

Humanitarian Appeal



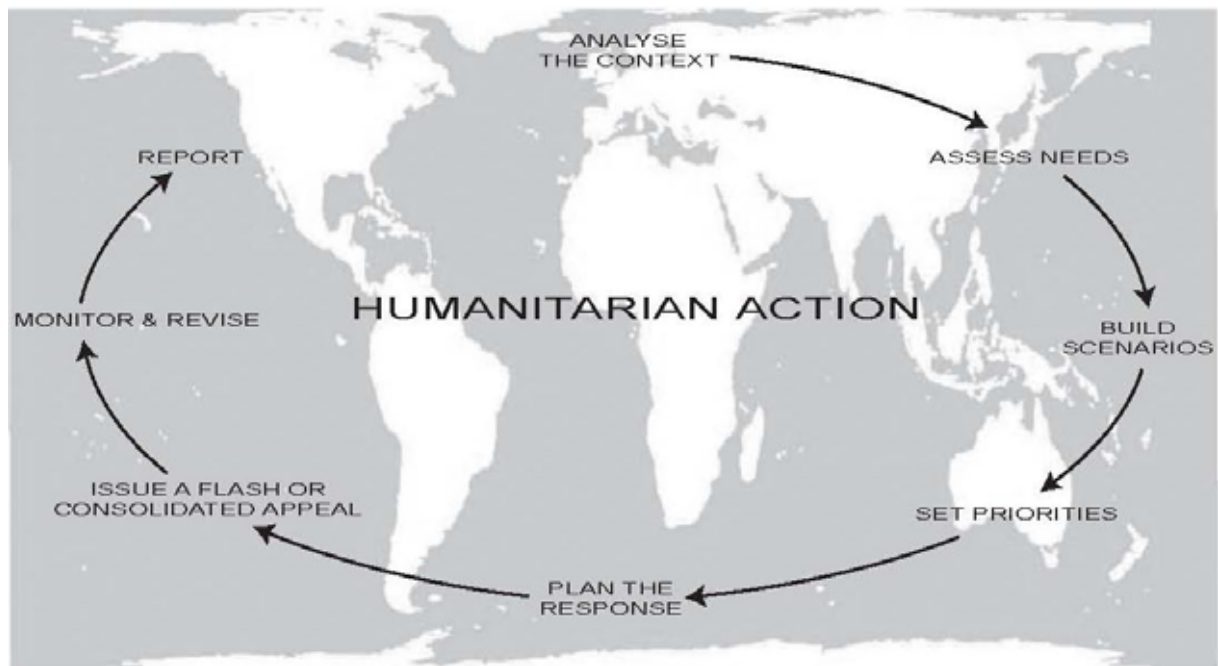
Photo credit: Mounir Akher/MFP/WFP/2009

2010

Consolidated Appeal Process (CAP)



Consolidated Appeals Process (CAP) Aid agencies working together to:



<http://www.humanitarianappeal.net>

SAMPLE OF ORGANIZATIONS PARTICIPATING IN CONSOLIDATED APPEALS

ACF	GTZ	MEDAIR	Terre des Hommes
ACTED	Handicap International	Mercy Corps	UNAIDS
ADRA	HELP	MERLIN	UNDP
AVSI	HelpAge International	MSF	UNDSS
CARE	Humedica	NPA	UNESCO
CARITAS	IMC	NRC	UNFPA
CONCERN	INTERSOS	OCHA	UN-HABITAT
COOPI	IOM	OHCHR	UNHCR
CRS	IRC	OXFAM	UNICEF
CWS	IRIN	Première Urgence	UNMAS
DRC	Islamic Relief Worldwide	Save the Children	UNRWA
FAO	LWF	Solidarités	WFP
GOAL	Malteser	TEARFUND	WHO
			World Vision International

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THE SECRETARY-GENERAL

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FOREWORD TO THE HUMANITARIAN APPEAL 2010

November 2009

The 2010 Humanitarian Appeal contains strategic humanitarian action plans for 12 of the world's most severe crises. It is the culmination of an extensive process of analysis and planning involving hundreds of aid organizations, affected governments, donors and other stakeholders across the world.

The global recession has raised inevitable concerns that humanitarian funding may decline in 2010. I urge Member States and private donors to keep that from happening. Next year's needs will be at least as great as in 2009, as we continue to cope with climate-related disasters and the conflicts which cause so much human distress.

The international humanitarian system is designed to help governments help their own people. Even the largest and most powerful countries sometimes see a useful role for specialized help from friends and neighbours, fully coordinated with the national response. It is a sign of responsibility to call for such help when needed, and to accept it when offered.

Indeed, Member States should not be thought of as either "donors" or "recipients". A growing number of Member States which have turned to friends for help in past disasters are today in a position to offer help and to support international humanitarian aid in its many forms. Such a broadening of substantive support for relief efforts is crucial as the world responds to rising humanitarian needs.

Recent tragic events have shown that we cannot take the safety of aid workers for granted, and that humanitarian personnel are not always allowed the free access to affected civilians that they need to deliver life-saving aid. We must reinforce respect for the neutrality of humanitarians.

On behalf of 48 million people in 25 countries needing urgent help, and on behalf of the 380 organizations that have come together to devise these plans, I appeal for 7.1 billion US dollars to be provided without delay and as a common sense investment in global stability and well-being. Our aim is to help people survive the coming year, and start working their way out of vulnerability towards the dignity, safety and self-sufficiency to which every human being has a right.

A handwritten signature in black ink that reads "Ki-moon Ban".

BAN/Ki-moon

INTRODUCTION

The 2010 Humanitarian Appeal addresses twelve major humanitarian crises around the world.¹ It presents a strategic, concerted action plan for each crisis, bringing together hundreds of aid organizations working together to deliver vital aid effectively and efficiently. It requires donors also to act together to ensure that these joint efforts receive the urgent funding needed to save lives, prevent irrecoverable harm, maintain dignity and restore self-reliance.

As 2009 enters its last month, the setback to the world's economy caused by the severe recession and the likely timeline to recovery are still being reckoned. Many governments have put in place large-scale economic stimulus packages, putting pressure on other budget needs. Moreover, the aid budgets of many donor governments are tied to gross domestic product, which has contracted by several percentage points in 2009. Official humanitarian funding in 2009 has fortunately not reflected these constraints in most cases, as many budgets were set before the financial crisis exploded in October 2008 (though private humanitarian donations have declined significantly). But as we approach a new fiscal year for many governments, the time is coming to decide whether humanitarian aid will be insulated from these major budget fluctuations, or whether people desperately affected by the severest natural disasters and conflicts will pay the price for a recession not of their making.



The humanitarian organizations that have made this year's Appeal answer unequivocally that now is no time to cut aid. The funds we need for 2010 are far less than one percent of the amount spent on bailouts of private financial institutions, to say nothing of general economic stimulus. It cannot be promised that humanitarian aid generates a financial return – that it stimulates export markets in the short term, or averts a possible need for more expensive types of aid later, for example, though there may be truth in those points. Nor should humanitarian aid be given out of self-interest. Nonetheless humanitarian aid, as a minimum safety net for the world's most vulnerable people, benefits all countries.



The initial request for 2010 of \$7.1 billion² – based on thorough analysis and planning, with each project and budget subjected to peer review – is on a similar scale to that of 2009. Humanitarian needs have not

expanded greatly, but neither have they declined. Moreover, 2009 has been a relatively mild year for natural disasters. 2010 may not be the same. The effect of the global recession on humanitarian needs – how far it has thrown more vulnerable people into acute humanitarian need – is hard to measure on a global scale. However the widespread curtailment of livelihoods that

¹ Other situations of considerable humanitarian need such as Pakistan, Ethiopia, Sri Lanka, and Nepal are the subject of separate resource mobilization efforts.

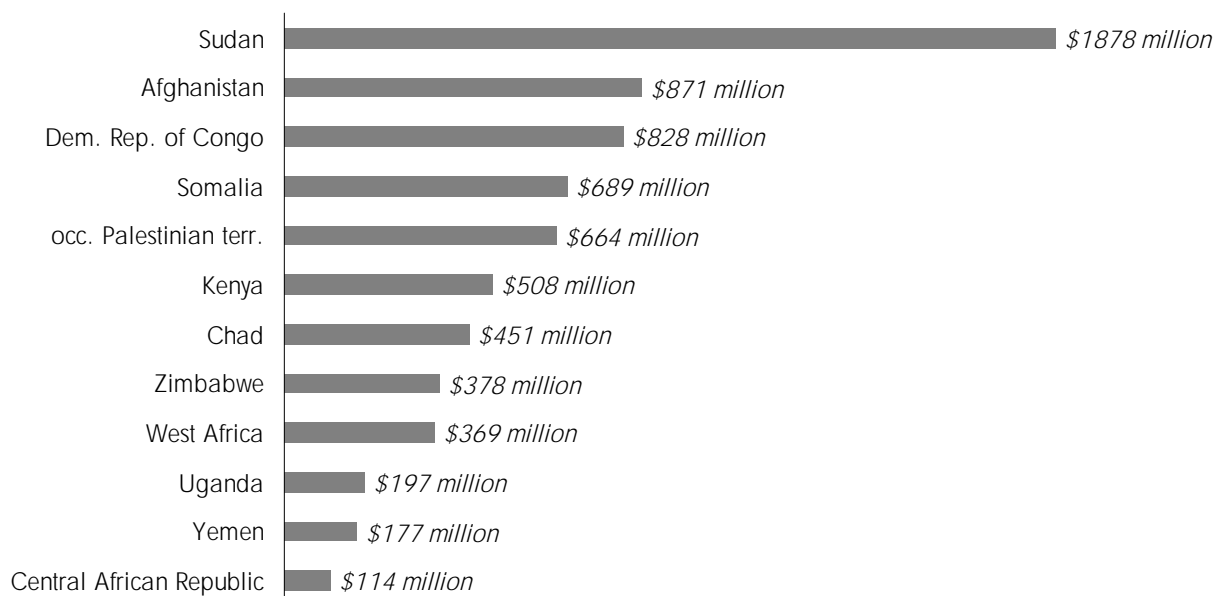
² All dollar signs in this document denote United States dollars. All figures are as of 12 November 2009.

inevitably accompanies an economic downturn, combined with sharp declines in remittances and other forms of private support, must be taking a severe toll.

Conflict is the common factor in many of these crises, but it is not the only driver. Most crises are exacerbated by the accumulated stresses of adverse weather, protracted refugee situations, extreme chronic poverty, and the recession. The Horn of Africa has been in the grip of a severe and prolonged drought, which has caused acute humanitarian needs in Kenya and in its conflict-racked neighbour Somalia. West Africa has humanitarian needs that are diffuse but still demand an urgent humanitarian response. In Afghanistan the population is dangerously vulnerable as a result of chronic poverty and successive natural disasters, with chronically poor health indicators (particularly infant, newborn and maternal mortality) and severe and widespread food insecurity. The vulnerability is exacerbated by 30 years of conflict which has eroded communities' coping mechanisms. A new threat facing all countries, particularly those suffering humanitarian crises, is the pandemic (H1N1) 2009 influenza virus, which adds to the already lengthy list of health challenges facing millions in crisis settings. There is good news too. Some of the long-running conflicts, and their humanitarian effects which are addressed in these appeals, are drawing to a close. In Uganda, a resumption of the organized insurgency which displaced millions of Ugandans looks unlikely. Humanitarian support for resettlement – though continuing with important actions in 2010 – should be in its final phase. Zimbabwe's appeal is half as large in dollar terms as in 2009 because a generally good harvest has reduced the number of severely food-insecure Zimbabweans. Other conflicts, however, continue unabated, and the people caught up in them need generous support. They count on the decision-makers in the world's large and emerging economies to help in full measure.

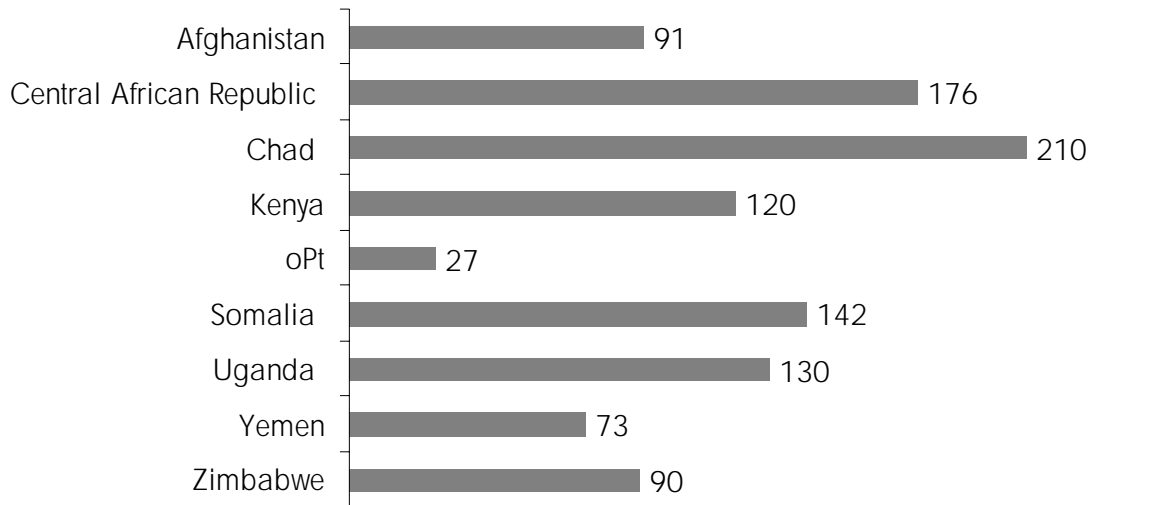


Humanitarian funding requirements in 2010*

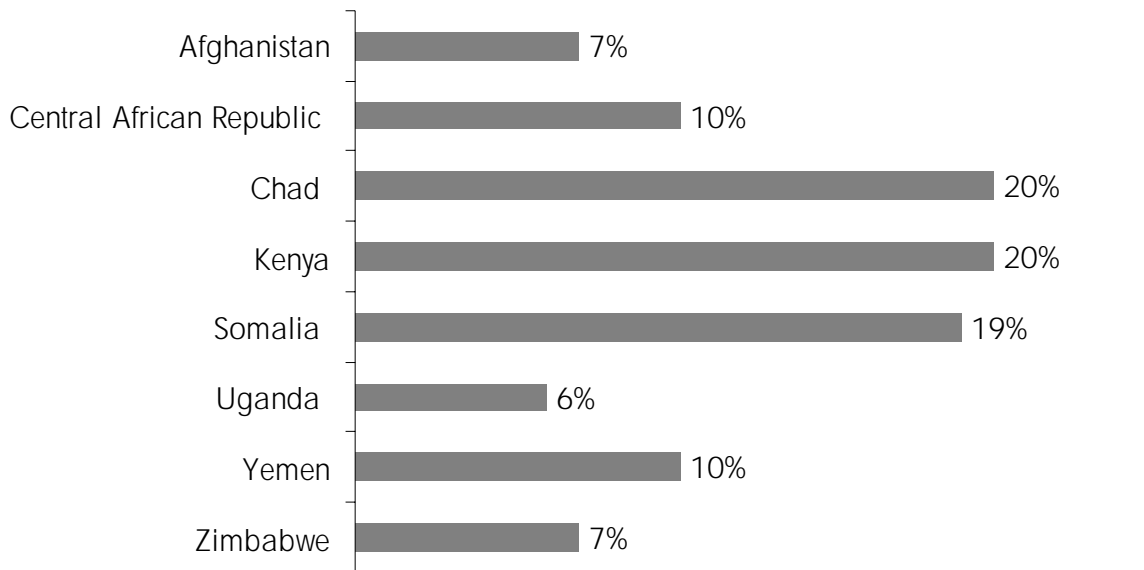


**Common humanitarian action plans and funding requirements for Iraq and for Iraqi refugees in neighbouring countries will be completed shortly.*

Under-five mortality per 1,000 live births in selected countries*

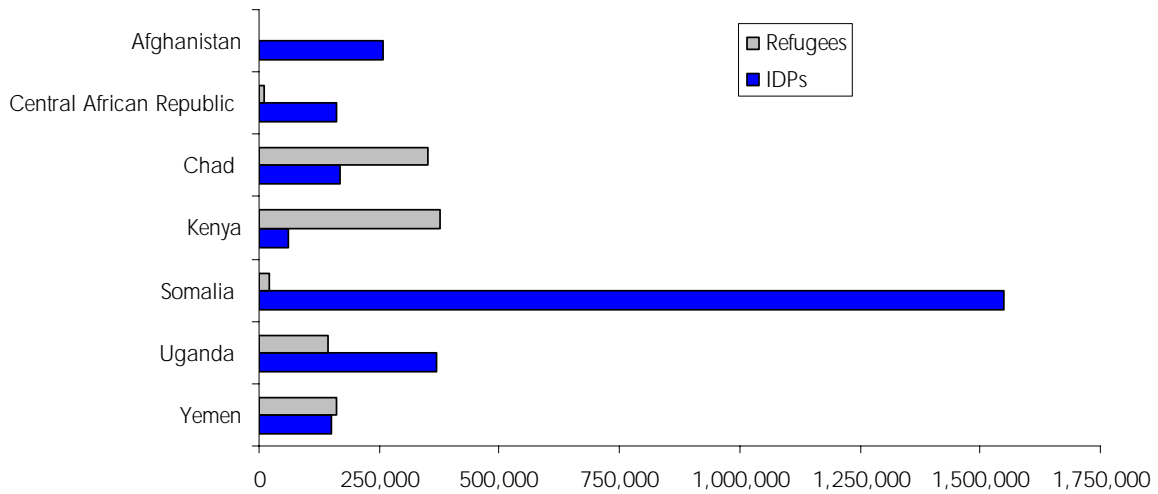


Under-five global acute malnutrition rates in selected countries*



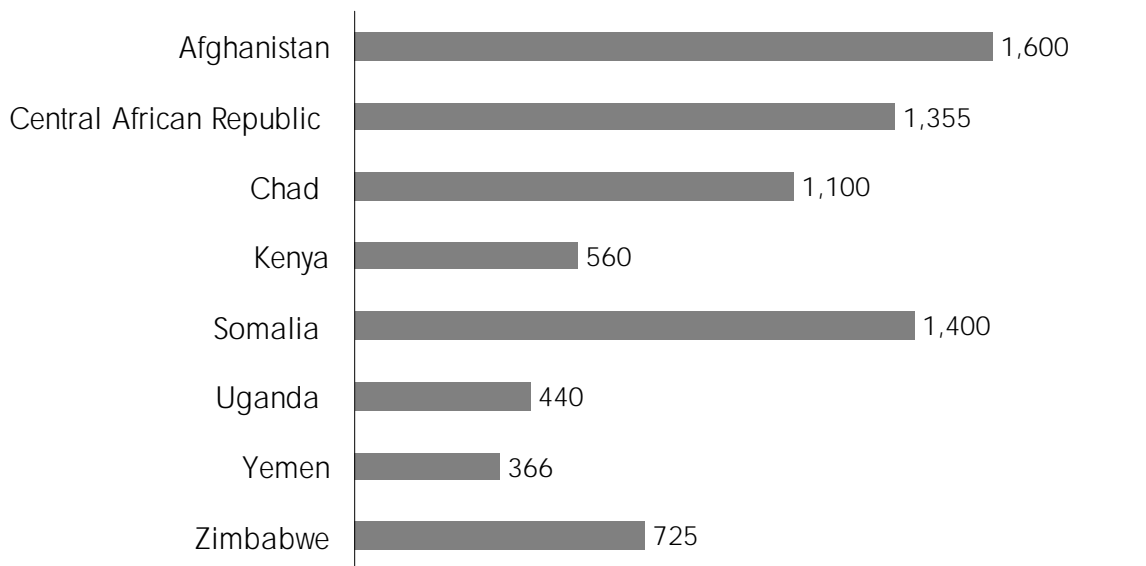
*In some of these cases, the available data and percentages indicated here refer to the most severely affected sub-populations. See CAP documents for details including sources. The countries appearing on this chart are those for which comparable data were presented in the 2010 CAP documents. The West Africa CAP provides detail per country in the region which cannot be easily summarized in this format.

