



Photo credit: Yemen Humanitarian Communication Network.

OVERVIEW

of the

2013

Consolidated Appeals

and comparable
humanitarian action plans



United Nations



Some of the organizations participating in the 2013 Consolidated Appeals

A Access Aid ACF ACTED ADA ADESO ADRA ALIMA Almassar AORD ARC ARD AVSF AYUUB
B Baniadam BCO BPBSDA BPWO BRAC BRADO **C** CARE International CDoT CEFA CESVI CHF
 International CIS CISP CMA COOPI COSV CPD CRADA CRS CSSW CW **D** Danchurchaid DDG
 Diakonie Emergency Aid DRA DRC **E F** FAO FAR FPDO **G** GFO GHWDO GOAL GVC **H** HAI UK
 HARDO HAT HI **I** IAS ILO IMC Intermon Oxfam INTERSOS IOM IRC IRD IRW **J** JCC JUH **K L** LWF
M MAG Malaria Consortium MDM MEDAIR Mercy Corps Mercy-USA for Aid and Development MERLIN MI
N NCA NHDF NIDAA NPA NPP NRC **O** OCHA Oxfam America OXFAM GB OXFAM Netherlands (NOVIB)
P PA PAH Plan PU-AMI **Q** QC **R** RAWA RI **S** SADO Samaritan's Purse SC SCC Solidarités SOLO
 Sudan RC SYPD **T** TEARFUND Terre Des Hommes TGH **U** UMCOR UN Women UNDP UNDSS UNFPA
 UN-HABITAT UNHAS UNHCR UNICEF UNMAS UNOPS UNRWA **V** VHI VSF **W** WARDI WFP WHO
 WOCCA World Relief WVI **X Y** YME **Z** ZOA Refugee Care

Full appeal documents (including updates and revisions) are available on <http://unocha.org/cap/>. Full project details, continually updated, can be viewed, downloaded and printed from <http://fts.unocha.org>. Please send feedback on this document to cap@un.org.

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Consolidated Appeals for 2013: Fact Sheet (as of 30 Nov 2012)



51 million
people to receive aid



8.5 billion
total funding requested



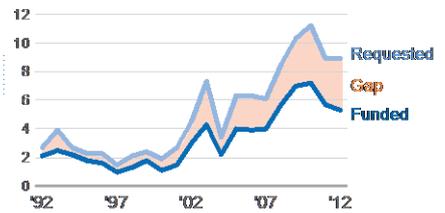
16 affected countries



520 aid agencies appealing

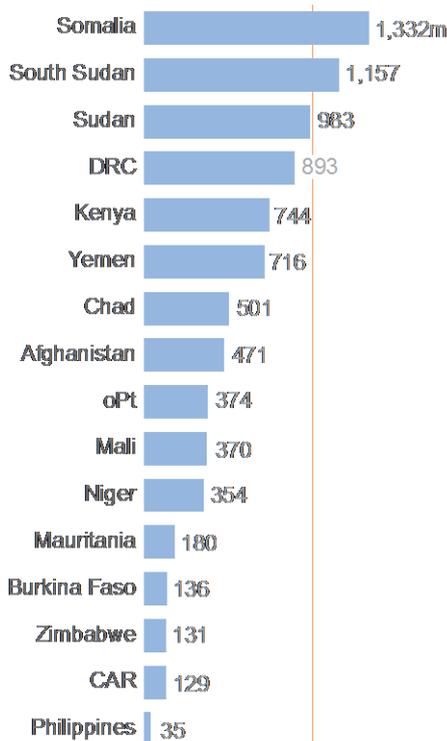
Funding trends

Funding requested and received in billion US\$



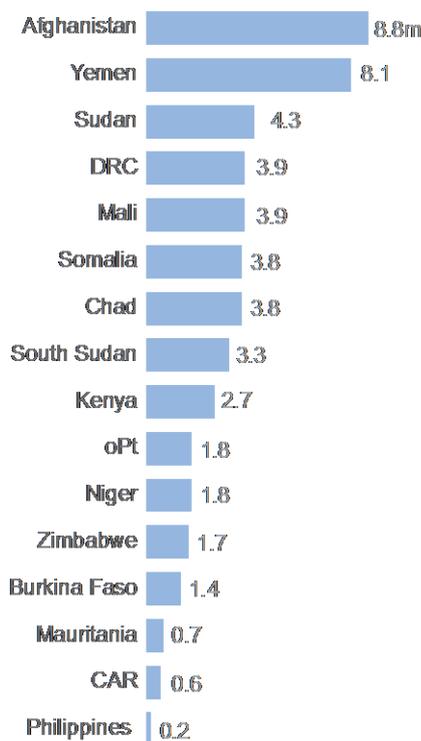
2013

Requirements (in million US\$)



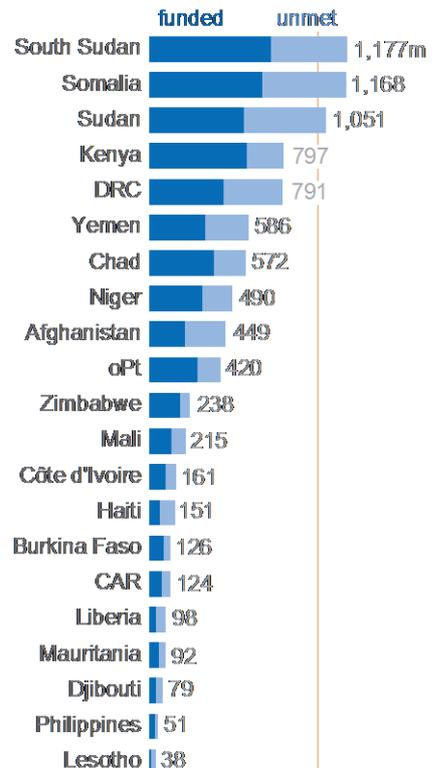
1 billion

Targeted beneficiaries (in millions)

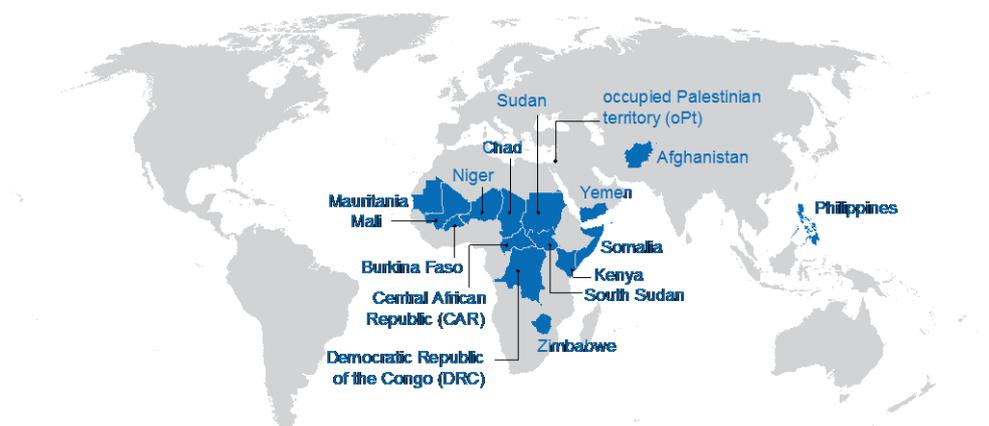


2012

Requirements (in million US\$)



1 billion



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Sources: UNCS, FTS

INTRODUCTION

Humanitarian action in 2013 aims to deliver aid to at least 51 million people in 16 countries who desperately need life-saving assistance. Hundreds of international aid organisations and their counterparts in the affected countries have come together to share and analyse information on humanitarian needs, to make a unified strategic response plan, and to organise implementation so as to deliver aid as effectively as possible to those most in need. Delivering emergency aid is a vital contribution of the international humanitarian community in situations where national government capacity is stretched.

These people in need may be displaced from their homes and cut off from their livelihoods. They may have lost access to essential services—health care, physical security, education. They may be re-settling in their communities after displacement but without shelter, safe water sources and sanitation, livelihoods, and other means for survival. Poor harvests, loss of livestock, and other stresses may have made them unable to feed their children or care for their elderly. The humanitarian imperative is to meet all of these needs—the specific needs of women, girls, boys and men—plus take every opportunity to help people restore their self-sufficiency, security and dignity.

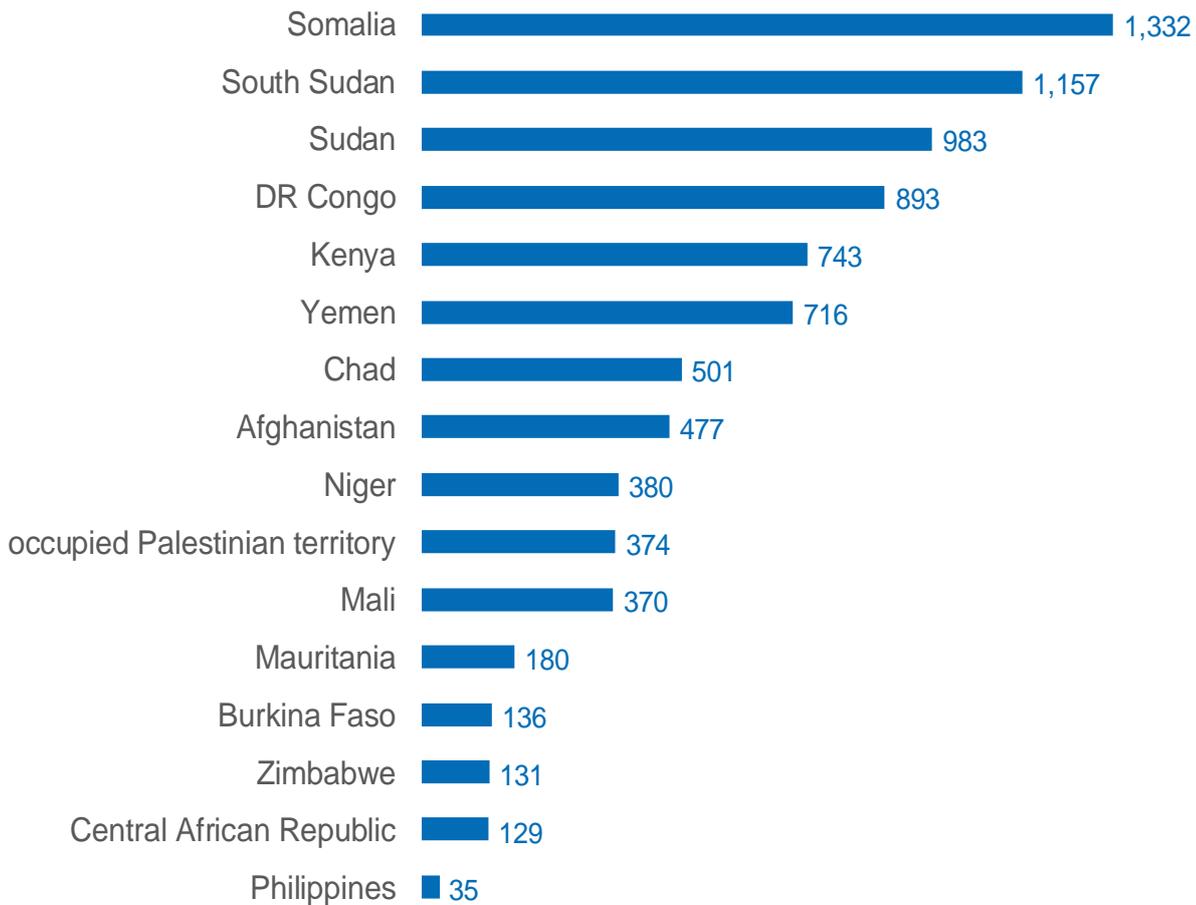
International humanitarian actors are the outermost circle of help for these people. Neighbours, communities, civil society organizations, businesses, local and national governments, and diasporas are almost always the first responders and, throughout a protracted crisis, the most important providers of aid. Governments' ability to respond has been strengthening over the last decades, with efforts to reinforce preparedness and response capacity. The international humanitarian system recognizes this central role that affected people, local communities, and a range of other local actors have in coping with a crisis, supporting each other, and rebuilding their lives. International humanitarians supplement and support these main providers of aid.

The circle of international humanitarian action is widening: implementing organizations and donors from many regions are now more recognized for the scale and success of their contributions, which were so evident in the response to the Horn of Africa famine in 2011. As there is no let-up in humanitarian needs around the world—and indeed a prospect of deepening needs if climate trends continue—the full capacity of all parts of the international humanitarian system will be tested and new ways of working need to be developed: new partners, innovative ways of responding, better early warning and early action, preparedness, and faster recovery to limit interruptions to development.

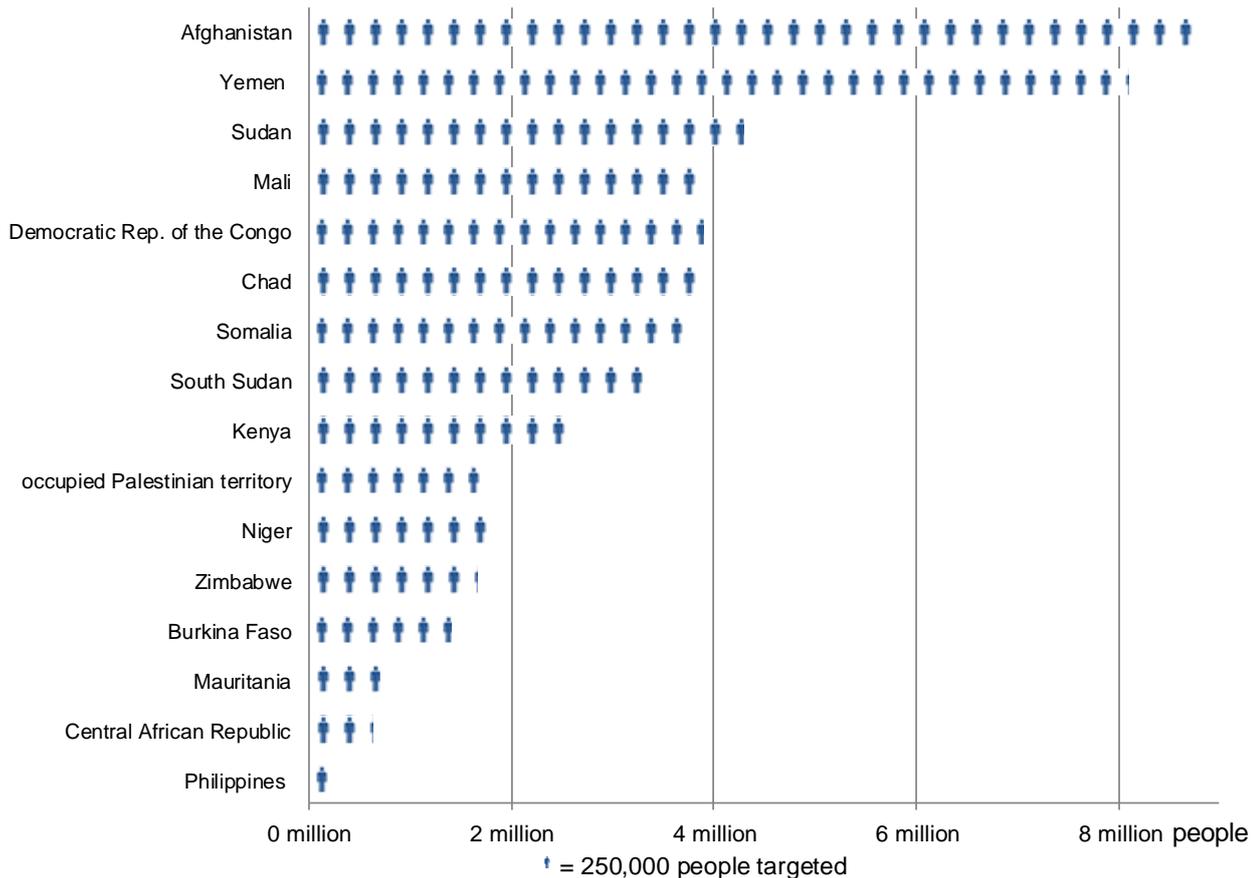
Coordinated humanitarian methods will continue to improve in 2013, building on recent experience in the consolidated appeal process and the Transformative Agenda. Needs assessments will be further harmonized, and the results jointly analysed so as to enable planning based on a clear quantitative and qualitative understanding of the needs and priorities of all segments of the affected communities. Common strategic planning and budgeting will be further strengthened to provide a clearer framework for programme and project planning. Consolidated appeals will draw on the plans to advocate funding at the required levels. The gender marker will continue to be used to improve impact of response. Strategic objectives and indicators will be monitored and reported on more systematically, to support informed decision-making by humanitarian leaders.

To achieve the humanitarian objectives in these major crises in 2013, voluntary contributions amounting to US\$ 8.5 billion will be necessary.

2013 Requirements per appeal



Number of people targeted for aid per appeal



SPOTLIGHT ON ACUTE CRISES

In **Yemen**, the deepening food and nutrition crisis and continuing conflict in parts of the country have greatly increased the number of people needing humanitarian aid. The 2013 CAP for Yemen aims to deliver aid to 8.1 million people, up from 6 million in 2012. More than half of the population is affected by the crisis and a third is targeted for humanitarian aid. Thirteen million people do not have access to safe water and sanitation, 10.5 million are food-insecure, 432,000 are displaced, and 90,000 children do not have access to education. There are 100,000 vulnerable migrants passing through Yemen annually and over a quarter of a million refugees are now hosted in Yemen. Almost a million Yemeni girls and boys under five are suffering from acute malnutrition, of whom 250,000 suffer life-threatening severe acute malnutrition.

The humanitarian situation in **Syria** continues to deteriorate, with 2.5 million people now needing aid, and no abatement in the fighting. Insecurity continues to impede access and, in turn, basic humanitarian assessment, delivery and monitoring, though agencies on the ground have made significant strides in finding methods that work in this context. The Government of Syria is preparing a new Syria Humanitarian Assistance Response Plan in coordination with the Humanitarian Country Team to cover the first half of 2013, to be released in mid-December alongside a new Regional Response Plan for Syrian refugees for 2013.

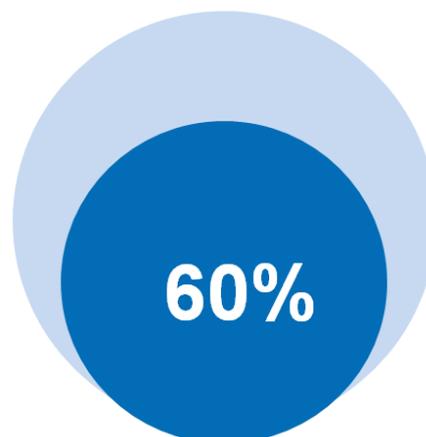
Food security and nutrition in **the Sahel** have improved somewhat since the acute crisis earlier in 2012, following better rains and harvests in the last few months. However the effects of the recent crisis are not so quickly erased: many households did not have the materials to cultivate to the full extent and so did not benefit from the rains. Supporting communities to get back on their feet at the earliest time possible is vital for communities to rebuild their lives, and withstand future droughts. The effects of negative coping measures and loss of assets will persist unless remedied. The on-going rebellion in northern **Mali**, and possible regional military response to it, will have profound effects in 2013 in Mali and its neighbours.

Effects of the recent fighting in **Gaza (occupied Palestinian territory)** are now being assessed.

The **Democratic Republic of the Congo** may be entering a new phase of civil conflict, with rebels from the 'M23' group occupying the eastern border city of Goma for two weeks. This group's movements in recent months have displaced at least 140,000 people in Goma alone, and more elsewhere in North Kivu province. Humanitarian agencies are stepping up their effort on the ground to provide emergency humanitarian assistance to the most vulnerable. NGOs and UN Agencies provide the displaced with water, food, basic necessities and medical care, including for the wounded. Humanitarian protection activities are equally important in this context, including assistance to victims of sexual violence and reuniting separated children with their families. Humanitarians are also facing an additional challenge with the contamination of many areas by explosive remnants of war, particularly north of Goma. Some of the displaced people have already chosen to leave the crowded camps in Goma to return to their homes, where the fighting has stopped. However, thousands of people are at the same time fleeing armed groups' brutal attacks which are on the rise in other areas of North Kivu, particularly in Masisi. The situation will remain volatile and hundreds of thousands of people will continue to depend on emergency aid for their survival.

REVIEW OF 2012 FUNDING

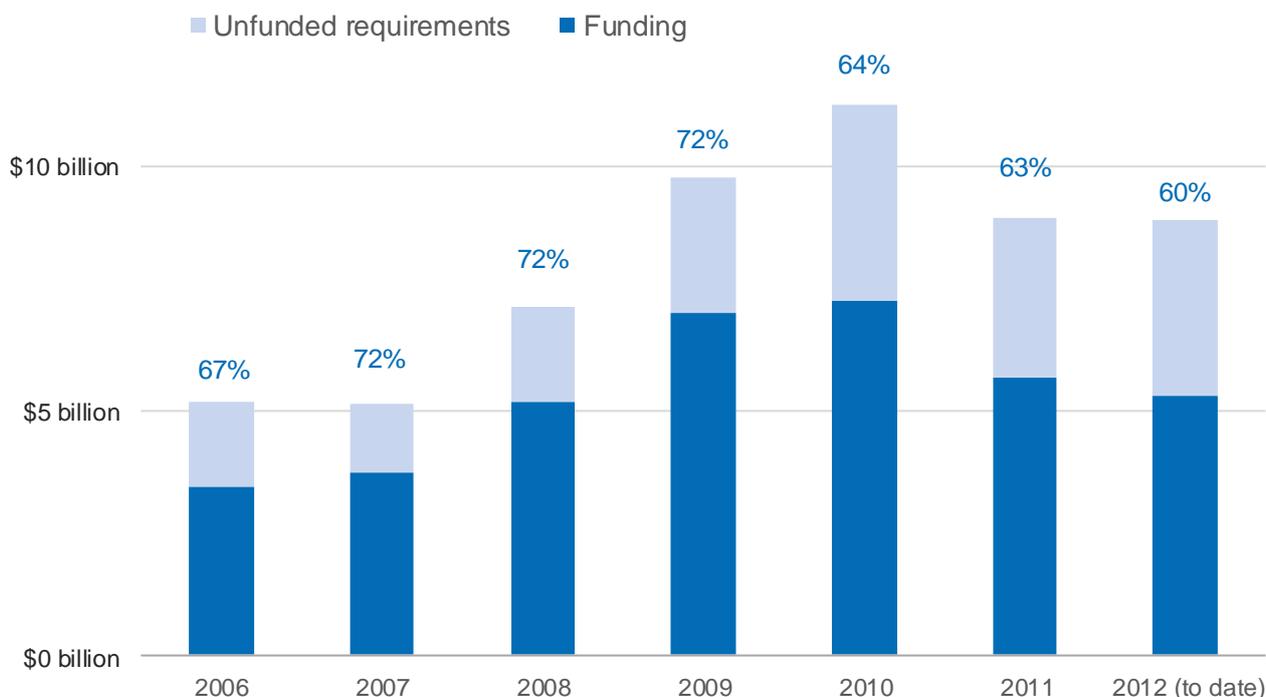
Amid challenging economic conditions and downward pressure on donor budgets, humanitarian appeal funding has shown a moderate decline in 2012 compared to the average over the last five years (measured at end October). Funding for 2012 consolidated and flash appeals in dollar terms (US\$5.3 billion¹) and in proportion to requirements (60%) is on track to reach the same level as in 2011, though considerably less than 2009 and 2010 (\$7.0 billion and \$7.2 billion respectively). Unmet requirements are \$3.6 billion, similar to last year and less than the final unmet requirements of 2010, but still well above the level of previous years (see chart below).



\$5.3 billion funded
\$8.9 billion required

This parallels the trend in reported worldwide humanitarian funding, which peaked in 2010 despite the global economic recession, driven by the mega-disasters of the Haiti earthquake and the Pakistan floods. Worldwide funding maintained a high level in 2011 (though less than in 2010), with the famine in Somalia and the food and nutrition crisis elsewhere in the Horn of Africa generating a major funding response. Now, in 2012, funding seems to have declined to a level similar to that of 2008, despite greater requirements.

CAP and flash appeal funding, unfunded requirements, and % covered, 2006-2012

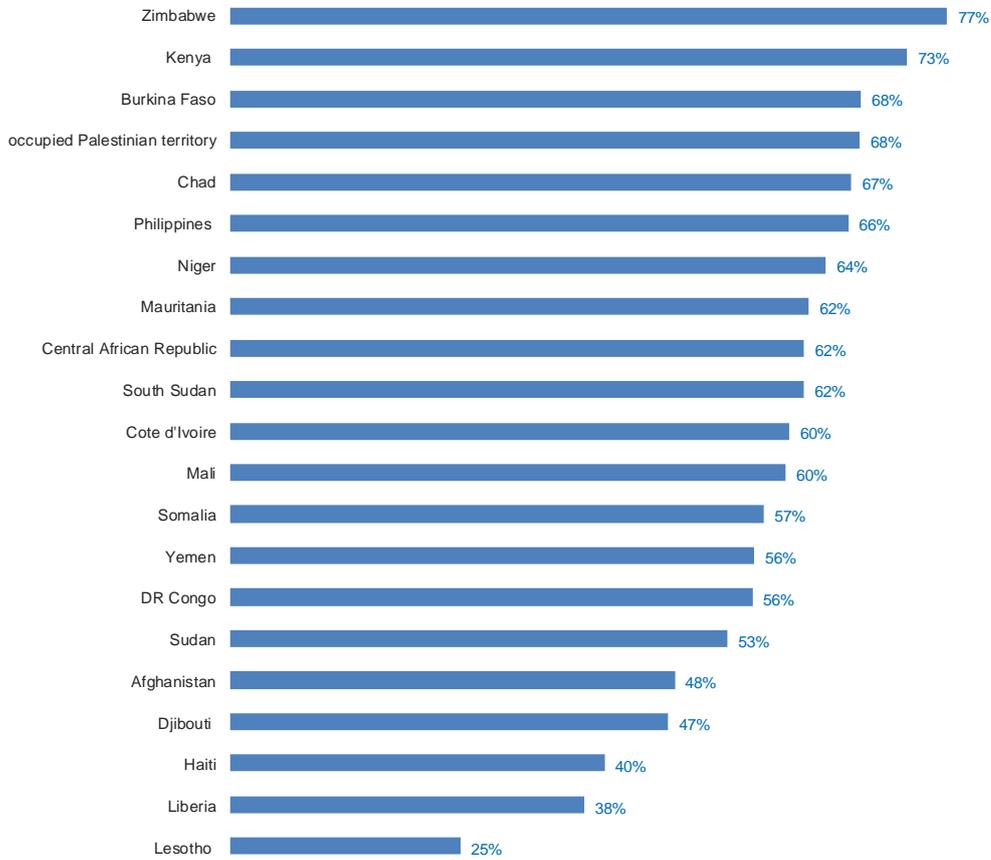


¹ All dollar signs in this document denote United States dollars.

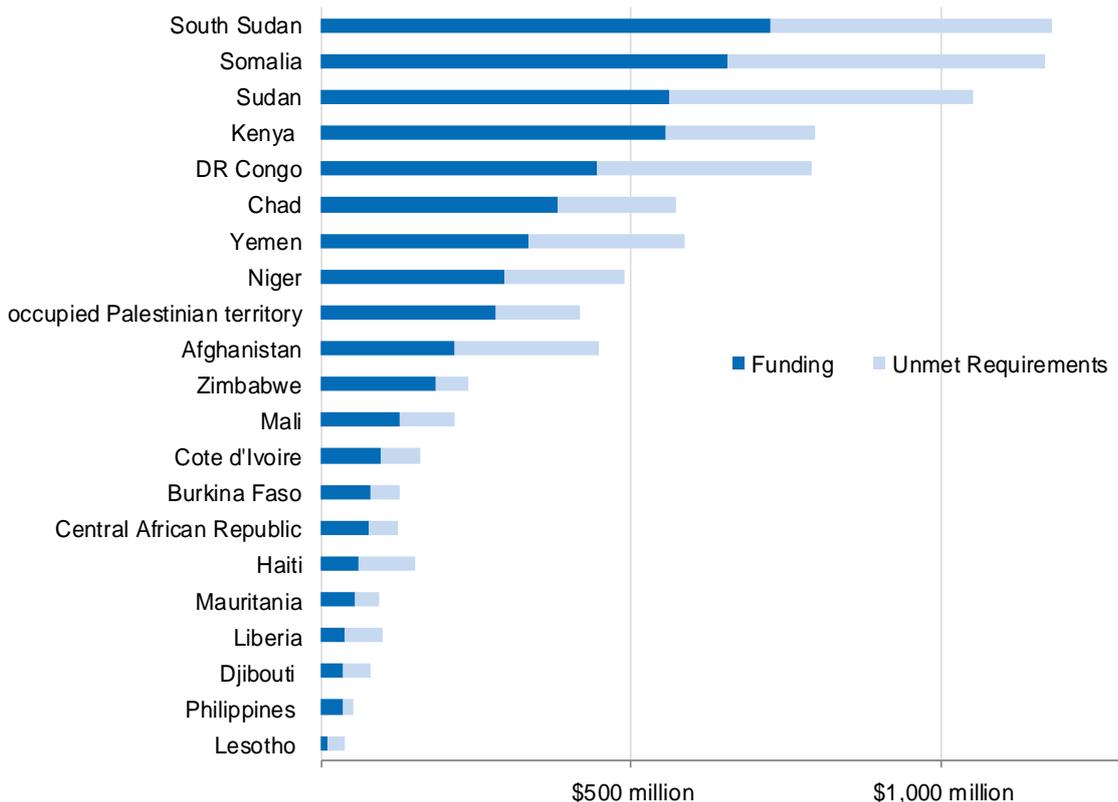
OVERVIEW OF THE 2013 CONSOLIDATED APPEALS

Funding levels among 2012 appeals differ greatly. The best-funded appeals in proportion to requirements are Zimbabwe, Kenya, OPT, Chad, and the Philippines (see chart below). The three least-funded appeals are Lesotho (a flash appeal issued in September), Liberia and Haiti. Somalia, Sudan, South Sudan, DR Congo, and Yemen have the most unfunded requirements.

