

Support from the local business network was critical in responding to Tropical Cyclone Harold in April 2020 in Vanuatu – the first country to respond to a natural disaster under pandemic-related border closures. The Vanuatu Business Resilience Council (VBRC) is a member of the global Connecting Business initiative, which is a multi-stakeholder initiative jointly supported by OCHA and UNDP. VBRC activated its preparedness measures, including telecommunications teams, to reconnect the islands after the cyclone, and it provided shipping and logistics services to support relief and recovery efforts.

VBRC also conducted an aerial, ground and marine assessment, and it worked closely with the UN and NGOs locally in support of the Government to supply over 35 tons of food and non-food items to 1,000 remote coastal households. VBRC was among the first stakeholders to arrive and deliver aid to some parts of the island of Espiritu Santo. Since then, VBRC and Oxfam in Vanuatu have been working on an unblocked cash programme to benefit vulnerable communities and support local businesses affected by the tropical cyclone and COVID-19. Over 190 local shops have been registered in the electronic cash payment system.
Photo: VBRC

Local leadership and participation in coordination mechanisms

Work has continued to increase the meaningful participation and leadership of local actors within humanitarian coordination. This includes disseminating best practices on ways to involve local actors (e.g. the Handbook on Humanitarian Coordination and Collaboration in Bangladesh); including local and national NGOs in the strategic advisory groups of global clusters, such as the Global Education Cluster; efforts to ensure the consistent translation of cluster and coordination guidance into local and national languages; and a commitment to establish benchmarks to measure global progress. Sustained efforts will be needed to further expand the active involvement of local and national NGOs in international and country-level coordination mechanisms, with additional efforts required to include women's organizations, and refugee- and IDP-led organizations.

More financing for local actors

Pooled funds play a key role for donors seeking to meet their Grand Bargain localization commitments, and in supporting the commitment to channel 25 per cent of global humanitarian funding as directly as possible to local and national responders. Encouragingly, local and national NGOs recently had increased access to the UN's pooled funds (see Pooled funds and humanitarian emergencies), and they continue to access funds via NGO-managed pooled funds, such as the START Network. Where there are no CBPFs, investment in alternative nationally driven solutions should be promoted, including direct financing to local and national NGOs and allowing indirect support costs to be subgranted to these organizations.

Aid in action
Bangladesh: rapid disbursements after confinement

Start Fund Bangladesh made its first COVID-19-related allocation on 27 March. This was one day after Bangladesh went into confinement and nine days after it reported its first death from the disease. The fund made its second allocation on 31 March. A total of $714,162 reached 4 million people from the most vulnerable communities across 23 districts. This increased vital access to facilities for protection against and treatment of COVID-19 and provided key health messages. *Photo: Start Fund Bangladesh*

Examples of good practice include:

- The **Start Fund Bangladesh**, which demonstrated the importance of local actors as first responders due to their community ties. The fund contributed to halving the amount of time taken to disburse funds for community responses from 20 days to 10 from the moment an alert is raised. In 2020, the fund allocated 100 per cent of its funding dedicated to the COVID-19 response to local NGOs.
- The **Women's Peace and Humanitarian Fund** opened a COVID-19 funding window for local civil-society organizations with a fast-track procedure for allocating funds to respond to gendered aspects of the pandemic, including GBV.
- The **Network for Empowered Aid Response** responded to real-time community needs before, during and after a disaster through a pilot project in Nepal and Somalia, which disbursed funds using localized governance structures and systems.

The Country-based Pooled Funds continue to be an important tool for funding local action:

- The **Pakistan Humanitarian Pooled Fund** allocated 94 per cent of received contributions to NGOs and the Red Crescent in 2020, including 79 per cent to local and national partners.
- The **Syria Cross-Border Humanitarian Fund** allocated 73 per cent of available funds, equivalent to a record $120 million, to local and national partners.

Accountability to Affected People

Part three: Delivering better

Principled and effective aid and assistance place communities at the centre, ensuring that they drive humanitarian action. Accountability to Affected People (AAP) is the active commitment of humanitarians to ensure communities themselves have the power and influence to determine and act on their own priorities for preparedness, response and recovery.

AAP is grounded in the rights, dignity, capacity and safety of people and is built on three actions:

- Systematically sharing timely, relevant and actionable information with communities.
- Supporting the meaningful participation and leadership of affected people, including those of different sex, age, disability status and other diversities, in decision-making.
- Ensuring community feedback systems are in place, enabling them to assess and comment on the performance of humanitarian action, including on sensitive matters such as SEA, fraud, corruption, racism and discrimination.