Numbers of refugees and internally displaced people in selected countries*



*The countries appearing on this chart are those for which comparable data were presented in the 2010 CAP documents.

Maternal mortality (per 100,000 live births) in selected countries*



* See CAP documents for details including sources. The countries appearing on this chart are those for which comparable data were presented in the 2010 CAP documents. The West Africa CAP provides detail per country in the region which cannot be easily summarized in this format.

Crises of accumulated stresses and extreme chronic vulnerability

Climate change, the global recession, rapid urbanization, ecosystem degradation, large-scale migration and displacement, and persistent high global food prices are contributing to increased humanitarian caseloads. Tackling their needs will require better methods for triggering humanitarian response in crises of accumulated stresses and extreme chronic vulnerability – the type of slow-onset crisis that so often provokes disagreement about whether a humanitarian response is required. In 2009, parts of the crises in Madagascar, Kenya and West Africa exemplified this phenomenon.

One of the commonest manifestations of this kind of crisis is acute food insecurity, with its related phenomena of acute malnutrition and the often irrecoverable harm caused by negative coping mechanisms like selling of assets and sexual exploitation. The combination of humanitarian and economic crises has pushed the number of hungry people worldwide to historic levels: the United Nations estimates that more than one billion people worldwide are undernourished, more than at any time since 1970. This reveals the need for reform of the global food security governance system as well as urgent short-term aid. The increase in food insecurity is not a result of poor harvests but because high domestic food prices, lower incomes and increasing unemployment have reduced the poor's access to food.



The sharp spike in hunger has hit the poorest people in CAP countries hardest. Countries with major and protracted humanitarian crises can ill afford the increased expenditures necessary to mitigate food insecurity because of their reduced scope for typical coping mechanisms such as currency devaluation, borrowing, or increased inflows of official development aid or migrant remittances. Also, the economic crisis comes on top of a food crisis that has already strained vulnerable people's coping strategies. Faced with high domestic food prices,

reduced incomes and employment – and having already sold off assets, reduced food consumption and cut spending on essentials such as health care and education – they risk falling deeper into destitution or outright humanitarian need.

The ongoing global food price crisis, the emphasis given at this year's G8 meetings to food security as a key condition for stabilisation in conflict situations, and recent analysis of future mega-trends (in particular those linked to climate change, scarcity of land and water and urbanization) all draw attention to the need for the humanitarian community to strengthen its focus on crises of extreme vulnerability and build its system-wide capacity to respond more effectively.

The humanitarian agencies involved in the food and agricultural sectors continue to advocate a twin-track approach to food insecurity: addressing both the short-term acute hunger spurred by humanitarian crises and the longer-term chronic hunger that is symptomatic of extreme poverty. It is the only sustainable path toward durable solutions. Food security interventions must address the problem at its roots through carefully gauged and comprehensive responses that combine agricultural protection and restoration of agriculture-based livelihoods, food safety nets to ensure food access, and humanitarian food and nutrition assistance. Without an appropriate mix of emergency food and agriculture assistance plus transition and long-term development with greater investments in agriculture, the underlying causes of food insecurity will not be resolved. The recurrence of crises such as that in the Horn of Africa and West Africa evinces the need for such approaches.

Safety nets should be well integrated with broader social assistance programmes. The urban poor in particular – often difficult to target as a humanitarian caseload – will need help as they were hurt severely by the food crisis and now suffer from unemployment.

Chronic extreme vulnerability in West Africa

The West Africa region faces multiple humanitarian challenges: high rates of extreme poverty and malnutrition, and persistent threats to human security. A series of recent crises has exacerbated the plight of impoverished communities:

- ◆ flooding affecting nearly 600,000 people since June 2009 and particularly damaging basic infrastructure and crops;
- ◆ the twin shock of a meningitis epidemic and measles outbreak affecting more than 100,000 people;
- ◆ socio-political unrest in several countries threatening regional stability, with possible cross-border repercussions;
- ◆ the double impact of the food price crisis and global financial crisis continuing to undermine livelihoods of the most vulnerable in the region.

Critical gains in alleviating poverty and establishing economic recovery are being reversed. Agriculture is the region's principal livelihood, practiced by 60% of the region's population. Two consecutive years of production shortfalls, in addition to the recent floods and the impact of high food and input prices, have contributed to growing food insecurity in the region. The 2010 CAP focuses on aid to 5.9 million people living in food insecurity and over 290,000 children suffering from acute malnutrition. Also, more than 1 million people living in flood-, drought- and epidemic-prone areas will directly benefit from health, water-sanitation, and protection actions. Funding the CAP will enable the most vulnerable farming households to resume agriculture production and generate sufficient income to prevent malnutrition, reduce dependence on food aid and build resilience to future shocks. Without this, people will suffer increased dependence on unsustainable and costly relief, further deterioration in nutrition and health, greater vulnerability to future shocks and increased risk of conflict.

Chronic extreme vulnerability in Kenya

Food insecurity has continued to worsen through the second half of 2009. An estimated 3.8 million people are highly to extremely food-insecure, predominantly in the pastoral and marginal agricultural areas. In pastoral areas, livestock mortality continues to rise as migration options became even more limited. Escalating conflicts also exacerbate the precarious food security situation. The current health and nutrition status of the vulnerable groups in the arid districts remained precarious with critical rates of acute malnutrition in children (GAM > 20%, well above the WHO emergency threshold of 15%). Also, GAM rates are deteriorating and serious (over 10%) in south-eastern districts and coastal marginal areas that usually have low wasting rates.

Factors that have affected food insecurity include:

- ◆ successive poor performance of the rains in the last four seasons causing widespread crop failure and low livestock productivity;
- ◆ significant decline in crop production (about 25%) coupled with reduced imports;
- ◆ limited livelihood diversification;
- ◆ deteriorated terms of trade for pastoralists and agro-pastoralists;
- ◆ sustained high food prices;
- ◆ resource-based conflicts in pastoral areas;
- ◆ widespread land degradation;
- ◆ livestock diseases and ensuing quarantines;
- ◆ perennial water scarcity.

To achieve the desired impact, food and non-food interventions recommended by the Long Rains Assessment missions need to be implemented concurrently. Implementation of food assistance, agriculture and nutrition interventions has been severely hampered by inadequate funding which prevents households from recovering and/or building resilience to withstand shocks when they occur.

There has been much discussion of how the humanitarian system can adapt to the probably spreading phenomenon of acute and large-scale humanitarian needs with no clear trigger in the form of natural or man-made disaster, but instead resulting from cumulative stresses. Implementing organizations have to decide when to use the accelerated timelines and different programmatic approaches of humanitarian action. Donors need standards that justify the relaxation of (in some cases) the conditions of much development aid. Affected country governments have to be sure that the needs are genuinely severe and humanitarian before they divert limited resources and energy from important longer-term demands. All are put to the test when a crisis seems to develop without the classic triggers of sudden-onset disaster or conflict.

How should the humanitarian system identify crises that should trigger humanitarian action and be eligible for humanitarian methods and resources? Does the fact of a crisis being rooted in extreme chronic vulnerability, and in stresses that do not amount to the usual image of a 'disaster,' mean that it is a 'poverty' problem and should be addressed only with developmental methods and resources? Humanitarian agencies would say no: acute humanitarian needs that threaten life, health or irrecoverable harm must be treated with acute methods, irrespective of the perceived 'causality,' though in complement to development efforts. Actions in response to such needs should therefore be eligible for humanitarian funds. Yet donors sometimes find it hard to justify to their stakeholders the use of humanitarian funds in what seems (in the absence of a conspicuous disaster) to be a developmental setting – perhaps even a developmental success story.

The humanitarian argument – that acute humanitarian needs have to be addressed with urgent humanitarian methods, regardless of the root causes, with medium and longer-term recovery and development approaches addressing the root causes – is compelling. However it leads to the practical problem of how to identify beneficiaries – where to draw the line between the targeted caseload and those not affected enough to justify humanitarian action, given limited humanitarian resources.

For some years, the Humanitarian Country Team in the Democratic Republic of the Congo (DRC) – a country where humanitarian needs arising from conflict, especially in the east, are matched by needs throughout the country caused by years of developmental paralysis – has handled this issue by using an analytical system based on six key indicators, each with a threshold. Districts whose populations exceed the thresholds in the key indicators are targeted for humanitarian action. For 2010, the regional team for West Africa is experimenting with a similar system to identify and triage needs according to a package of standard indicators, or bundles thereof, and thresholds (see table in following pages). Like DRC, West Africa presents needs that are real and acute, but diffuse across a large region and without an obvious status-based signal like displacement. The identification and targeting of caseloads and beneficiaries may be better justified by use of this kind of objective, indicator-based system. This experiment is well worth monitoring, particularly if, as anticipated, this kind of emergency (with acute but diffuse needs and no clear trigger) spreads in the near future.



Humanitarian Appeal 2010

Needs analysis in West Africa: Matrix of thresholds by country (extract – page 1 of 5)

		Food security		Nutrition				Health										
		Availability	Accessibility	6 months ago		6 mths to 1 year ago		Attack Rate (AR)				Case Fatality Rate (CFR)				DTP3 Coverage	Maternal Mortality	< 5 Years Mortality
Admin level 1	Admin level 2			> =	> =	> =	> =	AR - Meningitis	AR - Cholera	AR - Measles	AR - Haemmoragic Fever	CFR - Meningitis	CFR - Cholera	CFR - Measles	CFR - Haemmoragic Fever			
				10 & < 15	15	10 & < 15	15											
Benin	Alibori	1	0	nd	nd	0	0	0	0	1	0	0	0	0	0	0	1	0
Benin	Atacora	0	0	nd	nd	0	0	1	0	1	0	0	0	0	0	0	0	1
Benin	Atlantique	0	0	nd	nd	0	0	0	0	0	0	0	0	0	0	0	0	0
Benin	Borgou	0	0	nd	nd	0	0	0	0	1	0	1	0	0	0	0	0	0
Benin	Collines	0	0	nd	nd	0	0	0	0	0	0	0	0	0	0	0	0	0
Benin	Couffo	0	0	nd	nd	0	0	0	0	0	0	0	0	0	0	0	0	0
Benin	Donga	0	0	nd	nd	0	0	0	0	1	0	0	0	0	0	0	0	0
Benin	Littoral	0	1	nd	nd	0	0	0	0	1	0	0	0	0	0	0	0	0
Benin	Mono	0	0	nd	nd	0	0	0	1	0	0	0	0	0	0	0	1	0
Benin	Oueme	0	0	nd	nd	0	0	0	0	0	0	0	0	0	0	0	0	0
Benin	Plateau	0	0	nd	nd	0	0	0	0	1	0	0	0	0	0	1	0	0
Benin	Zou	0	0	nd	nd	0	0	0	0	1	0	0	0	0	0	0	0	1
Burkina Faso	Boucle du Mouhoun	0	1	nd	nd	nd	nd	1	0	1	0	1	0	0	0	nd	nd	nd
Burkina Faso	Cascades	0	1	nd	nd	nd	nd	0	0	1	0	1	0	0	0	nd	nd	nd
Burkina Faso	Centre Est	1	0	nd	nd	nd	nd	0	0	1	0	1	0	0	0	nd	0	0
Burkina Faso	Boulkiemde	0	1	nd	nd	nd	nd	nd	0	nd	0	nd	0	nd	nd	nd	nd	nd
Burkina Faso	Centre Nord	1	1	nd	nd	nd	nd	1	0	1	0	0	0	0	0	nd	nd	nd
Burkina Faso	Centre Sud	0	1	nd	nd	nd	nd	0	0	1	0	1	0	0	0	nd	0	0
Burkina Faso	Est	1	1	nd	nd	nd	nd	1	0	1	0	1	0	0	0	nd	nd	nd
Burkina Faso	Hauts-Bassin	1	1	nd	nd	nd	nd	0	0	0	0	0	0	0	0	nd	nd	nd
Burkina Faso	Kadiogo	0	1	nd	nd	nd	nd	nd	0	nd	0	nd	0	nd	nd	nd	nd	nd
Burkina Faso	Plateau Central	1	1	nd	nd	nd	nd	1	0	1	0	1	0	0	0	nd	nd	nd
Burkina Faso	Nord	1	1	nd	nd	nd	nd	1	0	1	0	1	0	0	0	nd	nd	nd
Burkina Faso	Sahel	1	1	nd	nd	nd	nd	0	0	1	0	1	0	0	0	nd	nd	nd
Burkina Faso	Sud-Ouest	0	1	nd	nd	nd	nd	0	0	1	0	1	0	0	0	nd	nd	nd
Cape Verde	Barlavento	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd
Cape Verde	Sotavento	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd	nd
Côte d'Ivoire	Lagunes	nd	nd	nd	nd	nd	nd	0	0	0	0	0	0	0	0	0	0	0
Côte d'Ivoire	Haut Sassandra	nd	nd	0	0	nd	nd	0	0	0	0	0	0	0	0	0	1	0
Côte d'Ivoire	Savanes	nd	nd	0	0	nd	nd	0	0	0	0	0	0	0	0	1	0	1

0 = below threshold
 1 = above threshold
 nd = insufficient data

Making humanitarian action strategic: How early recovery starts to overcome crises in a sustainable way

Early Recovery kick-starts the recovery process following natural disasters and conflicts. Synchronized with and building upon humanitarian action, early recovery supports national and local authorities and civil society to better manage their own recovery process. It takes advantage of opportunities to reduce aid dependence, even during the height of a crisis. Early recovery supports people and communities to rebuild their lives, return home, resume their lives and livelihoods, and regain a sense of normality. It is a multidimensional process of recovery that begins in a humanitarian setting, guided by development principles that seek to build on humanitarian programmes and catalyze sustainable development opportunities. It is the first important step on a path to longer-term recovery.

Donors have frequently asked that consolidated appeals (CAPs) be more strategic. Early recovery is a key strategic element of CAPs, in that it works toward durable resolution of humanitarian problems.

Early recovery is an integral part of the humanitarian response:

- Principle 9 of the Principles and Practices of Good Humanitarian Donorship acknowledges donors' responsibility to 'Provide humanitarian assistance in ways that are supportive of recovery and long-term development, striving to ensure support, where appropriate, to the maintenance and return of sustainable livelihoods and transitions from humanitarian relief to recovery and development activities.'³
- The sector of Economic Recovery and Infrastructure (often used as a proxy for early recovery) has been in use since the first Inter-Agency Standing Committee (IASC) Consolidated Appeal Process Guidelines issued in 1994. Donors have acknowledged that the CAP is an appropriate platform for early recovery and, in some cases, transition plans and funding requests.⁴
- Early recovery is a part of the current humanitarian architecture, born out of the 2005 Humanitarian Reform Review. The IASC CAP Sub-Working Group acknowledged in January

EARLY RECOVERY NEEDS IN CENTRAL AFRICAN REPUBLIC

One of the strategic priorities of the 2010 CAP is to: *'Support returning displaced people and refugees, host communities and others living in post-conflict settings to restart their lives by ensuring minimum functioning of basic social infrastructure (including schools, health centres, water points, boreholes, bridges) and helping them maximise their assets by integrating early recovery programmes into humanitarian action.'*

290,000 conflict-affected people could benefit from critical early recovery interventions.

About 56% of the population is unable to cover basic nutritional needs. Agriculture is the principal economic sector in CAR. If agricultural production does not improve, then a majority will continue to suffer from food insecurity. Without support to 600 local groups for income-generating activities, the basic means to re-start local economies will not be available to affected communities, leaving them dependent on humanitarian aid or destitute. The number of children who die from avoidable health complications could increase. Already 176 out of every 1000 children die before they turn five years old. If access roads are not opened up and bridges and culverts not rehabilitated, then people will lack access not only to humanitarian aid but also more generally to markets and basic social services (health, hygiene and education) in isolated but highly populated areas. Finally, if social infrastructure in return areas remains inadequate and livelihood opportunities are unviable, then internally displaced people (IDPs) will be forced to depend on prolonged humanitarian aid.

³ <http://www.reliefweb.int/ghd/a%2023%20Principles%20EN-GHD19.10.04%20RED.doc>.