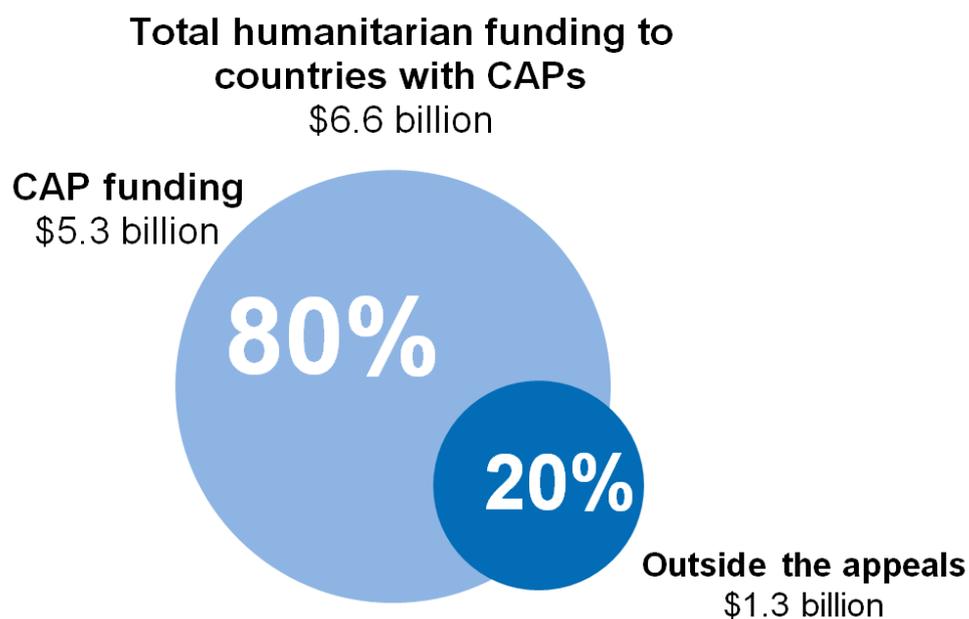
Percent of requirements funded per 2012 appeal



Funding in \$ terms per 2012 appeal



CAPs, where they are done, continue to attract a large majority of humanitarian funding for that crisis. In 2012 to date, actions highlighted in the CAPs attracted 80% of the total international humanitarian funding for those crises.



The Central Emergency Response Fund (CERF) has channelled \$252 million to actions planned in 2012 consolidated and flash appeals (about 5% of total funds for those appeals), either because of under-funding of key actions or for rapid response to sudden worsening. The CERF also channelled over \$200 million to situations without an explicit appeal in 2012, though most of the largest recipients (Syria, Pakistan, DPR Korea, and Myanmar) have comparable humanitarian action plans.

The five country-based Common Humanitarian Funds (CHF) in Central African Republic, Democratic Republic of Congo, Somalia, South Sudan and Sudan have channelled \$329 million to projects in consolidated appeals. This accounted for 13% of total funding for the appeals in these five countries.

Emergency Response Funds (ERFs) have allocated \$61 million in 2012 in 13 countries. These allocations primarily focused on unforeseen actions not planned in the appeals, but sometimes also on critical gaps in the appeals.

Together the CERF, CHFs and ERFs jointly allocated \$600 million to 2012 consolidated and flash appeals, which accounted for 12% of the overall funding for the appeals this year. (See table overleaf.) Total global allocations from these funds were \$850 million, which is 8% of global humanitarian funding to date in 2012.

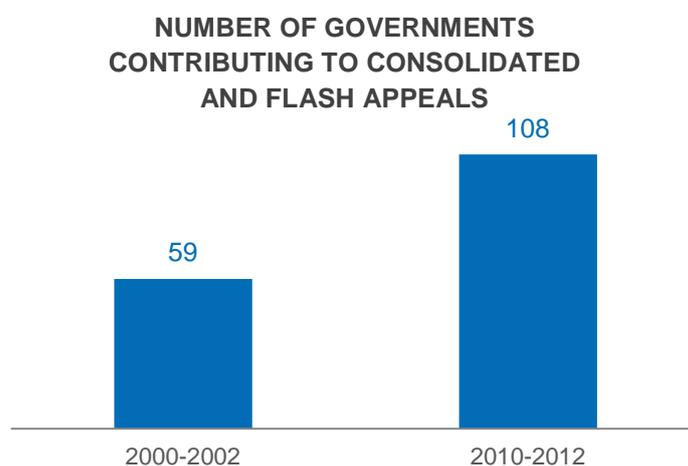
Allocations from these funds had strategic significance for delivery of humanitarian aid in 2012, as they were decided through participatory processes at the country level and thus targeted key humanitarian projects not funded, or poorly funded, by direct donor grants.

OVERVIEW OF THE 2013 CONSOLIDATED APPEALS

Country / appeal	CERF allocations to 2012 appeals (\$) (rapid response and underfunded)	CHF allocations to 2012 appeals (\$)
Afghanistan	9,995,396	
Burkina Faso	14,869,587	
CAR	7,991,212	5,879,393
Chad	17,064,836	
Côte d'Ivoire	9,484,255	
Djibouti	4,019,325	
DRC	31,486,288	58,325,477
Haiti	10,885,228	
Kenya	2,000,830	
Lesotho	6,220,011	
Mali	12,954,347	
Mauritania	7,452,757	
Niger	25,309,716	
Philippines	6,936,150	
Somalia		89,213,627
South Sudan	40,044,091	98,447,528
Sudan	20,158,449	76,811,603
Yemen	23,460,435	
Zimbabwe	2,006,304	
TOTAL	252,339,217	328,677,628

(Note: funding data presented in this document have been collected and compiled by the Financial Tracking Service (FTS) from reports from donors, agencies and pooled funds received by 30 November 2012. These data are not based on certified financial statements and therefore can only serve as an approximate indication of humanitarian funding flows in 2012.)

In recent years, many more Member States are directing humanitarian contributions to actions in multi-lateral appeals—nearly doubling since 2000.



THE TRANSFORMATIVE AGENDA AND NEW DIRECTIONS IN THE CONSOLIDATED APPEAL PROCESS

Needs assessment and analysis

All CAPs already have a certain basis in assessment and analysis of needs, but to varying degrees. Assessments are taking place, but proper analysis is challenging without harmonization—which means that different assessments’ methods and indicators should be compatible, so as to allow their results to be compiled into a comprehensive country-wide dataset for strategic analysis.

Needs analysis is the critical step between assessment and the conception of a humanitarian strategy. It synthesizes the quantitative and qualitative information, looks for patterns and interactions, and applies experience, imagination and intuition to identify underlying causes and highest priorities. Reinforcing field staff skills in needs analysis, and devoting necessary support to these exercises, must be a priority for Humanitarian Country Teams and aid agency headquarters. The humanitarian community is working to rapidly advance the technical tools and coordination arrangements behind harmonisation, and to achieve clearer, better joint analyses of needs.

Needs analysis must be based on clear comprehensive quantitative information, and this information must be managed with the best possible information technology. The latter is sometimes a stumbling block for wider humanitarian analysis. There is no one information management tool in widespread use across clusters to record and map how many people have which types of need in which places. The lack of, for example, simple and powerful mapping and statistical functions that many other professions use can impede needs analysis and detailed cluster-level planning. Accordingly, the IASC is making strides in mapping and linking various datasets and matching software between different clusters.

Strategies

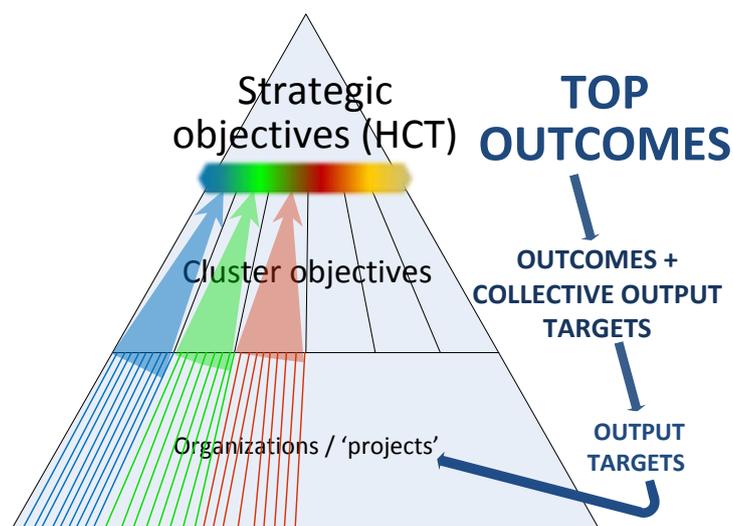
A key objective of the Transformative Agenda is to make CAPs more strategic. IASC policy has long stated that the consolidated appeal process should comprise “pre-disaster planning, assessment of needs, strategic planning, appeal formulation, and post-appeal activities” (including monitoring or “reporting”). This is what is now commonly referred to as the ‘humanitarian programme cycle.’ In the past few years, especially in response to the Transformative Agenda, the IASC has strengthened the guidance on the conception and articulation of humanitarian strategies, and re-arranged the CAP development calendar to include

an explicit step of reviewing the draft strategy in country and at the HQ level. A strategy should present a convincing ‘game plan’ as to how to meet the priority challenges, and clear decisions on the dilemmas that are inherent to humanitarian response. It should set clear boundaries to humanitarian action, especially since most major crises happen in contexts of general deprivation and poverty-related need. They should set objectives that are context-specific, results-based and measurable. There has been consequent improvement in strategies. However, most strategies could still be better, and the IASC will keep working to fulfil this Transformative Agenda action point. This is likely to include further distinction between the strategic humanitarian plans and the fundraising tools, to ensure that practitioners give proper attention to needs analysis, planning and the development of monitoring frameworks.

Monitoring

In the Transformative Agenda, better monitoring is key to both effectiveness—real-time information allowing management decisions and course corrections—and accountability. As a first step in the development of an overall monitoring framework, the IASC has strengthened the guidance and quality control of the monitoring component of the CAP to include cluster and strategic objectives in a measurable form—in parallel with the improvement in strategic planning—and reporting on results to date. Consequently most clusters in most CAP countries are stating clear and measurable objectives at output and outcome levels, with real-time monitoring and reporting in the mid-year CAP reviews. The Gender Marker is a tool to assist in this process and its use has progressed over the last three years. There is also some improvement in the more difficult area of measuring strategic indicators.

CAP guidelines now promote a clear planning hierarchy in which strategic objectives determine cluster objectives, which influence agency-specific objectives and actions. This is part of the on-going development of the monitoring framework which the IASC is now pursuing as part of the Transformative Agenda. The IASC is designing or adapting monitoring publications (such as periodic implementation updates and end-of-year reports), so that monitoring information does not have to be included in already-lengthy appeal documents.



Strategic plans and appeals without projects specified in advance

Coordinated project-level planning has been practiced in most CAPs for two main purposes: as a way of exchanging planning information within clusters (to choreograph coverage of needs and to allow peer review of budgets and capacities), and as a guide and enticement to donors (guiding them as to who is proposing to do what where, and giving them some detail about what exactly would be implemented with their funds).

However there are disadvantages to this practice, which in some countries are significant. For many clusters, coordinated project planning *en masse* is too complicated to do well in the time-bound CAP preparation period, and moreover it tends to compress and cut short the crucial strategy development. Some situations are so unpredictable, especially in terms of needs and access, that it is futile to try to specify actions and locations in advance. Lastly, in a few CAP countries, donors direct a large proportion of their grants to projects not coordinated in the cluster or CAP, some of which presumably cover the same needs as the cluster's planned projects. This makes part of the cluster planning unproductive. It also creates a confusing analysis of funding 'inside the CAP' vs. 'outside.'

The Humanitarian Country Teams in DR Congo (since 2007) and Zimbabwe (since 2011) have tried to remedy these problems by experimenting with an approach in which planned actions are itemized and budgeted in detail during CAP development, but responsibility for implementation is not specified in advance, and cluster funding requirements for appeal purposes are calculated generically (based on a cost per beneficiary or per service) rather than by individual organizations. Instead of having a project list as a guide, donors can consult with clusters as to potential recipients whenever the donors are ready to make grants, and organizations are expected to provide project information for mapping purposes after they obtain funding, not before.

These experiments have yielded both advantages and drawbacks. Nonetheless, the problems that this approach addresses are real, and some of the approach's elements are likely to succeed in other contexts. More CAPs in the future may adopt a hybrid system in which project planning in clusters is gradual and progressive, whenever each cluster or organization becomes clear about its plans, rather than compressed into the main CAP development period. (Afghanistan is experimenting with this mixed approach for 2013, drawing on HQ support for the mapping and budgeting methods.) This retains the merits of coordination and peer review, guidance to donors, and making responsibilities clear.

SUMMARIES OF THE 2013 CONSOLIDATED APPEALS (AND SIMILAR HUMANITARIAN ACTION PLANS)

COUNTRY	2013 REQUIREMENTS (\$)	2012 REQUIREMENTS (\$)	% change
Afghanistan	477 million	448,291,997	7%
Burkina Faso	136 million	126,291,997	8%
Central African Republic	129 million	124,011,764	4%
Chad	501 million	571,946,997	-12%
DR Congo	893 million	791,331,026	13%
Kenya	743 million	795,005,122	-7%
Mali	370 million	214,265,331	73%
Mauritania	180 million	94,236,507	91%
Niger	380 million	489,640,803	-22%
occupied Palestinian territory	374 million	415,418,629	-10%
Philippines	35 million	51,231,830	-32%
South Sudan	1,157 million	1,165,801,476	-1%
Somalia	1,332 million	1,164,871,954	14%
Sudan	984 million	1,051,018,271	-6%
Yemen	716 million	584,440,278	23%
Zimbabwe	131 million	238,444,169	-45%
Total	8,539 million	8,873,971,589*	-4%

*This figure is more than the sum of the column because it includes requirements of 2012 appeals not repeated in 2013 or not yet completed (Côte d'Ivoire, Djibouti, Haiti, Liberia, Lesotho flash appeal), to be consistent with FTS on-line tables.



Young girls and mothers (IDPs from the South) at a Community Managed Acute Malnutrition (CMAM) center in a Kabul Informal Settlement (KIS). Hygiene promotion and treatment with ready-to-use therapeutic food for children are part of this CMAM activity. Photo credit: Spiros Konstantakos, Kabul, July 2012.

In 2013, **Afghanistan** will continue on the path of security transition from international forces to Afghan forces. More than 75% of the country will be under national security control by midyear. However, it is unlikely that this security transition, and the eventual withdrawal of international military forces by the end of 2014, will be matched by a transition from conflict to stability. The worsening conflict trends over the last five years indicate that civilians will continue to suffer because of armed violence and that the humanitarian situation will deteriorate.

Insecurity remains the biggest determinant of humanitarian need. Armed conflict prevails in large parts of the country. It causes significant physical and psychological harm to civilians, as well as displacement and deprivation of basic services. Reinforcing the protection of civilians is therefore the predominant objective of the humanitarian community in 2013, and all sectors have plans in place to advance this goal.

Natural hazards and disasters are

endemic in Afghanistan and affect 250,000 people every year. Chronically impoverished and conflict-ridden communities are so vulnerable that even small-scale natural hazards can have a devastating effect on people's lives. Building resilience at the community level is therefore critical for 2013 and will cut across all sectors of humanitarian response.

Despite significant development gains over the last decade, Afghanistan scores low across a range of humanitarian indicators. The country is consistently at the bottom of development and humanitarian ranking lists of UNDP, ECHO and OCHA. Thirty-four years of conflict and recurrent natural hazards have left the population in a state of deep vulnerability, and many people's coping mechanisms are exhausted. In addition to an internally displaced population of 450,000 people, Afghanistan also has the largest population of refugee returnees in the world—5.7 million people, with many more to come from neighbouring Pakistan and Iran.

The ability of Afghanistan's most vulnerable people to access life-saving assistance—from the conflict-affected south and east to the disaster-prone north—is inhibited by numerous factors. Humanitarian presence in conflict areas remains limited, as many organizations refrain from assessing needs and delivering aid in a largely adverse environment. Negotiating access is becoming increasingly difficult because of radicalization, fragmentation and foreign influence on armed opposition groups. Physical access constraints are also significant, especially during winter when heavy snowfall cuts off many rural areas from district centres.

OVERVIEW OF THE 2013 CONSOLIDATED APPEALS

Over the last decade the humanitarian sector has been fairly well funded, largely as a by-product of unprecedented international development assistance flowing into the country. However, this is rapidly ending with international military withdrawal, a globally tougher funding climate and donor fatigue with Afghanistan.

Faced with these challenging circumstances, the humanitarian community is focusing on the greatest needs and on better assisting and protecting the most vulnerable people. The 2013 CHAP will provide humanitarian actors and donors with a better analytical basis for prioritizing interventions and funding. It features a ranking of provinces according to need. The ranking reflects the best-available information while acknowledging gaps in data. The top five provinces are Kandahar, Ghazni, Hilmand, Khost and Kunar, reflecting the high prevalence of conflict-induced needs in the south and south-eastern regions.

Consolidated Appeal for Afghanistan: Key parameters 2013

Planning and budgeting horizon	January – December 2013
Key milestones in 2013	<ul style="list-style-type: none"> • First planting season: Mar-Apr • Harvest season: Jun-Sep • Second planting season: Sep-Oct • Peak food aid pre-positioning: Aug-Oct • 75% of the country under national security control: May 2012 • Security Transition Tranches 4 and 5 tbc. • Fighting season Apr-Nov
Target beneficiaries	Most vulnerable IDPs, returnees, civilians caught up in conflict and natural disasters
Total funding requested	\$471 million
Average cost per intervention, per beneficiary	\$54

Cluster	2013 requirements (\$)
Coordination	29,762,477
Education	15,104,240
Emergency shelter	20,021,000
Food security and agriculture	103,428,067
Health	16,913,808
Multi-sector	113,878,660
Nutrition	34,515,522
Protection	111,839,755
Water, sanitation and hygiene	26,000,000
Total	471,463,529

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HUMANITARIAN DASHBOARD AFGHANISTAN

Crisis Description

Drivers of humanitarian needs:

1. Acutely low humanitarian indicators
2. Insecurity
3. High exposure to natural hazards
4. Internal displacement
5. Increasing urbanization

Baseline

Population (CSO/GoA, 2012-2013 estimate)	27.0 m
GDP per capita in current \$, 2011 (World Bank national accounts data, and OECD National Accounts)	\$576
% of population living with income less than cost of basic needs (MDG – Islamic Republic of Afghanistan Annual Progress Report, 2010 based on NRVA 2007/08)	36%
Life expectancy at birth (UN Population Division estimates, 2010)	49.3 years
Under-five mortality per live births (UN MDG, 2011)	101 / 1,000
Under-five global acute malnutrition rate (SMART surveys 2011, 2012)	5-10 %
% of population using an improved water source (MICS 2012)	56.7%

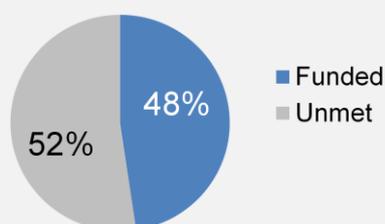
Funding

2013 REQUIREMENTS

\$471 million

2012 REQUIREMENTS

\$448 million



Strategic Objectives

1. Reinforce the protection of civilians
2. Reduce mortality and morbidity
3. Assist the displaced, returnees and host communities
4. Restore livelihoods for the most vulnerable
5. Cross-cutting: Gender, Environment, Resilience

People in need

OVERALL CASELOAD

Cluster/Sectors	Total Afghans affected	Total Afghans targeted	% of affected Afghans targeted
Aviation Services		30,000	100%
Education	4,480,462	988,231	22%
ES/NFI	700,000	260,000	37%
FSAC	1,100,234	1,008,746	92%
Health	3,190,000	1,680,000	53%
Multi-Sectoral	4,847,500	1,149,500	24%
Nutrition	6,040,725	878,923	20%
Protection*	18,258,504	7,708,708	42%
WASH**	5,240,000	1,732,000	33%

* The total figure includes a double count of some beneficiaries such as civilians in conflict zones and IDPs.

** The total figure of people affected includes duplicate beneficiaries for access to water and sanitation/hygiene promotion.

DISPLACEMENT

445,856 internally displaced people (IDP) due to conflict 2,502 families displaced due to natural disasters	5.7 million returnees	2.7 million Afghans in Iran and Pakistan
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Source: Protection cluster

FOOD SECURITY

34% Food-insecure people (approximately 9 million with 2.1 million severely food-insecure)	85,722 GAM cases (global acute malnutrition)	19,330 SAM cases (severe acute malnutrition)
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Source: FSAC and Nutrition Cluster

OVERVIEW OF THE 2013 CONSOLIDATED APPEALS



Credit: OCHA, Afghanistan, 2012



Informal settlement in Kabul, Afghanistan (10 May 2012)
Credit: OCHA/Christophe Verhellen



BURKINA FASO

Consolidated Appeal

2013



UNITED NATIONS

Beneficiaries working on the compacting of an earth dike, a cash and food-for-work activity in the North region (Burkina Faso, 2010). Photo credit: WFP, Celestine-Ouedraogo.

The 2012 Sahel food and nutrition crisis severely affected **Burkina Faso**. A joint WFP/Government assessment indicates that more than 2.8 million people were affected by the crisis in 2012, mainly caused by sparse and erratic rainfall, which led to poor harvests.

On 1 March 2012, the Government of Burkina Faso declared a national emergency based on the agricultural deficits in 2011 and 2012 and called for national and international solidarity in response to the crisis. A consolidated appeal for Burkina Faso was launched in May 2012 for a duration of eight months.

Despite regular rainfall since July 2012, sufficient for what is expected to be at least an average harvest, households' food security remains fragile. Vulnerable communities' assets are exhausted from coping with the food crisis, highlighting the need to continue the support to food-insecure people and to restore livelihoods

in order to improve their resilience to shocks. The severe depletion of very poor and poor households' assets has seriously

harmled their food security situation beyond the next harvest into 2013 and leaves them vulnerable to further shocks.

The influx of Malian refugees into Burkina Faso following the outbreak of political violence in northern Mali in early 2012 has further complicated the situation in Burkina Faso. According to UNHCR, as of 31 October 2012, 35,859 Malian refugees were registered in Burkina Faso. Most of them have arrived in the Sahel region, in the provinces of Oudalan and Soum, which were already seriously affected by the drought. Multi-sectoral assistance for a target population of 50,000 people is urgently needed for the coming year.

This Consolidated Appeal 2013 will therefore continue to contribute to the Government's efforts to provide humanitarian aid to the most vulnerable communities, ensuring greater linkages with development programmes so as to build medium- to long-term resilience to recurrent shocks.

Based on the food, nutrition and refugee crisis, the humanitarian community in Burkina Faso has identified four strategic objectives for the 2013 CAP:

- To provide humanitarian aid to communities suffering from or threatened by food insecurity while capitalizing on opportunities in the emergency response to foster the self-reliance and resilience capacity of affected populations and rebuild livelihoods to implement time-critical early recovery activities.

OVERVIEW OF THE 2013 CONSOLIDATED APPEALS

- To provide humanitarian aid to children under five with moderate or severe acute malnutrition.
- To prevent and control outbreaks and reduce morbidity and mortality rates.

- To provide multi-sectoral assistance to refugees from Mali and/or potential displacements and support to host communities.

The Consolidated Appeal for Burkina Faso seeks US\$135.5 million for 52 projects.

Consolidated Appeal for Burkina Faso: Key parameters 2013

Planning and budgeting horizon	January – December 2013
Key milestones in 2013	<ul style="list-style-type: none"> • 2 December 2012: Legislative and communal elections • March 2013: Publication of final results of the 2012-2013 agricultural season • April 2013: Inter-agency contingency planning revision
Target beneficiaries	<ul style="list-style-type: none"> • 724,780 for agriculture • 1,400,000 for food assistance • 50,000 for multi-sector (refugees) • 581,000 for nutrition • 60,000 for protection • 20,000 refugee and host community children at risk of abuse, violence and exploitation • 23,400 for education • 587,550 for WASH • 253,895 for early recovery • 7,405,530 for health
Total funding requested	US\$ 135.5 million
Funding requested per beneficiary	\$ 93.4

Cluster	2013 requirements (\$)
Agriculture	15,985,266
Child protection	2,846,601
Coordination	1,339,141
Early recovery	4,358,151
Education	1,443,430
Food assistance	14,240,826
Health	7,116,962
Multi-sector for refugees	46,784,130
Nutrition	32,845,903
WASH	8,580,409
Total	135,540,819

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HUMANITARIAN DASHBOARD BURKINA FASO

Crisis Description

Drivers of crisis:

The food insecurity and nutrition crisis in the Sahel region has severely hit Burkina Faso, affecting more than 2.8 million people in 2012.

Despite regular and sufficient rainfall since July 2012, households' food security is expected to remain fragile.

The on-going food and nutrition situation in Burkina Faso has been exacerbated by the refugee influx following the outbreak of political violence in northern Mali.

Needs Profile:

In the Sahelian area of Burkina Faso, 90% of the population is dependent upon agriculture and livestock as a means of living,

In 2012 GAM rate is 10.9% at the national level, compared to 10.3% in 2011. The regions of Centre North, East, North, Centre and Boucle de Mouhoun had the highest GAM rates at 13.6%, 12.6%, 12.2%, 11.8% and 11.1% respectively.

If fighting in Mali were to resume, up to 130,000 individuals could seek asylum in Burkina Faso. The majority of the current population is nomadic, and consisting of three tribes: the Arab, Tuareg and Bella tribes.

Baseline

Population (World Bank, 2011)	17 m
GDP per capita in PPP constant international \$ (Human Development Report 2011)	\$1141
Life expectancy (World Bank 2011)	55 years
Under-five mortality per live births (DHS 2012)	129/ 1,000
Under-five global acute malnutrition rate (Ministry of Health UNICEF 2011)	10.3%
% of pop. without sustainable access to an improved drinking water (UNDP HDR 2011)	79%
Human Development Index (UNDP HDR 2011)	0.331 (181/187)

Strategic Objectives

1. To provide humanitarian aid to communities suffering from or threatened by food insecurity while capitalizing on opportunities in the emergency response to foster self-reliance and resilience capacity of affected populations and rebuild livelihoods to implement time-critical early recovery activities;
2. To provide humanitarian assistance to SAM and MAM cases among under 5 children;
3. To prevent and control outbreaks and reduce morbidity and mortality rates.
4. To provide multi-sectoral support to current refugees and potential influx of refugees from Mali and/or potential displacements and support to host communities.

People in Need

REFUGEES: Planning figure

50 000
Mali refugees

Source: CAP 2013

FOOD SECURITY

1,700,000
Food-insecure people

430 000
GAM cases
(global acute malnutrition)

100 000
SAM cases
(severe acute malnutrition)

Source: CAP 2013

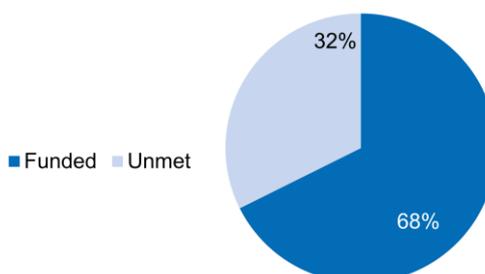
Funding

2013 REQUIREMENTS

\$135.5 million

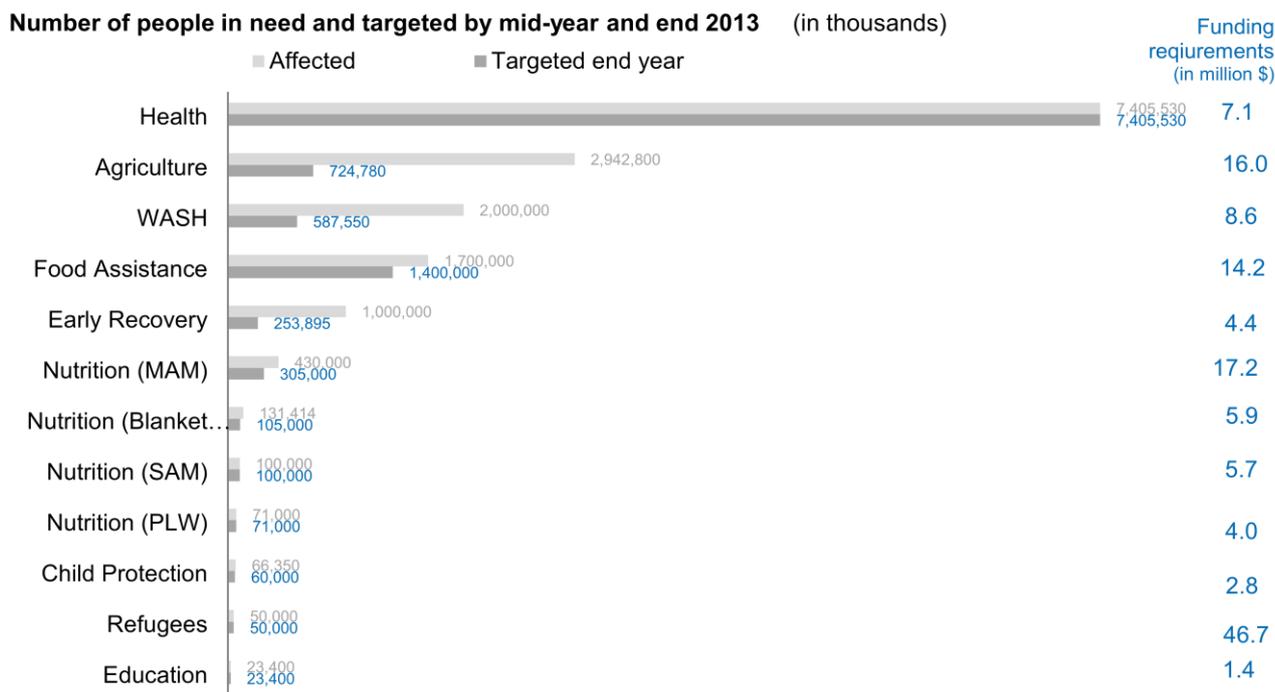


2012 REQUIREMENTS: \$126 million

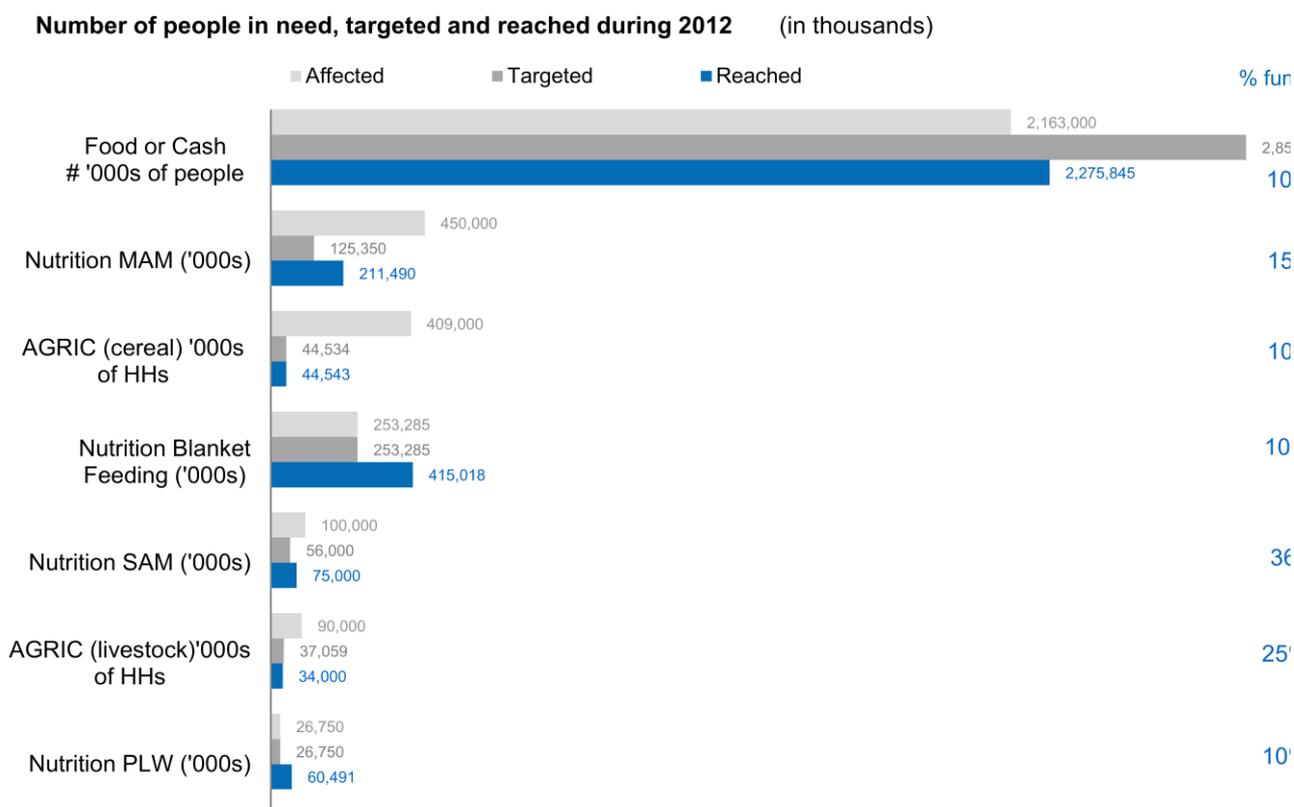


HUMANITARIAN DASHBOARD BURKINA FASO

2013 Planning Figures



Results achieved in 2012





CENTRAL AFRICAN REPUBLIC

Consolidated Appeal

2013



Photo credit: Cordaid, Marielle Van Uiter, Bouar, CAR.