In public health emergencies, community engagement is combined with risk communication specifically focused on the outbreak. COVID-19 has become a crisis of information. Combating misinformation and providing consistent and honest engagement are paramount for maintaining trust and public solidarity and promoting local action. Better understanding is needed in areas such as epidemiological trends, socioeconomic impacts or food security projections in humanitarian settings. Tackling these information issues will require the broadest range of actors working together.

A difficult lesson learned in disease outbreaks and humanitarian emergencies is that inadequate communication and engagement with communities in the planning and design of emergency response measures fuel fear and mistrust. Failure to meaningfully and strategically engage people, inclusive of gender, age, disability and other diversities, across all pillars of emergency preparedness and response can lead to ineffective interventions. It can even cause harm.

COVID-19 is a multi-centred pandemic: an outbreak of countless local epidemics, each one slightly different and requiring great focus on locally driven and multi-sectoral strategies. Just as the pandemic's impact has moved beyond public health, so have coordination efforts. Coordination mechanisms that handle COVID-19 risk communications and community

engagement are proactively engaging with humanitarian clusters (or equivalent coordination mechanisms) to collaborate and coordinate efforts and improve the quality of engagement and support for affected communities. Activities have focused on coordination, standards of practice, and measures that empower and support communities and community action.

The best people to engage communities are those with existing trusted relationships. Established local groups, including women's organizations, with common cultural, linguistic and historical knowledge, are often best placed to engage communities – including those that are internally displaced. Local organizations require support in their efforts to access community engagement and accountability coordination mechanisms and the necessary technical information. These relationships will be key to controlling the pandemic, mitigating its impact, and feeding into a more robust and accountable global humanitarian response.

Aid in action
Iraq: adapting assessment modalities during the pandemic

COVID-19 changed the operating environment in Iraq. Movement restrictions complicated access to communities, public offices closed and physical distancing disrupted face-to-face interaction with affected people. Finding new ways of interacting with affected populations and understanding their needs became imperative to ensure an evidence-based humanitarian response.

Partners made early strides to collect and analyse data. By mid-March, most monitoring and assessments switched to remote modalities, e.g. phone calls, or moved from household surveys to key informant interviews. As a result, data continued to be generated in areas such as remote protection monitoring to understand the impact of COVID-19 on protection risks among conflict-affected communities. Products that were generated through continued data collection included a monthly dashboard of COVID-19 concerns raised in calls to the the Iraq Information Center, a rapid survey on the impact of COVID-19, daily health statistics on COVID-19, the Iraq Weekly Food Security Monitor, and a mapping of camps' capacities to deal with COVID-19 outbreaks. The data enabled humanitarian partners to adapt the response to COVID-19. Building on these practices, humanitarian partners successfully carried out multi-sectoral assessments to understand the severity of needs and availability of services and inform the 2021 HPC. *Photo: UNDP/Abdullah Dhiaa Al-deen*

Bamako, Mali. "Trust is paramount to fight mass panic and misinformation, to promote healthy behaviours and change deeply rooted traditions, and to build a community-based surveillance system that facilitates referrals and offers solutions." CARE, From Ebola and Cholera to COVID-19. In the picture, a nurse and social worker leads a COVID-19 sensitization/risk-awareness session at a temporary shelter in Bamako. UNICEF and Samusocial opened the centre to support children living in the street during the pandemic. *UNICEF/Haranadane Dicko*

As a result of past lessons, Government-led, inter-agency risk communications and community engagement plans for COVID-19 have been implemented in almost all countries where there is a humanitarian crisis. These plans are often designed to ensure that messaging is harmonized and community feedback is systematically collected in line with COVID-19 country approaches. For example, in Colombia, through the GHRP for COVID-19, the UN and its partners supported the authorities with translating risk communication messages into local languages to facilitate interactions in a department where half of its population is indigenous. The overall response contributed to a reduction in active COVID-19 cases, in contrast to trends in the rest of the country.

In 2021, further efforts are needed to strengthen response architecture by ensuring that sociobehavioural data and community insights – disaggregated by age and gender – shape strategies for COVID-19 and beyond. It is key that interventions are planned according to emerging evidence. There is an urgent need to learn from local actors, front-line workers and the community workforce, who have pre-existing relationships with crisis-affected populations and speak national and local languages. There is a need to provide additional support to develop the technical competencies required to assess a situation, analyse data and plan actions so that they are informed by the best available evidence and analysis from local communities. This will help guide the strengthening of collective multichannel complaint-and-feedback mechanisms supporting responders to ensure that needs are met, course correction takes place, protection risks are identified, and communities feel confident to report cases of SEA.