⁴ "Transition activities may be included in the CAP in the absence of other strategic resource mobilisation mechanisms." *Common Observations, Donors Retreat on the Consolidated Appeals Process and Co-ordination in Humanitarian Emergencies, 1-2 March 2001, Montreux, Switzerland.*

2009 that early recovery activities should be integrated into humanitarian planning and resource mobilization instruments.

- The 2010 CAPs demonstrate that early recovery is an integral part of humanitarian assistance: to a greater or lesser extent, all the CAPs have integrated early recovery into their strategies and programmatic interventions, thanks to the work of all clusters and agencies.

EARLY RECOVERY NEEDS IN ZIMBABWE

Zimbabwe's rapid economic decline has left many Zimbabweans dependent on emergency aid for their survival. The unprecedented cholera outbreak of 2008-2009 is evidence of that. Early recovery is a key area in the 2010 CAP in order to consolidate recent humanitarian achievements at the local level, and to ensure that results are maintained. Without transitional recovery activities in place, populations risk becoming increasingly dependent on emergency aid, losing self-reliance and the capacity to manage their own development in the future.

1.9 million people in Zimbabwe will likely remain food-insecure in 2010, and 650,000 communal farmers will need agricultural inputs. Without these inputs, there will be little chance of reducing reliance on outside food assistance. Direct restoration of basic social services, infrastructure and livelihood opportunities will not be able to get off the ground without support for the CAP's ER strategy. Water facilities in urban and rural areas will not be rehabilitated and 6 million people will continue to live without access to basic water, sanitation and hygiene services—with predictable consequences. Vulnerable groups, including female and child-headed households, people with disabilities, IDPs and people living with HIV/AIDS, will not receive the support they need in order to participate in community recovery initiatives.

start looking for ways to rebuild their lives. Aid agencies and donors need to identify and support these initiatives. Support to stabilizing the situation in the first instance can reduce further setbacks for the affected population and pave the way towards an eventual recovery.

- **Honours communities' dignity and strengthens their resilience:** Early recovery aims to provide communities with safety nets, accurate information, and access to resources, opportunities and capacity to rebuild their lives, at a moment when they are most vulnerable. These provisions increase their resilience in protracted crises or post-crisis contexts. If early recovery needs are not met, affected populations remain highly vulnerable to the resumption of conflict or to secondary disasters, or dependent on relief assistance for longer.

Early recovery is a strategic input for sustainable recovery. Early recovery:

- **Sustains lives saved:** Humanitarian action may save lives but leave people vulnerable to recurring threats or dependent on aid. Early recovery provides the exit strategy for humanitarian actors and the entry point for development actors to strengthen vital services.
- **Promotes better spending:** The issue is not always more funding but better spending and a better return on investment. Nobody wants to see a situation of protracted humanitarian relief. Funding should be invested wisely to find ways to turn the situation around. For example, investing in livelihoods immediately after crisis not only ensures long-term food security, but also a medium-term diminution of food aid needs.
- **Implements time-critical interventions:** There are types of humanitarian interventions that may not be life-saving now, but nevertheless are time-bound and avert irrecoverable harm or increased aid dependence in the future. For example if seeds and tools are not provided to farmers in time for the planting season, they will require food aid for longer.
- **Supports spontaneous recovery:** Even at the height of a crisis when life-saving relief is needed, affected populations always

- **Helps to build back better:** Recovery is not only about rebuilding what there was, but building back better and creating safer and more resilient communities. Early recovery provides an entry point for integrating disaster risk reduction into recovery. It can also contribute to delivering peace dividends in the immediate aftermath of a conflict and building a conflict prevention approach into the recovery process from the earliest opportunity.
- **Lays the foundations for sustained recovery and development:** Early planning and preparation can pave the way for longer-term recovery and reconstruction. With the right support at the right time, early recovery can help strengthen the capacity of local communities, civil society and government to prepare for, mitigate and respond to crises predictably, meeting their responsibilities and effectively taking charge of the recovery process.

Early recovery is part of the humanitarian imperative: reducing aid dependence sooner frees up scarce humanitarian resources for other urgent needs. In other words, missing opportunities to reduce aid dependence condemns people in need elsewhere to struggle without aid.

Time to rise to the challenge

It is important to move beyond the semantics. Early recovery has been done all along; now it should be made visible. The early recovery approach encourages the international community to deliver a more coordinated, timely, dependable and effective response to addressing the longstanding relief-development gap.

As clusters and agencies, the IASC has come a long way in understanding and implementing early recovery. Given that early recovery is multi-sectoral, each cluster is taking the responsibility to mainstream early recovery within its own area of work. (Some CAPs feature early recovery activities that do not correspond to traditional sectors, such as governance, infrastructure and non-agricultural livelihoods, and in these cases such activities can be presented by dedicated Early Recovery Clusters in-country.)

The IASC appeals to donors to support efforts to ensure that humanitarian action not only saves lives but also breaks the pernicious cycle of violence and vulnerability. This will require more flexible and sustained funding, breaking down barriers between humanitarian and development funding envelopes, and working together to overcome crisis in a sustainable and strategic way.

EARLY RECOVERY NEEDS IN SUDAN

The Sudan 2010 CAP is a bold effort to move beyond doing the minimum to keep people alive and alleviate suffering. It seeks to support an estimated 6.2 million who will face food insecurity next year and 2.6 million people driven from their homes. If supported, it could lay the foundations for a way out of crisis – to “break the pernicious cycle of violence and vulnerability” – and create an environment that leads to eventual recovery, development and solidified peace.

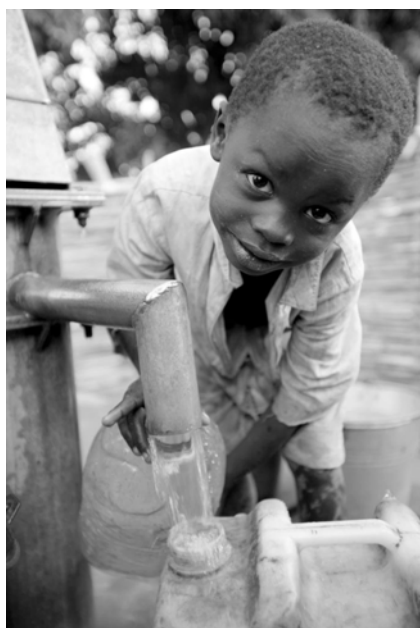
In 2009, funding for early recovery within the Sudan CAP (“Work Plan”) was 47% of requirements. For 2010, funding must increase. Without it, infrastructure that could increase access to basic services and facilitate settlement and re-settlement programmes – targeting a total of 1,240,700 people – will not be rehabilitated or constructed. An estimated 810,400 children, youth and adult learners will not have equitable access to education in Sudan in 2010, and a valuable opportunity to build a culture of peaceful co-existence will be missed. Four out of five children in Southern Sudan are not vaccinated and millions have no access to health services; these are emergency conditions. 4.3 million people will not receive agriculture and livestock support essential for promoting food security. 15,000 refugees, 20,000 IDPs within Southern Sudan and 200,000 IDPs from northern states are expected to return to various states of Southern Sudan; if adequate funding is not available, they will not receive the support they need for a dignified and voluntary return. Moreover, failure to strengthen intuitional capacities to address land disputes and inter-communal tensions will compromise peaceful co-habitation in communities of return.

Interaction of needs, interdependence of sectors

It has long been said that humanitarian aid must be properly integrated with other interventions to be successful. 2009 provided some stark demonstrations of this.

In Zimbabwe, an unprecedented cholera outbreak in 2008-2009 saw almost 100,000 contract the disease and more than 4,000 people die. The epidemic was quickly understood to be rooted in several phenomena. A perfect storm of failures and breakdowns – economic, water, sanitation, education, employment, nutrition, food, health – came together to fan a nationwide crisis. It therefore required not just a health sector response but equal engagement by actors in other sectors. Strong inter-cluster coordination and funding support for multiple sectors helped make a more robust response to the crisis.

Inter-cluster coordination, specifically among the Health, WASH, Education and Logistics clusters improved dramatically in January and February 2009, especially with the creation of the Cholera Command and Control Centre. The improvement was largely due to concerted efforts of cluster members together with lead agencies, plus donor preferences to fund a coordinated response that dealt with multiple sectors, not one alone. Critical factors to ensuring good coordination included dedicated senior cluster lead staff, clear terms of reference for clusters, clear roles and responsibilities for each cluster, and a strong logistics supply chain that allowed the nationwide delivery and pre-positioning of supplies for treatment and prevention.



The tangible results of improved coordination included:

- ◆ improved information-gathering and dissemination
- ◆ reduced time between cholera alert and response
- ◆ reduced duplication of response within and across clusters
- ◆ recognition of education as a pivotal part of the humanitarian response
- ◆ articulation of the link between assistance and protection – where the impact of the cholera outbreak was mitigated, so too were the threats of violence, abuse, exploitation and neglect that children can face when families and communities who are already struggling to survive experience the added pressure of sudden and life-threatening disease.

Fortunately, donor response to this epidemic was broad as well as deep: most of the involved sectors found at least some of the necessary resources. But do such responses happen without a galvanising, headline event like a cholera outbreak?

It is understandably difficult (though not impossible) for donors to choreograph their funding decisions with one another so as to achieve a balanced collective outcome. Another way for donors to support inter-dependence and mutually reinforcing action across sectors is to minimize earmarking to particular sectors and instead fund flexibly to organizations in a crisis so as to allow them to distribute the funds across sectors strategically and according to punctual needs. That way, the burden is shared between donors and agencies to ensure that the humanitarian response is not missing key parts of its foundation.

Needs analysis

The various methods of needs analysis used in the 2010 CAPs deserve a detailed presentation. The kind of fully organized plan for needs assessments to feed into the 2010 consolidated appeal process, which would have been ideal, remains too rare. Nonetheless, using available information, most country teams put together an analysis that reflects to some extent on root causes, the interactions of needs across sectors, and a hierarchy of causes, needs and humanitarian outcomes. In two CAPs, West Africa and DR Congo (as described above), the humanitarian teams put in place a system of core indicators, matched with thresholds to focus the response in those areas of acute but diffuse needs.

Review of needs analysis in 2010 CAPs

Key to columns on right-hand side:

1=Analysis of underlying and immediate factors, influencing the acute or medium-term hazards that a community faces, and of the community's coping strategies and capacities?

2=Sector-specific, evidence-based needs analysis providing key data and indicators?

3=Identification of cross-cutting strategic priority needs for humanitarian assistance? Classification of the severity of needs across sectors?

☑ = included/applied

⌘ = partly included/applied

CAP	Needs analysis in 2010 CAP document	1	2	3
Afghanistan	<ul style="list-style-type: none"> Use of a vulnerability framework agreed by the Humanitarian Country Team that indicates exposure of population groups to hazard events and conflict that will result in increased risk of hardship. This framework facilitates distinction between acute and dynamic needs which humanitarian aid should address and those that are chronic and in the realm of development aid. The appeal document seeks to identify priority vulnerabilities within sectors using core indicators. However, the document acknowledges that data on vulnerable populations' needs are weak and limited for Afghanistan. 	☑	☑	
Central African Republic	<ul style="list-style-type: none"> The Needs Analysis (NA) section includes analysis of some underlying causes (political situation and economic context) and of sector-specific factors (nutrition, protection, health and education). Sector-specific NA in the sector response plans with key data, indicators and quick facts boxes with figures from the Human Development Report per sector. Analysis of some underlying factors, immediate causes and coping strategies by sector. Priority sectors identified following clusters' needs assessment: emergency health, nutrition, protection, WASH, and food security. Priority needs also defined within each sector. 	☑	☑	⌘
Chad	<ul style="list-style-type: none"> Use of a matrix to analyse each region's vulnerabilities and root causes. Analysis of sector-specific needs in the sector response plans is uneven: for some sectors, NA is incomplete (no key data provided and NA formulated in terms of responses). For other sectors, key data and indicators are provided and vulnerabilities analysed. Humanitarian thresholds are cited to establish priority humanitarian needs within defined geographic areas. 	☑	⌘	
Democratic Republic of the Congo	<ul style="list-style-type: none"> Well-developed analysis framework for the CAP: emergency criteria are used for health, food security, malnutrition, sexual and gender-based violence, protection, displacement and return. Emergency thresholds are defined to classify priority areas across the country, with visualization on maps. Sector-specific NA with key data including, for almost each sector, analysis of underlying factors. Identification of priority needs within sectors and across sectors through the mapping exercise. 	☑	☑	☑

Humanitarian Appeal 2010

CAP	Needs analysis in 2010 CAP document	1	2	3
Kenya	<ul style="list-style-type: none"> Contextual analysis with identification of a selected set of underlying and immediate factors and their humanitarian effects on different sectors. Uneven sector-specific needs analysis in sector response plans: for some sectors key data are provided, and community capacities and underlying factors analysed; for others, incomplete analysis. 	☑	?	
occupied Palestinian territory	<ul style="list-style-type: none"> District-level workshops ensured that local expertise was used for analysing needs and priorities. Two-day national workshop on the NA and CHAP in Ramallah in early Sept. 2009 (176 participants) to determine the scope of the CAP according to geographic location, vulnerable groups and delineation between recovery and humanitarian activities. NA section includes analysis of underlying factors, key data and indicators per sectors. 	☑	☑	☑
Somalia	<ul style="list-style-type: none"> NA focuses on a few underlying and immediate causes (economic situation, conflict) and hazards (drought). Sector-specific NA with key indicators in the sector response plans. NA is heavily based for relevant sectors on the FAO/FSNAU analysis and assessment. Degree of emergency is categorized into three levels: Acute Food and Livelihood Crisis, Humanitarian Emergency (defined as a severe lack of access to food with excess mortality, very high and increasing malnutrition and irreversible livelihood asset stripping), or IDP crisis. 	☑	☑	?
Sudan	<ul style="list-style-type: none"> The NA section, entitled "context and situation analysis," analyses underlying factors (access, displacement and return, political developments, socio-economic issues, food insecurity, environmental degradation and climate change). Vulnerability maps provided in the "Most Likely Scenarios" section for food security, mortality, affected population, and returns, to identify priority areas of high need. For each state, key indicators (without thresholds) and trends are provided for food security, health education, nutrition, water and sanitation, and security to assess potential level of vulnerabilities, risk, trends and the potential scale ("State profiles" in annex of the appeal document). For some states, cross-cutting priority needs are defined. 	☑	☑	?
Uganda	<ul style="list-style-type: none"> Given the conspicuous transition context in Uganda, the NA is above all a definition exercise of the boundaries of humanitarian aid in the presence of recovery and development efforts framed by the UN Peace-building Recovery and Assistance Programme (UNPRAP). Therefore the NA largely builds on the analysis of achievements of the 2009 objectives to identify remaining needs in northern Uganda, and urgent needs in Karamoja, disaster-affected and refugee-hosting areas. Therefore depending on the geographic zone and the type of vulnerabilities identified, priority objectives and sectors are identified which allows prioritization of projects according to a three-tier system depending on the objective they pursue in a given geographic area (1. provide basic services that save lives and alleviate suffering; 2. enhance food and nutritional security; 3. capacity strengthening for emergency preparedness and response). 	?	☑	?
West Africa	<ul style="list-style-type: none"> Mapping of vulnerabilities based on bundles of indicators and 15 humanitarian thresholds that allow definition of cross-cutting strategic priorities and a minimum package of intervention covering all sectors. Inspired by DRC NA model. Limitations encountered concerning availability and timeliness of data; more data to be expected for the mid-year review. Prioritization of projects with a point system according to different criteria (the major one being if a project addresses one or more exceeded thresholds). 	☑	☑	☑
Yemen	<ul style="list-style-type: none"> Sector-specific evidence-based NA using key data and indicators with analysis of underlying factors and community vulnerabilities. 	☑	☑	
Zimbabwe	<ul style="list-style-type: none"> Sector-specific NA including underlying factors and vulnerabilities with key data when available. Inter-relations of needs across different sectors taken into account (e.g. malnutrition and health), also for the cross-sector response plan for refugees. 	☑	☑	

NGO participation in CAPs

For 2010, the number of non-governmental organization (NGO) projects in the appeals (1,034) significantly exceeds the number of United Nations projects (683). This is the second consecutive year that NGO projects have outnumbered UN projects, and the margin has increased. (The absolute number of NGO projects is less than that in 2009 because, per IASC advice, all organizations now aggregate their CAP projects as much as possible to reduce narrow earmarking.) The dollar amount requested in UN projects still exceeds that in NGO projects by a factor of six, but NGO funding requests in CAPs and flash appeals have grown steeply in recent years (see table below). The spread and deepening of the cluster approach has resulted in much broader consultation and joint planning, manifested in this increased use of CAPs to map and coordinate actions of all humanitarian organizations.

NGOs in consolidated and flash appeals, per year

Year	# NGOs	# NGO projects	NGO projects total funding request	Funding reported	Funding as % of NGO CAP requests
2000	4	9	\$8 million	\$0.1 million	0%
2001	41	79	\$46 million	\$1 million	1%
2002	95	376	\$325 million	\$86 million	26%
2003	81	333	\$128 million	\$25 million	19%
2004	118	338	\$164 million	\$50 million	30%
2005	119	403	\$300 million	\$111 million	37%
2006	263	888	\$648 million	\$224 million	35%
2007	244	1,105	\$656 million	\$516 million	79%
2008	275	1,528	\$1,084 million	\$832 million	77%
2009 (to date)	389	1,920	\$1,160 million	\$610 million	53%
2010	322	1,034*	\$836 million	–	–

*Somewhat lower at the start of 2010 than in 2009 in part because of advice to aggregate projects as much as possible, to reduce burdens of earmarking to narrow projects. Number of NGOs in the CAP and funding request tends to increase over the course of the year.

Cluster coordination projects

The cluster approach is now in effect in each 2010 CAP country. Cluster coordination is an essential common service: donors and the IASC have agreed in many forums that cluster leadership is critical to effective humanitarian action. Moreover, numerous cluster reviews and evaluations have shown that dedicated capacity for cluster coordination is pivotal to success.