The **Central African Republic (CAR)** is facing one of the most silent and forgotten emergencies in the world. This on-going chronic crisis has substantial humanitarian repercussions that increase the population's vulnerability. This chronic vulnerability varies in intensity by region and is exacerbated by minimal access to basic social services, presence of destabilizing armed actors and prone to localized natural disasters.

An estimated 98,892 people in the country are still affected by displacement, 51,679 of whom are internally displaced people (IDPs) and 47,213 are returnees (IDPs and refugees). An estimated 663,520 people are in need, including those living in a humanitarian emergency or a fragile situation and needing humanitarian aid and monitoring. The humanitarian community identifies six categories of people in need: IDPs, rural refugees living in camps, IDP returnees, refugee returnees, urban refugees and asylum seekers, and the resident population.

In 2013, humanitarian response will focus on life-saving interventions for vulnerable people in conflict and natural disasters, with a particular focus in the south-east, north-east and in the north-central part of CAR. Programmes will focus on reducing excess mortality and morbidity while preserving a person's dignity in the emergency zones and while supporting communities' resilience to shocks in fragile zones.

The HCT, supported by the clusters and humanitarian partners, endorsed two strategic objectives that will guide humanitarian action in 2013 in line with the needs identified to targeted people:

- **Increase access to immediate integrated life-saving assistance for people affected by humanitarian emergencies.**
- **Stabilize livelihoods and prevent their deterioration for vulnerable people in post-conflict areas through integrated recovery activities.**

To implement this strategy, the HCT has identified the need for \$129,311,203 to support 102 projects to address the needs of the most vulnerable people in CAR according to the established prioritization criteria. 24% (\$31,089,248) is required for immediate-priority projects, 62% (\$80,050,929) for high-priority projects and 14% (\$18,171,026) for medium-priority projects.

OVERVIEW OF THE 2013 CONSOLIDATED APPEALS

The main threats to the humanitarian community carrying out the identified necessary programmes are twofold: access constraints due to insecurity and criminality, and the lack of funding required for effective project planning and implementation.

The humanitarian community in CAR expresses its gratitude to all donors for their support in 2012 during which projects in the CAP have received \$76.3 million as of mid-November, which is 62% of the total requirements. The HCT urges donors to increase their support to the country to avoid slipping back into deeper crisis.

Consolidated Appeal for the Central African Republic: Key parameters 2013	
Planning and budgeting horizon	January – December 2013
Key milestones in 2013	<ul style="list-style-type: none"> • May-November: Rainy season • September-November: Harvest season - main subsistence crops • January-March: Trans-humance movement
Target beneficiaries	646,000 people targeted by humanitarian clusters
Total funding requested	\$129.3 million
Funding requested per beneficiary	\$200

Cluster	2013 requirements (\$)
Coordination and support services	2,604,746
Early recovery	5,194,284
Education	10,385,431
Emergency shelter	5,332,849
Emergency telecommunications	72,749
Food security	30,940,468
Health	12,913,936
Logistics	7,962,662
Multi-sector assistance to refugees	20,498,440
Nutrition	5,759,646
Protection	13,882,585
Water, sanitation and hygiene	13,763,407
Total	129,311,203

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HUMANITARIAN DASHBOARD CAR

Crisis Description

Drivers of humanitarian needs

1. Violence perpetrated on civilian population.
2. New and protracted displacement
3. Spontaneous and protracted returns and reintegration.
4. High prevalence of endemic diseases and inadequate capacity to respond.
5. Natural disasters and epidemics.

Priority humanitarian needs

1. Unrestricted access to and by affected populations.
2. Immediate multi-sector assistance to displaced and returning populations.
3. Protection of civilians, durable peace and functioning justice system supporting the needs and rights of all.
4. Sufficient multi-sector humanitarian actions to stabilize basic indicators in health, food security, nutrition and water and sanitation and assurance of livelihoods.

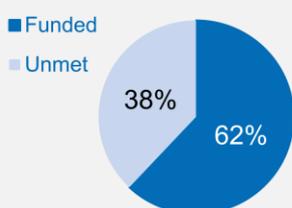
Baseline

Population (UNFPA projections)	4.663 million
GDP per capita (WDI 2011)	\$482.7
% pop. living less than \$1.25 per day (WDI, 2008)	62.8%
Life expectancy (UNDESA 2010)	45.9
Under-five mortality per live births (WHO 2010)	150/ 1,000
Underweight % of children under five (MICS IV 2010)	23.5%
% of pop. without sustainable access to improved drinking water (JMP 2008)	33%
% pop 15-49 with HIV (MICS IV 2010)	6.3% women 3.0% men

Consolidated Appeal

2013 REQUIREMENTS:
\$129.3 million

2012 REQUIREMENTS: **\$124 million**



Strategic Objectives

1. Increase access to integrated life-saving assistance for populations affected by humanitarian emergencies.
2. Stabilize and prevent the deterioration of livelihoods for vulnerable populations in post-conflict areas through integrated recovery activities.

People in need

OVERALL CASELOAD

664,000
people in need

646,000
people targeted by humanitarian clusters

97.4%
of affected people targeted

DISPLACEMENT

51,679
internally displaced people (IDPs)

47,213
IDP and refugee returnees

18,859
refugees and asylum seekers

HEALTH AND NUTRITION

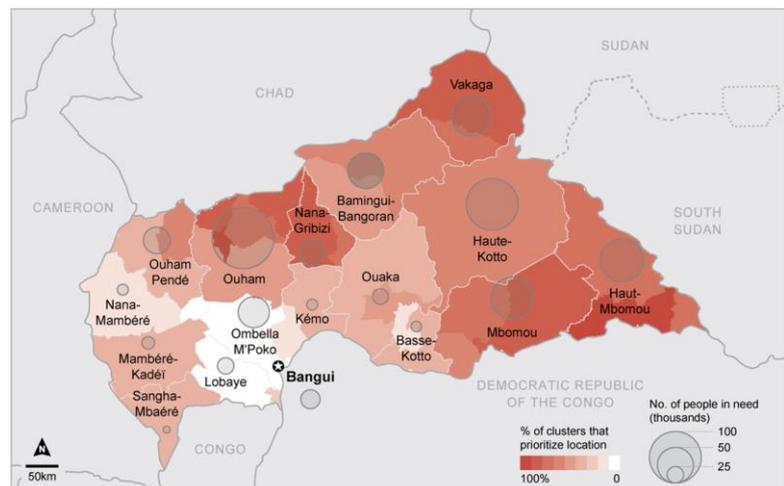
464 in 1,000
adult mortality rate (probability of dying between the ages of 15 and 60)

12,000
children with severe acute malnutrition

23,000
children with moderate acute malnutrition

Sources: Clusters (overall caseload, Oct 2012), various sources compiled by OCHA (IDPs, Oct 2012), UNHCR (refugees, Oct 2012), WHO (health, 2010), SMART (nutrition, 2012)

Priority locations

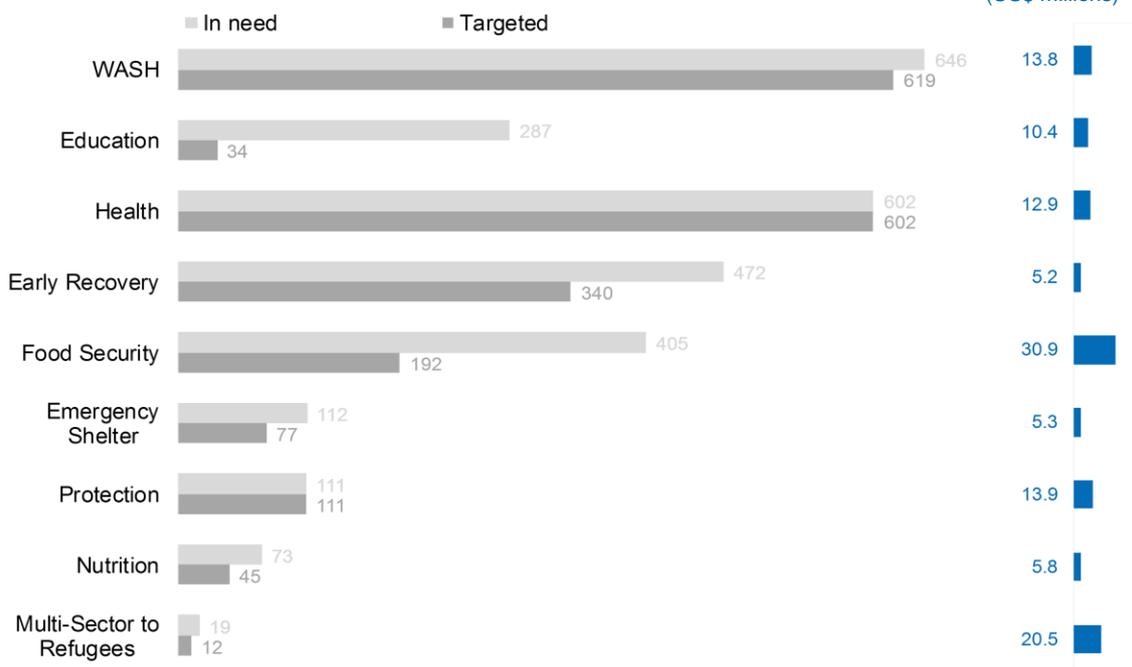


The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Final status of the Abyei area is not yet determined.

HUMANITARIAN DASHBOARD CAR

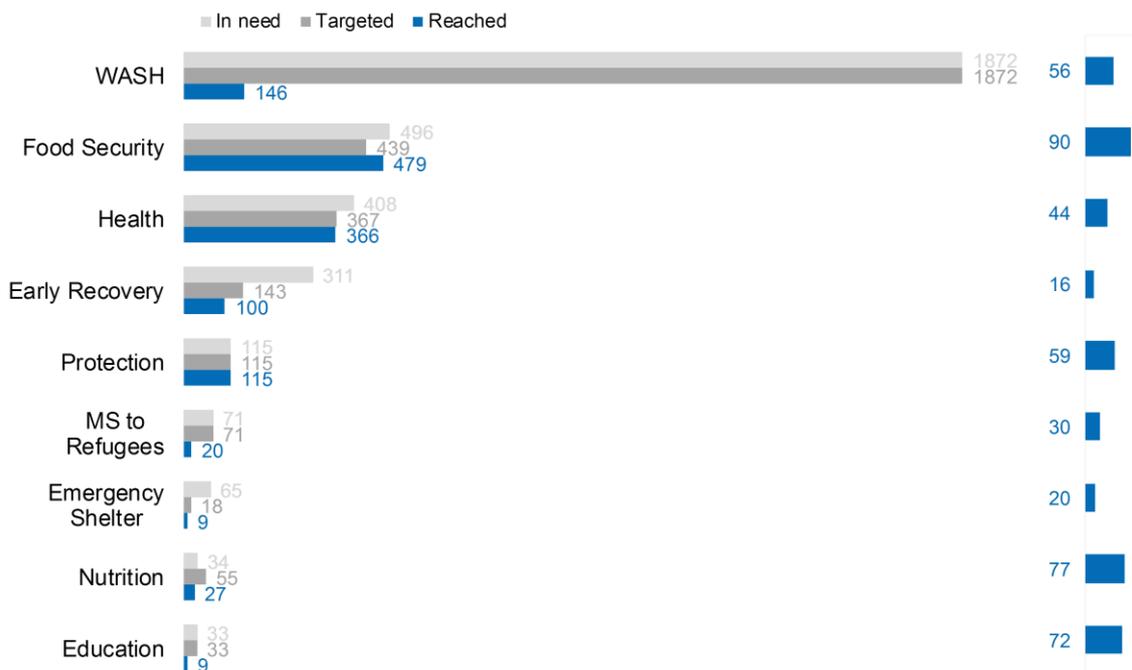
2013 Planning Figures

Number of people in need and targeted in 2013 (in thousands)



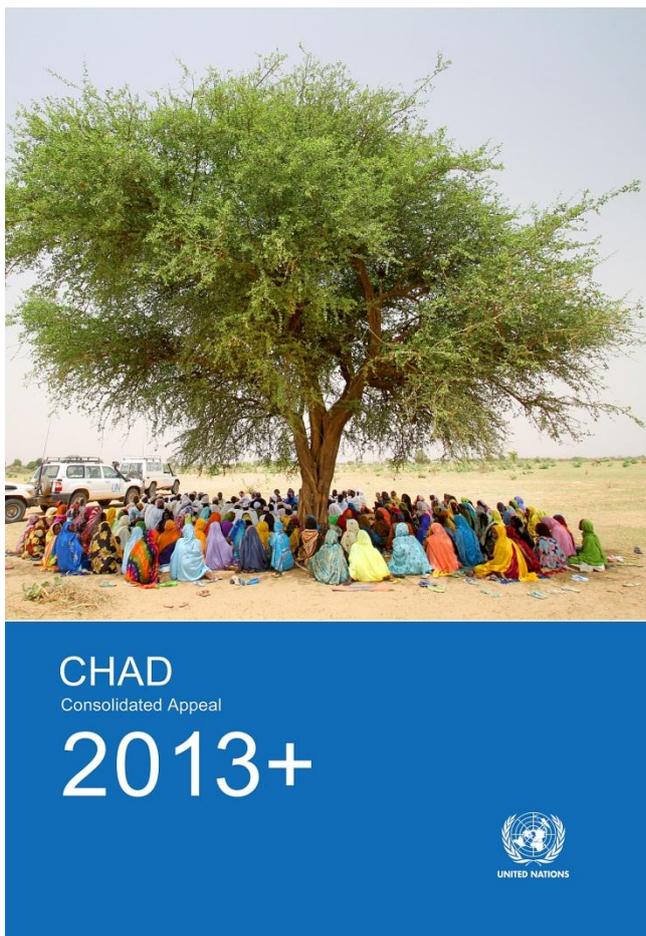
2012 Results Achieved

Number of people in need, targeted and reached in 2012 (in thousands)



Proxy indicators for above charts

- Early Recovery:** IDPs, IDP and refugee returnees, minorities, CBO and CSO staff, local authorities
- Education:** All displaced children (3-11 yrs old) and children living in regions affected by conflict, parent-teacher associations, academic directors/members
- Emergency Shelter:** IDPs, IDP and refugee returnees, host and resident populations suffering damage to homes during conflict or natural disaster
- Food Security:** IDPs, IDP and refugee returnees, rural refugees, 30% of population living in areas with displacement and/or affected by conflict
- Health:** IDPs, IDP and refugee returnees, rural refugees, urban refugees and asylum seekers, GBV survivors, residents affected by HIV/AIDS, other residents receiving direct assistance
- Multi-Sector Assistance to Refugees:** Urban refugees and asylum seekers, rural refugees
- Nutrition:** SAM and MAM children (6-59 months), SAM children with HIV/AIDS, SAM mothers, pregnant and lactating women
- Protection:** IDPs, IDP returnees and refugee returnees
- WASH:** IDPs, IDP and refugee returnees, rural refugees, SAM and MAM children (6-59 months), other residents



A tree provides shelter for a meeting with a community of returnees in Borota, Ouaddai Region. Photo credit: OCHA, Pierre Peron.

Despite recent political upheavals in Libya and neighbouring countries across the Sahel, **Chad** is on a steady path to sustainable recovery and stabilization. Favourable rain patterns in the Sahel in 2012 are expected to yield better agricultural production in 2013. However, given the severe food-insecurity trends of 2012, the 1.8 million people who were food-insecure will now need assistance to recover sustainably and protect their livelihoods. The situation will require close monitoring, and a targeted response is needed for the food-security and nutritional needs of vulnerable communities.

Chad avoided a cholera epidemic in 2012 (whereas in 2011, about 17,000 cases were reported, including 455 deaths). However, given the recurring nature of such epidemics, prevention and preparedness are priorities. In 2012, there was a resurgence of other diseases,

including poliomyelitis and measles, and a spike in malaria and other water-related diseases linked with a severe rainy season.

Floods affected more than 560,000 people in 2012, of whom thousands were displaced. This will likely have a lasting impact on short- and medium-term livelihoods in affected areas in 2013. A combination of actions is needed to increase communities' capacity to manage the negative impact of future floods and avoid damage to residential areas and crops near riverbeds. This will involve collaboration among national authorities, the humanitarian community and the private sector.

Following the Libya crisis, more than 90,000 Chadian migrant workers returned to areas of origin or settled in transit zones, mostly in Faya Largeau and around Bourkou, Ennedi, Tibesti and the Sahel belt. These areas are already at high risk of food insecurity. There are still 288,457 Sudanese refugees in eastern Chad and 58,197 Central African refugees in the south, plus 537 urban refugees in N'Djamena. An estimated 91,000 former IDPs have returned to their areas of origin, but 90,000 are still displaced. The lack of basic social services and the absence of rule of law in return areas need to be addressed using a multi-sectoral approach that includes capacity-building of local authorities and establishing conflict-resolution mechanisms to avoid intra-community disputes. The Early Recovery Cluster is a key forum for supporting such holistic strategies.

Many of Chad's recurrent humanitarian crises have structural causes, such as chronic poverty and institutional weaknesses. To ensure that aid budgets are more cost-effective and save more

OVERVIEW OF THE 2013 CONSOLIDATED APPEALS

lives over the long term, they need to shift towards a more integrated model that combines preparedness activities, disaster risk reduction, resilience-building and timely, targeted humanitarian response.

The cycle of recurrent crises is exacerbated by the arrival of returnees from neighbouring countries fleeing violence. As a result, the livelihoods of communities in disaster-affected areas are further strained. This situation is worsened by the deterioration of their purchasing power and the degradation of the environment caused by climate change, deforestation, erosion, desertification, over-exploitation of groundwater and pressure on scarce natural resources.

In 2013, the humanitarian community's strategic objectives will continue to address the immediate life-saving needs of refugees, IDPs, returnees, expelled migrants, host communities, and people affected by sudden- and slow-onset natural disasters. Special focus will be given to strengthening the resilience of disaster-affected communities to handle cyclical shocks. In this context, the interaction between emergency assistance, recovery and development is a continuum in which medium- and long-term development initiatives co-exist with principled short-term emergency response, where life-saving interventions are needed as well as preparedness activities.

The Consolidated Appeal is supported by a three-year humanitarian strategy (2013-2015) that aims to improve the resilience of people exposed to recurrent disasters, and to help the Government respond to emergencies, in synergy with national development strategic plans and the upcoming UNDAF. In 2013, the humanitarian community will step up efforts on contingency planning and stocking, early warning systems, conflict prevention and risk analysis to enable the authorities and humanitarian actors to respond faster and more effectively, and ensuring conflict sensitivity during crises.

As of November, the 2012 Chad Consolidated Appeal has received 67% of required funding. Some sectors remain largely underfunded, including Protection (5%), Education (15%), Health (24%) and WASH (36%). Balanced funding among sectors is vital to ensure complementarity and a comprehensive response.

Consolidated Appeal for Chad: Key parameters 2013	
Planning horizon	Three years: January 2013 – December 2015
Budgeting horizon	One year: January 2013–December 2013
Key milestones in 2013	<ul style="list-style-type: none"> • Higher global food prices in 2013 • Potential impact of the Malian crisis across the Sahel • The humanitarian impact of floods during the rainy season in 2013 • Security of operations by DIS, ANT, GNNT, national Police and Chad-Sudan mixed Force • Reintegration of Chadian migrants who returned from Libya and Nigeria or who have been expelled from Libya • Recurrent epidemics with the rainy season in 2013
Target beneficiaries	<ul style="list-style-type: none"> • Refugees: 347,191. • Chadian Returnees from Libya: 90,000. • Returnees from Nigeria: 1,113. • IDPs: 90,000. • Returnees – former IDPs: 91,000. • Food-insecurity-affected people in need of livelihoods and recovery support: 1.8 million. • People affected by outbreaks: 2,007,000. • Total beneficiaries: 3,834,554
Total funding requested	US\$500.5 million
Funding requested per beneficiary	\$132

OVERVIEW OF THE 2013 CONSOLIDATED APPEALS

To achieve the strategic objectives outlined above, nine United Nations agencies, IOM and 23 NGOs, in consultation with the Government and local actors, are appealing for \$500,512,658 to cover the projects in 2013.

Cluster	2013 requirements (\$)
Coordination and support services	5,048,038
Early recovery	7,710,610
Education	6,216,140
Food security	193,662,932
Health	28,681,269
Logistics	21,201,116
Multi-sector activities for refugees	158,893,426
Nutrition	37,927,946
Protection	24,506,509
Water and sanitation	16,664,672
Total	500,512,658

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HUMANITARIAN DASHBOARD CHAD

Crisis Description

Drivers of crisis:

- 6. Natural disasters such as floods and droughts
- 7. Return of migrants fleeing violence in neighbouring countries
- 8. Refugees from Sudan and Central African Republic
- 9. Internal displacement
- 10. Epidemics

Needs Profile:

- 11. People affected by conflict, including refugees, IDPs, migrants returning from Libya and Nigeria.
- 12. People affected by food insecurity and malnutrition
- 13. People affected by epidemics and natural disasters

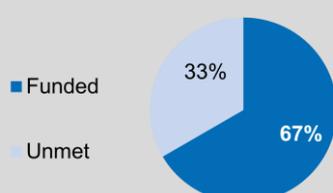
Baseline

Population (RGPH '09)	11.2 million
GDP per capita (UNDP HDR '11)	\$1,330
Adult (aged 15 and above) literacy rate, both sexes (UNDP)	33.6%
Life expectancy (UNDP HDR 2011)	49.6 yrs
Under-five mortality (source UNDP)	209/1,000
Under-five global acute malnutrition rate in the Sahel region of Chad (UNICEF Jun 12)	18.1%
Percentage of population below income poverty line PPP \$1.25/per/day (UNDP HDR '09)	61.9%
Human Development Index (UNDP HDR '11)	0.328

Funding

2013 REQUIREMENTS
\$500.5 million

2012 REQUIREMENTS: \$572 million



Strategic Objectives

1. (Objective 1)
Mortality and morbidity of the targeted populations are reduced.
2. (Objective 2)
Refugees, IDPs, returnees, repatriated migrants, host communities and other vulnerable people receive protection and assistance in accordance to their needs.
3. (Objective 3)
Timely assistance and protection is provided to victims of natural disasters and epidemics.
4. (Objective 4)
Livelihoods and human resilience of most vulnerable people are increased.

People in need

OVERALL CASELOAD

4.4 million Affected people	3.8 million # targeted by hum. partners	86% of affected people targeted
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DISPLACEMENT

90,000 Internally displaced people	288,457 Refugees from Sudan	90,000 Returnees from Libya
91,000 Returnees – former IDPs	58,179 Refugees from Central African Republic	1,113 Returnees from Nigeria

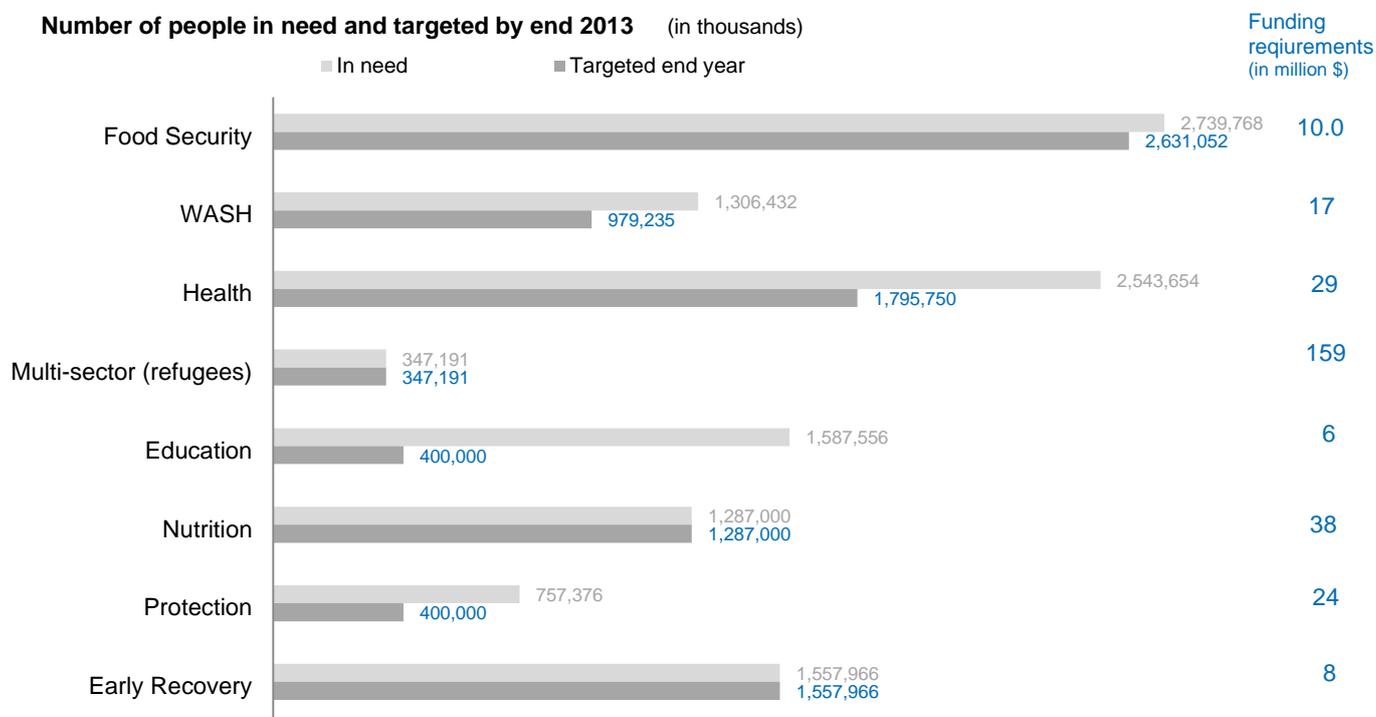
Source: UNHCR and IOM

FOOD SECURITY, MALNUTRITION and HEALTH

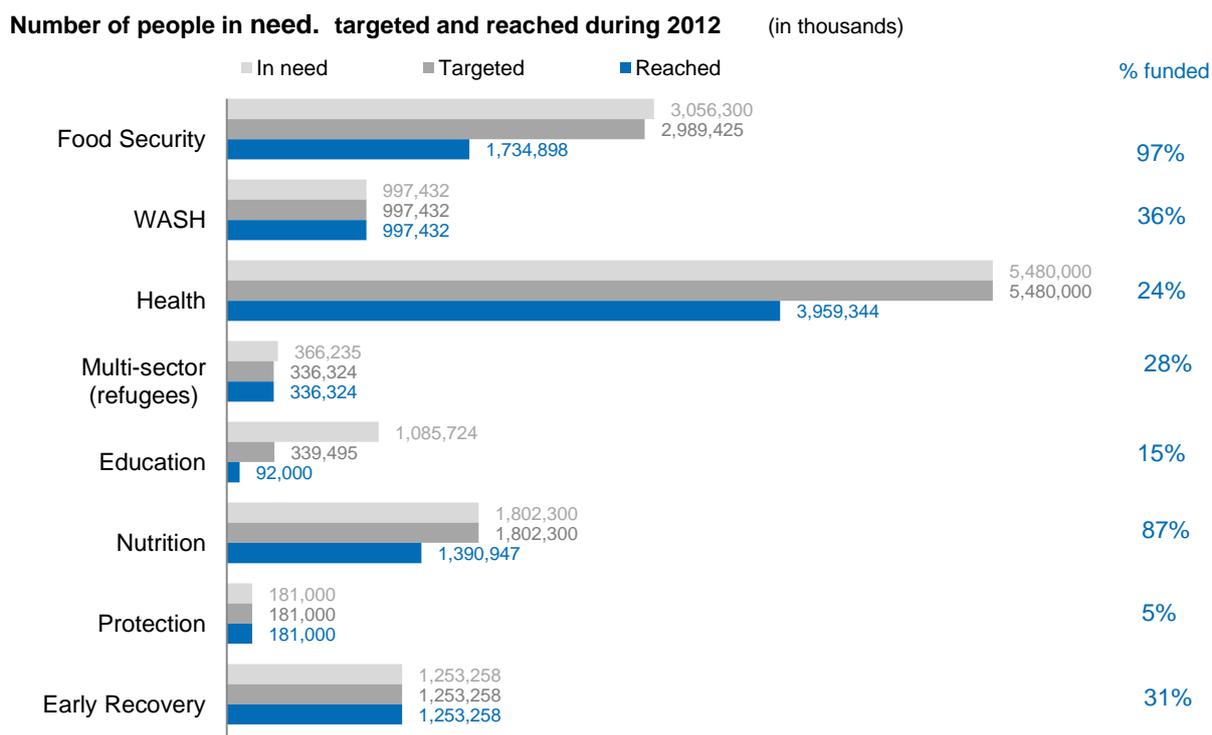
1.8 million Food-insecure people in need of livelihoods and recovery support	127,300 SAM cases (severe acute malnutrition)	2,007,000 People affected by outbreaks
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HUMANITARIAN DASHBOARD CHAD

2013 Planning Figures



Results achieved in 2012



OVERVIEW OF THE 2013 CONSOLIDATED APPEALS



Photo credit: Older women in the Koloma IDP camp in Goz Beida, Eastern Chad, break rocks to make gravel, which sells at \$3 a bag. (Pierre Peron, OCHA)



Photo credit: Six year old Sadya (second from left) plays with her siblings and neighbours. She was born in Djabal refugee camp in Eastern Chad and has never set foot in her native Sudan. (Pierre Peron/OCHA)



REPUBLIQUE
DEMOCRATIQUE
DU CONGO

Plan d'Action Humanitaire

2013



A child sits on a termite mount near Dungu, 10 May 2012. Photo credit: MONUSCO, Sylvain Liechti.