Aid in action

Using sociobehavioural data for humanitarian programming

Partners in Afghanistan, the Democratic Republic of the Congo (DRC), Indonesia, Malaysia, Mali, Myanmar, Nigeria, Pakistan, South Sudan and Yemen are gathering behavioural insights and community feedback and tracking rumours. This is to promote the use of sociobehavioural data to shape strategies and interventions according to emerging evidence over time.

A clear understanding of local knowledge, perceptions and behaviour towards COVID-19 is critical.[1] This is especially true of different genders, ages and other diversities. Understanding a community's main fears in relation to the virus and the potential stigmas is critical to responding appropriately and through the most effective communications channels. These vital insights boost programming, fill knowledge gaps and increase the chances of success, especially when engaging people most at risk.

Capacity-building has included training staff on risk communications, community engagement and rumour management, ensuring these initiatives are cross-cutting and sustained. In many cases, the development and dissemination of frequently asked questions, audio-visual materials and harmonized visual materials, such as posters, banners, arts, murals, videos and animations, have been promoted in appropriate languages and accessible formats. The latter is most important to allow children, blind or deaf persons and those with intellectual disabilities to access the information provided.

Community and religious leaders are important partners in collaboration, leveraging existing front-line workers and volunteers' networks (e.g. polio and HIV networks) and utilizing existing community-based protection/early warning mechanisms, as well as existing humanitarian feedback mechanisms, to scale up community engagement efforts. *Photo: OCHA/Naomi Frérotte*

[1] For more information on understanding community perceptions about COVID-19 risk, refer to: COVID-19: Community Insights from the Asia Pacific Region - Indonesia, Malaysia, Myanmar, and Pakistan (September 2020), IFRC, OCHA and WHO; COVID-19 perceptions data from community leaders in Uganda, Ground Truth Solutions; "Data collected from crisis-affected communities to support more accountable and inclusive humanitarian response to COVID-19", REACH; Suara Komunitas (The Community's Perception of COVID-19), a compilation and analysis of 28 perception surveys from various agencies

Cash and Voucher Assistance

Part three: Delivering better

The implementation of cash and voucher assistance (CVA) has experienced significant changes due to COVID-19, with new opportunities to not only scale up but to work more effectively and efficiently. The pandemic has forced humanitarian organisations to rethink and innovate their responses in several areas – most importantly in their choice of modality and delivery mechanisms.

CVA already offers an efficient and flexible modality that puts decision-making power with those who receive it. The COVID-19 response has shone a light on the value of this approach to meet basic needs, supplement household incomes, protect livelihoods, support local markets and reinvigorate local economies, while providing options for the delivery of remote assistance. Furthermore, for vulnerable populations who are excluded from or unable to access Government social protection, scaling up CVA as part of the wider humanitarian responses can serve as an entry point for specific groups to access longer-term social protection assistance.

Various actors involved in CVA have made impressive efforts over the past months to understand and develop guidance on the opportunities, challenges and risks in using this assistance method in response to COVID-19. Public health messaging has been integrated into different stages of CVA programme cycles, and CVA actors have developed and strengthened COVID-19 guidance for their respective constituencies. Household economies and markets are being more closely monitored, allowing cash actors to adjust programming, i.e. whether it is necessary to scale up CVA and how.

The response has also shifted towards considering digital payments and testing new technologies to limit the need for physical contact by allowing for remote distributions to people in need. This includes the use of voice ID and information and communications technologies for registration, verification, delivery, and monitoring and evaluation. In the context of the pandemic, digital means for delivering and following-up CVA have been important, as has the flexibility to retain or change some non-digital delivery mechanisms, being cognizant of the digital gap that may exist among vulnerable populations.

Pemba, Mozambique. WFP is working to reach displaced people in Cabo Delgado. In August 2020, to improve assistance to displaced persons and to minimize the risk of COVID-19, WFP introduced cash-transfer assistance in the district capital of Pemba. The cash vouchers distributed are redeemed in the mobile shop, and with the help of the local community committee, the WFP team distributes food and hygiene items to IDPs. *WFP/Falume Bachir*

Governments have played a key role, with more than 200 countries initiating or expanding social protection systems since March 2020 – largely delivered through cash assistance. This has refocused attention on the need to strengthen and better leverage links between CVA and national social protection systems, including by considering such opportunities more systematically throughout the HPC.