To ensure this success, most cluster lead agencies are now systematically presenting project proposals for field cluster coordination in the 2010 CAPs. This is a practice that dates back to 2007, but only irregularly across clusters and CAPs. Now, the IASC's intention is to do so regularly wherever voluntary funds are needed to fully cover cluster coordination responsibilities. The activities and outcomes presented in the project proposals are drawn from the cluster lead TOR and the IASC paper on "Role of Cluster/Sector Coordinators in the CAP."⁵ In the spirit of experimentation, some cluster coordination budgets are combined into the budgets of larger operational projects, where appropriate. In other cases, the cluster coordination activities and

⁵ In advanced draft stage as of this writing, following multiple rounds of review in the IASC, and therefore suitable for interim use.

costs appear as free-standing projects. In both cases, the IASC hopes that donors will respond as fully as possible, to allow cluster lead agencies to immediately deploy the capacity to fulfill their functions reliably and universally.

Number of free-standing cluster coordination projects in 2010 Appeals

<i>Agency</i>	<i>Number of projects</i>
FAO	6
HI	1
IOM	2
MERLIN	1
SC	2
UNHCR	4
UNICEF	8
WHO	7
Total	31

Total \$ requested in free-standing cluster coordination projects

<i>Appeal</i>	<i>\$</i>
Afghanistan Humanitarian Action Plan 2010	2,234,400
Central African Republic 2010	1,647,800
Chad 2010	1,054,378
Kenya Emergency Humanitarian Response Plan 2010	321,000
occupied Palestinian territory 2010	3,347,839
Somalia 2010	8,405,709
Sudan 2010	2,895,000
Uganda 2010	350,000
West Africa 2010	4,374,720
Yemen Humanitarian Response Plan 2010	374,593
Zimbabwe 2010	538,496
Total	25,543,935

Monitoring

Monitoring humanitarian action on a collective plane has advanced significantly and rapidly. Most clusters in most countries with CAPs are now monitoring and sharing information on their basic outputs in real time. Increasingly, clusters in CAPs state clear and quantified targets, against which their collective achievement can be measured (commensurate to funds received), which is important for real-time operational decision-making just as much as for accountability. Cluster coordinators are accepting this as part of core cluster coordination functions, and moreover are finding, along with their cluster members, that this level of basic output information is usually fairly convenient to compile regularly.

The next level of monitoring is to assess progress against key strategic indicators – the selected set of outcomes that, taken together, signal the overall trend of the crisis, the degree of effectiveness of the humanitarian response, and the key gaps and remaining needs. Some CAP teams are already doing so, notably Somalia, DRC and Iraq (both Pillars 1 and 2, in their 2009 CAP Mid-Year Review). Others are still struggling to state their CAP strategic objectives in SMART terms (specific, measurable, achievable, relevant and time-bound) or to identify key indicators that, taken

together, make the objectives specific and measurable. The IASC will continue supporting Humanitarian Country Teams to sharpen the articulation of their objectives in the months leading up to the 2010 Mid-Year Reviews. This level of monitoring is needed for essential planning for the next phase (focusing on gaps identified through the monitoring) and for incorporating lessons learned.

Better monitoring of outputs and outcomes clearly serves key purposes in managing a humanitarian crisis, in addition to accountability to donors, beneficiaries and other stakeholders. One key purpose is to better unify the natural steps of humanitarian response – needs assessment and analysis, joint planning and appealing, and monitoring and *post facto* analysis – so that they unfold as a continuous suite of coordinated actions, each step building on the others and leading into the next cycle of response to protracted crises. (Many humanitarian organizations already have such a unified and continuous cycle built into their internal programme management systems.) Organized needs analysis can provide the key indicators for strategic monitoring as well as the focus of jointly planned response. Resource mobilization (by donors, and by agencies allocating flexible funds) can follow the priorities decided in joint planning. Monitoring with analysis can satisfy donors' and other stakeholders' need for accountability plus humanitarian managers' need for identifying next steps, new focuses and lessons learned for the next phase. The emerging CAP monitoring system is an essential component in this effort to achieve a unified cycle that can bring consistency, predictability and full professionalism to humanitarian action.

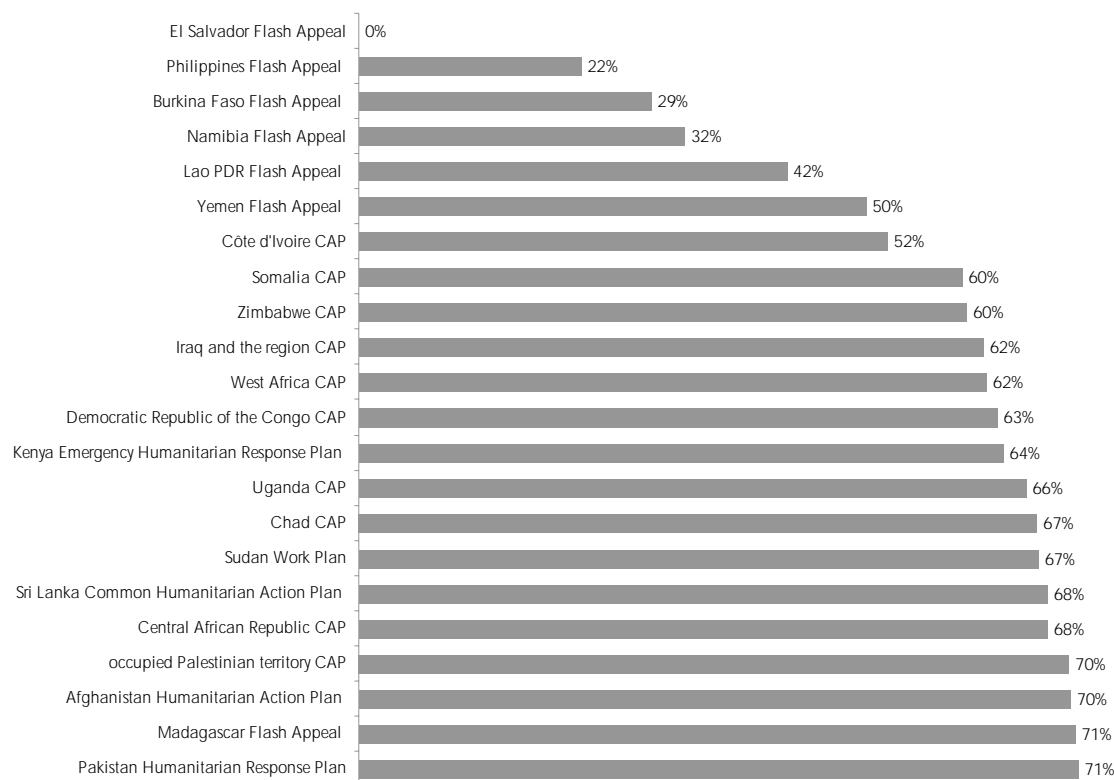
CAPS on line

For 2010, CAP projects have moved fully on line. Full project sheets are available electronically on the Financial Tracking Service ([FTS](#)). (Users can open one at a time, by clicking on a project code in FTS Table E or in a list generated by a project search. There is also the option for any FTS visitor to generate a custom-made compendium via the 'print on demand' function at the bottom of each CAP page; this allows the user to download all projects in an appeal in printable PDF form, or selected projects, for example projects from certain organizations or sectors.) Peer review for selection and prioritization in the field was done with all participating organizations being able to view each other's draft projects on line, and with agency headquarters able to help their field offices develop and edit the projects from an early stage. (An e-mail submission system was also introduced this year, for organizations with connectivity too slow to allow them to upload on line.)

The next stage is to map the CAP project sheet (which is a generic, least-common-denominator distillation of the various proposal formats of various donors) to the Central Emergency Response Fund's (CERF's) application format, so that participating organizations can submit their CAP project sheets as CERF applications over the Internet with a minimum of re-editing. The door will then be open to developing the same feature for interested donors.

Humanitarian funding overview 2009

2009 Consolidated and flash appeal funding as % of requirements



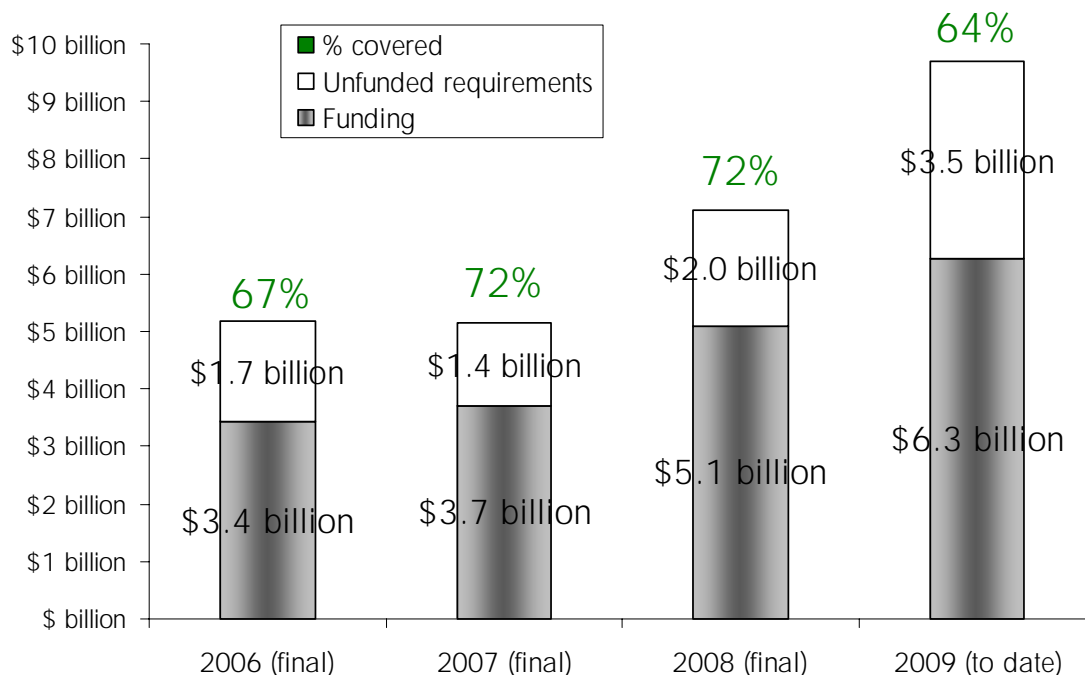
Funding in relation to needs is measured by aggregating funding requirements of consolidated and flash appeals, which cover most major protracted and sudden-onset crises. CAP funding has reached a record \$6.3 billion to date in 2009 (see Annex 1 for details).⁶ This equates to 64% of requirements, about the same as at this point in most recent years. But unmet needs are greater than ever: half a billion dollars are still needed to reach the over-70% level that appeals have achieved by the end of the past two years and \$3.5 billion to fully meet the requirements (see chart on next page).

CAP funding as % of requirements at end October, 2000-2009

Year	Funding as % of requirements
2000	55%
2001	48%
2002	54%
2003	66%
2004	54%
2005	55%
2006	63%
2007	66%
2008	67%
2009	64%

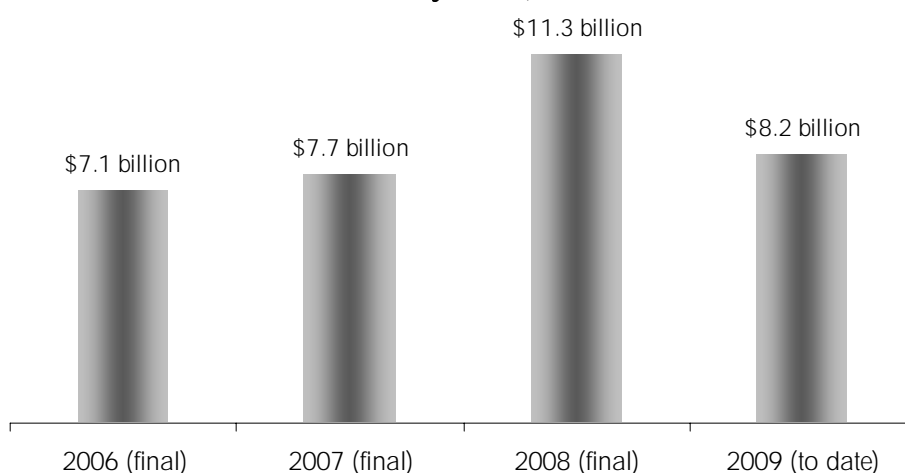
⁶ All funding figures are as reported to FTS by donors and/or recipients organizations as of 13 November 2009.

CAP funding, unfunded requirements, and % covered, 2006-2009



A total of \$8.2 billion in worldwide international humanitarian funding (including funding for non-CAP countries, and excluding carry-over) has been recorded this year. While funding levels to date are slightly lower than last year, humanitarian funding does not yet appear to be seriously affected by the recession and global financial crisis. International humanitarian aid to date in 2009 to date, as reported to FTS, exceeds the year-end totals for 2006 and 2007, and is on track to approach the 2008 total (see chart below).

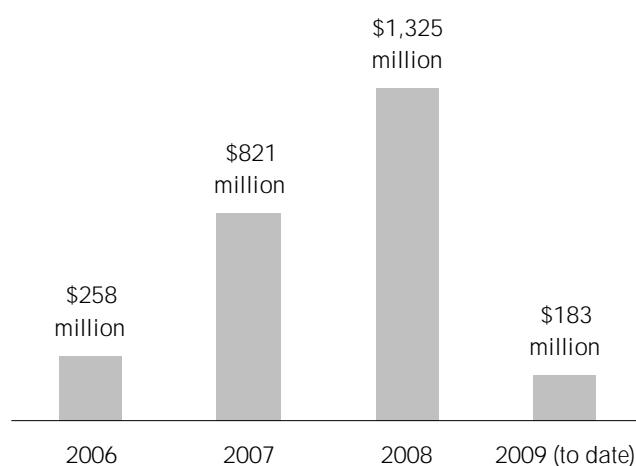
Total international humanitarian funding (excl. carry-over)



However, the humanitarian community is concerned about donor appropriations for 2010, as that will be the first full budget year to be influenced by the effects of the recession. Organizations that rely significantly on private donations already report sharp reductions in private giving in 2009. Official donors must do their part to fill this gap while it persists.

On the positive side, 2009 has been a relatively mild year for natural disasters, with only six natural-disaster-related flash appeals, and a commensurate diminution of overall natural disaster funding (see chart below). However, those flash appeals should not be overlooked: they are only 22% funded and still require \$145 million.⁷

International humanitarian funding for natural disasters per year, 2006-2009



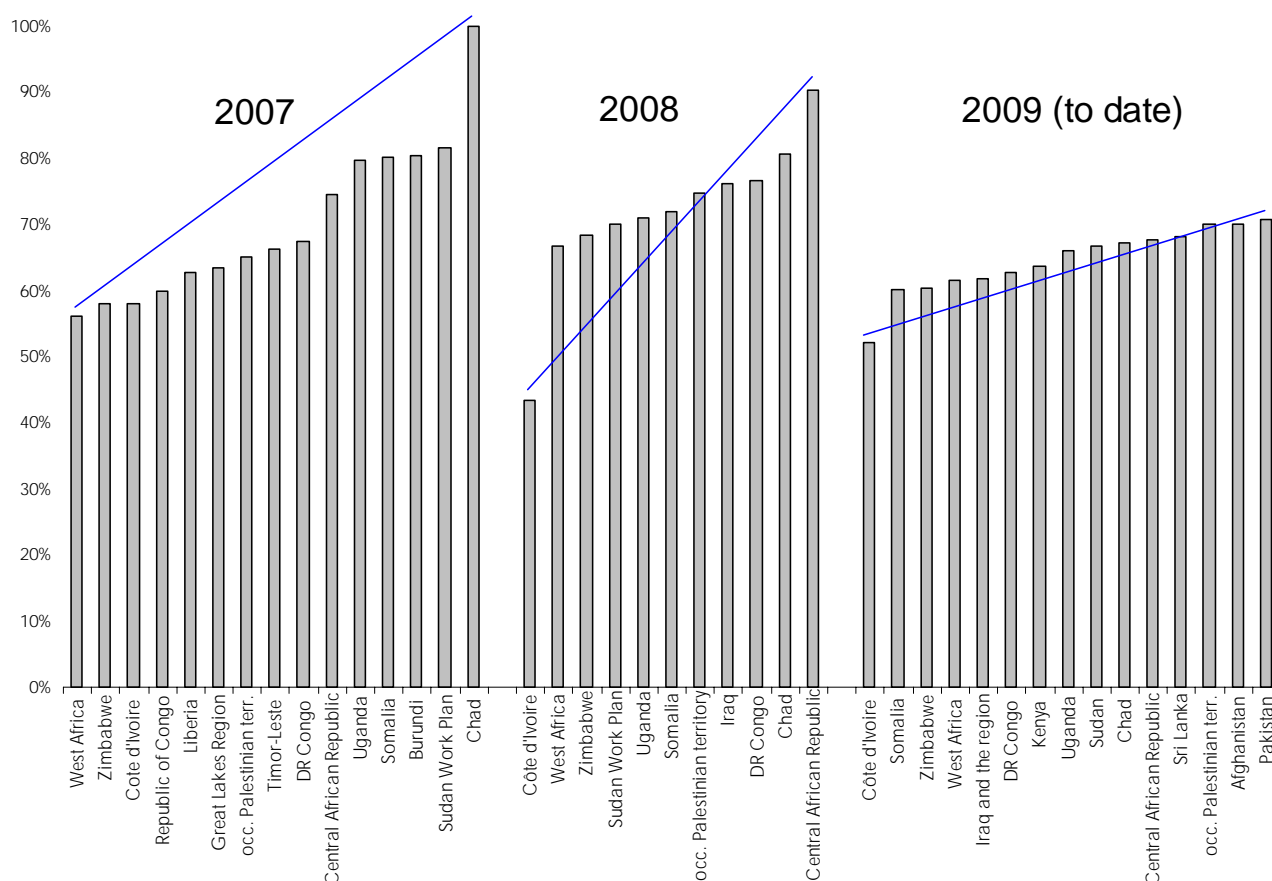
Eight new governmental donors to IASC appeals are noted in 2009. Viet Nam and Jordan contributed to projects in the CAP for the occupied Palestinian territory; Oman contributed to the Pakistan Humanitarian Response Plan; and Benin, Timor-Leste, Tuvalu, Lao People's Democratic Republic, and Namibia contributed to the CERF (much of whose funds are channelled in turn to consolidated or flash appeals).