The **Democratic Republic of the Congo** has faced for more than ten years a continuous, complex humanitarian crisis. 2012 started with humanitarian needs similar to those of the previous year; however a steep rise in armed violence in the east of the country has battered civilians and caused major population movements and greater humanitarian needs.

The humanitarian context in DRC has eight main factors: (1) a high level of armed violence in some regions;(2) a high number of displaced people and refugees;(3) human epidemics, epizootic diseases and plant diseases; (4) a generally poor and insecure country;(5) local conflicts linked to access to natural resources (land, fishing, hunting, mines), to political or traditional power, and to ethnicity;(6) locally unstable politics in some regions;(7) natural disasters; (8) frequent expulsions of Congolese from Angola in the south.

The likely scenario for 2013 is that the different crises will continue, with a worsening of violence and its humanitarian consequences in the east. The DRC government, supported by the humanitarian community, aims to tackle the root causes of the crisis, but reduced humanitarian needs should not be expected in 2013. The humanitarian community will, through its four strategic objectives, respond to the population's four different types of humanitarian needs:

1) Reinforce the protection of civilian populations in crisis-affected areas.

People affected by armed conflict in the east are targets of looting, forced enrolment, inhuman and degrading treatments, sexual and gender-based violence and murder. The Congolese army supposed to protect the population is itself responsible for many of these exactions.

2) Reduce morbidity and mortality among crisis-affected people.

Unsanitary conditions, lack of access to water, weak health services, growing food insecurity, dramatically high levels of malnutrition throughout the country, epidemics of measles, cholera and malaria: these are the chief causes of the country's very high mortality rates (children, maternal, and general), particularly in the crisis-affected areas.

3) Improve living conditions, reduce vulnerability, and preserve the dignity of people and communities affected by the crisis.

2.6 million displaced families, and their host communities, need water, health services, food and non-food items and education, through help that helps restore their dignity and resilience.

4) Restore livelihoods and reinforce the resilience of crisis-affected people, and support durable return and reintegration solutions for displaced and refugee populations.

While unable to counteract the root causes of the crisis, humanitarian action tries to complement immediate help with more durable effects: reinforcing populations' resilience, supporting early recovery, restoring normal living conditions. The humanitarian strategy approaches areas differently depending on whether they are affected by armed conflict, or prone to chronic or sudden crises. Clear targeting standards helps differentiate people affected by the crisis, and people targeted by humanitarian aid. A prioritisation plan helps determine priority targets if resources are not sufficient. Targeting and prioritisation are not based on people's status (refugee, displaced) but rather on their real needs and their vulnerability.

The humanitarian coordination is based on dialogue among all humanitarian actors, in different forums (clusters, inter-clusters at national and regional level, IASC, HCT, and dialogue forums with provincial and national authorities), under the Humanitarian Coordinator's auspices. Notable coordination objectives for 2013 are: finding solutions to administrative hassles NGOs are subjected to; improving access to populations; preserving humanitarian space in the United Nations Integrated Mission; facilitating a multi-cluster approach where appropriate; improving emergency actions and humanitarian aid coordination in IDP sites and camps; and improving collaboration with national and provincial authorities. The main constraints on the humanitarian community are the lack of access to populations because of insecurity and lack of road infrastructure; lack of funding; and the many administrative hurdles faced by NGOs in the field.

**Humanitarian Action Plan for DRC:
Key parameters 2013**

Planning and budgeting horizon	January – December 2013
Key milestones in 2013	<ul style="list-style-type: none"> • Local elections • Negotiations with armed groups • June: extension of MONUSCO's mandate • Possible set-up of an African interposition force
Target beneficiaries	<ul style="list-style-type: none"> • 2.6 million internally displaced people • 200,000 host families • 63,500 repatriated • 140,000 refugees • 88,500 expelled from Angola
Total funding requested	\$892.6 million

Cluster	2013 requirements (\$)
Coordination	18,625,863
Education	75,852,600
Food security	252,035,354
Health	79,506,600
Logistics	80,892,312
Multi-sectoral response to refugees	59,907,828
Non-food items and emergency shelter	86,265,744
Nutrition	83,530,829
Protection	66,661,958
Water, hygiene and sanitation	89,364,882
Total	892,643,970

The budget of the 2013 HAP is \$892,643,970, a steep increase compared to 2012, in view of the already observed and expected further deterioration of the situation.

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HUMANITARIAN DASHBOARD DRC

Crisis description

The humanitarian crisis, which has affected DRC for more than a decade, is characterized by:

1. High level of armed violence in some areas.
2. Many displaced and refugees.
3. Human epidemic, epizootic and pathophysiology.
4. General context of poverty and precarity in the country.
5. Local conflicts related to natural resources (land, fishing, hunting, mine), political or traditional power and ethnic conflicts.
6. Politic instability on the local level in some areas.
7. Natural disasters.
8. In the south, frequent expulsions of Congolese from Angola.

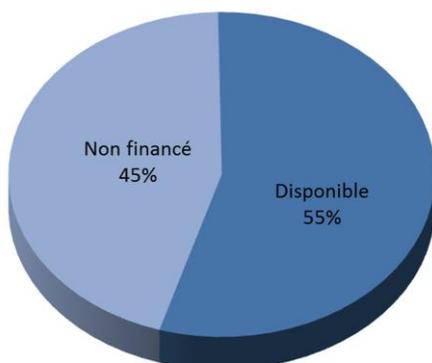
Baseline

Population (UNDP, 2011)	67.7 m
Population growth (UNDP, 2011)	3.8%
Human Development Index (HDI) (UNDP, 2011)	0.286
Male life expectancy (WHO, CIA World Fact Book, 2011)	53 ans
Female life expectancy (WHO, CIA World Fact Book, 2011)	56 ans
Adult literacy rate (UNDP, HDI, 2011)	66.8%
Literacy rate for girls (MICS, 2010)	51%
Crude mortality rate (UNDP, 2011)	2.2/1000 people per month
Global acute malnutrition rate among children <5 (MICS, 2010)	11.5%
Severe acute malnutrition rate among children <5 (MICS, 2010)	5.2%
Maternal mortality rate (MICS, 2010)	549/100 000 Live births

Funding

BUDGET REQUEST 2013
\$893 million

BUDGET REQUEST 2012
\$791 million



Situation overview

1. Protection

2012 saw a resumption of conflicts and armed violence in the east of DRC, accompanied by exactions on civilians committed by armed forces and groups, resulting a significant increase in incidents of protection. In North Kivu, 48% of protection incidents reported during the first semester of 2012 are attributed to armed groups: many murders, inhuman and degrading treatment against civilians, burning and looting of villages and sites/camps for displaced people, kidnapping and forced recruitment. In South Kivu, among protection incidents reported during the first semester of 2012, 38% are attributed to FARDC and 12% to PNC. This includes extortion, forced labour, arbitrary reductions on movement and sexual violence.

2. Population movements

The number of internally displaced people has increased throughout 2012 and was estimated at 2.4 million in the beginning of October 2012. A rise to 2.6 million is foreseen for 2013. The provinces of South Kivu, North Kivu, Orientale and Katanga are the most affected. More than 87% of displaced people live in host families, but in some provinces, especially North Kivu and Katanga, there are collective sites and major organized camps. The estimate of the number of Congolese refugees in neighbouring countries is 450,000. More than 140,000 non-Congolese refugees are in DRC. For the period January to September 2012, an estimated 52,000 DRC nationals were expelled from Angola to the four border provinces of the DRC, a problem that is set to continue.

3. An alarming health and food situation

Principal health indicators in DRC remain alarming: high infant mortality and maternal mortality, weak access to basic health services, continuation of major epidemics (malaria, cholera, measles). 69% of the rural population does not have access to drinking water. 6,320,893 people are in acute food and livelihood crisis. 2,439,469 children are affected by malnutrition in the country. There is no prospect of improvement for 2013.

4. Logistical and security access

In many places, humanitarian actors have major difficulties in reaching people in need due to the bad condition of roads in the country, and in the east due to the insecurity and many attacks against humanitarians. Movements of United Nations agency are even more restricted because of the rules requiring MONUSCO escort, not always available, to reach certain areas. So many affected people are isolated and without assistance.

5. General context of precariousness

In 2011, DRC was the 187th (and last) ranked among countries referenced in the Human Development Index (UNDP). 70% of the population lives below the poverty line. Basic services of the state (education, health, sanitation, infrastructures) are not reaching many areas. 7.6 million children (32%) have no access to schooling. The lack or disrepair of infrastructure making many areas inaccessible for trade, services and humanitarian aid. This unstable situation will probably continue in 2013.

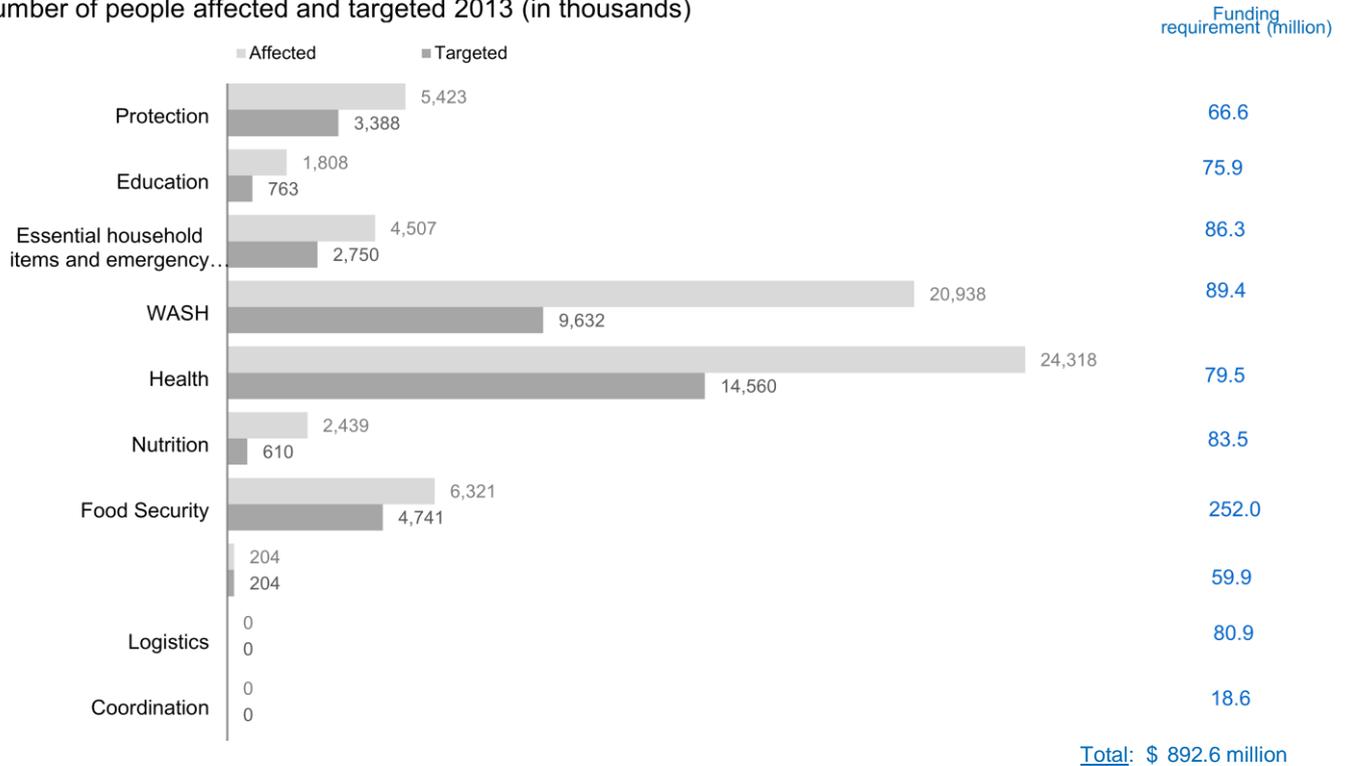
Strategic objectives of the 2013 HAP

1. Strengthen protection of civilian population in areas affected by crisis.
2. Reduce morbidity and mortality among populations affected by crisis.
3. Improve living conditions, reduce vulnerability and protect the dignity of people and communities affected by crisis.
4. Restore livelihoods and reinforce the resilience of communities affected by crisis and facilitate the sustainable return and reintegration of displaced and refugee populations.

HUMANITARIAN DASHBOARD DRC

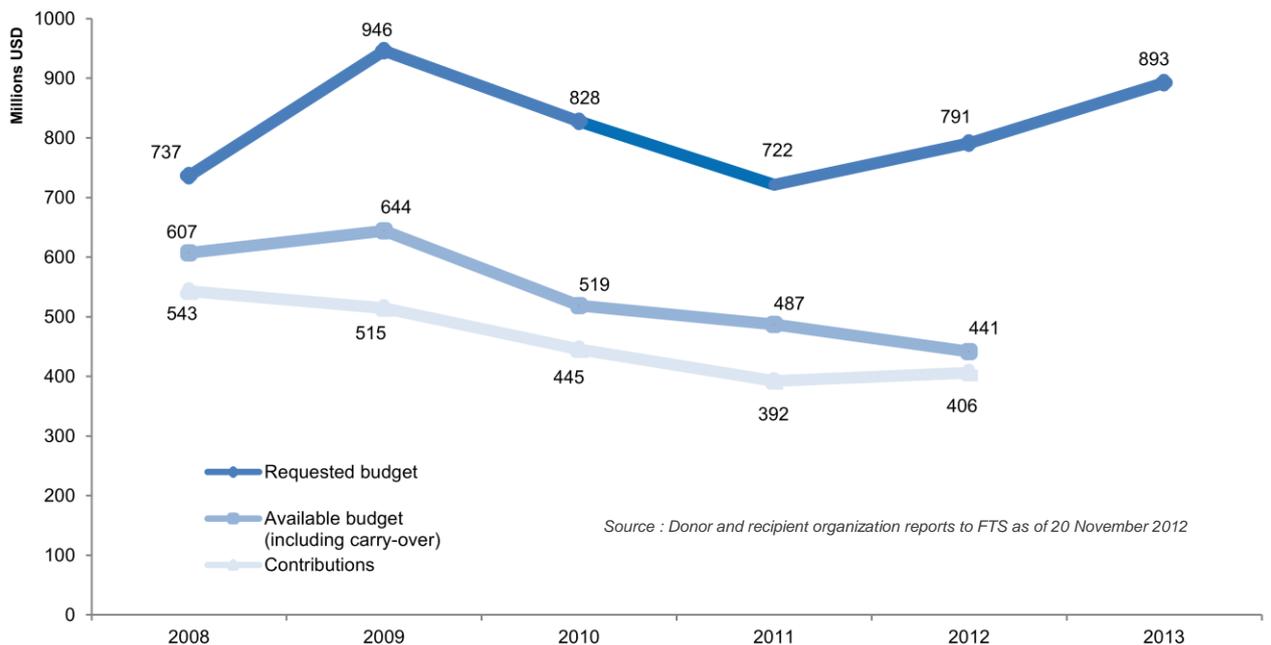
Clusters

Number of people affected and targeted 2013 (in thousands)



Funding

Evolution of the HAP's budget from 2008 to 2013 and funds obtained





KENYA
Emergency Humanitarian Response Plan

2013



UNITED NATIONS

Women, children and donkeys on the arid plains at the feet of the Mogila mountains in Turkana, northern Kenya
Photo credit: IRIN, Gwenn Dubourthoumieu, July 2011.

Kenya continues to experience humanitarian emergencies linked to natural disasters such as drought and floods, ethno-political and resource-based conflicts, and outbreaks of human and livestock diseases. However, the 2011 short-rains and 2012 long-rains seasons brought relief to protracted drought conditions. This reduced the number of food-insecure people from 3.75 million at the beginning of the year to 2.1 million as of October. It is expected that the current short-rains season will further improve food-security conditions and reduce the food-insecure population. Nutrition surveys carried out in Arid and Semi-Arid Lands (ASAL) areas in 2012 also reflect this improvement, showing significantly reduced malnutrition levels in some ASAL counties (Turkana, Mandera, Moyale and Kajiado). The expected caseload of children under age 5 suffering from acute malnutrition has declined from 385,000 in January 2012 to 300,000 as of October 2012. However, the situation in Wajir County and Mandera East has not improved; these counties account for 75,644 (25%) of expected caseloads.

As the March 2013 elections draw near, the risk of increased inter-communal violence is a key concern. In 2012, more than 80,000 people have been displaced to date by inter-communal violence including in Moyale, Tana Delta, Isiolo, Mandera and Wajir. In addition, attacks on schools have become an emerging issue, confirmed in an assessment by the Ministry of Education through the Education Sector and in the findings of the district steering group in Isiolo. Between November 2011 and October 2012, varied incidents of violence in Isiolo, Moyale and Tana delta districts disrupted learning in schools, affecting at least 6,000 pupils and displacing communities.

The situation in Somalia and South Sudan continues to influence the refugee dynamics across the borders into Kenya where 673,788 refugees are hosted in the Dadaab and Kakuma refugee camps and in Nairobi. The Kenya military offensive into Somalia began over a year ago and has now been incorporated into the AMISOM mission to pursue Al-Shabaab militants. This military operation has caused on-going insecurity in north-eastern Kenya with numerous improvised-explosive-device and grenade attacks, including in and around Dadaab. It has also hampered humanitarian access.

Despite these challenges, Kenya is making impressive progress towards consolidating the gains of humanitarian investment and creating an enabling environment to link emergency assistance

OVERVIEW OF THE 2013 CONSOLIDATED APPEALS

to longer-term development programming. Through its Vision 2030 Policy, the Government continues to lay the foundations for longer-term recovery and development by strengthening its key structures and institutional capacity. This is providing a critical opportunity for humanitarian and development partners to participate in this process and help shape strategic planning. In addition, the formation of the county structures in line with Kenya's new constitution is providing impetus for coordinated engagement at the sub-national level. Partners are also making sustained efforts to align with other national policies and initiatives such as the Ending Drought Emergencies campaign, the newly passed IDP bill and policy, and the draft disaster risk management policy. The 2011-2013 Kenya Emergency Humanitarian

Response Plan and multi-year strategy has also provided the opportunity and mechanism for stakeholders to not only plan responses to immediate acute needs, but also integrate resilience in humanitarian programming. This has helped build national and local capacity for emergency preparedness and response. 2013 marks the end of the multi-year strategy and the transition to longer-term programming through the engagement of development frameworks.

The 2013 appeal comprises 116 projects from more than 50 organizations. It requests \$743 million for humanitarian action.

Consolidated Appeal for Kenya: Key parameters 2013

Planning and budgeting horizon	January – December 2013
Key milestones in 2013	<ul style="list-style-type: none"> • January-February: pre-election period • 4 March: general elections • March-May: long rains season • October-December: short rains season
Target beneficiaries	<ul style="list-style-type: none"> • 1,981,000 targeted food-insecure population • 673,788 targeted refugees • Total: 2,654,788
Total funding requested	US\$ 743 million
Funding requested per beneficiary	\$ 280

Cluster	2013 requirements (\$)
Agriculture and livestock	25,920,776
Coordination	4,032,356
Early recovery	19,283,395
Education	4,150,267
Food assistance	136,120,596
Health	15,625,091
Multi-sector assistance to refugees	433,301,840
Nutrition	50,710,861
Protection	10,233,095
Shelter and non-food items	14,899,486
Water, sanitation and hygiene	29,268,216
Total	743,545,979

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HUMANITARIAN DASHBOARD KENYA

Crisis Description

Drivers of the crisis:

14. Conflict and insecurity: inter-communal ethnic tensions, political violence, pending resettlement of internally displaced populations, competition for scarce resources and Kenya's military intervention in Somalia
15. Food Security: Pastoral and marginal agricultural communities in ASALs are almost completely dependent on rains to sustain their livelihoods and are therefore vulnerable to erratic rains and drought. Food-security improvements could be undermined by persistently above-average maize prices, flooding during the short-rains season, and water-borne and vector-borne livestock diseases that can accompany above-average rains.
16. Refugees: Conflict and food insecurity in Somalia continue to bring in new refugees in Kenya.

Needs Profile:

Conflict and Insecurity: For planning purposes, the figure of 100,000- 150,000 potential caseload of affected people has been proposed for election preparedness.

Food Security: the food-insecure population is estimated at 2.1 million people.

Baseline

Population (World Bank, 2011)	41.6 million
GNI per capita (World Bank, 2011, \$. Atlas method)	\$820
Percentage of population living less than \$1.25 per day (World Bank, 2011)	19.7%
Life expectancy (World Bank, 2011)	57 years
Under-five mortality per 1,000 live births (World Bank, 2011)	72.8
Mortality rate adult male per 1,000* (World Bank, 2011)	379
Mortality rate adult female* (World Bank, 2011)	358
Percentage of population with access to an improved drinking water source (World Bank, 2010)	52%
Human Development Index 2011	143

* the probability of dying between the ages of 15 and 60

Strategic Objectives

1. The humanitarian needs of highly vulnerable people affected by natural and man-made disasters are met through life-saving assistance.
2. Communities have enhanced resilience, reducing the impact of disasters, and lessened chronic vulnerability by means of DRR and early-recovery approaches.
3. Increased commitment on the part of the Government of Kenya and development actors to address issues of chronic vulnerability and provide durable solutions.

People in need and targeted

OVERALL CASELOAD

2.8 million affected people

2.7 million targeted by humanitarian partners

96% % of affected people targeted

Source: UNHCR, WFP

DISPLACEMENT

673,788 refugees

463,788 refugees in Dadaab

145,000 refugees in Kakuma

Source: UNHCR

FOOD SECURITY

2.1 million food-insecure people

300,000 GAM cases (in ASAL and marginal areas)

50,000 SAM cases (in ASAL and marginal areas)

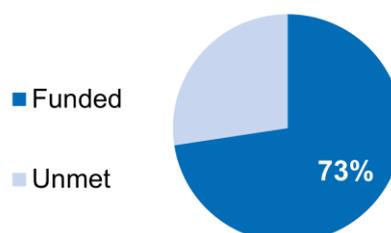
Source: WFP, UNICEF

Funding

2013 REQUIREMENTS

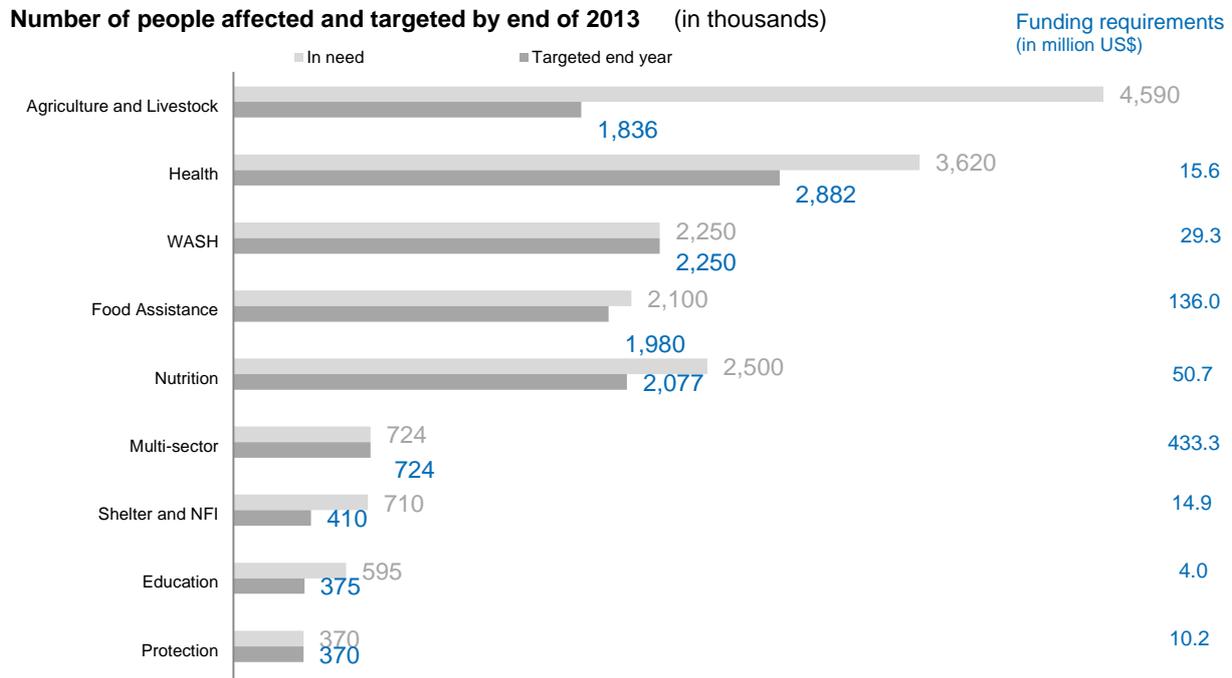
\$743 million

2012 REQUIREMENTS: **\$796 million**

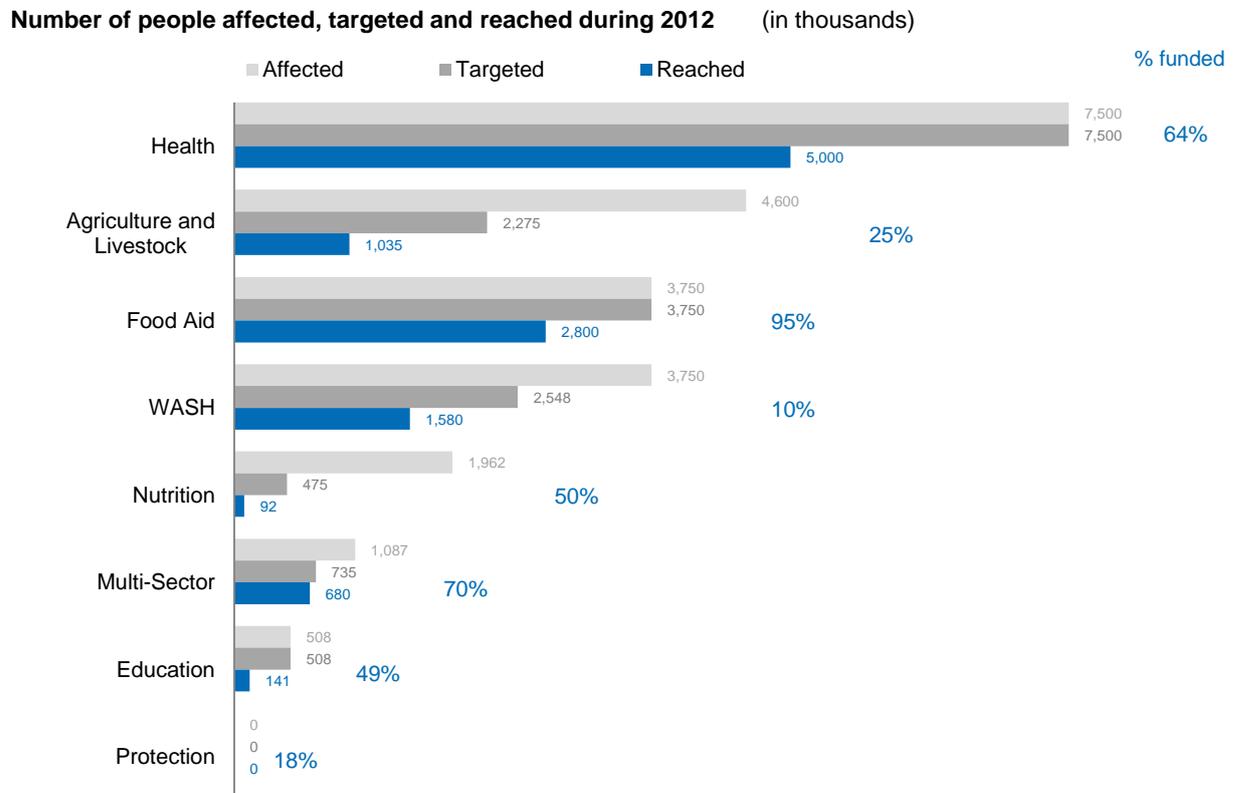


HUMANITARIAN DASHBOARD KENYA

2013 Planning Figures



Results achieved in 2012



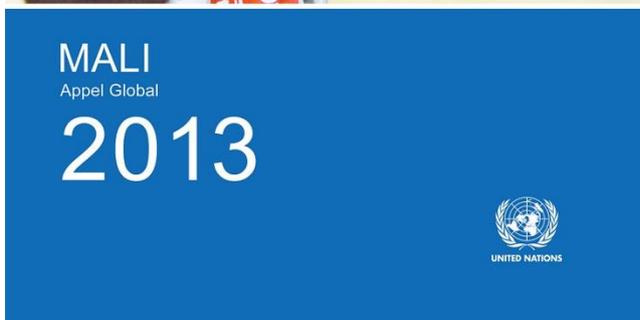


Photo credit: UNICEF, Harandane Dicko, July 2012, Kangaba, Koulikoro Region, Mali.

Mali is affected by an unprecedented political, security and humanitarian crisis. This is characterized at political and military levels by a progressive deterioration of the situation that may engender social serious tensions or violence in Bamako and a possible internal armed conflict that may follow a Security Council resolution for an external military intervention.

The conflict affects 1,721,391 people in the northern part of the country, limiting access to basic social services, and has displaced 409,949 people. Of these, 198,558 are internally displaced and 211,391 are refugees mainly in Burkina Faso, Niger and Mauritania.

In addition to the destabilization of Mali's socio-political order, the food and nutrition crisis remains, plus the risk of sudden emergencies such as floods and cholera epidemics. The concomitance of these various factors has caused in just few months a complex and multi-faceted crisis that has exponentially worsened humanitarian needs in the country.

The 198,558 IDPs (according to the Commission of Population Movements led by IOM) impose a heavy and increasing burden on the economic resources of those households hosting them, as well as on health, education, water and sanitation facilities. Thus the resilience capacities of communities, host families and institutional systems have been eroded. Urgent action is needed in order to avoid a generalized deterioration of the situation that may cause further tensions.

Actors intervening in the nutrition sector estimate that about 660,000 children under five will suffer from acute malnutrition in Mali in 2013. This includes 210,000 cases of life-threatening severe acute malnutrition.

Without massive support from partners, existing health structures will not be able to ensure rapid treatment of affected children. Following the WFP/SAP emergency survey on food security August-September 2012, the food security cluster concluded that 2 million people in Mali at risk of food insecurity are to be targeted by the food security partners in 2013, including 747,000 people in need of immediate food assistance, and 1.3 million people at risk of food insecurity.

The food, nutritional and sanitary crisis has been aggravated by the deterioration of the security situation in the north, disrupting the support of some humanitarian actors and leaving people in need without assistance.

The reduction of access to potable water and sanitation facilities brings a major risk of propagation of epidemics and other transmissible diseases. This is a structural constraint to the

OVERVIEW OF THE 2013 CONSOLIDATED APPEALS

improvement of the nutritional and health situation of populations and especially children.