The COVID-19 response has also reiterated the importance of strengthening collaboration between cash actors. In this regard, UNHCR, UNICEF and WFP have implemented the UN Cash Collaboration Statement in seven focus countries,[1] while also using the existing collaboration as a mechanism for engaging with additional partners and identifying further joint cash response opportunities in the COVID-19 context. Members of the Collaborative Cash Delivery Network, comprising 15 NGOs, have strengthened their approaches around collaborative programming, risk analysis, impact on markets and joint analysis in their focus countries,[2] in line with the Global Collaboration Agreement for the Collaborative Cash Delivery Network.

Better responses and longer-term, improved delivery rely on continued efforts to ensure the positive shifts in CVA are maintained and that the potential for impact is recognized. Engagement is needed on several fronts, from identifying opportunities to collaborate around programmatic aspects to exploring how best to link up with national social protection systems in such a way that future vulnerability to shocks can be reduced.

[1] Afghanistan, Bangladesh, CAR, DRC, Ecuador, Niger and Yemen.

[2] Current focus countries are Colombia, Ecuador and Ethiopia, with start-up operations in Nigeria and Uganda.

Joint Intersectoral Analysis Framework

Part three: Delivering better

Strengthening joint analysis across all sectors in humanitarian needs assessment is a key commitment of the Grand Bargain. It is critical that the humanitarian system is able to respond comprehensively and with maximum impact to the multiple needs of affected communities and individuals.

When a crisis hits, a person does not experience its effects in isolation. For example, a displaced woman living in an urban neighbourhood and working in the informal economy will experience drought differently than a child living on a farm in a rural area. Both may need food assistance to face the drought, but the woman, living in an urban setting, may also need additional livelihood support, since the drought may cause food prices to rise and make it untenable for her to feed her family. She may also be at increased risk of SEA outside the home as she looks for income-generating opportunities, and GBV within and outside the home as tensions increase.

The child, meanwhile, may need access to nutritional programmes as s/he may become malnourished, and to increase regular medical visits to ensure his/her health is not compromised. The child may also need mental health and psychosocial support and safe and supportive learning opportunities to reduce the likelihood of the drought's long-term effects on cognitive development, health and behaviour.

Understanding and acknowledging the multiple ways in which people and communities experience shocks is the first step to ensuring that humanitarian systems respond more comprehensively and with maximum impact to the multiple needs of affected communities and individuals. A robust gender analysis can help gain an understanding of how each person has different, overlapping experiences of discrimination and marginalization, which could lead to greater protection risks and needs.

Understanding the multiple factors that affect how a person or community experiences a crisis is important, but it is not enough. It is also crucial to understand how different types of needs are linked and can be magnified. Some needs will not be solved unless others are addressed in proper sequence. For example, food requires water; covering basic needs with cash assistance requires working markets; and school attendance requires secure access, sufficient teaching materials and other items. Examining humanitarian needs in this way is referred to as intersectoral analysis.

Fafin, Syria. This woman is interviewed by a humanitarian worker in the Tal Serdam camp in rural Aleppo. "My son is four years old. I fled with him and my husband from Afrin a year and three months ago after we were besieged in our home for 58 days. My husband went to work, he takes any job. He will be away for a month for harvesting lentils. We just take whatever salary they offer, we are not in a position to negotiate because this is not our home." *OCHA/Hedinn Halldorsson*

'Traditional' humanitarian analysis focuses on clusters/sectors. These are specific areas of intervention such as health, education, protection and camp management. Historically, analysis of these sectors goes into greater detail on the different aspects of the needs of a given sector. For example, to determine the response priorities for health actors, the health sector analysis may look at the prevalence of disease in an at-risk group in a community, or the type of endemic diseases and current immunization rates, among others.

A joint intersectoral analysis pushes humanitarians to think more strategically and target their response better by looking at the plethora of needs a population may face and their interactions. It does not replace sectoral analysis but considers the context of a crisis, the main drivers and their impacts, and then, most importantly, how and why these factors are affecting humanitarian conditions overall. Intersectoral analysis makes use of actors' capacities across sectors, and it supports a sequencing of interventions so that humanitarian action is ultimately dignified and truly responsive to the needs of affected people.

2020 saw an initial implementation of the Joint Intersectoral Analysis Framework (JIAF) in the HNOs. JIAF is deployed as a set of protocols, methods and tools that classify the severity of humanitarian conditions (including humanitarian needs) resulting from a shock. The framework was developed through the collaboration of needs-assessment experts from 25 UN, NGO, donor and specialist entities under the coordination of OCHA. JIAF implementation marks a major shift towards a more holistic and comprehensive analysis of humanitarian needs, their severity and causes.