⁷ Combining the flash appeals for El Salvador, Philippines (revised), Lao People's Democratic Republic and Burkina Faso. The flash appeals for Namibia (March 2009) and Madagascar (April 2009) have expired, having achieved 71% and 32% funding respectively. That for Yemen is in response to conflict-related humanitarian needs; it is currently 50% funded.

Humanitarian Appeal 2010

Funding disparities among crises continue to diminish compared to previous years. Only one consolidated appeal – Côte d'Ivoire – is less than 60% funded. While CERF and other pooled funds, as well as large reserves of carry-over in certain countries, are responsible for some of the levelling, this improved outcome can largely be attributed to donor action. Increased commitment to the GHD principles is resulting in more equal funding levels across emergencies: the differences between highly funded and least-funded appeals are noticeably less in 2009 than in previous years (see chart on next page, plotting the funding percentages of all CAPs 2007-2009).

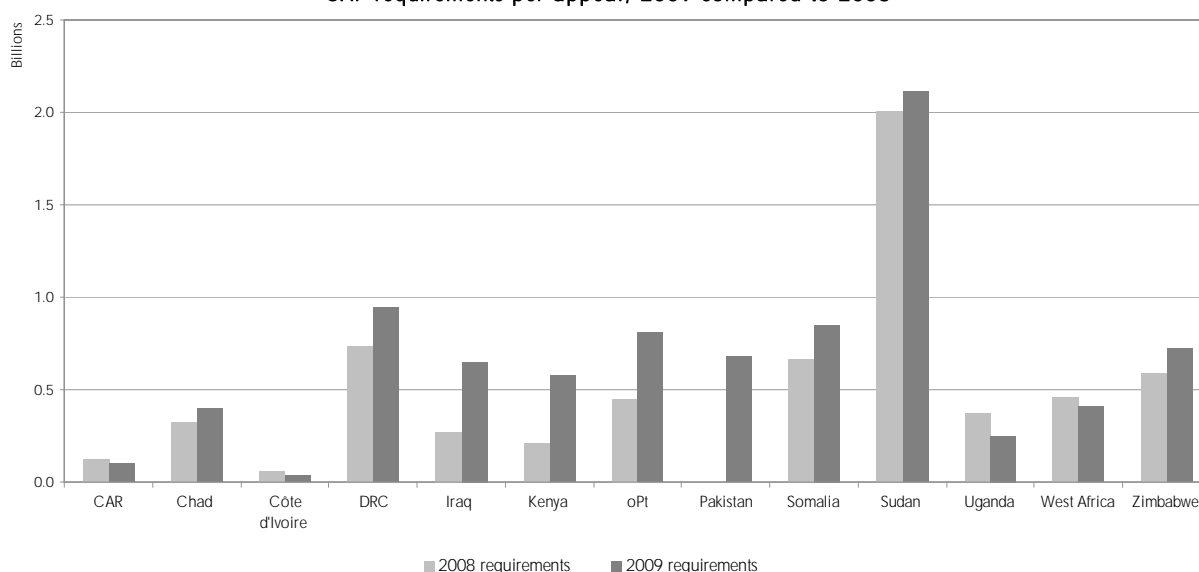
Discrepancies in funding % among CAPs, 2007-2009



The funding requirements in 2009 were higher than in previous years partly because there have been major new crises, and partly because more ongoing crises now have a consolidated appeal or functional equivalent. The addition of Afghanistan, Kenya, refugee actions in Iraq's neighbouring countries, and others together add about \$2 billion to the total 2009 CAP funding request, compared with 2008. Of these crises, Afghanistan and Iraqi refugees are ongoing but newly counted as consolidated appeals; Kenya is a relatively new crisis. Also, the requirements in some countries have significantly increased in 2009: oPt has gone up by \$342 million since 2008; DRC has become almost a billion-dollar appeal; Somalia is more than \$800 million, and Zimbabwe is more than \$700 million (see chart on next page).

Humanitarian Appeal 2010

CAP requirements per appeal, 2009 compared to 2008



What remains of concern, however, are the major funding imbalances among sectors. While the CERF window for under-funded crises has an important levelling effect on these discrepancies, funding in relation to requirements per sector in 2009 shows large differences, ranging from 89% for food to 31% for education (see table below). Many crucial response sectors remain less than 50% funded to date. Agriculture, education, health, protection/rule of law/human rights, mine action, water and sanitation, and safety and security of staff and operations all received less than half the funding required. Donors are encouraged to better coordinate among themselves to collectively allocate more evenly across sectors, or to fund flexibly so that agencies on the ground can distribute resources across sectors, as suggested in the Good Humanitarian Donorship principles, to ensure that critical needs can be met.

2009 Appeals: requirements and funding per sector

	Revised requirements (\$)	Funding (\$)	% Covered
Agriculture	610,140,177	288,850,969	47%
Coordination and Support Services	457,078,970	322,444,158	71%
Economic Recovery and Infrastructure	478,557,731	240,969,382	50%
Education	462,970,485	144,366,085	31%
Food	3,793,733,905	3,126,055,785	82%
Health	1,138,878,853	491,779,231	43%
Mine Action	204,103,270	100,302,687	49%
Multi-Sector	594,290,354	378,260,288	64%
Protection/Human Rights/Rule of Law	511,370,822	201,827,773	39%
Safety and Security of Staff and Operations	13,671,657	4,795,053	35%
Shelter and Non-Food Items	759,282,138	392,701,028	52%
Water and Sanitation	638,311,654	296,119,442	46%
Pooled funds and other flexible funding	43,745,634	266,588,755	n/a
Total	9,706,135,650	6,255,060,636	64%

Humanitarian Appeal 2010

Donor response to the prioritization system in appeals is mostly encouraging (see table below), in that the top-priority category (which is given different names in different countries) has the highest funding percentage in all cases except Afghanistan, Cote d'Ivoire, Uganda and Central African Republic. (Sudan's 2009 appeal does not use this prioritization system.) Only CAR has reserved the top-priority category for less than 50% of the total appeal. It is noteworthy that this highly selective top-priority category needs only a further \$5.4 million for full funding, yet \$57 million has gone to the lesser-priority categories.

Consolidated appeals 2009: Priority designations and funding response per priority level

CAP	Priority Designation	Requirements*	Funding to Date	% Covered
Afghanistan Humanitarian Action Plan	A. Immediate	537,042,068	379,469,504	71%
	B. High	71,922,647	68,184,120	95%
	C. Medium	54,184,881	15,609,870	29%
	D. Low	1,773,459	-	0%
Central African Republic	Immediate	9,990,416	5,421,781	54%
	High	27,756,421	16,933,841	61%
	Medium	61,870,204	41,366,185	67%
Chad	VERY HIGH	308,828,199	219,736,204	71%
	High	62,741,225	26,858,289	43%
	Medium	2,707,987	-	0%
Côte d'Ivoire	Immediate	34,479,101	18,533,051	54%
	High	224,700	355,055	158%
	Medium	1,960,712	222,908	11%
Democratic Republic of the Congo (<i>uses a more sliding scale of priority that is not easily shown here</i>)		946,252,242	578,766,779	62%
Iraq and the region	Pillar I - High	225,598,485	100,465,654	45%
	Pillar I - Medium	83,175,388	34,936,317	42%
Kenya Emergency Humanitarian Response Plan	High	521,383,164	338,514,580	65%
	Medium	56,198,261	20,371,392	36%
occupied Palestinian territory	A - high	731,047,077	501,360,024	69%
	B - medium	72,420,910	32,671,858	45%
Somalia	A - high	669,218,697	441,487,491	66%
	B - medium	88,295,219	37,646,587	43%
	C - Low	54,279,420	12,738,853	23%
Sri Lanka Common Humanitarian Action Plan	A. Immediate	212,012,883	165,911,553	78%
	B. High	51,206,628	12,873,903	25%
	C. Medium	6,835,121	411,184	6%
Sudan	Early Recovery	771,095,446	365,637,107	47%
	Humanitarian	1,340,156,332	1,008,050,973	75%
Uganda	A—Responds to Primary Strategic Objective by Region	162,953,744	102,818,642	63%
	B—Responds to Secondary Strategic Obj. by Region	65,766,917	48,964,430	74%
	C—Responds to Tertiary Strategic Objective by Region	18,279,644	4,211,575	23%
West Africa	High	308,355,766	194,375,817	63%
	Medium	41,899,077	23,804,195	57%
Zimbabwe	High	668,659,986	412,029,116	62%
	Medium	43,231,938	7,109,129	16%

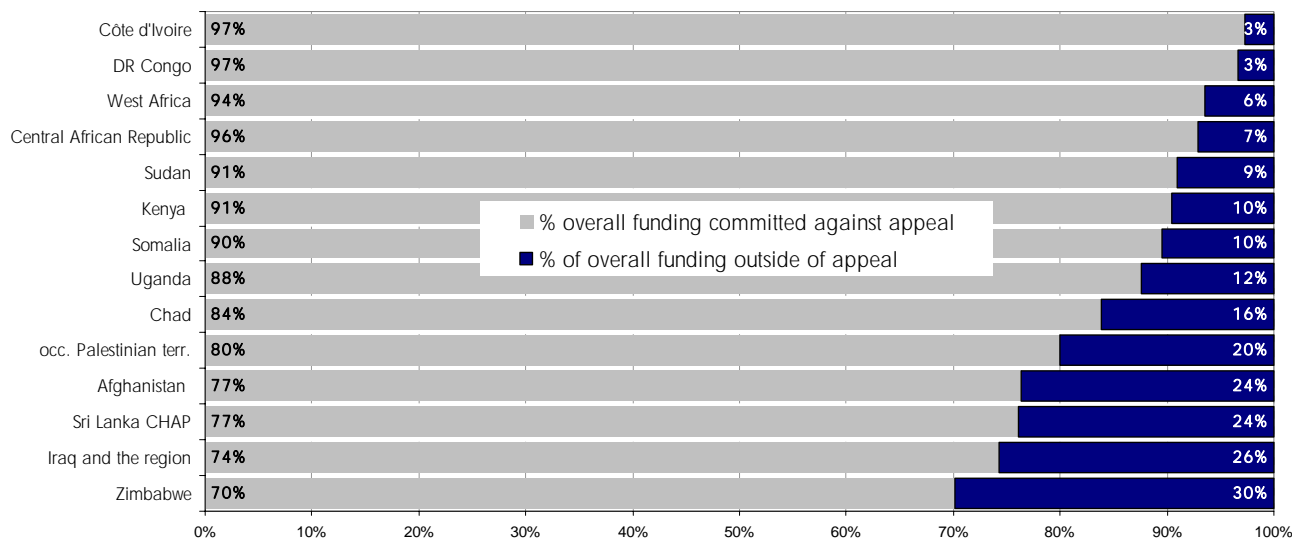
* i.e. sum of requirements of projects designated with that level

Note: in each appeal, a small proportion of projects were not given a priority designation, for reasons such as them being full funded already, or being artificial projects created on FTS to host pooled funds or flexible funds.

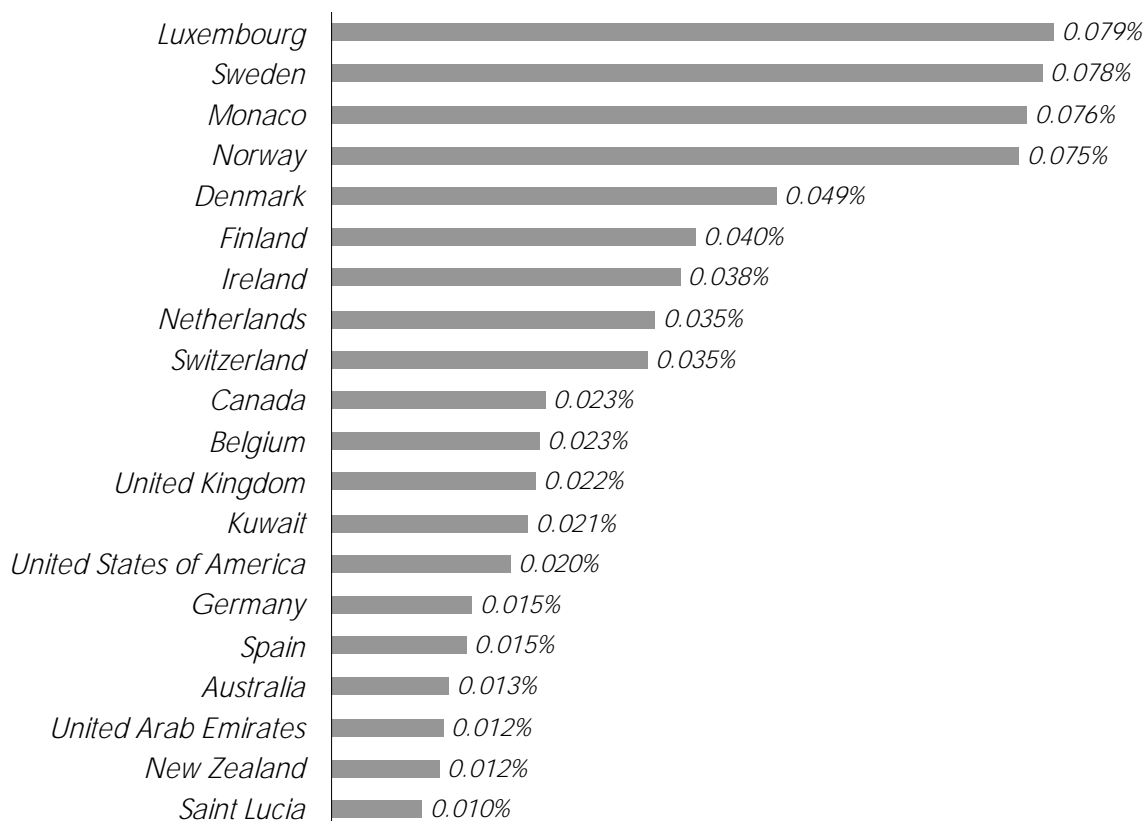
Humanitarian Appeal 2010

As in recent years, in 2009 donors have continued to show strong support for the CAP. In countries with a CAP (or equivalent appeal) donors have committed the large majority – 85% – of their funding for these crises to projects in the appeals (see chart below).

Crises with CAPs: % of total funds committed inside and outside the appeal in 2009
















International humanitarian funding in 2009 as % of donor country GDP (top 20)*



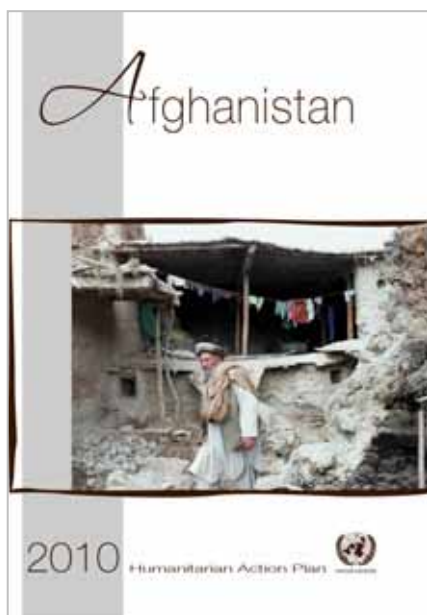
* Note: this analysis accounts for humanitarian funding by the European Commission by apportioning it to EU Member States in proportion to their gross domestic products, which roughly mirrors their contributions to the Commission's budget.

2010 CONSOLIDATED APPEALS AND ACTION PLANS

Appeal funding requests, 2010 compared to 2009 revised requests

	2009	2010	% change 2009-10	
Afghanistan	\$665 million	\$871 million		31%
Central African Republic	\$100 million	\$114 million		13%
Chad	\$401 million	\$451 million		13%
DR Congo	\$946 million	\$828 million		-13%
Kenya	\$581 million	\$508 million		-12%
occ. Palestinian territory	\$805 million	\$664 million		-17%
Somalia	\$852 million	\$689 million		-19%
Sudan	\$2,111 million	\$1,878 million		-11%
Uganda	\$247 million	\$197 million		-20%
West Africa	\$404 million	\$369 million		-9%
Yemen	\$23 million	\$177 million		668%
Zimbabwe	\$719 million	\$378 million		-47%
TOTAL	\$7.85 billion	\$7.13 billion		-9%

(This table excludes some 2009 appeals not launched yet for 2010.)



Decades of war and the currently escalating armed conflict, combined with frequent earthquakes and seasonal hazards such as drought, landslides, extreme winters and floods, leave Afghanistan in an exceptionally vulnerable position. The conflict is taking an increasingly heavy toll on the population. In addition to the rising death toll of civilians, the loss of livelihood opportunities and deterioration of access to basic services, particularly health, are adversely affecting the Afghan people. Increasing numbers of cases of the pandemic (H1N1) 2009 influenza virus compound the country's already precarious health status.

The reopening of the OCHA office in January 2009 was in recognition of the deteriorating complex humanitarian emergency that prevails in the country and the necessity of addressing humanitarian needs in a timely and coordinated manner. There are continuous challenges facing the humanitarian community in accessing insecure areas where

civilians are in most need.

There has been an ongoing investment in development in Afghanistan, but the regularity of man-made and natural disasters frequently undermines any progress made. While the lines between development and emergency sometimes blur, the HAP aims to draw a boundary between dynamic and acute needs that require immediate response, and needs that are important but chronic, stemming from long-term poverty.

The overall driving purpose of the 2010 HAP is improved coordination of humanitarian programming and activities. This will be achieved with priorities in preparedness for and response to conflicts and natural hazards; mitigating the effects of conflict and disasters; advocating the protection of civilians and respect for international law and human rights; ensuring that humanitarian programming complements and strengthens the link to early recovery; bridging the gap between immediate needs and the long-term development of safety nets; and data collection and analysis.