With regard to the political, security, food and nutritional crisis, the increasing humanitarian needs, the access limits in the north and the need to strengthen the capacities of actors to respond to the most urgent needs, the humanitarian community in Mali has set up four strategic objectives for 2013:

- Decrease the mortality and the morbidity of vulnerable people and communities affected by the political, socio-economic, food, health and nutritional crisis.
- Contribute to the protection of people and communities affected by the crisis notably internally displaced people, gender-based violence, human rights violations, child enrolment in armed groups, and munitions-related risks.
- Contribute to and strengthen the capacities of resilience and the means of subsistence of people and communities affected by food insecurity, the political and socio-economic crisis and natural disasters.
- Strengthen and enlarge humanitarian space, provide impartial and adequate assistance and improve the preparation and coordination of humanitarian actions.

Cluster	2013 requirements (\$)
Common services and coordination	4,934,220
Education	18,784,515
Emergency telecommunications	2,231,313
Food security	139,794,957
Health	28,885,768
Logistics	4,340,600
Nutrition	73,766,627
Protection	36,994,652
Shelter and NFI	5,861,488
Water, hygiene and sanitation	54,840,118
Total	370,434,258

Consolidated Appeal for Mali: Key parameters 2013

Planning and budgeting horizon	January – December 2013
Key stages in 2013	<ul style="list-style-type: none"> • Presidential election: April • Meningitis: February -May • Risk of cholera: July-October • Lean season • Farming activities • Transhumance period • ECOWAS deployment
Targeted beneficiaries	<ul style="list-style-type: none"> • 4.29 million: population affected by the crisis • 660,000: children 0-59 months at risk of SAM and MAM • 2,000,000: people at risk of food insecurity • 1,721,391: people affected by the conflict in the north • 800,000: people at risk of GBV • 1,561,569: people at risk of cholera • 198,558: displaced people
Requested amount	\$370,434,258
Fund requested per beneficiary	\$135.90

To reach these objectives, 54 humanitarian partners (NGOs and United Nations agencies) have submitted 139 projects worth \$370,434,258 targeting 3.92 million people affected by the food and nutritional crisis, including 1.51 million people in the north.

An efficient and targeted humanitarian operation in Mali will potentially reduce the pressure on neighbouring countries.

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HUMANITARIAN DASHBOARD MALI

Crisis Description

FOOD SECURITY AND NUTRITION CRISIS

- 1.3 million people at risk of food insecurity
- 747 000 people in need of immediate food assistance
- In total 2 million people in need of food assistance

ARMED CONFLICT

- The armed conflict began in northern Mali on 17 January 2012. The most vulnerable people in affected areas need emergency assistance and protection.

THE MOST AFFECTED AREAS

- Food Security/Nutritional crisis: Sahelian region: Kayes, Koulikoro, Gao, Mopti, Tombouctou. 87% of cases of acute malnutrition are in the southern part of Mali.
- Armed conflict: Northern Mali: Gao, Kidal, Tombouctou, Mopti area (Douentza, Tenenkou, Youwarou, Koro) and Ségou (Niono and Macina).

Baseline

Population (HDI, 2011)	15.83 m
GDP per inhabitant (HDI, 2011)	\$1,077
% Adult literacy rate. (HDI 2011)	26.2%
Life expectancy (HDI, 2011)	51.4 years
Mortality rate 0-5 years (HDI, 2011)	191/1,000
Human Development Index Rank	175
Population living below \$1.25 PPP per day (%)	51%

Funding

2013 REQUIREMENTS:
\$370 million

2012 REQUIREMENTS:
\$214.6 million

60% funded

Strategic Objectives

- Decrease the mortality and morbidity of vulnerable people and communities affected by the political, socio-economic, food, sanitary and nutritional crisis.
- Contribute to the protection of people and communities affected by the crisis notably internally displaced people, gender-based violence, human rights violations, child enrolment in armed groups, and munitions-related risks.
- Contribute and strengthen the capacities of resilience and the means of subsistence of people and communities affected by food insecurity, the political and socio-economic crisis and natural disasters.
- Strengthen and enlarge the humanitarian space, provide an impartial and adequate assistance and improve the preparation and coordination of humanitarian actions.

Key Data

Affected people

2 millions Total population at risk of food insecurity	210,000 Severe acute malnutrition cases	450,000 Moderate acute malnutrition cases
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Source: Projections for 2013 Cluster Food security, November 2012, Cluster Nutrition, November 2012

Profile of displaced people

198,558 Internally displaced people (IDPs)	211,391 Malian refugees	409,949 Total population movement
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Source: Cluster Protection et Commission movement of populations, November 2012

IDPs		REFUGEES	
REGION	# OF PEOPLE	COUNTRY	# OF REFUGEES
Tombouctou	21,764	Burkina Faso	37,362
Mopti	39,830	Mauritania	108,953
Segou	19,285	Niger	65,012
Bamako	47,292	Guinea	44
Sikasso	10,536	Togo	20
Kayes	1,843	TOTAL	211,391
Gao	25,977		
Kidal	28,645		
Koulikoro	3,386		
TOTAL	198,558		

Food Security

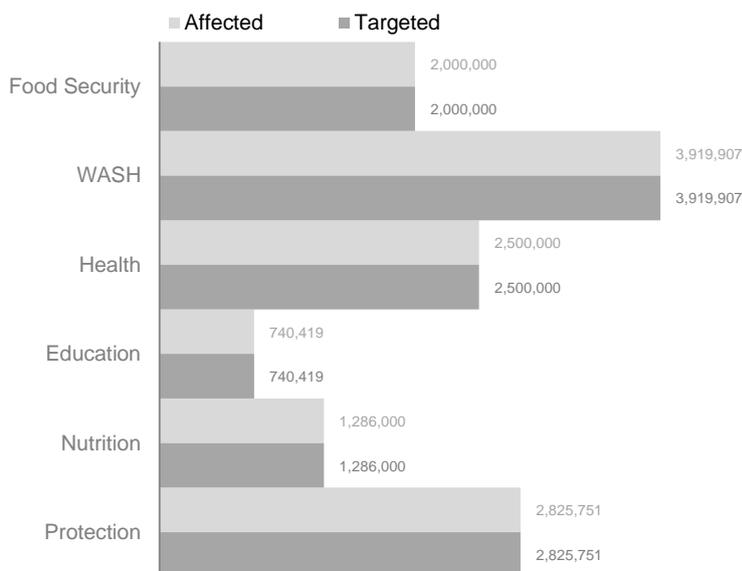
1 million Population at risk of food insecurity living in the north	300,000 Population at risk of food insecurity living in the south	747,000 Population in immediate need of food in the north and in the south
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Source: Cluster Food security, November 2012

HUMANITARIAN DASHBOARD MALI

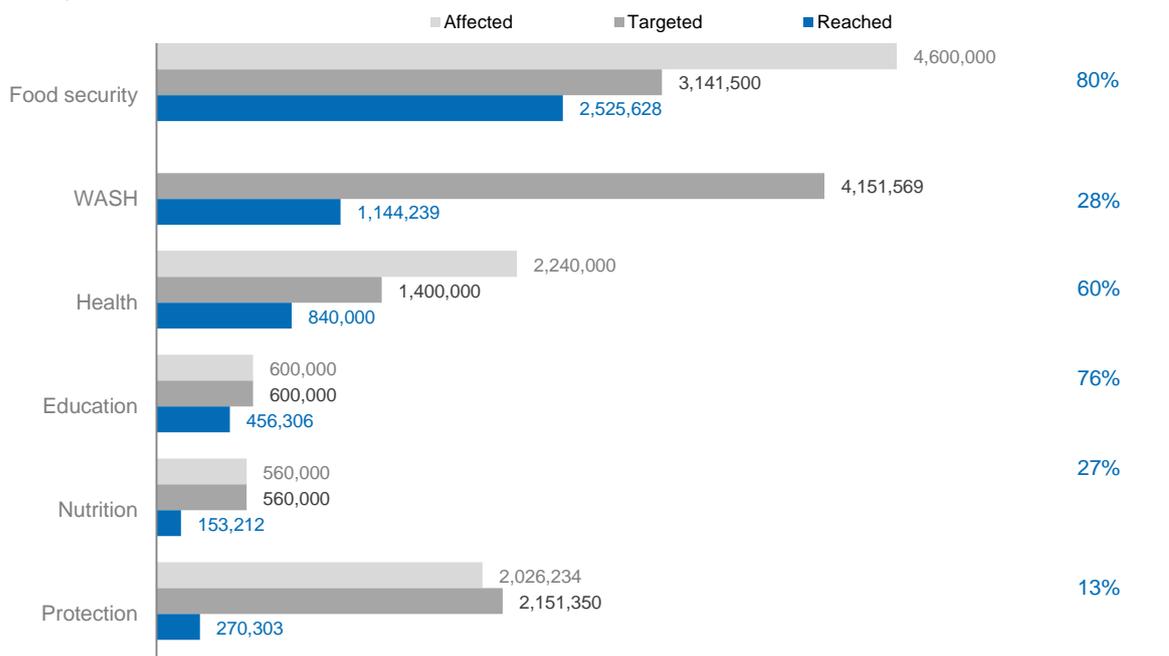
2013 Planning Figures

Number of people affected and targeted by clusters in 2013



Results achieved in 2012

Number of people affected, targeted and reached by clusters in 2012
(in thousands)





MAURITANIE

Appel global

2013



Young mother with her child from receiving care in the Gorgol region, southern Mauritania, July 2012.
Photo credit: UNDP, Joana Merlin-Scholtes..

The Sahel nutrition and food crisis still affects a large part of the population in **Mauritania**. The efforts of the Government of Mauritania and relief partners in the framework of the “Emel” programme contributed to mitigating the most urgent needs of affected people. However, communities remain weakened by the cumulative shocks of previous crises.

The outlook for the next harvest is positive thanks to abundant rains in agro-pastoral areas. However, the combination of various national and international factors risks endangering this fragile equilibrium. Poor harvests in certain producing countries could raise the price of cereals and other basic commodities on the international market. Given this economic outlook, further resources will be required to import food to cover the substantial needs of vulnerable people.

The surveys conducted in July 2012 by the Health Ministry and the Food Security Commission, with the support of WFP and UNICEF, showed a deterioration of the food and nutrition situation. According to

these evaluations, more than a million people, of whom 800,000 are in rural areas and 200,000 in urban areas, require urgent food and nutrition assistance. More than 100,000 children suffer from malnutrition. These survey results also show that the crisis extended to areas that were not affected earlier in 2012, such as Adrar, Inchiri and Trarza and the peri-urban area of Nouakchott, in addition to the already-affected areas of the south and south-east.

The south-eastern areas remain the most affected by the crisis and present the highest rates of food insecurity and malnutrition. More than 100,000 Malian refugees fleeing hostilities have arrived since January 2012 in Mbera in Hodh el Chargui. This puts considerable demographic pressure on the 45,000 inhabitants of the region whose coping capacities are already stressed and who have poor access to basic social services. Protection and multi-sector aid delivered by the Government and UNHCR with the support of other partners of the United Nations system and NGOs helped to stabilize the refugee situation in camps. However, the return of refugees to their homes is not possible in the medium term and the on-going situation in northern Mali might trigger an additional refugee influx in the same area which would require an increase of the current response capacity. The stabilisation phase started by UNHCR and its partners should be consolidated, regarding for instance the peaceful cohabitation between refugees and host communities or the protection of the environment.

In addition, Rift Valley fever and cholera epidemics have been reported, including in the south-west, a region inhabited by agro-pastoral communities already weakened by the current food

OVERVIEW OF THE 2013 CONSOLIDATED APPEALS

security situation. The early warning, response and epidemiological surveillance capacities of partners need to be reinforced, in support to the national sanitary authority. Communities at risk will need to be sensitized to preventive hygiene measures and their access to basic social services strengthened.

Mauritania is also exposed to floods leading to considerable damages, as happened during the 2012 rainy season. Partners will need to prepare themselves to have the required response capacities available. It will be important to support national structures and to reinforce existing disaster preparedness and response mechanisms, while making sure that adequate tools are in place and that coordination and partnership are functioning and efficient.

The recurrent and sudden crises affecting Mauritania are intimately linked to climate change and the regional political and security context. These crises translate into a worrying health situation, a slow and partial reconstitution of livestock, almost no food stocks and households waiting for the next harvests. Therefore, partners agreed to reinforce resilience through their aid programmes in this appeal to help communities prepare and recover from recurrent crisis.

Following a comprehensive needs analysis to identify priority beneficiaries and areas of assistance, the appeal for 2013 requests more funds than the previous one (which covered only eight months). The 2013 Consolidated Appeal for Mauritania requests \$179,835,908 to (1) continue to support vulnerable communities affected by the food and nutrition crisis of 2012, (2) provide protection and multi-sector assistance to Malian refugees

Consolidated Appeal for Mauritania: Key parameters 2013

Planning and budgeting horizon	January – December 2013
Key milestones in 2013	<ul style="list-style-type: none"> • End of March : harvest • May-August : hunger season • June-August: rainy season
Target beneficiaries	<ul style="list-style-type: none"> • 1,000,000 people in food insecurity • 80,000 refugees
Total funding request	\$179 835 908
Cost per beneficiary	\$166

Cluster	2013 requirements (\$)
Coordination	1,704,440
Early recovery	9,519,653
Education	2,361,198
Food security	58,858,535
Health	4,282,090
Logistics	11,464,823
Multi-sector	70,029,953
Nutrition	11,053,397
Protection	4,103,203
WASH	6,458,616
Total	179,835,908

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HUMANITARIAN DASHBOARD MAURITANIA

Key figures

106,550 cases of acute malnutrition
(SMART, July 2012, projections 2013)

16,715 cases of severe acute malnutrition
(SMART, July 2012, projections 2013)

34 reported cases of Rift Valley fever
(WHO, October 2012)

Baseline

Population (UNDESA '11)	3.5 m
GDP per capita (World Bank '10)	\$1,151
% population living with less than 1.25 \$ per day (World Bank '11)	21.2%
Life expectancy at birth (DESA '11)	58.6 years
Under-five mortality (UNICEF '10)	111/1 000
Global acute malnutrition rate (SMART '12)	12%
% of the population without sustainable access to drinking water (UNICEF '08)	51%
Human Development Index (UNDP '11)	159/187

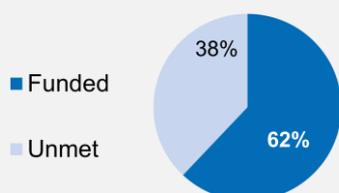
2013 REQUIREMENTS

\$179,835,908



Funding

2012 REQUIREMENTS: \$92 million



Strategic objectives

1. Support vulnerable Mauritanian communities and host communities affected by the 2012 food and nutrition crisis.
2. Continue and reinforce protection and multi-sector assistance for Mali refugees.
3. Reduce mortality and morbidity due to epidemics and floods and other natural disasters:

Crisis description

1. **Overview:** Mauritania's population is affected by the impact of the chronic food and nutrition crisis and by the consequences of the current refugee crisis, epidemics and natural disasters. International food prices are increasing and the possible deterioration of the situation in Mali could affect the situation in Mauritania in 2013.
2. **Food insecurity and malnutrition:** In July 2012, 32.3% of households are food-insecure (21.1% in 2011). About 400,000 people suffer from severe food insecurity (280 000 in 2011). Global acute malnutrition is estimated at 12%, with certain areas exceeding the emergency threshold of 15%. Severe acute malnutrition is estimated at 1.7%.
3. **Mali refugees:** In October 2012, more than 109,000 refugees have been registered in Hodh El Chargui. Depending on the evolution of the situation in northern Mali, this number could increase.
4. **Epidemics and natural disasters:** As of October 2012, 34 cases of Rift Valley fever were reported (17 deaths), 40 cases of meningitis (6 deaths), 34 measles cases and two cases of Crimean-Congo hemorrhagic fever. There are risks of cholera due to population movements from infected areas. There are risks of floods in 2013.
5. **Most-affected regions:** Rural: southern and south-eastern regions such as Hodh El Chargui with 55% of people food-insecure, a 16.2% GAM rate and the presence of refugees. Hodh El Chargui is one of the five regions among the nine Sahel countries still considered in extreme food insecurity. Urban: food insecurity in Nouakchott is above 10% in July 2012 (4% in July 2011). Adrar, Inchiri et Trarza are the three new areas with high food insecurity and malnutrition rates.
6. **Most-affected groups:** In December 2011, the most affected groups were nomads (40%), farmers (35%) and breeders (22.5%). More than 75% of affected people are from agro-pastoral areas (170,000) and farming areas (160,000). For breeders, 30% to 60% of livestock died in 2012.

HUMANITARIAN DASHBOARD MAURITANIA

People in need

Source : * Food Security Monitoring Survey, WFP, July 2012, figures will probably decrease after the harvest

Source : * UNHCR, planning figures for 2013 CAP.

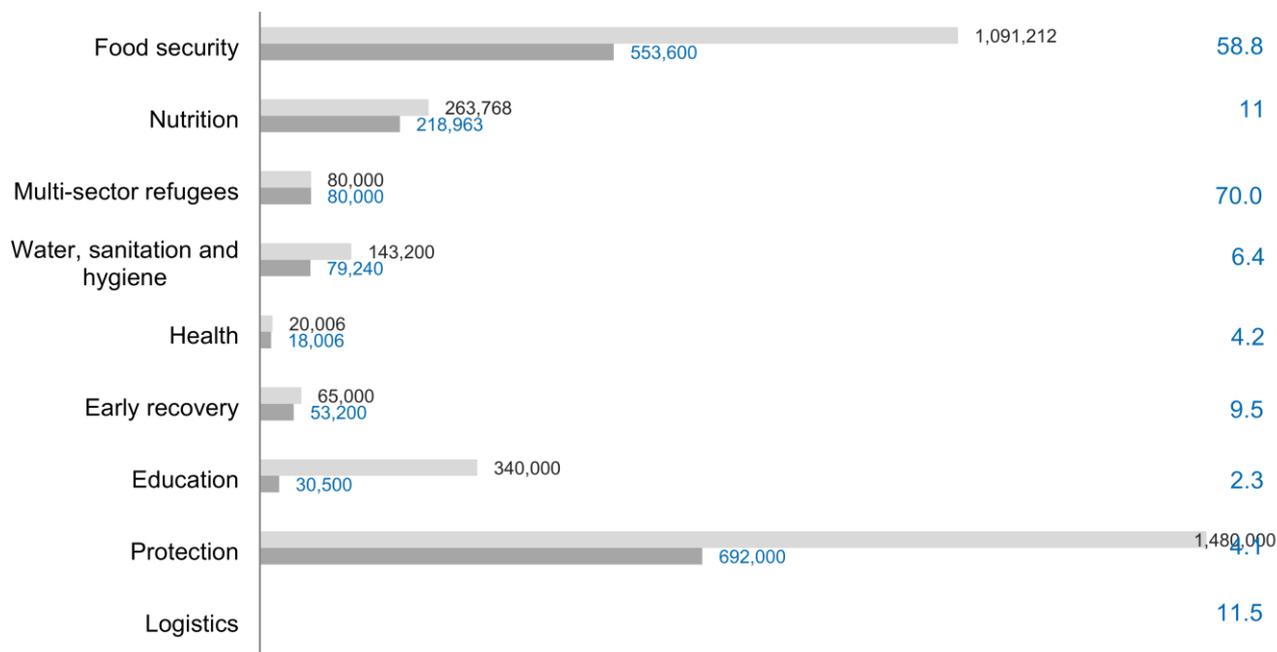


2013 Planning Figures

Number of people in need and targeted

Funding requirements (million \$)

■ People in need ■ Target beneficiaries





Meal of beans and rice for Malian refugees provided by Plan International in the village of Gaoudel, near Ayourou in Niger. Photo credit: IRIN, Jaspreet Kindra.

The West African Sahel is confronted with food crises that become more serious and frequent over time. As a consequence of to the armed conflicts in Libya and Côte d'Ivoire in 2011, there are more than 260,000 migrants who have returned to **Niger**. In the absence of economic opportunities, covering the needs of these migrants and their families is a challenge. Furthermore, the conflicts in northern Mali and Nigeria have prompted 500 Malian refugees and thousands of Nigerien returnees (plus other people expelled from Nigeria) to seek refuge in Niger. These population movements will continue in the coming months (the Niger contingency plan is based on a scenario of 55,000 people from Mali alone).

Humanitarian issues are severe in Niger due to its location at the centre of the Sahelian food crises, and also because of the impact of conflict and insecurity that riddles the Sahelian and Maghreb sub-regions.

Niger had a serious food and nutrition crisis in 2011 due to poor harvests and

livestock production. Thanks to good preparedness and early warning, most of the needs were covered on time, avoiding catastrophic consequences for people and their livestock. The good 2012 harvest should however not disguise the size and severity of the food insecurity and nutrition situation. The last SMART assessment, in July 2012, revealed a global acute malnutrition (GAM) rate of 14.8% and severe acute malnutrition (SAM) of 3%. The GAM rate is thus higher than WHO's alert level, and nears the emergency level of 15%. The fight must not only continue, but must tackle the root causes themselves. In Sahel, and in particular in Niger, food security and malnutrition are the main, but not the only, humanitarian problems.

The situation of chronic food insecurity that affects the country has deeply impaired the livelihoods of Nigeriens, 80% of whom are farmers or ranchers. Each year, between 15 to 20% of the population (2 to 3 million people) is in food insecurity—even in years of surplus production. According results of a vulnerability survey, 185 areas comprising 3,243 villages with a population of 2,483,051 people will be vulnerable to food insecurity in 2013.

Besides food, nutritional problems and armed conflicts in the sub-region, Niger has also been the victim of unprecedented floods in 2012 that have affected more than half a million people. These floods have seriously damaged homes, public infrastructures and crops. One hundred people died of their consequences. The unpredictability of rainfall, the continuing degradation of the environment, and the precariousness of livelihoods combined with effects of climate change foreshadow more major floods in the years to come.

OVERVIEW OF THE 2013 CONSOLIDATED APPEALS

These disasters can affect the same family more than once during the same year, many consecutive years. Their livelihoods decline, then disappear. Having lost resilience, these households or communities require multiannual recovery programmes to find again the way of sustainable development.

According to analyses and scenarios of contingency planning, the humanitarian situation in 2013 will be characterized by interaction of the effects of the food, pastoral and nutritional crisis, plus consequences of armed conflicts and insecurity in neighbouring countries (Mali, Nigeria and Libya. This situation could intensify due to the persistence or even spread of cholera to other vulnerable households, and malaria epidemics when rains are abundant; locust invasions and crop diseases; the increasing prices of essential needs; and floods, bushfires, and epizootics.

The humanitarian response in 2013 will concentrate on all regions of the country with a particular focus on:

- Regions of Tillabéri and Tahoua, due to expected pockets of food insecurity in 2013 because of weak cereal and pastoral production (according to mid-season forecasts), the high prevalence of malnutrition and the number of refugees from Mali.
- A specific accent should be on rural households headed by women. Twice as high a proportion of female-headed households are affected by food insecurity than male-headed (25.8% versus 12.6%).
- Initiatives and programmes to promote people's recovery after crisis and increase their capacities of adaptation to crisis and disasters. People who are already suffering from previous crisis will primarily be targeted: food-insecurity crises of 2009/2010 and 2011/2012, and floods victims of 2012 of Tillabéry, Niamey, Dosso and Diffa.
- The establishment of a complementary link between projects and a better articulation with long-term activities to provide a holistic response to the priority needs of communities.
- Integration of cross-cutting themes such as gender, HIV/AIDS and environmental protection.
- To better manage risks and reduce the consequences of disasters, the Government of Niger took important measures that have defined a clear strategic vision integrating risk reduction. This strategy connects coherently with national development policies, especially those relating to poverty reduction, and also with commitments made at sub-regional, regional and international levels to reduce disaster risks.
- The initiative 3N ("*les Nigériens Nourrissent les Nigériens*") provides a framework to respond to emergency needs but also to efficiently fight food insecurity and recurrent nutritional crisis over the long term and strengthen the resilience of households. This initiative is a key element of the program of economic and social development of the Government.
- The Consolidated Appeal 2013 for Niger includes 82 projects for a total cost of \$354,414,493, to meet needs of more than 2 million people. (This budget is 28% less than that of the 2012 CAP as revised at mid-year.

Consolidated Appeal for Niger: Key parameters 2013	
Planning and budgeting horizon	January – December 2013
Targeted beneficiaries	<ul style="list-style-type: none"> • 1,781,100 people targeted for food security. • 50,000 refugees. • 290,181 SAM cases. • 556,894 MAM cases. • 222,233 pregnant / lactating women. • 43,527 accompanying mothers. • 1,717,800 people targeted for health.
Total funding requested	\$354,414,493
Average cost per intervention, per beneficiary	\$197

OVERVIEW OF THE 2013 CONSOLIDATED APPEALS

Cluster	2013 requirements (\$)
Coordination/IM and support services	3,900,908
Early recovery	10,465,179
Education	2,245,048
Food security	157,666,927
Health	15,307,695
Logistics	7,194,594
Multi-sector	46,346,137
Nutrition	87,276,038
Protection	3,820,774
Water, sanitation and hygiene	20,191,193
Total	354,414,493

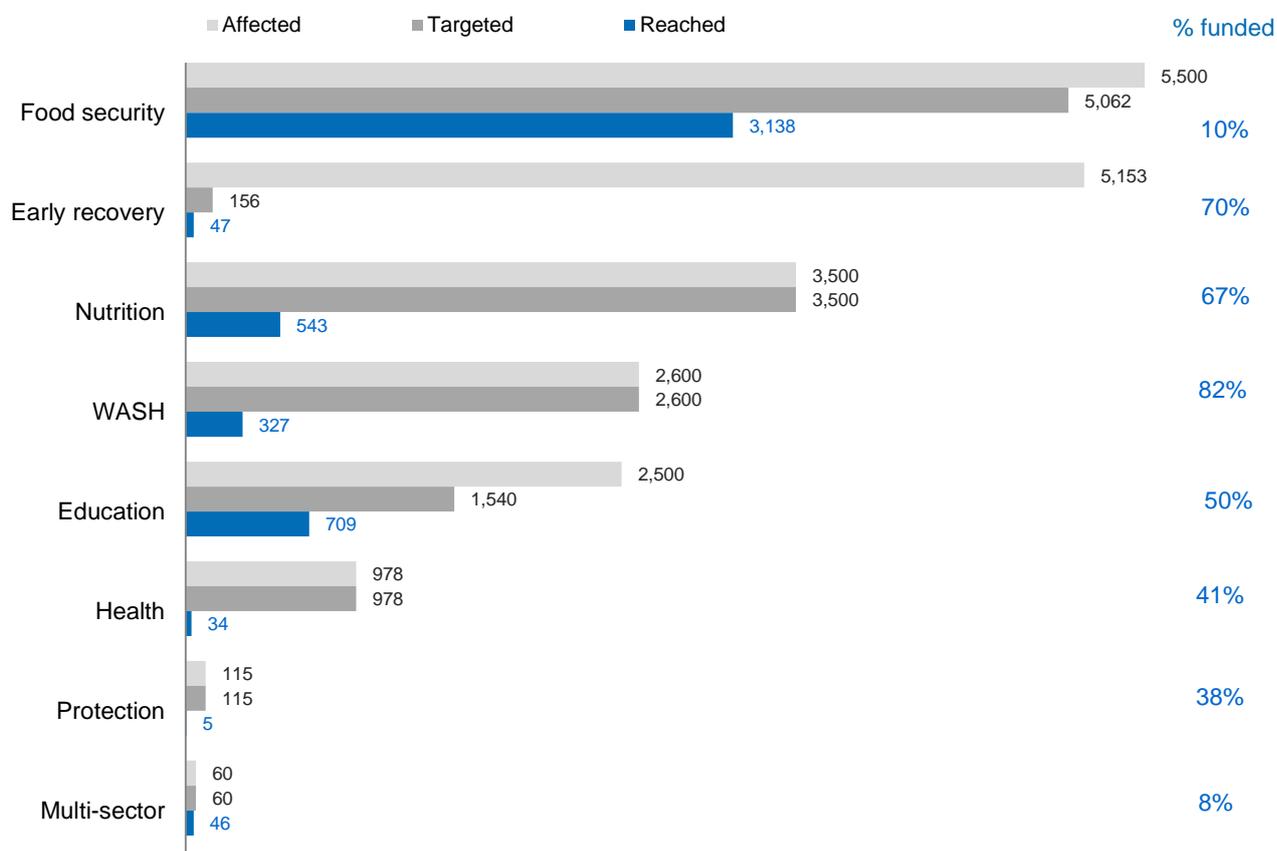
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HUMANITARIAN DASHBOARD NIGER

Results achieved in 2012

Number of people affected, targeted and reached in 2012 (in thousands)



HUMANITARIAN DASHBOARD NIGER

Humanitarian situation

- Pockets of food deficit comprising 3,243 villages with 2,483,051 inhabitants.
- Malnutrition is constantly above the warning threshold and exceeds the emergency threshold in four of the eight regions (Diffa, Tillabéry, Maradi and Zinder).
- Diseases of epidemic potential with a resurgence of cholera, especially in Tillabéry area. Malaria has an unprecedented peak.
- Increased flow of displaced people: 50,000 refugees to date according to UNHCR.
- Return migrants from Libya and Côte d'Ivoire (260,000 people).
- Major floods with more than 500,000 people affected across the country.
- A locust threat resulting from breaks in locust monitoring due to the insecurity in northern Mali and Libya.

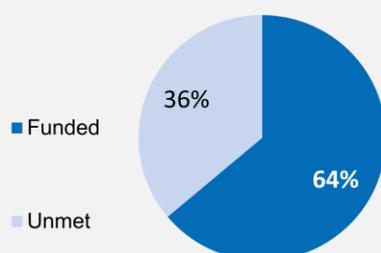
Baseline

Population (word statistics 2012)	17 m
GDP per inhabitant (word statistics 2011)	\$800
% of population. Inhabitant with less than \$1. 25 per day. (HDI '12)	43.2%
Life expectancy (word bank '12)	54.2 years
Mortality rate of under-five children (division statistics UN '10)	143/1 000
Rate of global acute malnutrition among children under 5. (Inquiry SMART '12)	14.8%
% of population without sustainable access to safe drinking water. (UNICEF '12)	48%

Funding

2013 Requirement:
\$354 million

CAP funding in 2012:
\$313 million



Strategic objectives

(Global Objective) Contribute to strengthening the resilience of vulnerable communities to crisis and natural disasters.

(Objective 1): Ensure a better preparation and risk management of crisis and disasters.

(Objective 2): Reduce mortality, morbidity and suffering caused by crisis and disasters.

(Objective 3): Support communities and people affected to recover quickly and sustainably normal life.

Number of people in need and targeted

KEY FIGURES

2,500,000 people affected by food crisis

1,781,100 people targeted by humanitarian partners for food security

82% of affected population targeted for aid

Source: Cluster Food security

REFUGIES

50,000 refugees

42,750 Malian refugees in camps and **4,850** urban refugees

2,400 returnees

Source: UNHCR, Planning figure for 2013, after recording level2 in November 2012.