JIAF tells a story. It examines how a population has been affected by a shock or a stress, such as an earthquake or a drought. A background analysis is then developed, which evaluates the severity of humanitarian need and classifies populations and geographic areas. It then allows for an estimate of the number of people who need humanitarian assistance across demographic and geographic categories. This helps support decisions on the timing and sequencing of the humanitarian assistance and response modalities, and it helps to identify the best assistance frameworks that address needs.

JIAF: an example of intersectoral analysis

IDPs community
Vulnerable group

Initial context

IDPs live close to provincial capital where many work in the informal economy

Ongoing violence prevents IDP from returning home, creating a protracted crisis

Schools serving the area have historically low attendance rates.

Shock to the system

COVID-19: to contain community infections, local authorities have closed the markets and services that provided employment

Ongoing monitoring of situational context

A food security assessment shows an increasing proportion of household expenditures on food

Child protection monitoring has detected increasing incidence of child labour

A survey later in the year shows increase in the global acute malnutrition rate for children and adolescents

Overview of impact

Adding COVID-19 into a protracted crisis has had an economic impact, resulting in a vulnerable population of IDPs facing a set of Humanitarian Conditions (decreasing access to food, loss of education, negative coping mechanisms of child labour, leading to physical harm and malnutrition).

These, together, are potentially more severe together than if they are considered separately.

Going back to the example above of how two different people experience drought (a woman in an urban setting and a child in a rural setting), intersectoral analysis would show the different dimensions of need and could help responders organize interventions in the most effective manner. The woman could receive immediate food and livelihood assistance through cash first to alleviate the economic pressure. This could then be followed with protection assistance, including information on GBV prevention as well as mental and psychosocial support. The child, meanwhile, may need to receive immediate food and health assistance to prevent malnutrition, which could then be followed by the provision of safe access to schooling or distance-based learning.

JIAF: steps of the process

Plan and design

Set up Joint Intersectional Analysis Framework

Define scope and identify inter-sectoral linkages

Define information needs including review of indicators

Output: Reviewed analysis framework

Collate and collect data

Collate quantitative and qualitative data

Identify information gaps

Elicitate expert inputs or draft alternative sources

Output: Indicator PiN aggregates

Joint Analysis

Facilitate structured discussion:

Describe, explain and interpret

Identify contributing factors

Review PiN aggregates

Establish scenario/forecast

Output: PiN by severity phase

Aden, Yemen. An aid worker interviews a displaced family at the Al Sha'ab IDP collective centre in Aden to understand their needs. *OCHA/Matteo Minasi*

JIAF integration into the 2021 HNO aims to provide actionable insights to support decisions on strategy, responses and prioritization in the HRP. JIAF enhances the quality of HNOs and ensures that HRPs are more strategic, prioritized and firmly based on evidence. It also encourages regular monitoring of situations and needs by examining the evolution of context and impacts, thus improving situational analysis.

JIAF will continue to evolve based on lessons learned from the 2020 HPC and a planned independent expert review. With the support of donors and partners who make up the Joint Intersectoral Analysis Group, a JIAF Project Management Unit is being formed to oversee the continued development and implementation of the framework.

Compound Risk Monitor

Humanitarian crises often are not caused by a single shock but by the meeting of climatic, socioeconomic, conflict and public health shocks. The COVID-19 crisis is a prime example of cascading shocks, with the initial public health impacts compounded by economic contraction. It did not emerge in isolation; it interacted with existing natural hazards, such as drought, floods or locust infestations, and violent conflict.

When two or more threats happen simultaneously, the collective impact can be far greater than the sum of its parts. This is known as compound risk. Moreover, shocks interact with and sometimes reinforce one another. To understand compound risk, it is necessary to consider dimensions that are not ordinarily the primary focus of humanitarian actors.

For instance, understanding macroeconomic vulnerability is important for recognizing that a dramatic foreign currency shortage or a decline in remittances can have immediate and severe humanitarian impacts. Economic contraction can, in turn, increase the probability of violent conflict breaking out.

Identifying emerging compounding risks is vital to identifying countries at risk of a deteriorating humanitarian situation and the selection of mitigating interventions. There is compelling evidence that well-targeted early and anticipatory interventions prevent and reduce humanitarian suffering, protect hard-won development gains and contribute to sustaining peace. Crucially, these interventions are more dignified. To this end, the World Bank Global Crisis Risk Platform, OCHA, the UN Peacebuilding Support Office and the Centre for Disaster Protection have developed a monitoring tool to identify compounding risks. This approach of considering the intersections or compounding effects of risk is in line with the move towards stronger intersectoral analysis, as encouraged in the JIAF (refer to previous article).