Afghanistan Humanitarian Action Plan: Key parameters	
Duration:	12 months (January – December 2010)
Key milestones in 2010:	Planting seasons: <i>Winter : October</i> <i>Spring : March</i> Harvest : June – September
Target beneficiaries:	7,020,000: drought-affected, internally displaced, refugees, and returnees
Total funding request:	Funding request per beneficiary:
\$870,561,261	\$124



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
*Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

Humanitarian Appeal 2010

Cluster	2010 funding requirements
Common Services	\$28,398,296
Education	\$27,093,437
Emergency Shelter	\$50,275,661
Food Security and Agriculture	\$372,539,155
Health	\$10,673,254
Multi-Sector	\$78,208,770
Nutrition	\$8,434,443
Protection	\$258,356,564
Water, Sanitation and Hygiene	\$36,581,681
Total	\$870,561,261

Priority Designation	Requirements
A. IMMEDIATE	\$533,527,589
B. HIGH	\$57,432,244
C. MEDIUM	\$266,237,275
D. LOW	\$1,635,018
E. NOT SPECIFIED	\$11,729,135
Total	\$870,561,261

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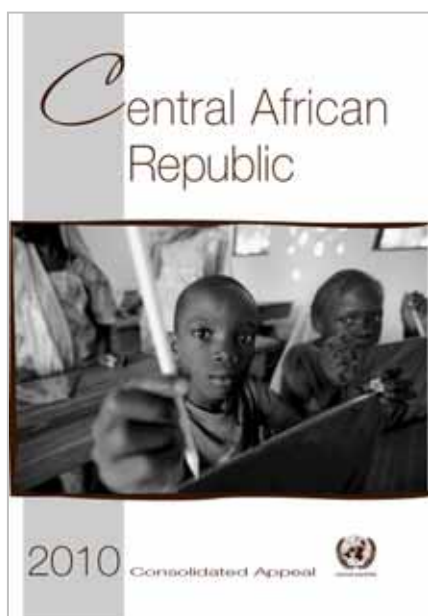
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The end of 2008 brought hope for the Central African Republic (CAR). However, 2009 brought CAR's most affected populations back to the dire realities they endure on a daily basis, due to the resurgence of violence and slow progress on the path to peace. Despite numerous efforts made by the Government and communities, and cohesive support from the international community, basic survival is the main preoccupation for the majority of CAR's 4 million people.

Some progress was made during 2009. Following the December 2008 Inclusive Political Dialogue, the disarmament, demobilization and reintegration (DDR) programme was put on track. This includes five armed movements that have joined the Libreville Peace Process ready to disarm. An inclusive Independent Electoral Commission was eventually appointed in October 2009. Due to numerous actions by the national authorities and non-state armed groups, human rights violations are declining though still prominent. The

international community has reiterated its support to the country with a view to reaching more coherence. With the Government and civil society, the Peace-Building Commission has designed an integrated Peace Consolidation Strategic Framework, which provides clear directions on all issues to address remaining priorities.

Despite these achievements, CAR's humanitarian situation is deteriorating. CAR is now ranked 179 out of 182 countries on the Human Development Index, and key social indicators are still appalling. Mortality and global acute malnutrition among children under age five rank among the world's worst levels. In the north-west of the country, relative stability did not result in safer conditions for the return of IDPs and refugees from Chad or Cameroon. In the centre-north, notably in the prefecture of Nana Grébizi and Bamingui Bangoran, two armed groups have resumed violent activities, leading to further population displacements, including 18,000 people seeking refuge in neighbouring Chad. This violence prevents any local economic exchange

Consolidated Appeal for Central African Republic: Key parameters	
Duration:	12 months (January – December 2010)
Key milestones in 2010:	Harvest: October-November 2010 Elections: April 2010
Target beneficiaries:	1,621,183 people
Total funding request:	Funding request per beneficiary:
\$113,615,353 (135 projects)	\$70



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

Humanitarian Appeal 2010

and threatens DDR and the entire peace process. In the north-east, local violent conflicts erupted as of June 2009 despite the consolidated presence of the United Nations Mission in the Central African Republic and Chad (MINURCAT). This also led to thousands of new forced displacements, creating fear and distress, notably in and around Birao. The mid-year intrusion of groups from the Lord's Resistance Army fleeing a regional joint military offensive created a new crisis in the far south-east of CAR, including the arrival of more than 3,600 refugees from DRC and the internal displacement of up to 5,000. The population was left traumatized. Gaining humanitarian access to those most in need remains a constant challenge, whether for political, logistical or security reasons.

Cluster	2010 funding requirements
Coordination and Support Services	\$8,249,679
Early Recovery	\$7,505,565
Education	\$13,758,637
Food Security	\$27,148,996
Health	\$20,168,812
Multi-Sector Assistance to Refugees	\$5,930,808
Nutrition	\$8,806,142
Protection	\$13,978,066
Shelter and Non-Food Items	\$877,000
Water, Sanitation and Hygiene	\$7,191,648
Total	\$113,615,353

Overall, forced displacements are again on the rise. The total number of CAR refugees in neighbouring countries is now 137,242 as of September 2009. Meanwhile, the influx of refugees from DRC increases slowly but steadily; by the end of 2009, they numbered approximately 2,000. The IDP figure is also on the rise, with an estimated 162,000 forced to move from home, and basic durable solutions remaining elusive.

The main challenges in 2010 will relate to the upcoming presidential and legislative election scheduled in 2010, and the implementation of the peace agreement and the DDR process. The outcomes are critical for the country's immediate future and its potential shift towards development.

Humanitarian assistance in 2009 went beyond saving lives and protecting rights: it also paved the way for recovery and development. In line with this approach, the Humanitarian Partnership Team in CAR requires \$113,615,353 to address needs in 2010. Of this, 24% (\$27,410,384) is for projects ranked as immediate priority, and 43% (\$49,533,360) is for high-priority projects.

Priority Designation	Requirements
IMMEDIATE	\$27,410,384
HIGH	\$49,533,360
MEDIUM	\$36,671,609
TOTAL	\$113,615,353

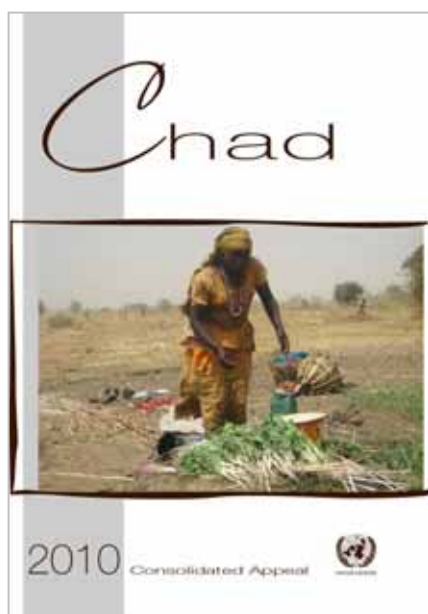
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Thanks to the 67% funding of the 2009 CAP, the aid community in Chad was able to continue providing vital assistance to Sudanese and Central African refugees, to Chadian IDPs, and to members of the host population most affected by the presence of refugees and IDPs in the east and south-east of the country. This assistance contributed to the survival of more than half a million people. It was achieved in restricted humanitarian space, and in a complex and difficult security environment in which attacks and banditry have increased.

The root causes of the humanitarian situation in Chad are the spill-over from the conflict in Sudan's Darfur region, the prevailing insecurity in northern CAR, and the inter-ethnic and political tensions in Chad itself. They still have the potential to cause yet further destabilisation. However, in the absence of any large-scale fighting in Chad in 2009, such as that witnessed during the rebel attack on N'Djamena in February

2008, the aid community generally agrees that the situation is now evolving away from an acute emergency phase and is predominately one of care and survival of the various populations.

This means that the challenges facing humanitarian actors have changed, but have not eased, especially as insecurity continues to be a chronic problem. Therefore the strategic objectives of the 2010 CAP are to ensure the continuation of life-saving assistance and protection to refugees and IDPs in camps and sites, to continue to reinforce humanitarian space, and to build national and local actors' capacity.

While the search for durable solutions, particularly for IDPs, has previously formed part of the strategic objectives, it is now emerging as a priority. There is a new emphasis on the need to orient humanitarian assistance towards supporting as much as possible IDPs who have returned to their areas of origin, or wish to integrate in their area of displacement, and the communities who host them. The outlook for IDPs' return remains

Consolidated Appeal for Chad: Key parameters	
Key milestones in 2010	<ul style="list-style-type: none"> - Elections: legislative in 2010, presidential in 2011 - Low production expected in the Sahelian area - Low rainfall in the Sahelian region
Populations of concern	352,233 refugees 279,697 Sudanese 72,536 CAR 168,467 IDPs 20,000 returnees 700,000 host populations
Target areas	Eastern Chad (Sudanese refugees, IDPs, returnees); Southern Chad (CAR refugees); Areas of high malnutrition; Areas prone to heavy flooding and epidemics
Total funding requested for 2010	Funding requested per beneficiary
\$451,153,765	\$283



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Humanitarian Appeal 2010

unclear, but if, when and where it does happen, it must be supported in order for it to be sustainable.

No new internal displacements have been reported since the beginning of the year. Between 20,000 and 25,000 people have returned home from 2008 to date.

In this emerging dynamic, the Government of Chad must be extremely proactive in putting adequate measures in place that will create an environment conducive to

return for its citizens. The Government must ensure that it leads such measures as inter-community dialogue, that police and security bodies are operational, and that the judiciary is fully playing its role. The aid community can help to provide durable solutions to support IDPs but this is only feasible in a more secure environment.

When looking at the regional context, the outlook is that the return of refugees to Sudan and CAR is very unlikely to happen in 2010. These two countries still face instability related to rebel groups' activities and uncontrolled insecurity, especially in areas bordering Chad. No new movement of Sudanese refugees has been registered this year. However, 15,000 Central Africans crossed the border to seek refuge in the south of Chad.

Humanitarian action in 2010 will continue to focus on emergency relief, while emphasising measures aimed at increasing the self-sufficiency and capacities of people affected by the crisis and identified to receive assistance. To implement the projects submitted in this Consolidated Appeal for Chad for 2010, seven United Nations agencies and 56 NGOs, in consultation with the Chadian Government and local communities, are appealing for **\$451,153,765**.

Cluster	2010 funding requirements
Agriculture and Livelihoods	\$16,505,099
Coordination and Support Services	\$24,671,103
Early Recovery	\$3,340,000
Education	\$11,016,200
Food Aid	\$161,865,470
Health	\$13,895,028
Multi-Sector Activities for IDPs and Refugees	\$162,500,305
Nutrition	\$17,389,690
Protection	\$11,006,537
Water and Sanitation	\$28,964,333
Total	\$451,153,765

Priority Designation	Requirements
A - VERY HIGH	\$416,932,288
B - HIGH	\$29,484,477
C - MEDIUM	\$4,737,000
Total	\$451,153,765

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The Democratic Republic of the Congo (DRC) remains one of the worst humanitarian crises in the world. Despite some positive political developments and the improving diplomatic relations between DRC and its neighbours, clashes in the east of the country between Government forces and armed opposition groups continue to wreak severe harm on civilians in the region.

2009 has been marked by intensified attacks by the Lord's Resistance Army in Province Orientale, which led to frequent looting and human rights violations. In addition, harassment of and attacks on humanitarian workers have increased, particularly in North Kivu, where more than 100 incidents since the beginning of 2009 have been recorded as of October (the most ever in one year).

In 2010, displacements continue to be likely in the Kivu provinces, Ituri, and the Uele districts as long as armed groups remain operational and the Government continues to conduct military operations against them. Returns will continue in newly stabilized areas, but stop if these localities relapse into conflict.

All these factors contribute to increases in human rights violations, continuing food insecurity, high mortality and morbidity rates, and cases of sexual violence. The considerable and continuing displacement of population groups leads to medical, sanitary and nutritional problems.

Although a stable security situation prevails in the rest of the country, needs assessments conducted in Western provinces continue to demonstrate a structural crisis. Indeed, several areas of the country that are not affected by conflict record extremely high mortality, morbidity and malnutrition rates.

However, the engagement of humanitarian actors has achieved many positive results in 2009:

- ◆ More than 1 million people gained access to drinking water;
- ◆ 55,000 children returned to school;
- ◆ access to 1.3 million people, previously inaccessible, thanks to new flight routes and road and bridge rehabilitation;
- ◆ support to more than 600 nutritional centers;
- ◆ social and economic reintegration of more than 12,000 people;
- ◆ distribution of food rations to more than 2.8 million people;
- ◆ distribution of NFI kits to 280,000 people;
- ◆ support for more than 6,700 victims of sexual violence;
- ◆ attainment of 80% vaccination coverage against measles, diphtheria, tetanus, and pertussis in accessible zones.



Humanitarian Appeal 2010

However, analysis of the 2009 HAP revealed weaknesses in information-gathering. It also underlined a certain lack of precision in the plan's conception, as compared with the reality on the ground and with the detailed budgeting. In 2010, the HAP strategic framework aims to better reflect the diversity of needs and the cycles of crisis that DRC's population has confronted for several years. The analysis of needs is no longer done by strategic objective, but by cluster, each devising a strategy. Provincial actions plans and simplified budgets are established. This approach has the advantage of starting with a clean slate in analyzing DRC's humanitarian situation, and allows partners to best identify their role.

Cluster	2010 funding requirements
Emergency Shelter and NFI	\$90,394,179
Coordination	\$18,093,541
Water, Sanitation and Hygiene	\$115,659,000
Education	\$25,065,000
Logistics	\$48,602,281
Nutrition	\$57,614,000
Protection	\$87,757,627
Reintegration and Community Restoration	\$23,318,000
Health	\$60,518,890
Food Security	\$300,594,110
Total	\$827,616,628

This approach has the advantage of starting with a clean slate in analyzing DRC's humanitarian situation, and allows partners to best identify their role.

A major change in 2010 is the aim to refocus the HAP on purely humanitarian objectives. The fifth objective of the 2009 HAP (short-term community re-launch), which envisions post-crisis interventions (or pre-crisis in some cases), is therefore dropped. New initiatives by Government and MONUC will cover most of these aims.



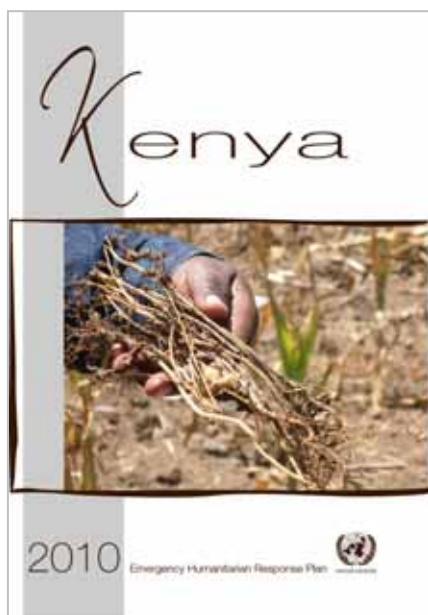
The 2010 HAP is marked by the aim to incorporate gender equality in analysis and programming, for a more inclusive and better targeted humanitarian response. Through GenCap support, programmes have been developed to better consider different needs, capacities and priorities among girls, boys, women and men.

Contributions to the 2009 HAP amount to \$594 million, which is 63% of requirements. In 2010, funding needs have been calculated on the basis of cluster and provincial strategies, and amount to \$828 million. This figure, a fall of 13% from the revised requirements in 2009, includes cluster coordination costs, which are essential for cluster lead agencies to fulfil this crucial common humanitarian service.

Clusters will continue the system they have established of monitoring indicators of outputs and outcomes. This system will improve the regularity and quality of information, in order to better measure the impact of and identify gaps in the humanitarian aid delivered.

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The consequences of drought in Kenya have worsened since mid-2008. Four consecutive failed rains, sustained high food and commodity prices, the economic and social impacts of post-election violence (PEV), livestock diseases, and an ever-increasing level of vulnerability have converged to precipitate a serious food and livelihoods crisis. Since the end of 2008, the estimated number of people requiring food assistance has leapt from 1.4 million to more than 3.8 million.

The cycle of drought in Kenya has dramatically accelerated in recent years. Underlying these regular episodes is an ever-increasing level of vulnerability in Arid and Semi-Arid Land (ASAL) areas, and among the poor in cities. The combination of chronic need and acute shocks is mutually reinforcing, requiring an integrated response that seeks to address both immediate and structural needs. Pastoralist communities inhabit 80% of Kenya's land mass and are the custodians of dryland environments. Despite providing such value,

pastoralist areas have the highest incidence of poverty and the least access to basic services compared with other areas.

There is also an increasing awareness of a humanitarian crisis developing in urban areas. The proliferation and expansion of informal settlements reflect ongoing economic migration to cities plus population growth. According to projections made in 2003 by the United Nations Human Settlements Programme (UN-HABITAT), 43% of the Kenyan population will live in urban areas by 2010. Populations living in slum areas endure deplorable living conditions and are at high risk due to exposure to poor sanitation and hygiene, and a lack of access to potable water. This will ultimately result in a declining health and nutrition status. High youth unemployment levels, market dependence and sustained high commodity prices have also fuelled the ongoing rise in criminality, and other negative and high-risk coping strategies.

While there has been a steady return of those displaced by post-election violence, an estimated 35,000 people remain in transit sites and 25,000 are in self-help groups that require support to establish sustainable living conditions and livelihoods. The continued delays in pursuing the reforms and commitments laid out in the National Accord and Reconciliation Act, and the need for widespread peace and reconciliation efforts have also raised concern over the possibility of

Kenya Emergency Humanitarian Response Plan 2010: Key parameters	
Duration	12 months (January – December 2010)
Key milestones in 2010	February-March, Short Rains Assessment July-August, Long Rains Assessment
Target beneficiaries	417,238 refugees and host populations; 4,456,000 food-insecure people; 60,000 IDPs; + urban vulnerable (unspecified number) = 4,933,238 people
Total funding request	Funding request per beneficiary
\$508,466,127	\$103



Humanitarian Appeal 2010

violence leading up to the 2012 elections. Upcoming political processes, such as constitutional reform, Mau Forest evictions and ongoing discussions about perpetrators of post-election violence, could potentially trigger renewed tensions.

The growing number of refugees arriving from Somalia is an additional major area of need. The crisis precipitated by persistent insecurity and drought has seen an average of 250 people crossing into Kenya each day, despite the continued official closure of the Kenya/Somalia border.