FOOD SECURITY AND NUTRITION

2,500,000 people in food insecurity

11.8% prevalence of U5 moderate acute malnutrition

3% prevalence of U5 moderate acute malnutrition

Source: Cluster Food security and Nutrition

- **Overview:** Niger endures impacts of food and structural nutritional crisis as well as cyclical crisis such as epidemics and natural disasters. This gets worse with arrival of refugees from Mali. A possible deterioration of the political and security context in Mali could have a negative effect on the Niger in 2013.
- **Food insecurity and malnutrition:** A quite positive evolution of the crop with well distributed rainfall in time and space in some areas until October 15. However, despite this good campaign, there are pockets of deficit.
- Malnutrition is still above the warning threshold and exceeds the emergency threshold in four regions.
- Epidemics: 5 097 cholera cases (including 117 deaths) were confirmed in October 2012.
- In 2013, floods will produce a threat of a locust invasion, in part because locust monitoring and control are ruptured due to insecurity in northern Mali.
- **Malian refugees:** In November 2012, around 50 000 refugees have been registered in Tillabéry and Tahoua. The evolution of the situation in northern Mali could lead to an increase of refugees (55,000 more refugees per the planning figure for UNHCR 2013).
- **Regions most affected:** Tillabéry, Tahoua, Zinder, Diffa and Maradi.
- **Groups most affected:** Rural households headed by women are the most affected by food insecurity with a rate of 25.8% against 12.6% for those headed by men. Households headed by widows or divorcées have higher food insecurity rates (respectively 24.8% and 17.1%). Malian refugees and Nigerien returnees. Children in areas with high prevalence of malnutrition, households affected by floods and other natural disasters. Areas and people with high risk of epidemics.



OCCUPIED
PALESTINIAN TERRITORY

Consolidated Appeal

2013



Gaza, Khan Youis 2013: Children doing their homework on the street outside their home following one of the frequent blackouts in Gaza. Photo credit: OCHA, 17 October, 2012.

The prolonged stalemate in the Middle East peace process, occupation, on-going conflict, continued access restrictions, and internal Palestinian divisions have resulted in a protracted protection crisis. Serious protection threats and human rights violations have continued throughout 2012, with Palestinian communities subject to policies that undermine their ability to live normal and self-sustaining lives. This has resulted in entrenched levels of food insecurity and continued dependence on humanitarian aid. As outlined in the 2012 Consolidated Appeal (CAP) and its two-year plan, the most salient features of the longstanding Israeli occupation remain largely unchanged and, as a result, the nature and the scope of humanitarian needs have not been reduced. The fragility of the political situation was underlined by the recent escalation in violence in Gaza during November, when some 12,000 Palestinians were temporarily displaced. The escalation exacerbated an already fragile humanitarian situation.

Humanitarian assistance in the **occupied Palestinian territory (oPt)** is critical to prevent a further deterioration in the protection of the civilian population, improve food security, ensure access to basic services, and prevent forced displacement. Food security and improving the protection environment are the key humanitarian concerns in oPt. An estimated 1.26 million Palestinians are food-insecure.² The on-going conflict and occupation are the principal drivers of food insecurity. The restrictions on movement of people and goods in particular are contributing to higher prices of basic food commodities, and reducing the purchasing power of many vulnerable families. The policies and practices related to the occupation and the conflict have continued to steadily erode the access of the Palestinian population to essential services such as education and health care, which increases vulnerability. As the occupying power, the State of Israel has an obligation to protect the Palestinian population and to administer its occupation in a manner that respects their rights and well-being.

The 2013 Consolidated Appeal outlines the humanitarian community's strategy to address the most urgent humanitarian and protection needs, focusing on the two priorities outlined in the 2012-2013 Common Humanitarian Action Plan (CHAP):

² *Food Security Watch Bulletin, no.1* (September 2012).

OVERVIEW OF THE 2013 CONSOLIDATED APPEALS

- Improving the protection environment for Palestinian communities most at risk, including access to services.
- Tackling food insecurity among the most vulnerable communities in the Gaza Strip, Area C of the West Bank, the Seam Zone and East Jerusalem

The 2013 CAP requests \$374 million to implement 144 projects in 2013 to meet these objectives. Longer-term development needs will be identified in the upcoming United Nations Development Assistance Framework for oPt.

Consolidated Appeal for the occupied Palestinian territory: Key parameters 2013

Planning and budgeting horizon	January – December 2013
Key milestones in 2013	<ul style="list-style-type: none"> • <i>January</i>: Parliamentary elections in Israel • <i>July</i>: Ramadan • <i>September-December</i>: olive harvest in West Bank • <i>April-May and October-November</i>: sardine catch in Gaza
Target beneficiaries	1.8 million
Total funding requested	\$374 million
Funding requested per beneficiary	\$208

Cluster	2013 requirements (\$)
Agriculture	27,294,595
Cash for work	70,481,900
Coordination and support services	20,261,259
Education	17,594,431
Food	160,752,254
Health and nutrition	15,788,178
Protection	44,424,507
Water, sanitation and hygiene	17,680,292
Total	374,277,416

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HUMANITARIAN DASHBOARD oPt

Crisis Description

Drivers of crisis:

- The main restrictive aspects of the occupation remain in place, resulting in continuing humanitarian vulnerabilities/needs among Palestinians in Gaza, Area C, the Seam Zone and East Jerusalem.
- Serious protection and human rights concerns, limited access to essential services and entrenched levels of food insecurity continue to characterize the day-to-day lives of many Palestinians.

Key Figures:

- Gaza: **80%** of households relying on assistance
Source: UNOCHA 2012
- East Jerusalem: 55,000 physically separated from urban centres
Source: UNOCHA 2012
- Area C and East Jerusalem: 690 demolitions (January – November 2012)
Source: UNOCHA 2012

Baseline

Population PCBS 2012	4.29 million
GDP per capita PCBS 2011	\$1,594
Life expectancy (MoH Annual Report 2011)	72.4 years in the oPt, (71.0 for men and 73.9 for women), West Bank (72.8) Gaza (71.8)
Under-five mortality (2010) (Ministry of Health, June 2012. Health Annual Report 2011)	25.1 per 1000 live births 22.1 in the West Bank and 29.2 in the Gaza Strip.
Average consumption of potable water (l/p/d) (PWA 2009)	WB: 73; Gaza: 80-90

Funding

2013 REQUIREMENTS

\$374 million

2012 REQUIREMENTS

\$420 million

(68% funded)

Strategic Objectives

1. Enhance the protection of populations in Gaza, Area C, the Seam Zone and East Jerusalem by promoting respect for IHL and human rights; preventing or mitigating the impacts of violations; improving equitable access to essential services; and ensuring the effective integration of protection considerations in service provision interventions.
2. Help improve the food security of vulnerable and food-insecure communities in the oPt, with particular focus on Gaza, Area C, the Seam Zone and East Jerusalem by improving economic access to food, supporting access to a greater variety of food or providing direct food assistance.

People in need

OVERALL CASELOAD

2.1 m

Affected people

Source: UNOCHA 2012

1.8 m

Targeted by hum. partners

Source: UNOCHA 2012

86%

people targeted (% of affected pop.)

Source: UNOCHA 2012

VULNERABLE PEOPLE

3,878

internally displaced as a result of demolitions in Area C and East Jerusalem from 2008-2012

Source: UNOCHA 2012

2.07 m

refugees

Source: UNRWA 2012

0.98 m

Receiving <60 l water/day

Source: UNICEF 2012

1.26 m

Food-insecure people

Source: SEFSec 2012

0.58 m

Vulnerable to food insecurity in oPt

Source: SEFSec 2012

0.195 m

unemployed

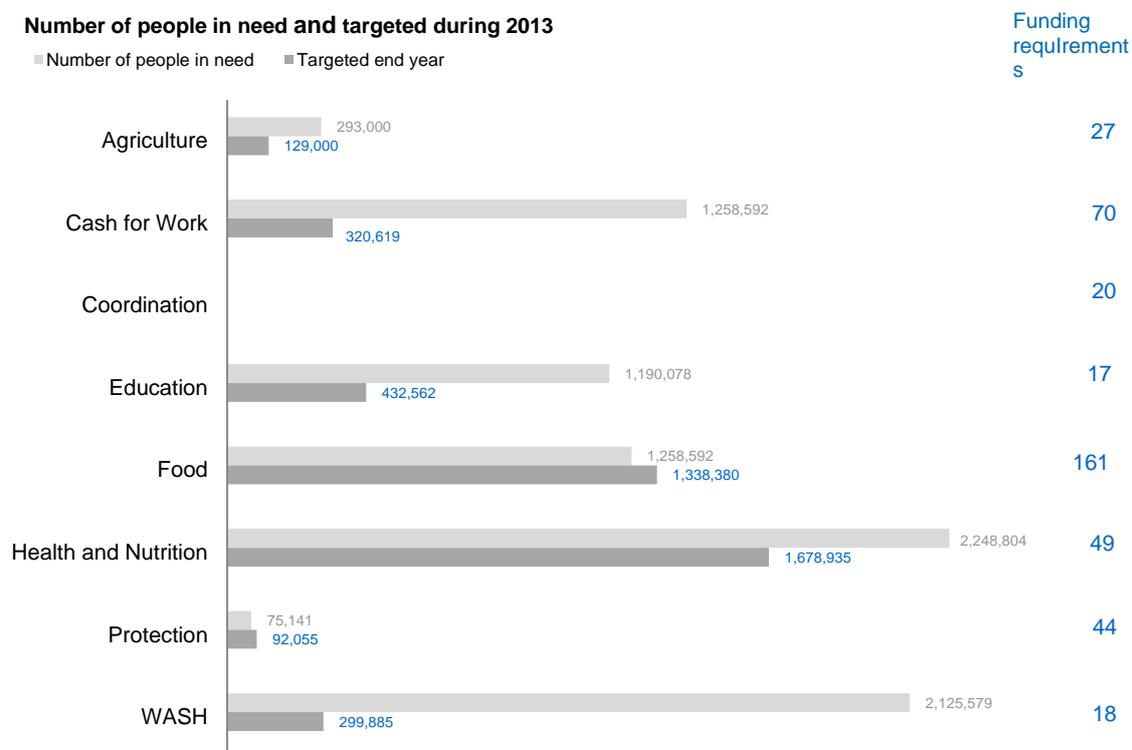
Source: PCBS 2012

HUMANITARIAN DASHBOARD OPT

2013 Planning Figures

Number of people in need and targeted during 2013

■ Number of people in need ■ Targeted end year

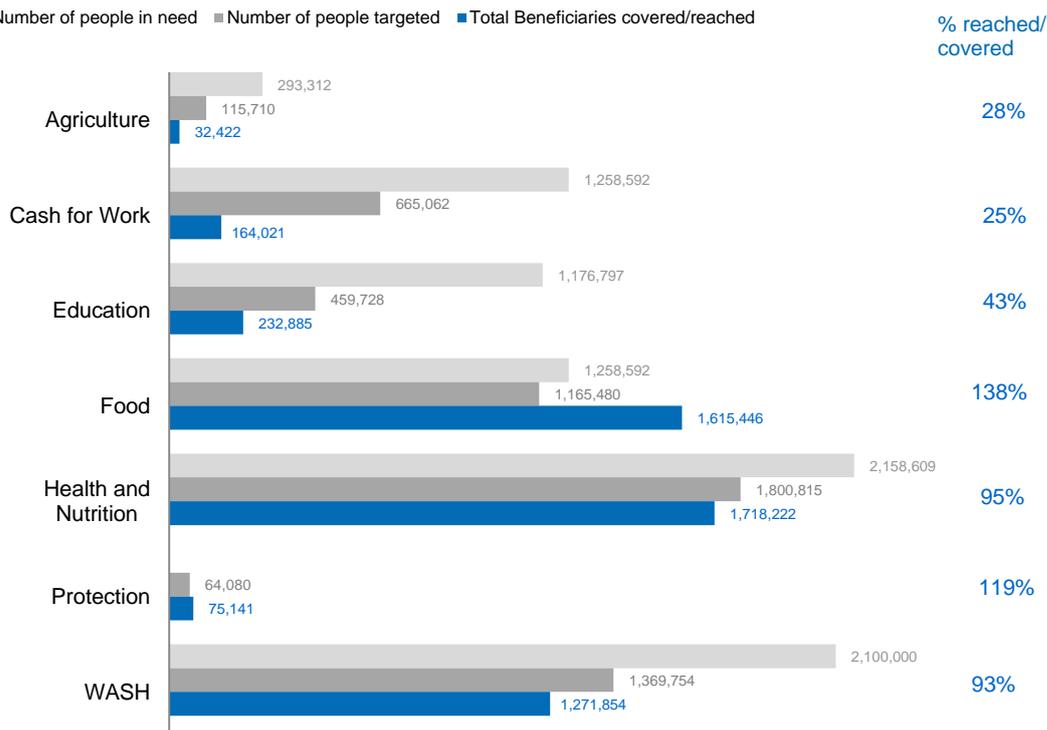


NB. For protection for people in need, this is the number of beneficiaries reached under the Strategic Objective indicators in 2012 (as at October 2012). The total number of people in need of protection interventions is difficult to quantify, given the nature of protection risks and responses.
N.B. For explanation on 6% higher number of targeted people versus people in need for Food, please see page 48.

Results achieved in 2012

Number of people in need, targeted and reached during 2012

■ Number of people in need ■ Number of people targeted ■ Total Beneficiaries covered/reached





PHILIPPINES (MINDANAO)
Humanitarian Action Plan
2013



Brgy Sanyag, Ampatuan, Maguindana. Photo credit: Jeffrey Maitem, 6 August 2012.

2013 is a time of immense opportunity and change in **Mindanao**. After four decades of conflict, a Framework Agreement has been reached between the Government of the Republic of the Philippines and the Moro Islamic Liberation Front (MILF) placing Mindanao on the path to sustainable peace.³

Over the next three years there is much to be done: a Transition Commission will be established to draft a new Basic Law; a plebiscite will be held; the law will be promulgated and ratified; and the Autonomous Region in Muslim Mindanao (ARMM) will be replaced by a new autonomous political entity – the Bangsamoro.

While these foundations for lasting peace are being laid, the Government still confronts a significant challenge in responding to the needs of people affected by repeated cycles of violent conflict and natural disasters. The Philippines is the third most disaster-prone country in the world, frequently hit

by flooding, landslides, earthquakes and tsunamis. In 2011, 78 earthquakes, 121 flooding and flash floods, 66 rain-induced landslides, and 19 tropical cyclones occurred, the most devastating being Tropical Storm Washi which hit the north-east in December 2011 leaving more than 1,500 people dead, some 40,000 houses destroyed and an estimated 430,900 people displaced. In regard to other displacement, while in recent times a ceasefire has held between the MILF and the Government, from January to September 2012 there were approximately 51,000 people displaced from clan feuds known as *rido* and 100,800 people displaced from violent conflict (communist insurgency and armed lawless elements). Also, while there is every expectation that the on-going peace negotiations will maintain the ceasefire, new security challenges may emerge, as elements opposed to the peace agreement may cause further instability and displacement. National and local elections scheduled for May 2013 may also have the potential for an outbreak of violence, which has historically also led to displacement.

³ 2012 Framework Agreement on the Bangsamoro, signed 15 October 2012, <http://opapp.gov.ph/resources/2012-Framework-Agreement-on-the-Bangsamoro>.

OVERVIEW OF THE 2013 CONSOLIDATED APPEALS

This Humanitarian Action Plan (HAP) aims to address the most critical humanitarian needs in support of national and local efforts, build resilience amongst the affected people and strengthen capacities to prepare for and respond to crises. Highest-priority humanitarian needs are food, nutrition, shelter, WASH, protection and re-establishing livelihoods. An important contribution of this HAP is building a partnership with the government and capacity-building, rather than capacity substitution. This action plan therefore reflects a continuing process towards the humanitarian community contributing to government-led preparedness and long-term solutions. This includes for example ensuring contingency plans are in place, emergency supplies prepositioned, communities are ready and organised, and suitable evacuation sites identified and equipped, thereby reducing or eliminating the use of schools as evacuation centres.

In 2013, the humanitarian operation in Mindanao will support government efforts to respond to the assessed humanitarian and protection needs of affected people and related capacity-building efforts, and to assist affected people in recovery, whether they have returned, relocated, or remain displaced. A total of \$35.5 million is requested in 2013 to deliver an integrated programme of support to government efforts in responding to the needs of 219,000 affected people and their communities.

2013 will also see a collaborative effort between the government and the humanitarian and development community to elaborate a multi-year programme of support commencing in 2014, which aims to arrive at durable solutions for affected communities. These actions will contribute to the overall effort towards sustained peace and development during this historic time of change in Mindanao.

Humanitarian Action Plan for Mindanao: Key parameters 2013

Planning and budgeting horizon	January – December 2013
Key milestones in 2013	Comprehensive peace agreement concluded Transition Commission established <ul style="list-style-type: none"> • May: General elections • June to November: Rainy season
Target beneficiaries	219,000 people
Total funding requested	\$35.5 million
Funding requested per beneficiary	\$162

Cluster	2013 requirements (\$)
CCCM	1,200,000
Coordination	733,680
Early recovery	5,566,000
Education	1,903,332
Food and agriculture	10,192,855
Health	2,164,688
Nutrition	3,042,591
Protection, incl. child protection and SGBV	7,413,315
WASH	3,275,339
Total	35,491,800

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HUMANITARIAN DASHBOARD MINDANAO

Crisis Description

Drivers of Emergency:

- 1. Natural disaster prevalence** – Severe weather conditions often associated with flooding continue to affect the low-lying areas which are inhabited by the poor segment of the populace. In 2011, four destructive typhoons hit Mindanao including TS Washi which affected 625,000 people in Northern Mindanao.
 - 2. Armed conflict** – The GPH-MILF conflict is presently inactive as the parties are observing a ceasefire and the Framework Agreement on the Bangsamoro was entered between the parties in October 2012 but there remains the risk that efforts to negotiate a comprehensive peace agreement are thwarted and/or that detractors work against the peace using violence to achieve their objective. Adding to this is the decades-long conflict involving the NPA and in which efforts to re-establish peace talks have so far failed.
 - 3. Clan violence (*rido*) and election-related violence** – driven largely by land disputes, business rivalry and struggle for political power within and between clan families in Mindanao which occurs regularly and result in loss of life, destruction of homes, and short-term displacement of local communities.
 - 17. Insecurity and criminality** – happens across Mindanao because of gaps in good governance, weak rule of law and a proliferation of small arms. Presence of non-state armed groups such as the ASG continues to cause sporadic population displacements.
- Needs Profile:**
Given that some people are presently displaced while others have returned or resettled, and there are several different events that have prompted displacement in Mindanao, the following are the identified priority needs for 2013
4. Supporting the government response to IDPs during displacement through protective presence and monitoring, distribution of food and NFI, disease surveillance, provision of TLS for displaced children and livelihood support during displacement.
 1. Ensuring suitable evacuation centres are identified and equipped with at least minimal water and sanitation facilities.
 2. Supporting returnees in re-establishing their livelihoods, repairing and replacing damaged homes, and reducing the incidences of IDP exploitation. Assisting families to have their children back in school and raise food consumption to acceptable level.
 3. Providing a level of resilience through ensuring basic water, sanitation and health services are available in affected communities including treating malnutrition and its underlying causes.

Strategic Objectives

1. Support the Government in responding to the assessed humanitarian and protection needs of the affected people and related capacity-building efforts
2. Support government efforts to assist affected people in recovery, whether they have returned, relocated, or remain displaced

People affected

OVERALL CASELOAD



Source: Protection Cluster/DSWD/Cluster response plan

DISPLACEMENT



Source: Protection Cluster Dashboard/displacement and statistics table

FOOD SECURITY

42% returnees and **25%** of IDPs Food-insecure people

NUTRITION

Up to **10.8%** children under 5 GAM cases (global acute malnutrition) Up to **2%** children under 5 SAM cases (severe acute malnutrition)

Source: Nutrition Cluster SMART Surveys, Update of National Nutrition Survey 2011, Operation Timbang

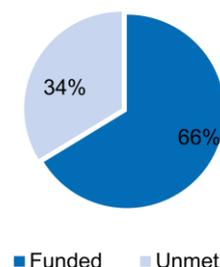
Baseline

Population (NSO 2007)	88.55 m
Gross domestic product per capita at current prices (NSCB 2011)	\$580.28
% pop. living less than \$1.25 per day (UNDP 2006)	18.4%
Life expectancy in years (NSO 2010-2015)	68 Male/ 73 Female
Crude birth rate (NSO 2009)	18.9/ 1,000
Under-five global acute malnutrition cases (National Nutrition Survey 2011)	10.8% (ARMM) 7.3% (National)
% of pop. without sustainable access to an improved drinking water (APIS, NSO 2008 lifted from 4 th MDG Progress Report)	80.4%

Funding

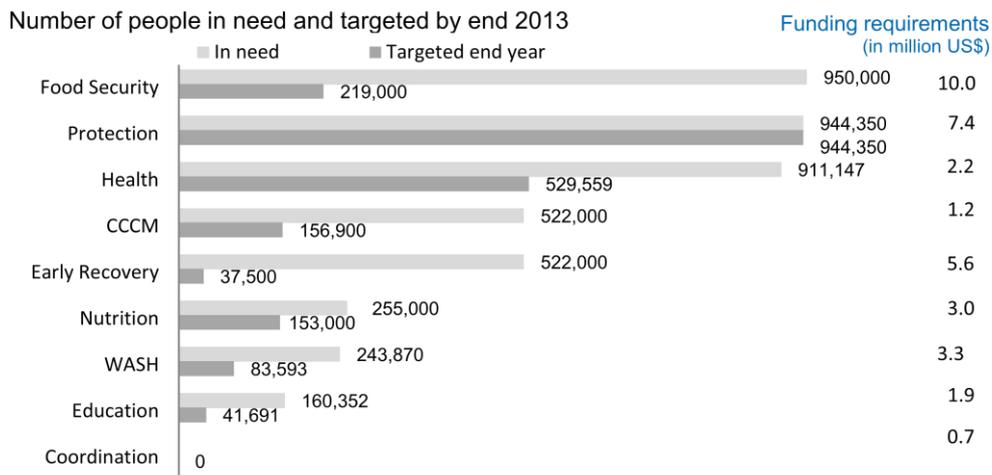
US\$ 35.5 million
Requested in 2013

2012 REQUIREMENTS
US\$ 51 million

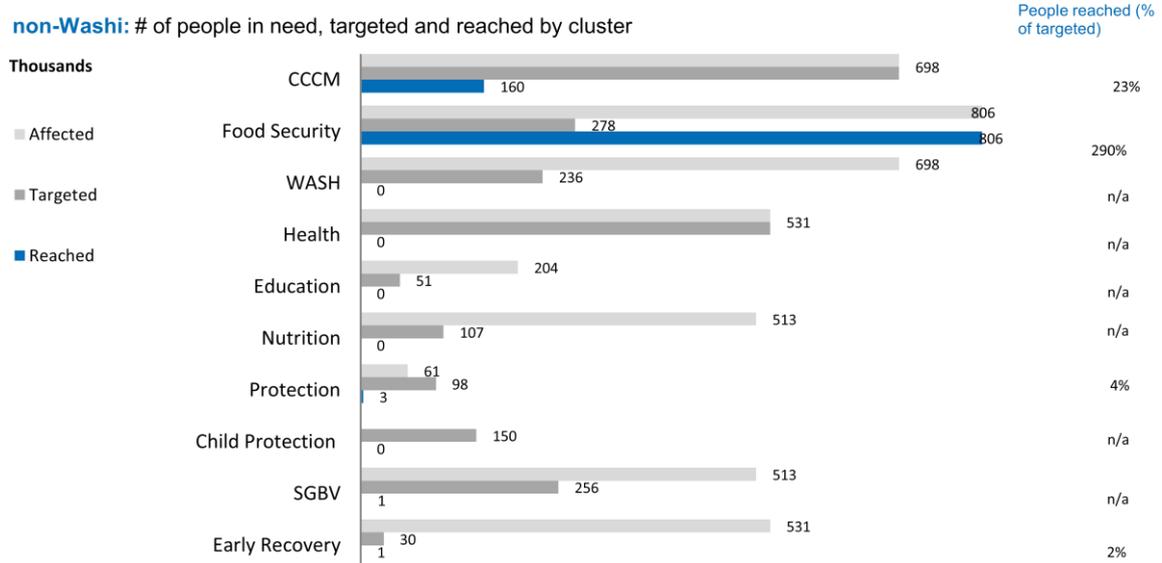
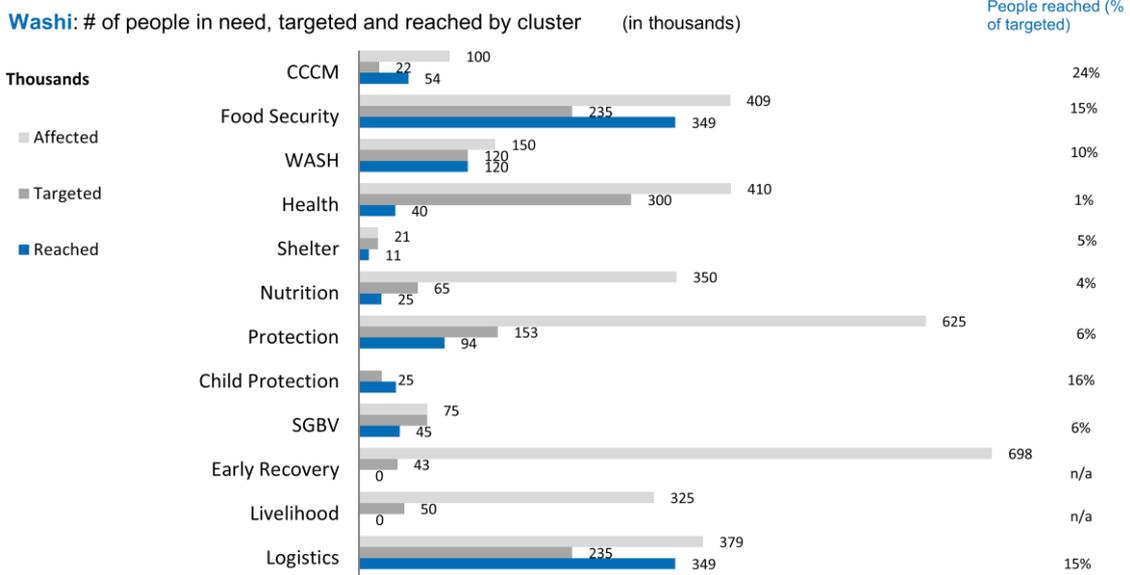


HUMANITARIAN DASHBOARD MINDANAO

2013 Planning Figures



Results achieved in 2012





Checking the progress of a child in the blanket supplementary feeding programme in northern Somalia, Photo credit: WFP, S. Nicol.

Famine conditions were still present in parts of southern **Somalia** when the previous humanitarian appeal for Somalia was launched in December 2012. On 3 February, the famine was declared over, largely due to the delivery of aid under extremely difficult conditions and the exceptional harvest at the start of 2012. Humanitarian actors built on these gains throughout the year, continuing to provide life-saving assistance and implementing programmes to strengthen people's ability to cope with future drought.

Notwithstanding the gains, 3.8 million people in Somalia are in need of life-saving assistance or other crucial support.⁴ An estimated 2.1 million of them are still in crisis, unable to meet their basic needs without assistance. These most vulnerable include an estimated 1.1 million internally displaced people. The remaining 1.7 million people in need have only emerged from crisis in the past year, and could easily fall back into crisis without support to maintain their livelihoods. Although mortality and malnutrition rates in Somalia have

improved since last year, they remain among the highest in the world, and an estimated 236,000 children under five are acutely malnourished.

While the humanitarian situation in Somalia remains critical, the gains made in the past year and the changing security and political landscape present opportunities to break the cycle of recurring crises brought on by drought and conflict. To seize on these opportunities, the Humanitarian Country Team is taking an innovative approach to the consolidated appeal process for Somalia. For the first time, the CAP strategy covers a three-year period. This allows for far greater continuity in programming, which is particularly needed for the resilience-building necessary to address the protracted nature of the crisis.

The four-pronged strategy seeks to:

- Ensure equal and integrated life-saving assistance to malnourished children and people living in humanitarian emergency and crisis to reduce mortality and destitution.
- Contribute to improving the quality, reliability, responsiveness, and accessibility of basic services, and promote predictable safety-net programming, thereby meeting the humanitarian needs of vulnerable people and households, and strengthening their resilience to shocks.

⁴ FSNAU Post-Gu 2012 Technical Report, October 2012, <http://www.fsnau.org/>

OVERVIEW OF THE 2013 CONSOLIDATED APPEALS

- Invest in household and community resilience through increased access to durable solutions that address livelihood vulnerability, including displacement and climate change – and result in a return to stable and sustainable livelihoods.
- Strengthen the capacity and coordination of NGOs, affected communities, and local, regional and national-level authorities to prevent and mitigate risks and implement effective emergency preparedness and response.

The humanitarian community has also agreed on the following two operational objectives to support the four over-arching strategic objectives:

- Improve transparency and enhance accountability through mechanisms that ensure quality service delivery, effective support functions, and beneficiary feedback.
- Improve alignment with development mechanisms and structures as they evolve.

Given the scope of humanitarian need in Somalia, the funding requirements for the first year of the 2013-2015 CAP are \$1.33 billion, an increase from the 2012 appeal after its mid-year review. The appeal includes 369 project proposals from a cross-section of 177 UN agencies and NGOs.

A significant reason for the higher appeal is the improvement in access to people in need that has made greater planned programming possible. As humanitarian organizations scale up their presence throughout Somalia, there are associated increases in staffing, security and travel costs. The CAP includes significant resources for durable returns, as well as a multi-sector project for 10,000 refugees residing in Somalia. The CAP this year also has an increased focus on monitoring programmes in line with the operational objective for enhanced accountability.

Cluster	2013 requirements (\$)
Education	61,677,721
Enabling programmes	39,005,223
Food security	670,159,596
Health	90,206,081
Logistics	40,447,954
Multi-sector for refugees	9,262,317
Nutrition	121,855,710
Protection	104,753,791
Shelter and NFIs	72,259,804
Water, sanitation and hygiene	122,606,743
Total	1,332,234,940

Consolidated Appeal for Somalia: Key Parameters 2013

Planning and budgeting horizon	<ul style="list-style-type: none"> • Strategy: three-year. Detailing planning and budgeting: January-December 2013
Key milestones in 2013	<ul style="list-style-type: none"> • Deyr (short) rains - Oct.-Dec. • Main (<i>Gu</i>) harvest - expected in August
Target beneficiaries	<ul style="list-style-type: none"> • 3.8 million people, including 2.1 million in humanitarian emergency and crisis, and 1.7 million stressed
Total funding requested	\$1.33 billion
Funding requested per beneficiary	\$349

The greatest increase in the CAP funding requirement comes from the emphasis on resilience programming in a humanitarian context, which has higher up-front costs than basic life-saving interventions. Resilience, however, is the investment required to help Somalis move from crisis to a more sustainable situation.