Risks can be categorized as existing (a static snapshot of historic and current risk conditions) or emerging (providing a dynamic view of changing risk conditions likely to occur in the coming months). Both views are captured by a rich and robust data set, combining data on historic vulnerabilities and indicators of emerging risks.

The data include well-established metrics of vulnerability, such as multidimensional poverty, $1.90 headcount poverty and Integrated Food Security Phase Classification scales. They also include innovative data sources such as real-time World Bank household phone surveys on income. Both the established metrics and innovative data sources are averaged within and across risk categories to produce risk scores for pre-existing vulnerabilities, emerging risks and a combination of the two.

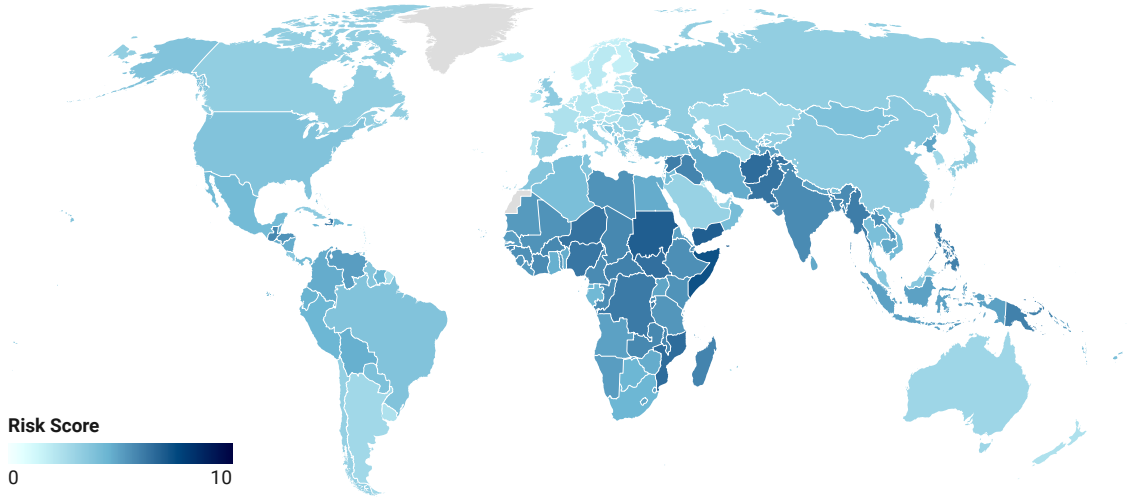
Compound Risk Monitor: Dimensions of Risk

Risk dimension	Existing risk	Emerging risk
Environment	Natural hazard (INFORM Risk Index)	INFORM Risk Index
		Global Disaster Alert and Coordination System (GDACS): Live hazard monitor; Locusts
Food	Proteus Index (WFP)	Projected food insecurity (IPC 3, 4 and 5)
	Prevalence of stunting, children under age 5	Food price anomalies
	Prevalence of undernourishment	Percentage of respondents who went without food for a day because of lack of resources (World Bank high frequency phone surveys)
Conflict	Fragile States Index (2020)	Violent conflict probability (INFORM Risk Index)
	National power conflicts (INFORM Risk Index)	Projected coup risk (REIGN)
	Subnational power conflicts (INFORM Risk Index)	Change in Fragile State Index (2019-2020)
Socio-economic	Poverty and multidimensional poverty	Forecast unemployment rate increase (2019-2020)
	Human development index	Percentage of respondents who stopped working since COVID-19 outbreak (World Bank phone surveys
	Inequality – GINI coefficient	Change on the combined poverty rate 2019-2020 by income level
	Uprooted people	
COVID-19	Global Health Security Monitor	Bi-weekly number of cases/ percentage change per million (European Centre for Disease Prevention and Control)
	Demographics: Population aged 65 years and over; Household Size	Percentage of positive tests
	Co-morbidities: prevalence of diabetes; prevalence of cardio-vascular disease; incidence of tuberculosis.	Coronavirus Government Response Tracker (Oxford University)
Macro	Economic vulnerability: fuel exports; food imports; tourism; remittances.	Change in forecast GDP growth (2019-2020)
	Total reserves	2021 growth forecast
	Gross savings, percentage of GDP	
Response	Debt distress rating	Change in forecast governmental net lending and borrowing (2019-2020)
	Social protection coverage and adequacy (ASPIRE, World Bank)	IFI COVID-19 flows per capita and as a percentage of GDP
	Institutional Capacity (INFORM Risk Index)	