The growing number of refugees has far exceeded the available capacity to assist them, particularly in the three Dadaab camps where more than 283,000 refugees are accommodated in facilities designed to host a maximum of 90,000 people.

Cluster	2010 funding requirements
Agriculture and Livestock	\$21,130,919
Coordination	\$2,430,971
Early Recovery	\$17,046,090
Education	\$3,249,425
Food Aid	\$150,004,503
Health	\$12,824,554
Multi-Sector Assistance for Refugees	\$257,359,261
Nutrition	\$25,488,398
Protection	\$3,375,705
Shelter and NFI	\$935,071
Water, Sanitation and Hygiene	\$14,621,230
Total	\$508,466,127

The escalation in needs in ASAL areas and among the refugee population necessitated a scale-up of activities during 2009. The original appeal had requested \$389 million, which was later revised to \$576 million to respond to increased needs.



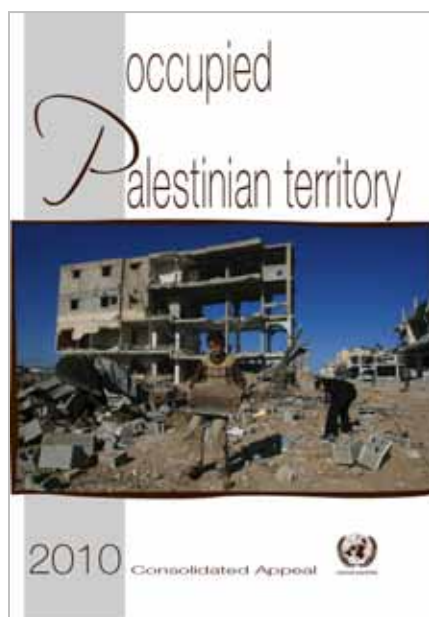
With donors' generous support, the 2009 appeal has, to date, received \$370 million (64%) of the total funds requested. Funding shortfalls have constrained response, particularly in sectors such as Coordination, Education, Health, Early Recovery and Food Security, each of which has received less than 35% of requirements. Four allocations from the CERF have provided \$25.85 million for rapid-response activities and in support of under-funded sectors.

Due to the continued increase in humanitarian need, the Kenya Humanitarian Partnership Team has unanimously agreed on the ongoing necessity for an Emergency Humanitarian Response Plan (EHRP) in 2010. The EHRP presents strategic response plans in 11 key sectors and requirements for 37 organizations, including eight United Nations agencies and 29 NGOs. The total amount requested in the appeal is **\$508.5 million**.

Priority Designation	Requirements
HIGH	\$390,173,218
MEDIUM	\$27,471,030
NOT SPECIFIED	\$90,821,879
Total	\$508,466,127

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Many Palestinians living under Israeli occupation continue to face a human dignity crisis, characterized by the erosion of livelihoods, the continued denial of basic human rights and forced dependence on international aid. Nearly 40% of the Palestinian population is food-insecure. Most Palestinians are unable to exercise their basic human rights, to free movement, employment, basic services, and self-determination. Serious violations of international humanitarian and human rights law, by all parties to the conflict, continue to take place in a disturbing climate of impunity.

In the Gaza Strip in particular, the blockade imposed by Israel in June 2007 continues. Humanitarian needs were worsened by the extensive loss of life and destruction of property and infrastructure during Israel's three-week-long "Cast Lead" military offensive starting in December 2008. The blockade, which includes heavy access restrictions for people and goods, remains the main impediment to a meaningful reconstruction

and recovery effort in Gaza. The current operational environment in Gaza hampers the provision of principled and effective humanitarian assistance.

In the West Bank, Palestinian movement between major cities located to the east of the Barrier has improved significantly and the level of casualties has decreased considerably during the past months. However, Palestinian access to land and resources continues to be severely limited by a multi-layered system of restrictions. These include permit requirements, physical obstacles, settlements and settlement outposts, the construction of the Barrier, and the implementation of zoning and planning regulations that deny Palestinians the ability to expand and develop their communities. The situation in East Jerusalem continues to deteriorate: the majority of the Palestinian population of the occupied Palestinian territory (oPt) is denied access to the city and the city's Palestinian residents face poor living conditions and an inequitable distribution of the municipality's budgetary resources. Thousands are at risk of eviction, house demolition and / or displacement.

The 2010 Consolidated Appeal Process (CAP) brought together hundreds of partners from UN agencies, the Palestinian Authority, and national and international NGOs to develop a focused humanitarian response. In 2010, relief agencies will continue their efforts to mitigate the impact of the on-going crisis, address the needs of the most vulnerable Palestinians and limit further deterioration of the situation. It will also strengthen the protection environment for civilians by advocating for the respect of Palestinians' fundamental rights, as per international humanitarian and human rights law. Early recovery interventions that focus on addressing and preventing aid dependence and strengthening communities' resilience are also an integral component of this appeal. Early recovery interventions have been selected to ensure consistency across sectors and complementarities with broader early recovery and development strategies. This includes those reflected in the Palestinian Reform and Development Plan and the UN Medium-Term Response Plan.

Humanitarian Appeal 2010

The budget for the 2010 CAP stands at \$664,473,688. The common humanitarian strategy is supported by 236 projects, including 147 from the NGO community and 89 from UN agencies. The entire population of the Gaza Strip, residents of East Jerusalem and Area C of the West Bank – including areas near Israeli settlements and in Barrier-adjacent areas – have been identified as primary target beneficiaries for humanitarian assistance and protection.

Cluster	2010 funding requirements
Agriculture	\$45,454,326
Cash for Work and Cash Assistance	\$194,437,846
Coordination and Support Services	\$23,486,031
Education	\$23,693,700
Food Security	\$248,439,364
Health and Nutrition	\$21,852,355
Protection	\$53,674,467
Shelter and Non-Food Items	\$15,310,261
Water, Sanitation and Hygiene	\$38,125,338
Total	\$664,473,688

Humanitarian assistance, however, will never be sufficient to address the needs of the Palestinian population: there is no substitute for a comprehensive political settlement of the Israeli-Palestinian conflict that would lay the ground for peace, security, stability and prosperity.

Priority Designation	Requirements
A - high	\$635,200,117
B - medium	\$29,273,571
Total	\$664,473,688



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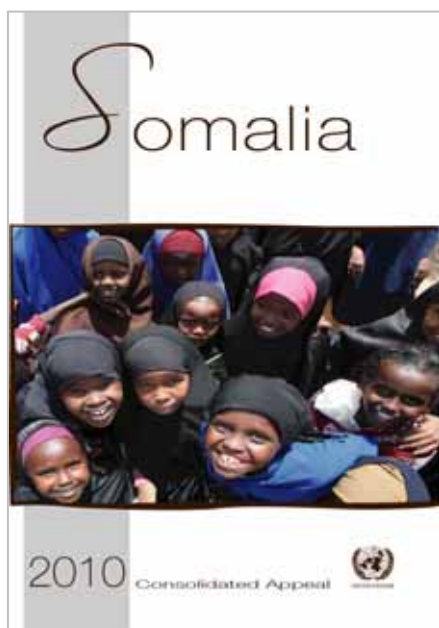
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The year 2010 will not only mark 18 years of conflict for Somalia, but will also herald the first generation of Somali children who come of age without ever having lived through a single year of peace. Protracted conflict, economic collapse, and drought continued to drive the humanitarian crisis in Somalia in 2009, resulting in increased population displacement, greater urban vulnerability, already-weak health services being further stretched, and widespread acute malnutrition. This was set against a backdrop of irregular and shrinking humanitarian access that resulted from continuing violence in the areas of Somalia with the most pressing humanitarian needs. According to the latest seasonal assessment, the number of people in need of emergency humanitarian and livelihood support increased by 13% from January to September 2009. During the same period, internal displacement also increased by 16%. Remittances from the diaspora, normally over \$1 billion, are down by 25% due to the global recession. Drought

conditions have continued to deepen in many parts of South and Central Somalia and have expanded to areas in Puntland and Somaliland.

Lessons learned in 2009 have already been incorporated into an evolving and flexible response strategy for the coming year. While emergency programmes will continue to be the centre of response activities, strategies to support Somalis' coping mechanisms and to prevent them from further depleting their nominal assets will have greater prominence. Priorities for 2010 will therefore include increased capacity-building for Somali partners and, where possible, a livelihoods approach to emergency programming.

Operational realities in Somalia include insecurity, irregular access to populations in need, implementation of projects through local partners, high operating costs, and frequent changes in leadership at the local level particularly in South Central areas. These will require constant analysis and adjustment to strategies. In 2010, the humanitarian community needs to be more adept at risk analysis and carefully weigh risks against the imperative of responding to acute needs.

Consolidated Appeal for Somalia: Key parameters	
Key milestones in 2010:	<i>Deyr</i> (Oct-Dec) and <i>Gu</i> (April-June) rains; political developments; the security situation, especially in Mogadishu; elections in Somaliland
Target beneficiaries:	3,640,000 total (urban/rural), including 910,000 in Humanitarian Emergency, 1,180,000 in Acute Food and Livelihood Crisis and 1,550,000 internally displaced
Total funding request:	Funding request per beneficiary:
\$689,008,615	\$189



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Humanitarian Appeal 2010

Coordination and leadership through the Humanitarian Country Team and clusters will continue to be essential to ensure the delivery of emergency assistance and basic services. Building on the lessons of the last year, monitoring and evaluation will continue to be strengthened at all levels through a three-tiered approach designed to improve the accountability and transparency of humanitarian operations.

Cluster	2010 funding requirements
Agriculture and Livelihoods	\$42,688,583
Education	\$23,440,282
Enabling Programmes	\$11,113,722
Food Aid	\$332,703,314
Health	\$46,444,869
Logistics	\$33,042,357
Nutrition	\$41,977,303
Protection	\$51,530,233
Shelter and NFIs	\$58,087,544
Water, Sanitation and Hygiene	\$47,980,408
Total	\$689,008,615

The Humanitarian Country Team endorsed four strategic priorities to guide humanitarian action in 2010 (a refinement of those agreed in 2009). They reinforce the importance of incorporating a strengthened livelihood approach to aid delivery in Somalia using the Food and Agriculture Organization of the United Nations/Food Security and Nutrition Analysis Unit's (FAO/FSNAU) needs analysis to identify and target populations in need. The Somalia strategic priorities for 2010 are to:

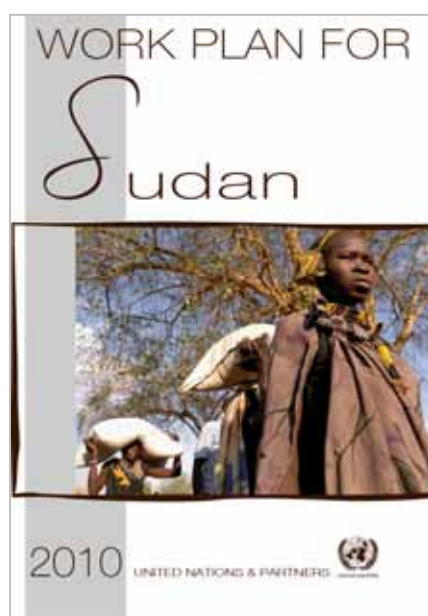
1. Provide life-saving humanitarian services to 910,000 people living in Humanitarian Emergency (HE) and the most vulnerable of the 1.55 million IDPs.
2. Protect and increase the social, economic, and environmental assets of 3.64 million people in crisis by means of livelihood-based humanitarian programming, with a focus on women, youth and those in Acute Food and Livelihood Crisis (AFLC), to prevent further deterioration into HE.
3. Provide vulnerable populations with a minimum package of basic services, with specific sensitivity to women's needs, through engagement of communities and, where possible, building local capacities.
4. Strengthen the protective environment for vulnerable populations, with a particular focus on women and youth, through advocacy, community mobilization, and access to services.

The Consolidated Appeal for Somalia seeks \$689,008,615 to address the most urgent humanitarian needs in Somalia during 2010. The appeal includes 174 projects coordinated by the nine clusters and Enabling Programmes, representing a reduction in the number of projects and a 19% reduction in requirements compared with 2009. A significant element of this reduction comes from a reassessment of the Food Aid Cluster requirements, with a revised estimate of target populations and the scale of rations required. This reduction is also the result of improved cluster coordination structures and processes, and rigorous project vetting. The projects in the 2010 CAP reflect the most urgent needs in Somalia and consider the feasibility of implementation.

Priority Designation	Requirements
A. HIGH	\$617,520,487
B. MEDIUM	\$55,486,317
C. LOW	\$16,001,811
Total	\$689,008,615

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The humanitarian situation in Sudan remains complex and dynamic, with wide variations in vulnerability and needs. Overall, the country continues to move towards peace and recovery, but formidable challenges persist. Recent political advances have not always translated into better lives for local people, and millions of Sudanese still live in extremely vulnerable conditions.

The 2010 Humanitarian Work Plan compiles 416 projects, requiring \$1.9 billion to conduct critical humanitarian and early recovery activities for the year. This figure is a 9% decline from 2009 funding requirements. 55% of the funding requirements in this year's Plan are for assistance to Darfur; requirements for Southern Sudan come to 27% of the total; and the remaining 18% covers activities in the Three Protocol Areas, the east and the north. All projects are focused on humanitarian and early recovery objectives.

The highest levels of vulnerability in Sudan continue to be concentrated in Darfur, Southern Sudan, along the north-south boundary and in pockets of the east. In Darfur, fighting has generally diminished, but rampant crime and banditry have exacerbated existing vulnerabilities and undermined humanitarian operations. Conditions in Southern Sudan deteriorated alarmingly in 2009, with 2,500 people killed and more than 350,000 displaced as a result of violence. Weak health service coverage across the region has left millions vulnerable to a wide range of communicable diseases and other health concerns, including infant and maternal mortality. Only one in five children are fully vaccinated in a region where non-governmental actors provide 80% of available health services (but manage to cover just 25% of the population). Food insecurity posed an additional threat, particularly in Southern Sudan, as did localized flooding and environmental degradation. In 2010, humanitarian programming will chiefly address the effects of violence, displacement, hunger, disaster and poor access to services. The operating environment will be challenged in many places by uneven access to people in need, weak infrastructure and poor security.

Humanitarian partners in Sudan will base their activities on four over-arching strategies:

- ◆ Saving lives and protecting civilians
- ◆ Support for recovery and peace
- ◆ Advocacy for the fulfilment of state responsibilities
- ◆ Building official and local capacity to respond to emergencies

Sector objectives for the year are linked to these four strategies. Stronger monitoring mechanisms will be in place for 2010 to measure progress on these objectives and, by extension, overall strategy implementation. Monitoring will be tied to specific, quantifiable indicators linked to sector objectives.

Planning for 2010 took a countrywide approach. This approach recognizes the existence of similar vulnerabilities in all priority areas. However, the humanitarian situation's rapid deterioration in Southern Sudan necessitated specific planning. Projects selected for the Work Plan were subsequently prioritized based on level of urgency, a process completed through peer review groups that focused on reaching people most at risk and filling geographic gaps in service.



Humanitarian Appeal 2010

Summary Sector Plans

Basic Infrastructure and Settlement Development (\$102 million, 1,240,700 beneficiaries)

- Improve infrastructure critical to humanitarian assistance and human settlements

Common Services and Coordination (\$97 million)

- Improve coordination and transport, logistics, security and information services. (Millions of indirect beneficiaries due to improved humanitarian reach and efficacy.)

Education (\$181 million, 810,400 children, youth and adult learners)

- Contribute to saving lives and peace-building via better access to basic education

Food Security and Livelihoods (\$864 million, estimated 6.2 million people)

- Deliver food assistance and promote livelihood and environmental sustainability

Health (\$120 million)

- Ensure vulnerable groups' access to health services, especially mothers and children
- 90% of health facilities providing basic services

Mine Action (\$78 million)

- Minimize the impact of explosive remnants of war on local people and aid delivery
- Target: 2,000 km of roads assessed and/or verified

Non-Food Items and Emergency Shelter (\$42 million, 280,000 families)

- Provide critical non-food items for basic survival and shelter to vulnerable people

Nutrition (\$87 million, target 584,000 in feeding programmes, mainly mothers and children)

- Improve nutrition services for vulnerable groups, especially mothers and children

Protection (\$83 million)

- Support the Government in meeting responsibility to protect civilians and promote rights
- Target: 2,500 Government staff trained and 10 million civilians' awareness raised

Return and Early Reintegration (Multi-sector) (\$90 million, 235,000 returning formerly displaced and refugees)

- Help the displaced return voluntarily or settle elsewhere, with support for communities

Water and Sanitation (\$134 million, 6.8 million people)

- Expand and maintain access to safe water, sanitation and hygiene services

Cluster	2010 funding requirements
Basic Infrastructure	\$101,771,576
Coordination and Common Services	\$97,130,154
Education	\$180,744,110
Food Security and Livelihoods	\$864,475,946
Health	\$119,640,272
Mine Action	\$77,756,100
NFIs/Emergency Shelter	\$41,651,208
Nutrition	\$86,839,419
Protection	\$83,455,035
Returns and Early Reintegration	\$90,406,921
Water, Sanitation and Hygiene	\$134,494,248
Total	\$1,878,364,989

Pressing humanitarian needs in Sudan should encourage full funding of programme requirements. Providing adequate, timely assistance represents a commitment not only to the alleviation of suffering, but to safeguarding hard-won gains that have contributed to greater stability in the country. Effective humanitarian action in Sudan will relieve suffering while supporting the creation of conditions conducive to peace-building.