Investments in basic services, safety nets and resilience programmes in 2013 will target 3.8 million Somalis in need, including those in crisis. The resilience of the targeted population is expected to increase on an incremental basis in 2014-2015, building on the investments of 2013. Resilience aims to ensure that the next shock does not cause liquidation of assets and

OVERVIEW OF THE 2013 CONSOLIDATED APPEALS

displacement, and that the more resilient population will require less aid as people are able to withstand drought and other shocks.

At the start of the 2013-2015 CAP, Somalia is still one of the most challenging and dangerous environments in the world for aid workers. However, during the famine response in 2011 and throughout 2012, humanitarian actors proved that they could deliver assistance in areas where access was extremely restricted by working with new partners and finding innovative ways to reach the most vulnerable. With continued generous donor support, they will continue to build on the gains realized in 2012, and improve monitoring of humanitarian action.

At no time in the past 21 years has the opportunity been closer to break the cycle of aid dependence and elevate vulnerable populations out of repeated crises. The harvest at the beginning of 2013, projected to be at least average, should give humanitarian efforts a window of opportunity. Somalis deserve the opportunity to make the transition to development. An investment in the 2013-2015 CAP will help make that possible.



Displaced families receiving a general food distribution in Doolow on 18 July 2012 provided by WFP and partners. The monthly rations consist of cereals, pulses and vegetable oil targeting 72,000 people in Gedo region, including some 4,000 displaced people. Photo credit: OCHA/A Y. Noor

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HUMANITARIAN DASHBOARD SOMALIA

Crisis Description

Drivers of crisis:

- Recurring drought
- Conflicts and political instability
- Lack of access to basic social services

Needs profile:

- Agro-pastoral, pastoral populations and IDPs in need of food, water, health and other basic services.

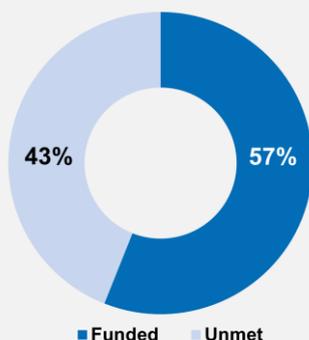
Baseline

Population (UNDP 2005)	7.5 m
GDP per capita (Somalia Human Development Report 2012)	\$284
% population living on less than \$1 per day (UNDP/World Bank Socioeconomic Survey, 2002)	43.2%
Life expectancy (UNDP HDR 2011)	51 years
Under-five mortality (FSNAU 2012)	1.37/1,000/day
Under-five global acute malnutrition rate (FSNAU 2012)	15.2%
% population using improved drinking water sources (UNDP 2009)	30%

Funding

2013 REQUIREMENTS: \$1.33 billion

2012 REQUIREMENTS: \$1.67 billion



Strategic Objectives

1. Ensure equal and integrated life-saving assistance to malnourished children and people living in humanitarian emergency and crisis to reduce mortality and destitution.
2. Contribute to improving the quality, reliability, responsiveness, and accessibility of basic services, and promote predictable safety-net programming, thereby meeting the humanitarian needs of vulnerable people and households, and strengthening their resilience to shocks.
3. Invest in household and community resilience through increased access to durable solutions that address livelihood vulnerability, including displacement and climate change—and result in a return to stable and sustainable livelihoods.
4. Strengthen the capacity and coordination of NGOs, affected communities and local, regional and national-level authorities to prevent and mitigate risks and implement effective emergency preparedness and response.

The humanitarian community has also agreed on the following two operational objectives to support the four over-arching strategic objectives:

- Improve transparency and enhance accountability through mechanisms that ensure quality service delivery, effective support functions and beneficiary feedback;
- Improve alignment with development mechanisms and structures as they evolve.

People in need

Food Security

2.1 million

People in humanitarian emergency and crisis (FSNAU 2012)

1.7 million

People in stress (FSNAU 2012)

Displacement

1.1 million

Internally displaced people (UNHCR 2012)

10 thousand

Refugees and asylum seekers (UNHCR 2012)

Nutrition

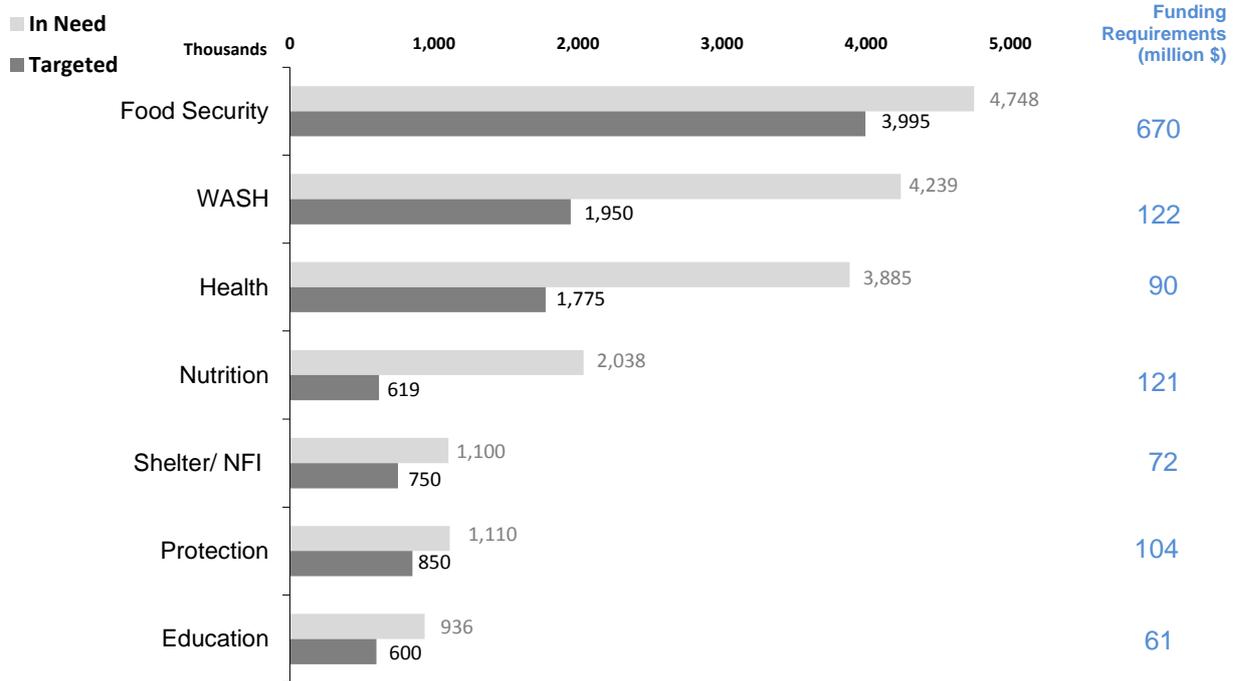
236 thousand

Malnourished children under five (FSNAU 2012)

HUMANITARIAN DASHBOARD SOMALIA

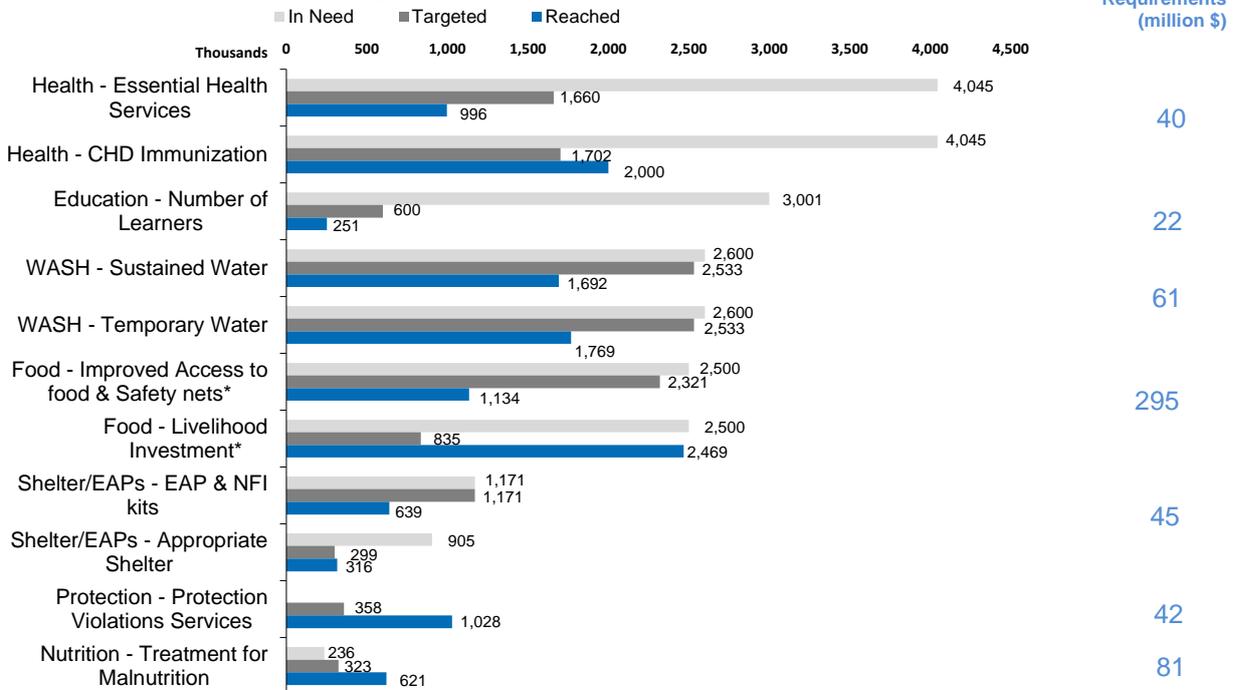
2013 Planning Figures

Number of people in need vs number targeted - 2013



2012 Results Achieved

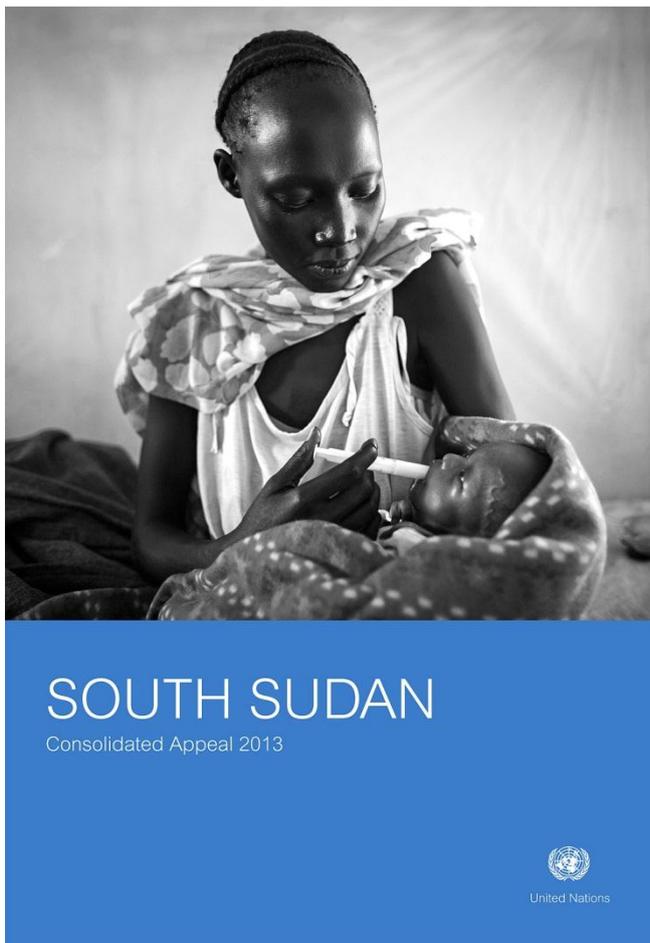
No. of people in need vs targeted and reached - October 2012



* Beneficiaries reached in current month--for others the figures are cumulative from January.
 Note: The Education Cluster revised targets in October following the start of the new school year. These figures represent best estimates and might be under reported if some cluster member activities are not captured.



Somalis fleeing the insurgent-held town of Afgooye for Mogadishu, fearing a military attack by African Union troops and Somalia transition government. Credit: SOYDA/Abdiqani



NEEDS REMAIN HIGH: Humanitarian needs remained consistently high throughout 2012 due to unresolved political issues between **South Sudan** and Sudan, and the legacy of decades of conflict. Needs are expected to remain high for key vulnerable groups. However, positive political developments towards the end of 2012 may improve food security and economic conditions for people in South Sudan into 2013, with the signing of breakthrough agreements in oil, trade and security arrangements with Sudan.

While aid agencies anticipated many of the challenges faced in 2012, some far exceeded expectations and exacerbated the humanitarian situation. Most notable was the arrival of more than 175,000 refugees fleeing conflict in Sudan's South Kordofan and Blue Nile states, with a quadrupling of the initially anticipated number of 40,000 people. The number of people in need of food assistance doubled

from 1.2 to 2.4million due to a deterioration in food security. 2012 also saw the large-scale displacement of more than 170,000 people due to internal violence, and 132,000 South Sudanese who returned from Sudan in need of humanitarian aid. Furthermore, the challenges faced by the Government of South Sudan in providing basic services, combined with austerity as a result of oil shutdown early in 2012, meant that humanitarian partners increasingly became the provider of first resort.

ACCESS CHALLENGES PERSIST: South Sudan is one of the most challenging environments in which relief organizations work. Rains and seasonal flooding make more than 60 per cent of the country inaccessible for over half of the year. Incidents of harassment and commandeering of assets by state and non-state actors have further impeded access.

AID AGENCIES STEP UP: Against the backdrop of these challenges, humanitarian operations continued and scaled up in 2012. Thirty separate relief operations were underway across 51 of the nation's 79 counties by November. As of October, food security and livelihoods partners had supported more than 2.1 million people; more than 700,000 malnourished children had been given nutritional treatment; health partners had carried out 2 million consultations; nearly 55,000 conflict- and natural disaster-affected, and returnees households had received essential household items; and about 664,000 people had improved access to potable water. In many cases humanitarian partners exceeded original planning targets as they stepped up to meet increased needs. Donors contributed \$724 million as of 31 October to CAP 2012, equivalent to 62 per cent of requirements.

REFUGEE AND FOOD INSECURITY NEEDS HIGH: Humanitarian needs will remain high in

OVERVIEW OF THE 2013 CONSOLIDATED APPEALS

South Sudan throughout 2013, though the scope of vulnerability and assistance will shift. Without a resolution to the conflict in Sudan's South Kordofan and Blue Nile states, more people will likely seek refuge in South Sudan. Food insecurity is expected to affect up to 4.6 million people in 2013, with about 2.3 million in need of direct food assistance. Though these numbers remain close to 2012 levels, they anticipate a slight stabilization in food insecurity in 2013, which could be enhanced by the reopening of the border between South Sudan and Sudan. Humanitarian partners expect lower numbers of South Sudanese to return home from Sudan than in previous years – up to 125,000 people. A reduction in people displaced by internal violence as compared to 2011-2012 is also expected, though concerns remain in flashpoint states.

FOCUS ON PREPAREDNESS: The challenging operating environment of South Sudan continues to require innovative, time-bound strategies such as prepositioning

stocks and core pipeline support, improving emergency response and protection, increasing livelihoods support and resilience, and improving coordination. The provision of life-saving humanitarian aid will continue, alongside preparedness measures, mitigation against future shocks, national capacity strengthening, and establishing links to development, with the ultimate aim of empowering people and their communities to move beyond day-to-day survival.

Cluster	2013 requirements (\$)
Coordination and common services	15,689,755
Education	32,875,637
Emergency telecommunications	2,819,747
Food security and livelihoods	420,984,687
Health	88,400,471
Logistics	60,579,382
Mine action	31,882,867
Multi sector (emergency returns and refugees)	264,737,112
NFI and emergency shelter	22,314,618
Nutrition	81,466,176
Protection	58,789,316
Water, sanitation and hygiene	76,471,083
Total	1,157,010,851

Consolidated Appeal for South Sudan: Key parameters 2013

Planning and budgeting horizon	January – December 2013
Key milestones in 2013	<ul style="list-style-type: none"> • Dec 2012-Apr 2013: Dry season increases risk of conflict but also allows for pre-positioning of humanitarian supplies • Jan-Mar 2012: Oil production and revenues anticipated to resume • May-Aug 2013: Hunger gap • Jun-Oct 2013: Main planting season • Aug-Nov 2013: Seasonal floods affect large parts of the country
Target beneficiaries	<ul style="list-style-type: none"> • 4.6 million people in need • 3.3 million people targeted overall • 2.3 million people to receive food assistance • 350,000 refugees • 200,000 newly internally displaced • 125,000 returnees from Sudan
Total funding requested	\$1.16 billion
Average cost per beneficiary	\$351

A

BILLION DOLLARS TO MEET NEEDS: This year's Consolidated Appeal comprises 273 projects by 114 partners, coordinated by 10 clusters, who require \$1.16 billion to address urgent humanitarian needs in South Sudan. While requirements for 2013 are slightly lower in the 2012 mid-year review, the continuing refugee crisis and high food insecurity drive needs, calling for large-scale action.

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HUMANITARIAN DASHBOARD SOUTH SUDAN

KEY PLANNING FIGURES 2013



SITUATION OVERVIEW

A legacy of civil war and chronic underdevelopment - compounded by tensions with Sudan, the rapid arrival of refugees and economic volatility - impact severely on the new state's ability to provide basic services, rendering communities vulnerable to the effects of insecurity, displacement, food shortages, disease and seasonal flooding.

KEY DRIVERS OF THE CRISIS

- Political tensions** between South Sudan and Sudan continue to have humanitarian consequences.
- Food insecurity** remains high and is compounded by natural disasters, as well as economic volatility.
- Refugee arrivals** from Sudan could increase rapidly during the year and strain humanitarian capacity.
- Internal conflict** continues to result in new displacements in hotspot areas such as Jonglei.
- Government capacity** to deliver basic services remains low and constrained by fiscal austerity even when oil revenue returns in 2013.
- Operating environment** remains challenging and costly. Partners are working to address logistical, operating and bureaucratic constraints.

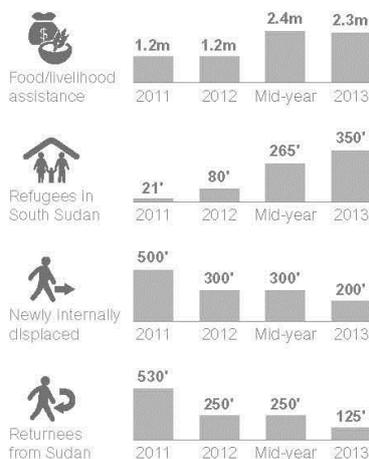
REQUIREMENTS 2013 (\$M)



PEOPLE TARGETED



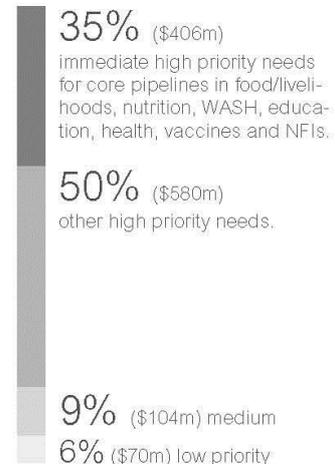
KEY PLANNING TRENDS A



STRATEGIC OBJECTIVES 2013

- 1 Prepare for and respond to emergencies on time.
- 2 Maintain front-line services in hotspot areas.
- 3 Assist and protect refugees and host communities.
- 4 Protect people affected by crisis.
- 5 Support returns in a voluntary, safe and sustainable manner.
- 6 Increase resilience of households suffering from recurrent shocks.
- 7 Improve the operating environment for UN agencies and NGOs.

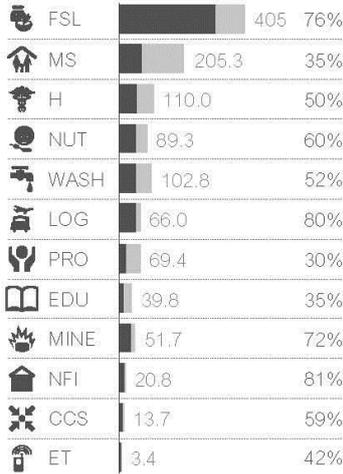
FUNDING PRIORITIES 2013



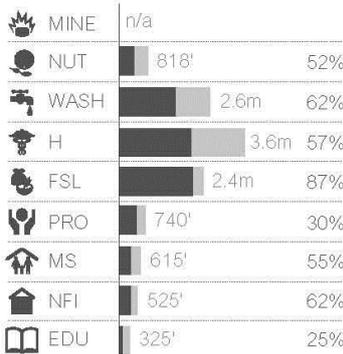
Sources: (A) Mid-Year Review, Consolidated Appeal 2011, Consolidated Appeal 2012, Mid-Year Review, Consolidated Appeal 2012 (B) fts.unocha.org (31 Oct); (C) Clusters (30 Sep); (D) Clusters (30 Sep); (E) OCHA, UNHCR, WFP (31 Oct); (F) - (1) Statistical Yearbook 2011 (NBS Oct '12); (2) 2008 Population + returnees + population growth + refugees (OCHA); (3) 5th Sudan Population and Housing Census (2008); (4) Ibid.; (5) Ibid.; (6) Ibid.; (7) GDP Estimate, South Sudan National Bureau of Statistics (NBS, Aug '11); (8) Ibid.; (9) National Baseline Household Survey (2009).

HUMANITARIAN DASHBOARD SOUTH SUDAN

REQUIRED/FUNDED '12 ^B



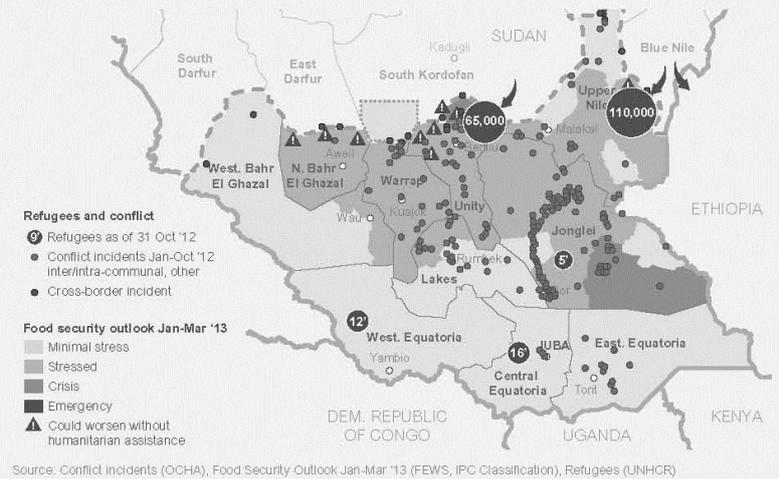
TARGETED/REACHED '12 ^C



RESULTS HIGHLIGHTS 2012 ^D

- Food/livelihoods:** 87% of 2.4m targeted people reached.
- Multiclusiter:** 100% of 205,000 refugees assisted.
- Health:** 100% of disease outbreaks investigated within 48h.
- Nutrition:** 90% of 80,000 targeted severely acutely malnourished children treated.
- WASH:** 88% of 1.1m targeted acutely vulnerable provided with improved water source.
- Logistics:** 90% of 822 access, transport, storage requests met.

CONFLICT, FOOD INSECURITY AND REFUGEES ^E

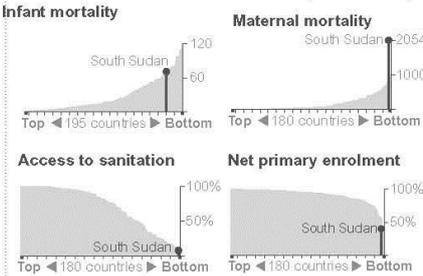


KEY BASELINE INDICATORS ^F

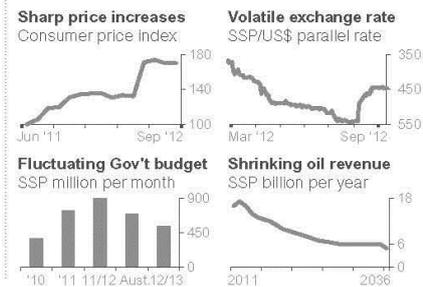
Area (square kilometers) ¹	644,329
Population (2008) ³	8.26m
Population estimate (for 2013) ²	11.8m
Population below 18 years ⁴	51%
Rural population as share of total ⁶	83%
Average household size ⁶	6
Gross domestic product (estimate) ⁷	\$13bn
GDP per capita (estimate) ⁸	\$1,546
People living below poverty line ⁹	50.6%
Ease of Intern'l trade (of 183 countries) ⁰	181
Share of arable land under cultivation ¹⁰	4.5%
Live expectancy (years) ¹¹	42
Maternal mortality (per 100,000 births) ¹²	2,054
Infant mortality (per 1,000 births) ¹³	75
Child mortality (per 1,000 births) ¹⁴	105
Children under 2 years fully immunized ¹⁵	6.3%
Births attended by skilled personnel ¹⁶	19.4%
Adult literacy (15+ years) ¹⁷	27%
Net enrolment in primary education ¹⁸	44.4%
Net enrolment in secondary education ¹⁹	1.6%
Households using improved sanitation ²⁰	7.4%
Househ. w/ impr. drink. water sources ²¹	68.7%

THE WORLD'S BOTTOM 5% ^G

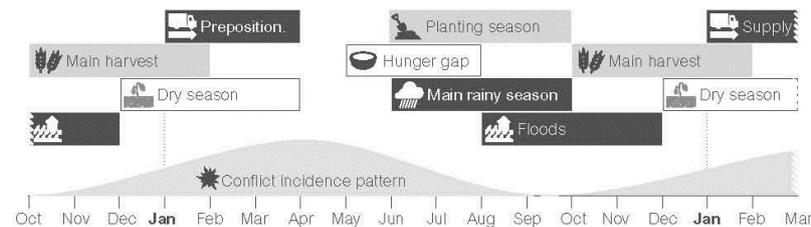
South Sudan ranks lower than almost any other country



FRAGILE ECONOMIC CONTEXT ^H



CRITICAL SEASONAL EVENTS ^J



Sources: (F cont.) (10) WFP ANLA 2011/12; (11) South Sudan Household Health Survey (SHHS, 2010); (12) SHHS (2006); (13) SHHS (2010); (14) Ibid.; (15) Ibid.; (16) Ibid.; (17) Statistical Yearbook 2011 (NBS, Oct '12); (18) Education Management Information System (2011); (19) Ibid.; (20) SHHS 2010; (21) Ibid. (G) UN Statistics Division mdgs.un.org, SHHS 2010. (H) National Bureau of Statistics (CPI), World Bank High Frequency Survey (FX rate), Ministry of Finance (Budget), World Bank (oil revenue projection). (J) WFR, FEWS, OCHA.



SUDAN

United Nations and Partners Work Plan 2013



Humanitarian needs in **Sudan** continue to be driven by a cycle of conflict, displacement and vulnerability. To meet these needs the United Nations (UN) and its partners are appealing for \$983 million to fund a total of 364 projects across thirteen sectors in 2013. This will allow for the provision of humanitarian assistance to 4.4 million people in Sudan

The majority of these people are in Darfur, where 3.4 million people, including 1.4 million people receiving food aid in camps, will require some form of humanitarian assistance in 2013. The estimated 695,000 people in South Kordofan and Blue Nile states who have either been displaced or severely affected by the on-going conflict will also require humanitarian assistance. Other people in need include 142,000 refugees in Sudan, 45,000 people of South Sudanese origin who are currently at departure points in Khartoum, 38,000

people of Sudanese origin who have returned from South Sudan, and some 40,000 returnees to the Abyei area.

The highest priority humanitarian needs amongst these people are food assistance, livelihoods opportunities, water, sanitation and health services and protection of internally displaced people (IDPs), refugees and other vulnerable groups. Given these identified needs, the UN and its partners have endorsed the following three strategic priorities to guide humanitarian action in 2013:

- Contribute to timely and effective humanitarian response throughout Sudan
- Promote and facilitate durable solutions, empowering people and communities by reducing aid dependence
- Build capacity of national actors to address humanitarian needs in Sudan.

Each of these priorities will be addressed through a number of supporting activities. These activities aim at improving the overall effectiveness of humanitarian action, in line with the “Transformative Agenda” of the Inter-Agency Standing Committee (IASC) This includes efforts to improve needs assessments, to strengthen monitoring and reporting, and to ensure greater accountability to affected people and all humanitarian stakeholders.

The 2013 Work Plan continues the trend away from blanket distribution of food and non-food items towards other sectors that have a greater focus on longer-term assistance aimed at recovery and durable solutions. This trend has seen the Work Plan requirement for food assistance, non-food items and emergency shelter drop from 53% of the total requirement in

OVERVIEW OF THE 2013 CONSOLIDATED APPEALS

2007 to 36% in 2013. This means that over the same period, funding for other activities has increased from 47% to 64% of the total requirement. In 2013, this increased focus on promoting self-reliance and reducing aid dependence will continue, with programming that enables early recovery activities and facilitates durable solutions. There will also be an increased focus on strengthening the capacity of national actors and local communities to respond to needs and build resilience to future man-made or natural crises.

The number of people in need of humanitarian assistance in 2013 remains at roughly the same level as in 2012, though this involves a decrease in the number of people in Darfur and an increase in the number of people in need in other parts of the country including South Kordofan and Blue Nile. Overall funding requirements for 2013 are 8% lower than in 2012, reflecting a rigorous project selection process and a continuing effort to ensure more focused humanitarian activities and better targeting of the most vulnerable. Throughout 2013, each sector will undertake regular monitoring of activities and outcomes and will work closely with Government counterparts, donors and humanitarian partners to better analyse the impact of humanitarian activities in Sudan.

Consolidated Appeal for Sudan: Key parameters 2013

Planning and budgeting horizon	January – December 2013
Target beneficiaries	<ul style="list-style-type: none"> • 1.4 million IDPs in Darfur • 142,000 refugees • 84,000 returnees to Sudan and South Sudan • 40,000 returnees to Abyei • 695,000 IDPs/severely affected in South Kordofan and Blue Nile states • 2 million others assisted in Darfur • Total: 4.3 million
Total funding requested	\$983,443,754
Average cost per intervention, per beneficiary	\$229

Cluster	2013 requirements (\$)
Coordination and common services	20,646,648
Education	84,818,879
Food security and livelihoods	407,421,045
Governance, infrastructure and economic recovery	42,392,488
Health	75,383,641
Logistics and emergency telecommunications	35,782,460
Mine action	12,388,935
Non-food items and emergency shelter	26,106,556
Nutrition	48,576,455
Protection	48,879,049
Refugees multi-sector	91,914,531
Returns and early reintegration	23,410,658
Water, sanitation and hygiene	65,722,409
Total	983,443,754

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HUMANITARIAN DASHBOARD SUDAN

SITUATION OVERVIEW

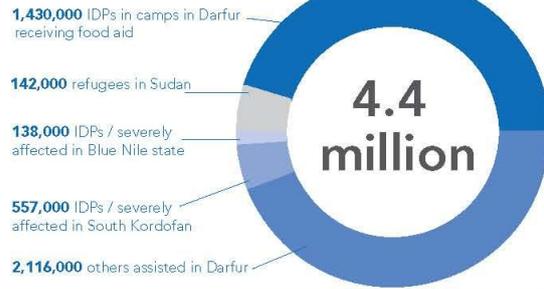
- 1 In Darfur, approximately 3.5 million people currently receive food aid, including some 1.4 million in camps.
- 2 Some 56,000 people remain displaced mostly in Agok and South Sudan. Of 105,000 who fled in May 2011, some 35,000 returned quickly to areas south of the Bahr Al Arab/Kiir river, and 14,000 others returned to areas north of the river.
- 3 In Government-controlled areas in South Kordofan and Blue Nile, HAC estimates 207,000 and 68,000 people displaced or severely affected by conflict respectively. In SPLM-N areas, estimates from various sources indicate that there are some 350,000 and 70,000 people displaced or severely affected in South Kordofan and Blue Nile respectively. The UN has no presence in SPLM-N areas and has not been able to independently verify these figures. UNHCR reports that a total of 240,000 refugees have fled to Ethiopia and South Sudan.
- 4 According to Government and UNHCR sources, there are between 220,000 and 350,000 people of South Sudanese origin still in Sudan. UNHCR and the Government of Sudan have registered 109,000 people for voluntary return.
- 5 There are some 142,000 refugees in Sudan originating from other countries in the region.