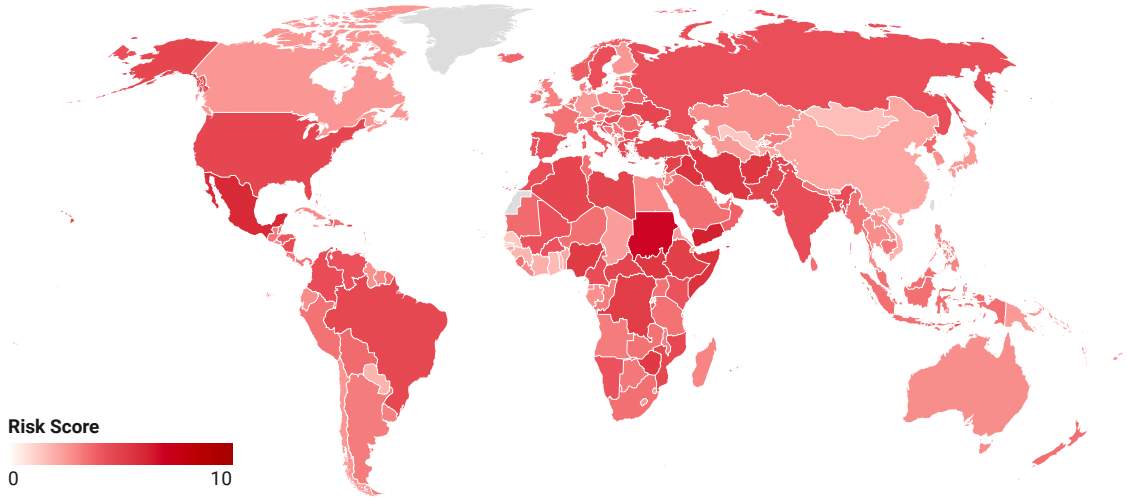
The monitor draws from the INFORM Risk Index and integrates elements from it, e.g. institutional coping capacity. The INFORM Risk Index provides structural risk information that is useful in the prevention stage of humanitarian planning.[1] The manifestation of a risk depends on the ability to respond, which in turn depends on access to finance, institutions and systems to deliver assistance. Adequate social safety nets and assistance from IFIs help provide a better understanding of the State's capacity to respond.

Aggregate Existing Risk Score

Explore the maps
gho.unocha.org



Aggregate Emerging Risk Score



Gao, Mali. A displaced woman at the camp for people who fled violent clashes in Mondoro, Gao. The displaced arrived at the site at the end of 2018. According to the latest census, the site hosts around 600 displaced households. *OCHA/Michele Cattani*

Risk is a powerful concept that can serve as a convergence point for actors across the humanitarian, development and peace, and security domains for analytical and policy purposes. The new compound risk monitor will work alongside existing tools by integrating humanitarian, economic, development and peace dimensions. This will provide policymakers across all areas with a different vantage point to help prioritize their planning, response and funding decisions.

The compound risk monitor should not be viewed as a definitive rank ordering of countries by risk level. Instead, the prototype serves to flag emerging risks. This, in turn, is intended to trigger a deeper examination of the routes of potentially compounding risks by providing early insights into their multiple dimensions. The compound risk monitor will be continuously improved over time.

[1] INFORM is developing a suite of quantitative, analytical products to support decision-making on humanitarian crises and disasters. The suite will help make decisions at different stages of the disaster management cycle, specifically prevention (INFORM Risk Index), preparedness (INFORM Warning) and response (INFORM Severity)

Disaster Response During a Pandemic: Beirut Port Explosions

Part three: Delivering better

Since the outbreak of COVID-19, international emergency responders around the world have prepared to respond to shocks occurring during the pandemic. It has not been a question of "if" but "when" a major natural or human-made disaster would occur, requiring international assistance.

On 4 August, a large concentration of ammonium nitrate ignited, causing a series of devastating explosions at the Beirut Port. The blasts destroyed most of the facility and flattened surrounding neighbourhoods. Around 200 people were killed and more than 6,500 injured, creating significant immediate humanitarian needs and long-term consequences.

Immediately after the explosions, local and international humanitarian actors began to support the basic needs of thousands of affected people, drawing largely on existing humanitarian capacities and supplies. International urban search-and-rescue (USAR) teams responded to the Government of Lebanon's call for assistance. They relied on self-sufficiency and their COVID-19 preparedness measures during the first phase of the emergency response.