Humanitarian Country Team STRATEGIC PRIORITIES 2012

- 1 Contribute to timely and effective humanitarian response throughout Sudan
- 2 Promote and facilitate durable solutions, empowering people by reducing aid dependence
- 3 Build capacity of national actors to address humanitarian needs in Sudan.



PEOPLE IN NEED

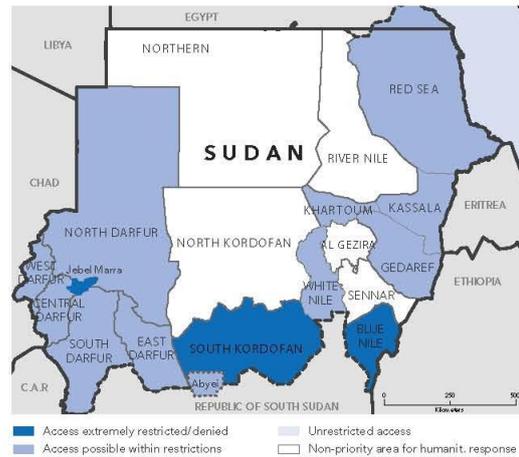


SUDAN FACTS

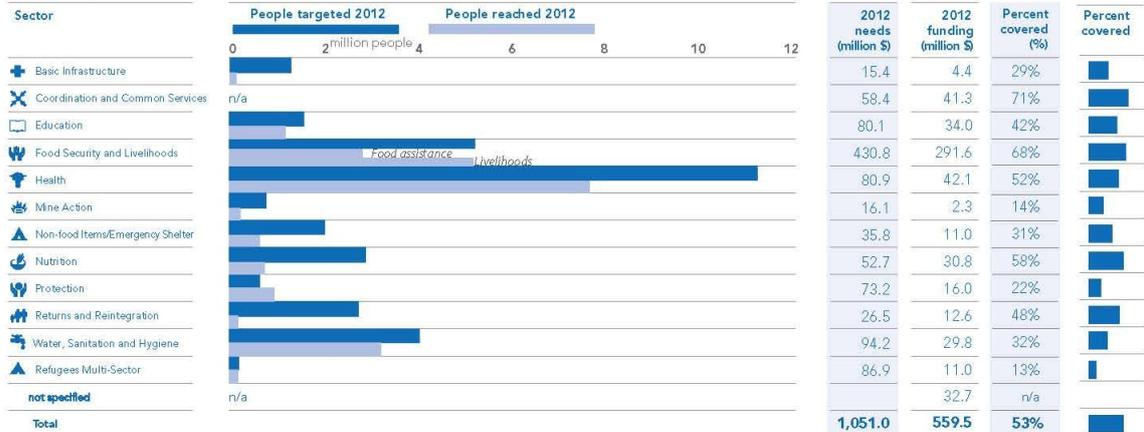
Area (km ²)	1,861,484
GDP per capita (\$) (country rank) ¹	1,539
Pop. living on less than \$2/day	44%
Human Development Rank (of 179) ²	169

ACCESS CONSTRAINTS

Access constraints due to insecurity or government-imposed restrictions



NEEDS, TARGETS, ACHIEVEMENTS, REQUIREMENTS AND FUNDING BY SECTOR (15/11/2012)³



Notes: ¹IMF (04/2012), World Economic Outlook Database; ² UNDP (2011), Human Development Report 2011; ³ Funding information: OCHA FTS, as of November 2012, all changes are reflected on fts.unocha.org. Needs, targets, achievements: Work Plan 2012 Sector Response Plans.



YEMEN
Humanitarian Response Plan
2013



UNITED NATIONS

Photo credit: Oxfam, Abbie Trayler-Smith.

Yemen is one of the world's major humanitarian crises, with more than half of the population affected and a third targeted for humanitarian aid.

Thirteen million people do not have access to safe water and sanitation, 10.5 million are food-insecure, 431,000 are displaced, and 90,000 children do not have access to education. At least 100,000 vulnerable migrants pass through Yemen annually, and the country hosts over a quarter of a million refugees—this in addition to increasing returnee flows in the south, with over 80,000 having returned and needing assistance. Almost 1 million Yemeni girls and boys under 5 are suffering from acute malnutrition, of whom more than 250,000 children have life-threatening severe acute malnutrition. Even those whose acute malnutrition is moderate, if left untreated, will not grow to their full potential. Epidemics too are a significant concern, with 170 children having died from measles this year. Apart from disease, children continue to be subjected to extreme violence. This year, 174 children have been killed and/or maimed, including 49 victims of mines, far surpassing the numbers for 2011.

Over the last two years, humanitarian programming has increased nearly threefold in scale and the funding received for the Yemen Humanitarian Response Plan (YHRP) has increased from \$121 million in 2010 to \$329 million in 2012. Coordination efforts amongst cluster partners and the Humanitarian Country Team, as well as partners, who are not regular participants of coordination mechanisms, have reinforced the focus and sustainability of humanitarian outcomes. This is enhanced by joint prioritization of geographic areas for intervention and joint planning to deliver programmes to those most in need. There is now closer cooperation among clusters in monitoring, assessments and advocacy. The humanitarian community has also reinforced its coordination with the Government and, in strict adherence to international humanitarian principles, with the *de facto* authorities in the north and armed groups in the south. Engagement is being strengthened with a wider range of international development and transition actors to ensure that humanitarian activities support longer-term objectives. The aim is to reduce the scale of needs in 2014 and beyond.

In the 2013 YHRP, food security requirements have increased in line with the results of the recent household survey and now include wider agricultural and food security interventions as well as food delivery. WASH requirements have increased in line with new evidence of the need for access to clean water and basic sanitation. Protection activities are being substantially reinforced to respond to the increased needs of victims of human rights and humanitarian law violations, including grave violations against children, community-based protection and rule-of-law activities within a broader protection-of-civilians agenda. Finally, early recovery, and particularly capacity-building of national partners, is being stepped up with measures including the establishment of a network that links early recovery programmes in all clusters.

OVERVIEW OF THE 2013 CONSOLIDATED APPEALS

There are now 97 organizations participating in the 2013 YHRP. Over the last 12 months, the number of humanitarian actors in Yemen has increased. In addition to a substantial increase in the presence of western international NGOs, and thanks in large part due to significant and sustained advocacy from the HCT, there are new humanitarian actors from within Yemen and across the Gulf and Middle East region, some of whom are now part of this joint humanitarian strategy. This presents a new opportunity to build a more collective and cohesive response, and to better define areas of comparative advantage in order to efficiently meet humanitarian and recovery needs in Yemen.

The signing of the 2012 Gulf Cooperation Council agreement has led to an improvement in security in some areas. On-going security sector reforms bring new hope for stability as well as an opportunity to find durable solutions for IDPs. Moreover, the substantial pledges of assistance to support the transition and the support brokered through the Friends of Yemen provide a key opportunity to move into recovery and link humanitarian action to a longer-term strategic approach. A well-established humanitarian cluster system with a solid presence of NGOs and UN agencies exists, and has proven its capacity to increase both life-saving and recovery interventions; plus cluster strategies are now closely linked with the transitional strategy of the Government.

Pledges and programmes for the transition will, however, take time to materialize into tangible change on the ground, and overall humanitarian needs are forecast to continue rising. Negative coping mechanisms such as falling into debt, child labour and child marriages mean the crisis could further

Cluster	2013 requirements (\$)
Coordination and support services	6,369,873
Early recovery	31,465,871
Education	20,575,769
Food and agriculture	303,162,338
Health	58,652,315
Logistics	1,600,000
Multi-sector	50,449,000
Nutrition	96,020,222
Protection	40,838,174
Shelter/NFI/CCCM	31,428,784
Water, sanitation and hygiene	75,763,110
Total	716,325,456

Humanitarian Response Plan for Yemen: Key parameters 2013

Duration	1 January – 31 December 2013
Key milestones in 2013	<ul style="list-style-type: none"> • School year (Sep-May) • Migration to south coast (Sep-Dec) • Planting: June-July & Dec • Harvest: Oct-Dec • Floods July - Aug • Drought: Jan & Nov-Dec
Target beneficiaries (* indicates planning figure based upon projections for January 2013)	<ul style="list-style-type: none"> • Severely food-insecure: 5,300,000 • IDPs: 431,000* • Returnees: 105,000* • Malnourished children under five: 690,918 • Children in need of protection: 500,000 • Refugees: 269,000 • Migrants: 37,150 • Severely affected due to poor water and sanitation access: 3,000,000 • People in IDP host communities: 200,000 <p>Total: 8.1 million (34% increase from 2012)</p>
Total funding requested	\$716 million
Funding requested per beneficiary	\$88

corrode Yemen's long-term development unless short-term measures are put in place. An increased humanitarian response will, therefore, be required in 2013. Until the humanitarian crisis is addressed, Yemen cannot achieve an effective or sustainable transition, and without a well-supported and comprehensive humanitarian plan, the current fragile political process will be further threatened. An investment now will lead to concrete reductions in humanitarian requirements in 2014 and beyond. Based on assessed evidence, the 2013 YHRP's requirements are \$715 million, a 22% increase from the \$585 million requested in 2012.

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HUMANITARIAN DASHBOARD YEMEN

Crisis Description

Drivers of crisis

- 18. Extreme poverty, volatile food and commodity prices, increasing cost of living, unemployment and a decrease in remittances. These reduce access to food, basic services and livelihoods for millions of Yemenis in urban and rural areas.
- 19. Government capacity to provide social services remains at very low levels in many parts of the country where humanitarian needs are also high.
- 20. New localised conflicts particularly in the north and the south set to continue in 2013, exacerbated by weak rule of law and security systems.

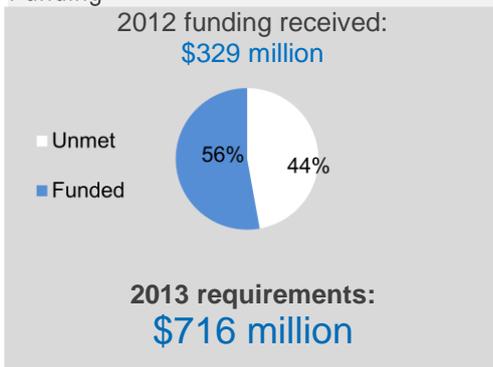
Needs profile

- 21. 10.5 million food-insecure and almost 1 million children under 5 with acute malnutrition.
- 22. 13 million people, half of the Yemeni population, without access to safe water & basic sanitation.
- 23. 90,000 children with no access to education
- 24. 431,000 IDPs
- 25. 269,000 refugees and 100,000 vulnerable and stranded migrants

Baseline

Population (source: UNFPA, 2010 estimate)	24 million
GDP per capita (Source: 2010 est.)	\$2,500
% pop. living less than \$1.25 per day (source: World Bank, 2012)	47%
Life expectancy (2010 est) (source: SOWC2012)	64 years
Under-five mortality (2010 est) (source: SOWC 2012)	77/1,000
U5 death rate (SMART surveys 2011-2012)	<1/10,000 U5 /day
Under-five GAM rate (2010 est) (source: SOWC2012)	15%
% of pop. without sustainable access to improved drinking water (source: SOWC2012)	55%
Population of children under 18, (source, UNDP, 2010)	12.4 million
Child labour 2000-2010*, total	23%
Child marriage (married by age 18) 2000-2010	32%

Funding



Strategic Objectives

1. Save lives and prevent a further increase in the mortality rate of people in humanitarian need through the provision of nutrition, water and sanitation, primary health services, and reduction of food insecurity;
2. Protect and restore livelihood assets including agriculture as well as basic social services through early recovery, resilience-building and emergency preparedness for populations living in conflict and non-conflict-affected areas, including returning IDPs;
3. Strengthen the response to victims of human rights and humanitarian law violations and the protective environment for vulnerable and conflict-affected people;
4. Reinforce the focus and sustainability of humanitarian action through capacity-building (national authorities, humanitarian partners and communities), joint prioritisation of geographic areas of intervention, cluster cooperation on assessments and monitoring, joint programming and joint advocacy.

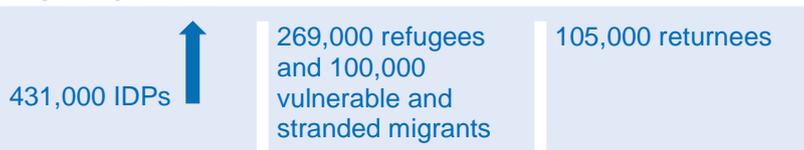
People in need

OVERALL CASELOAD



Source: UNICEF/WFP/OCHA

DISPLACEMENT



Source: IDP Task Force/UNHCR

FOOD SECURITY, WASH & NUTRITION

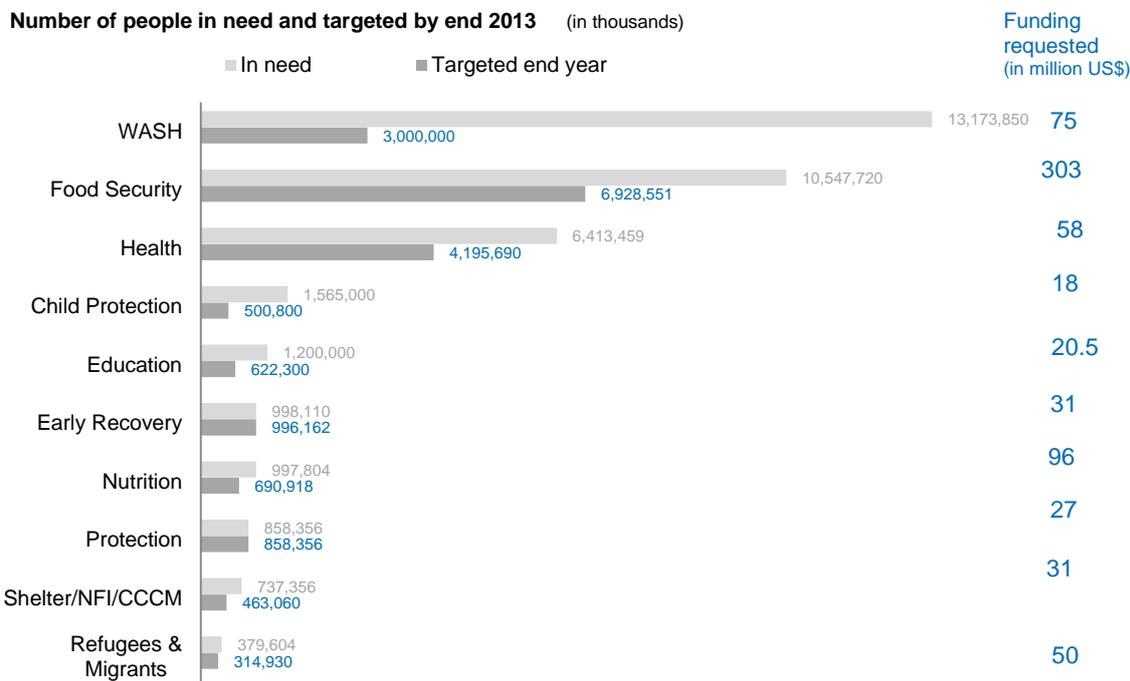


Sources: WFP CFSS 2012. RWSIS 2010-2012, UNICEF SMART SURVEYS 2011-12
 * 998,000 GAM includes the 255,000 SAM

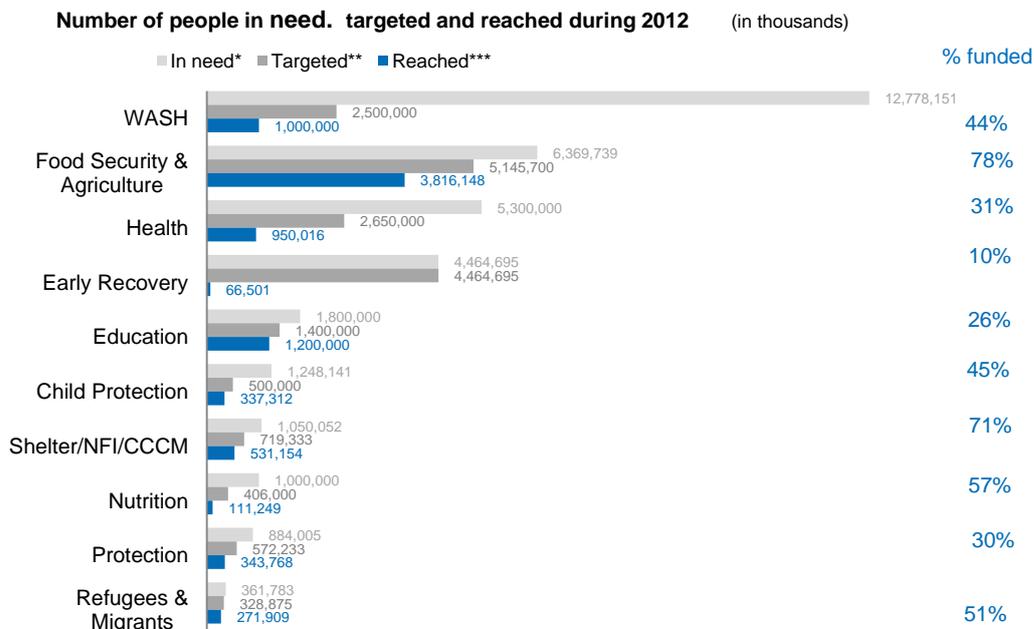
'Critical and severe water situation' refers to districts where over 70% of the population do not have access to improved water and sanitation.

HUMANITARIAN DASHBOARD YEMEN

2013 Planning Figures



Results achieved in 2012



Calculation for population assisted:

- Food Sec: # of people receiving a food ration of any size for any period of time
- Health: # of outpatient consultations
- Nutrition: # of SAM and MAM cases enrolled in the therapeutic program

- Shelter/NFI: # of people receiving NFIs
- WASH: # of people provided with access to safe & sufficient water

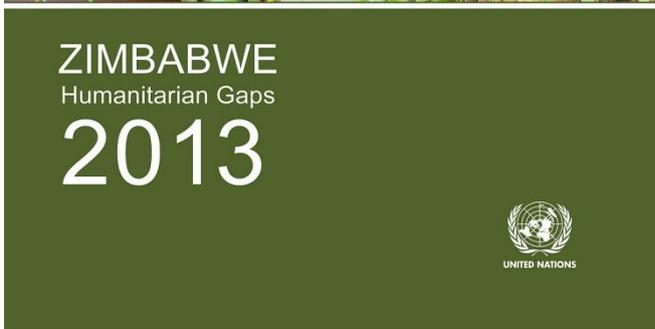


Photo credit: OCHA, Matilda Moyo.

The humanitarian situation in **Zimbabwe** has continued to improve and remains largely stable. This is due to the concerted effort by the Government of Zimbabwe, donors and other stakeholders to address the humanitarian needs arising from the challenges that the country faced over the last decade. Alongside these efforts, over the last three years, the recovery and development actors under the leadership of the Government of Zimbabwe have also continued to make steady investment; results are now beginning to bear fruit.

Despite these positive gains, humanitarian challenges remain. These include food insecurity mainly caused by drought—the impact of which is more visible in the south of the country—and sporadic outbreaks of waterborne diseases. In addition, a wide range of highly vulnerable groups such as the chronically ill, returned migrants, asylum seekers and those in displacement-like situations continue to require humanitarian aid.

However, the level and complexity of some of these needs require medium- to long-term interventions that address the root causes of the crisis. To this end, efforts are already in place to either address the identified needs or create a suitable policy environment to enable appropriate response to the needs. These include the Government’s economic recovery blueprint through the Medium Term Plan for 2011-2015, the 2012-2015 ZUNDAF, and other on-going development programmes.

Against this background, the Government and the humanitarian community have agreed to continue addressing the remaining humanitarian needs through humanitarian coordination and resource mobilization mechanisms. At the same time, other needs that were previously being addressed through humanitarian structures will now be addressed through recovery and development mechanisms. Under this agreed structure, certain activities in the area of food, health, WASH and protection will continue to be addressed through humanitarian structures, whereas activities in agriculture, education, nutrition, livelihoods and institutional capacity-building and infrastructure will largely be addressed through recovery and development mechanisms. The Government will become increasingly involved in both the remaining cluster coordination structures and the sectoral coordination arrangements in 2013.

The present appeal contains ten high-priority humanitarian projects valued at \$131,419,709 in the areas of food, health (including nutrition), WASH and protection. More than 80% of this appeal will be for the Food Cluster. These projects have been prioritized based on strict criteria arrived at after extensive consultations with all the relevant stakeholders. Alongside the planned

OVERVIEW OF THE 2013 CONSOLIDATED APPEALS

responses in the four areas, a modest Emergency Response Fund (ERF) managed by OCHA on behalf of the humanitarian community will be in place. The objective of the ERF will be to provide timely and predictable funding to unforeseen humanitarian needs that may arise in the course of the year and is appealing for \$5 million.

The approach that the humanitarian community adopted in the current appeal is aimed at ensuring that all the remaining humanitarian needs in the country are addressed while at the same time consolidating the gains that the country has made towards recovery and development through the appropriate mechanisms.

Cluster	2013 requirements (\$)
Coordination and support services	2,765,981
Food	109,829,799
Health	4,990,000
Protection	10,233,929
Water, sanitation and hygiene	3,600,000
TOTAL	131,419,709

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HUMANITARIAN DASHBOARD ZIMBABWE

Key Figures

4-5 thousand

Forcibly returned Zimbabweans seeking assistance

32% of children <5

Are stunted, 3% are wasted, 10% underweight (ZDHS 2010-11)

4,000 deaths among children <5

From diarrhoea per year

Baseline

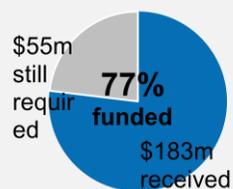
Population (CSO 2011)	12.3 million
GNI per capita (UNDP HDR 2011)	\$376
Life expectancy (UNDP HDR 2011)	51.4 years
Under-five mortality (ZDHS, 2010-11)	84 (per 1,000 live births)
Global acute malnutrition rate (NNS, 2010)	2.4%
% of children under 5 who are stunted (ZDHS, 2010-11)	32%
% of pop. without improved water sources & sanitation facilities (ZDHS, 2010-11)	33% (water) 63% (sanitation)

2013 requirements

\$131.42 million

2012 requirements

\$238 million



Situation Description

Outlook:

- Over 1.6 million people are expected to need food assistance at the peak of the lean season from January to March 2013. Ongoing drought in the southern part of the country will continue into 2013 according to meteorological forecasts and is expected to further increase food security needs.
- Although at much lower levels than previous years, Zimbabwe continues facing outbreaks of cholera, typhoid and acute diarrhea in both urban and rural areas. With only one-third of the population having access to clean water combined with a limited capacity of health structures, large-scale disease outbreaks remain a risk.
- The possibility of a situation necessitating humanitarian intervention cannot be categorically ruled out should the anticipated political process occur in an atmosphere of generalized or localized violent disturbances.

Most-affected groups:

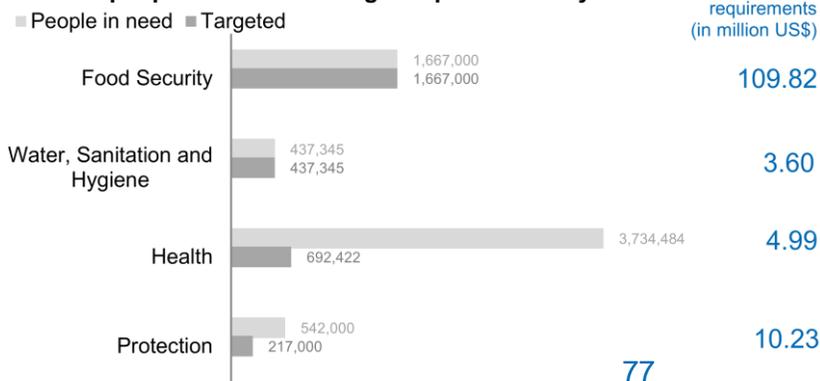
- Food-insecure rural and urban households
- Migrants who have been forcefully returned from neighboring countries.
- Asylum-seekers from the Horn of Africa and Great Lakes region.
- Displacement-affected populations, children suffering from chronic and acute malnutrition, rural populations without access to basic WASH and health services, HIV/AIDS affected.

Most-affected areas:

- Matabeleland North and South, Midlands, Masvingo and parts of the Mashonaland and Manicaland Provinces.

2013 Planning Figures

Number of people in need and targeted per cluster by end 2013



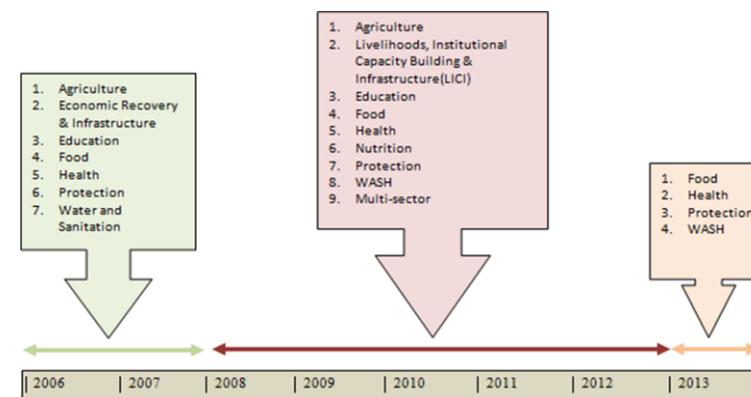
2013 Humanitarian Gaps target populations



Strategic Objectives of the 2013 Appeal

- To maintain a minimum and coordinated response capacity in the Food, Health, Protection and WASH Clusters to address the most urgent, residual humanitarian needs in the country which need resolution in 2013, and for which organisations have the capacity to respond.
- To assist in strengthening Government and other local capacity to coordinate, prepare for and respond to ongoing and future emergency situations.

Overview of Sectors/Clusters in Humanitarian Appeal Processes (2006-13)



HUMANITARIAN DASHBOARD ZIMBABWE

Evolution of Needs

Food

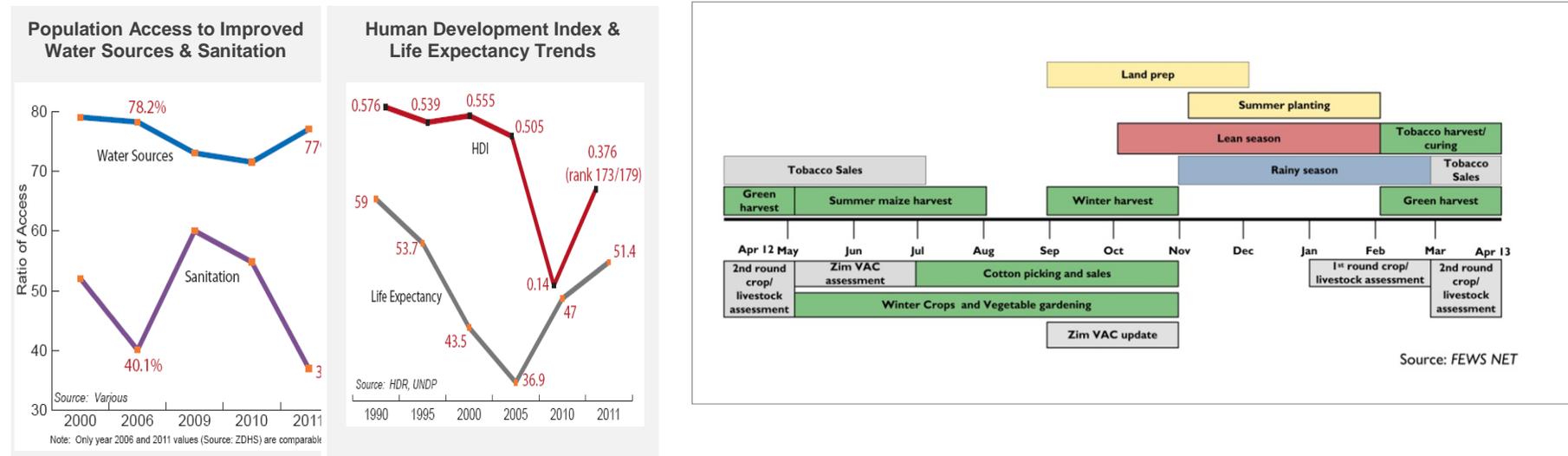
- Poor weather patterns reduced the national cereal harvest by 33% this year. In light of this, food insecurity in Zimbabwe in 2013 is projected to be comparably worse than any period over the past three years. Almost one in five people living in rural areas will not be able to meet their basic food requirements.
- Large numbers of labour-constrained individuals and decreased purchasing power has significantly contributed to the number of people who require seasonal targeted food assistance. A large percentage of vulnerable rural farmers still depend on NGO and Government-subsidized agricultural inputs.

Health and WASH

- Zimbabwe continues to be vulnerable to outbreaks of epidemic-prone diarrhoeal diseases such as cholera, typhoid fever and dysentery. The country has reported annual cholera cases since 1998. Humanitarian response capacity is needed, particularly in high-density urban centres and vulnerable rural areas.
- Rates of diarrheal disease throughout the country have consistently exceeded epidemic thresholds over the past 12 months.
- Decreased dietary intake combined with high rates of disease predisposes the population to development of malnutrition.

Protection and migration-related

- Although recovery and development programs have made noticeable progress in addressing longer-term protection needs, a significant number of highly vulnerable groups, including displacement- and migration-affected populations, continue requiring humanitarian aid. Manicaland (Chipinge, Mutasa), Masvingo (Chiredzi), Mashonaland Central, Midlands, Mashonaland West, Harare, Bulawayo Metropolitan, Matabeleland North and Matabeleland South are hosting a significant number of highly vulnerable, mobile and displacement-affected groups, including children, people with disabilities, elderly, single-headed households, child-headed households and survivors of violence (e.g. sexual and gender-based violence).
- Vulnerable Zimbabweans deported from Botswana and South Africa via Beitbridge and Plumtree due mainly to their un-regularised status in these countries continue to require time-critical humanitarian aid in food, urgent medical and protection services, transport home and information on safe migration, and information on or treatment for HIV/AIDS, SGBV and counter-trafficking.



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