The blast damaged several hospitals and health centres, meaning additional COVID-19 patients would have placed even greater pressure on health workers and resources. USAR teams were tested before boarding for departure to ensure they were COVID-19-free. Teams remained within their "bubbles" on site. They brought enough PPE materials to last several weeks, and they respected all COVID-19 prevention measures while engaging in rescue work with affected communities and local responders.

Relief workers, more broadly, also undertook COVID-19 tests before deployment and upon arrival at Beirut airport. They then quarantined for two or more days, as per Government measures. The virus encouraged relief workers to be more effective, innovative and better coordinated to ensure minimal exposure to vulnerable people. The United Nations Disaster Assessment and Coordination (UNDAC) and the International Search and Rescue Advisory Group (INSARAG) networks were activated through OCHA's Virtual On-Site Operations and Coordination Centre, where teams shared information and updated their deployment status. When possible, meetings were held remotely. Communication on needs and response was carried out through call centres, social media and online platforms. An additional complication for international responders was the quarantine requirement upon return to their home countries – in some cases up to 14 days.

Beirut, Lebanon. A USAR coordination cell at work in Beirut, following the 4 August explosions at the Port of Beirut. Specialists from the UN and Member States, including environmental experts, departed to support USAR operations. These teams also supported rapid assessments and helped to coordinate emergency response activities. *Photo: OCHA*

A 19-member UNDAC team and 13 USAR teams from 10 countries deployed immediately following the request from the Government and the HC. The first INSARAG team arrived 24 hours after the explosion. In the first days and weeks of the response, the teams proved their ability to conduct coordinated search-and-rescue operations and provide critical coordination support to the Government and partners.

INSARAG teams also supported local authorities with the assessment of structural damage and integrity of affected buildings, in addition to the detection of hazardous materials. Activities such as this take place after life-saving operations have ended. They help local authorities and communities to return to homes, shops and businesses and begin to resume other services. During the first three weeks of the response, the UNDAC team was fully integrated with the OCHA Country Office. It provided expertise and support to the HCT, the Government and other humanitarian partners, such as the Lebanese Red Cross, in areas including intersector coordination, mapping and information management, civil-military coordination, emergency logistics and telecommunications, and environmental emergency management.

The support provided to the Government was unique as it took place during a pandemic. The speed of deployment, the management of virus infections and the overall ability to deliver life-saving support are testament to the preparedness and commitment of international teams. The Beirut port explosions lay out valuable lessons for future disaster relief efforts, especially during the COVID-19 era. The pandemic has presented unique challenges but also opportunities to improve communication, collaboration and innovation in preparedness and response, which should become commonplace, even beyond the current virus threat.

Evaluating the UNDAC and INSARAG response to the Beirut port explosion - an overview

Success factors

- Rapid deployment
- Varied range of emergency experts and skills filling critical gaps in the first phase of response:
- Environment; Civil-Military Coordination; Assessment and analysis; Information Management
- Safety and security; Structural damage assessment; Intersector coordination; Emergency logistics, including customs; Emergency telecommunications; Mental health and psychosocial support.
- Long-standing partnerships with key actors, e.g. EU Civil Protection, Red Cross/Red Crescent Movement, global clusters, INSARAG, international think tanks.
- Flexibility in adapting to a new emergency environment.
- Integration with the OCHA Country Office.
- COVID-19 preparedness and management.

Initial lessons learned

- Mobilizing, deploying and withdrawing emergency teams during a pandemic requires specific preparedness measures and management capacity to achieve mission objectives while ensuring duty of care.
- The humanitarian community should explore coordination models that complement the established sector/cluster approach in sudden-onset urban environments, and which require area-based coordination specific to complex urban settings and people's vulnerabilities. For example, in Lebanon, OCHA supported field-based help desks run by NGOs working in different neighbourhoods. These NGOs were attuned to each neighbourhood's specific characteristics in terms of population capacities, needs and vulnerabilities, local governance and power structures, among others.
- Rapid surge deployment (UNDAC) was combined with the capacities and expertise of different international organizations and networks, enabling speedy coordination. For example, UNDAC has a long-standing partnership with the OCHA/UNEP Joint Environment Unit, which allowed environmental experts to be on the ground as fast as possible. This approach should be explored and strengthened with other response networks (e.g. private sector networks) and the IASC.

“Conflict, climate change and COVID-19 have created the greatest humanitarian challenge since the Second World War… together, we must mobilize resources and stand in solidarity with people in their darkest hour of need.”

António Guterres
United Nations Secretary-General
Launch of the Global Humanitarian Overview 2021