Priority Designation	Requirements
A - HIGH	\$1,469,176,360
B - MEDIUM	\$245,664,242
C - LOW	\$163,524,387
Total	\$1,878,364,989

Contact

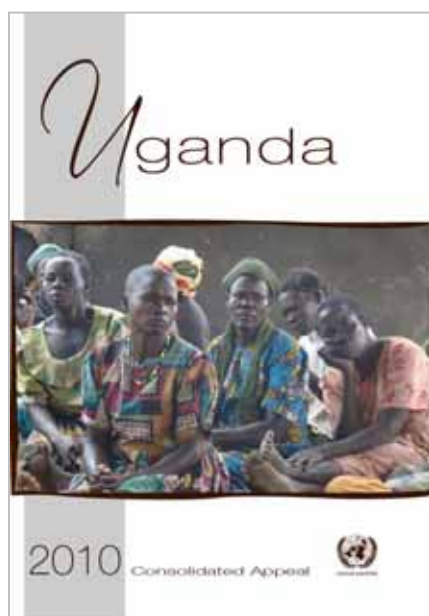
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The transition from humanitarian to recovery programming continues in northern Uganda, but takes place amid growing concern. The gains made following the 2006 Cessation of Hostilities agreement between the Government of Uganda and the Lord's Resistance Army (LRA) are in danger of unravelling. This is due to diminishing humanitarian programming that is unmatched by a significant increase in recovery programmes. Movements from camps to home or transit sites have steadily increased since the Cessation of Hostilities. These movements total 1.4 million, or approximately 80% of the original camp population in the region at the end of 2009. The large-scale returns indicate IDPs' growing confidence in sustainability of the current peace in northern Uganda, with the LRA moving its theatre of operation outside the border. However, for the 1.8 million affected, the situation on the ground can be characterized neither as an end of displacement nor the achievement of lasting Durable Solutions. Vulnerability persists, which requires ongoing humanitarian action alongside effective recovery and developmental programming.

Almost 400,000 people reside in camps in northern and eastern Uganda. The most pressing need for the extremely vulnerable, namely the elderly, women- or child-headed households, the disabled, children and the chronically ill, is support toward their attainment of Durable Solutions. It is imperative to address their heightened vulnerability to failed crops and hunger, land disputes, forcible evictions and insufficient social services. Their ultimate reintegration can only be effective through "the concerted efforts of returnee communities, local authorities and humanitarian actors."

Returning populations face significant challenges in transit locations and villages of origin. These challenges include the absence or inadequacy of basic services such as water, sanitation, health and education. For example, latrine coverage is as low as 29% in return areas of Amuru District. Unsurprisingly, communicable diseases such as hepatitis E remain uncontrolled and continue to spread, while fresh disease outbreaks, such as polio, have emerged. Growing conflicts over land and local governance weakness in dispute resolution and protection mechanisms further compound the situation. Left unaddressed, these challenges could jeopardise the transition from the humanitarian to the recovery phase in northern and eastern Uganda. A pointer to this risk was the 2009 food crisis, in which only half of the expected harvest was realized. This left more than 1 million people across the Acholi, Teso and Karamoja regions in critical need of relief food. The crisis was partially the result of the premature termination of general food assistance, coupled with weak agricultural production capacity due

Consolidated Appeal for Uganda: Key parameters	
Duration:	12 months (January – December 2010)
Key milestones in 2010:	Ongoing resettlement and repatriation
Target beneficiaries:	2 million
Total funding request:	Funding request per beneficiary:
\$197,284,395	\$99



Humanitarian Appeal 2010

to input deficits, and poor capacity in weather monitoring and forecasting.

A moderate El Niño is forecast between October 2009 and January 2010. This, combined with Uganda's high vulnerability to disasters such as floods and epidemic disease outbreaks, makes emergency preparedness and response central to humanitarian concerns in 2010. This is particularly relevant to Karamoja,

where the impact of climate change, coupled with insecurity and historical marginalization, has had devastating effects. Karamoja sub-region is in a perennial development crisis, to the point that it exhibits the worst humanitarian indicators in the country. A fourth successive year of drought has heightened food, nutritional and livelihood insecurity, further aggravating the vulnerability of the human population and livestock in this largely pastoralist region. Karamoja remains saddled with the humanitarian consequences of chronic under-development. It exists against a backdrop of limited livelihood options; negligible basic service infrastructure; weak local governance and rule of law structures; and continuing disarmament operations by the Uganda People's Defence Forces (UPDF).

Cluster	2010 funding requirements
Coordination	\$2,678,159
Education	\$1,911,645
Emergency Preparedness and Response	\$7,050,552
Food Security and Agricultural Livelihoods	\$67,911,112
Health and HIV/AIDS	\$12,919,670
Nutrition	\$7,351,725
Protection	\$16,896,515
Refugees	\$66,598,667
Water and Sanitation	\$13,966,350
Total	\$197,284,395

The Uganda CAP 2010 maintains the strategic goals of its predecessor, focusing on the distinct humanitarian needs remaining in the Acholi, Teso and Karamoja regions, even as the primacy of recovery programming is acknowledged. The strategic objectives are:

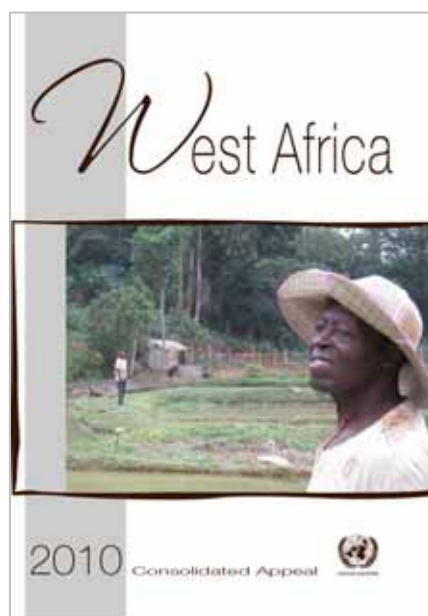
- *To supplement Government efforts to save lives and alleviate suffering:*
 - *as the basis for creating the conditions to achieve Durable Solutions in Acholi and Teso;*
 - *in respect and promotion of human rights and in planning appropriate development strategies in Karamoja.*
- *To enhance food and nutritional security to save lives, alleviate suffering and kick-start livelihoods.*
- *To contribute to strengthening district capacity for emergency preparedness and response.*

For 2010, the humanitarian community in Uganda is requesting **\$197 million** to address the humanitarian needs of some 2 million food-insecure people across northern and eastern Uganda; up to 400,000 residual IDPs in the Acholi, Teso and West Nile regions; and 145,000 refugees in the West Nile and south-western regions of the country.

Priority Designation	Requirements
Priority A	\$102,511,797
Priority B	\$87,022,046
Priority C	\$7,750,552
Total	\$197,284,395

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Responding to humanitarian emergencies in West Africa is challenging due to the region's diverse crises. Each crisis is complex, severe and affects the population's coping capacities. At least 139 million people live in extreme poverty in West Africa. These people are particularly vulnerable to overall food insecurity, the effects of recurrent and regular natural disasters, and cyclical epidemics compounded by climate change and socio-political instabilities.

Trends such as transnational criminal activities, ranging from drug trafficking to terrorism, also threaten the region's stability. The result is that hundreds of thousands of households live under constant threat of tipping into acute vulnerability.

Considering the particularities of the West African context, participants of the 2010 regional CAP workshop, held in Dakar during September 2009, agreed that the priority axes for humanitarian action in West Africa should focus on

responding to acute vulnerabilities and strengthening population resilience to risks.

To achieve these priorities, the following four strategic objectives were identified:

1. Reduce excess mortality and morbidity in crisis situations
2. Reinforce livelihoods of the most vulnerable people severely affected by slow or sudden-onset crises
3. Improve protection of vulnerable people
4. Strengthen national and regional coordination

The regional sector response plans developed for the 2010 CAP encompass the strategic objectives and take into account the scenarios envisioned by the humanitarian community.

The activities proposed in the response plans are based on a new approach adopted by sectoral working groups to identify humanitarian thresholds and indicators. The new approach aims to provide humanitarian actors with a comprehensive overview of the humanitarian situation throughout the West Africa region; allow for improved identification of needs; and provide early indication on humanitarian risks and triggers for emergency humanitarian response and activities. This innovative approach will span several CAP cycles and will continuously be improved through methodological adjustments.

The 2010 response plans target delivery of assistance to an estimated 5.9 million food-insecure people and more than 290,000 children suffering from acute malnutrition. More than 1 million people living in flood-, drought- and epidemic-prone areas will directly benefit from health and water sanitation interventions. Protection activities will target an estimated 800,000 people.



The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations. Map created 05 November 2007.

Humanitarian Appeal 2010

The financial requirements of the 2010 CAP for West Africa amount to \$369 million. This is an decrease of 9% compared to the 2009 CAP's current annual requirements.

The portion of the total requirements dedicated to high-priority projects represents approximately 71%. The remaining requirements are dedicated to projects rated medium priority.

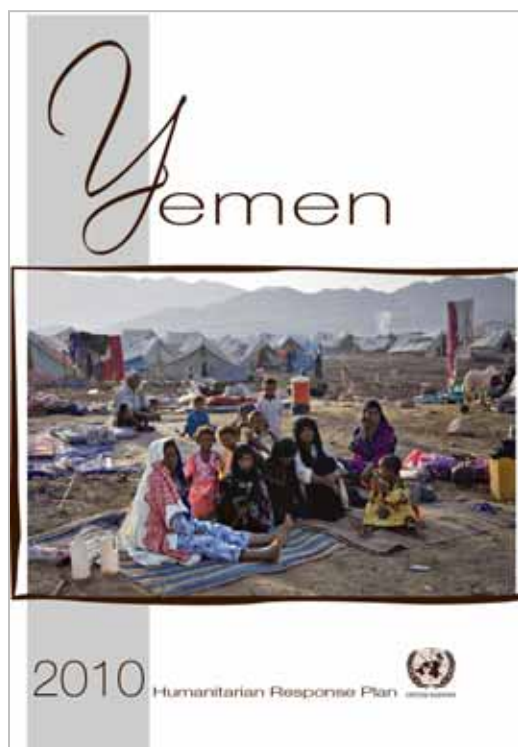
Cluster	2010 funding requirements
Coordination / Information Management and Support Services	\$39,197,099
Emergency Preparedness	\$5,348,810
Food Security and Nutrition	\$198,631,847
Health	\$23,134,093
Protection	\$86,689,424
Water, Sanitation and Hygiene	\$15,621,203
Total	\$368,622,476

The 2010 CAP for West Africa includes 129 United Nations and NGO projects for Benin, Burkina Faso, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Togo, plus projects with a regional coverage.

Priority Designation	Requirements
HIGH	\$263,335,845
MEDIUM	\$102,791,391
NOT SPECIFIED	\$2,495,240
Total	\$368,622,476

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The 2010 Yemen Humanitarian Response Plan is the first consolidated humanitarian appeal for the country. Its overall aim is to respond to a series of acute and chronic humanitarian needs that have been triggered, or in some cases exacerbated, by the armed conflict that escalated in August 2009 between the Government and Al Houthi rebels in the north of the country, and which expanded to include tribal and international actors. The humanitarian situation rapidly deteriorated as tens of thousands of civilians were uprooted, adding to those already displaced by previous rounds of fighting. In the early aftermath, it was estimated that 150,000 people could be displaced, many of them for a second or third time. The coping mechanisms of displaced people and host communities have been exhausted, and needs are extensive for food, water and sanitation, shelter, and health care. Restricted humanitarian access has limited agencies' ability to provide regular assistance and hampered needs assessments.

The situation in Yemen is becoming increasingly complex as the country faces a series of compounded emergencies. Yemen suffers from chronic underdevelopment, and is both a low-income, food-deficit country and one of the world's least developed, suffering from weak infrastructure, widespread poverty and unemployment, rapid population growth, low education indicators and high gender disparities. Families with limited coping mechanisms have seen them further stretched by a series of crises – including high food prices, economic downturn, conflict, and climate change – leaving them increasingly vulnerable. An estimated 48% of households in Yemen are food-insecure, and half of all children are chronically malnourished. It is likely that these already alarming levels of chronic food insecurity and malnutrition have only further deteriorated as a result of the complex situation. Any delay in responding to the humanitarian challenges could put at risk some of the gains made by Yemen and international community over recent years.

Structural factors have limited agricultural growth and the country is now a net food importer, importing 90% of wheat and 100% of rice – the two staple commodities. Dependence on imports has rendered Yemen vulnerable to fluctuations in the international market, and by the peak of the high-food-price crisis in 2008 prices had more than doubled. Although prices have declined

Yemen Humanitarian Response Plan Key parameters	
Duration:	12 months (January – December 2010)
Target beneficiaries	1.3 million food insecure 200,000 IDPs 162,362 refugees
Total funding requested	Funding request per beneficiary
\$177,428,417	\$107



Humanitarian Appeal 2010

since the peak, they have not returned to pre-crisis levels. As the country began to recover from high food costs, it was struck by the global economic downturn and declining fuel prices, reducing remittances to the country as well as the Government's revenue and subsequently its capacity to provide basic services.

The 2008 drought and irregular and out-of-season rainfall patterns in 2009 have meant that the

country is unable to replenish its rapidly depleting water supply, which has already resulted in population migration, and increasingly detrimental effects on the livelihoods of rain-fed subsistence farmers. In October 2008, flash floods destroyed over 3,500 homes and affected the livelihoods of hundreds of thousands of people in eastern Yemen, and led to a Flash Appeal. While sufficient relief goods were delivered in the immediate aftermath of the emergency from neighbouring states and the UN, only 44.5% of the \$11 million Flash Appeal was funded, and major recovery needs remained mostly unaddressed.

Three key strategic priorities have been identified to guide humanitarian action in 2010:

1. Provide life- and livelihood-saving humanitarian assistance to the most vulnerable populations affected by man-made and natural disasters
2. Address protracted humanitarian and recovery needs, including emergency levels of malnutrition country-wide and post-emergency needs in Sa'ada and Hadramout governorates
3. Strengthen the capacity of humanitarian actors and of key Government counterparts involved in service and assistance delivery

The requirements needed to attain the key priorities in 2010 will amount to \$177,428,417. Funding will allow agencies to provide life-saving and early recovery assistance to some 1.3 million food-insecure people, including an estimated 200,000 IDPs from the conflict in Sa'ada, as well as to 162,362 refugees mostly from the Horn of Africa. Planned operations address transitory needs due to shocks as well as the root causes of hunger and poverty, all the while contributing to the stability of the country. Lack of funding could potentially result in increased displacement and suffering as well as continued underdevelopment.

Cluster	2010 funding requirements
Coordination and Support Services	\$4,854,655
Early Recovery	\$8,262,509
Food & Agriculture	\$45,228,610
Health	\$22,714,973
Multi-Sector (Refugee Response)	\$23,750,341
Nutrition	\$30,333,047
Protection & Education	\$14,466,614
Shelter/NFI/CCCM	\$14,091,649
Water, Sanitation and Hygiene	\$13,726,019
Total	\$177,428,417

Priority Designation	Requirements
HIGH PRIORITY	\$162,704,799
MEDIUM PRIORITY	\$14,723,618
Total	\$177,428,417

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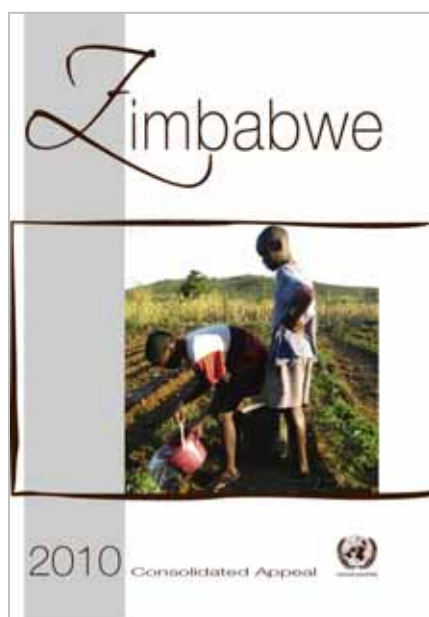
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Zimbabwe is experiencing a gradual shift from humanitarian crisis to recovery following political changes that positively affected socio-economic conditions. Following the economic downturn and political polarization that culminated in the protracted elections of 2008, an Inclusive Government was formed in February 2009. This development led to greater cooperation between the international humanitarian community and the Government of Zimbabwe, improvement in the country's socio-economic and humanitarian situation, and improved humanitarian access to vulnerable populations.

While there is some reason for cautious optimism, it should not distract from Zimbabwe's structural problems. In 2010, an estimated 6 million vulnerable people will continue to feel the impact of the erosion of basic services and livelihoods over the past years. Cholera re-emerged in October 2009. The outbreak in 2008/09 affected 55 out of the 62 districts, with 98,531 cases and 4,282 deaths. Despite improvements

in food security, the country still faces a substantial national cereal deficit and an estimated 1.9 million people will need food assistance at the peak of the 2010 hunger season (January-March). The country has the fourth-highest crude mortality rate in Africa. The HIV/AIDS prevalence rate is one of the highest in the world, despite a recent drop to 13.7%. Some 1.2 million people live with the virus, and 343,600 adults plus 35,200 children under age 15 urgently need anti-retroviral treatment. Access to safe water and sanitation remains a major problem for millions of Zimbabweans. Child malnutrition is a significant challenge to child survival and development. 33% of children under age 5 are chronically malnourished and 7% suffer from acute malnutrition. The education sector is characterised by severe shortages of essential supplies, high staff turnover and sporadic teachers' strikes. This particularly affects Zimbabwe's 1.6 million orphaned and vulnerable children, including more than 100,000 child-headed households.

Humanitarian assistance to IDPs, child protection issues, and prevention of and response to gender-based violence remain areas of concern, despite some positive development in the past year. (IDPs were the subject of a joint Government-UN assessment in August 2009 whose results

Consolidated Appeal for Zimbabwe: Key parameters	
Key dates in 2010:	'Hunger season' January-March Main Harvest: March/April Planting season: October/November
Target beneficiaries	<ul style="list-style-type: none"> - 1.9 million food-insecure; - 6 million people with no access to basic water sanitation and hygiene services; - 1.2 million people living with HIV/AIDS; - 1.6 million orphans and vulnerable children, including 100,000 child-headed households; - 650,000 communal farmers.
Total funding requested	Funding request per capita:
\$378,457,331	\$31



Humanitarian Appeal 2010

are not yet finalised. Significant numbers of people have been forced from their habitual residence after losing their livelihoods or employment, or other disruptions.) The need to support 'humanitarian plus' or early recovery programmes is highlighted by the deterioration in existing infrastructure and loss of employment opportunities. This accelerates the country's brain drain, affects social capital and creates obstacles for meaningful and speedy economic revival. Emigration and the consequent remittances continue to be the main survival strategy for many families.

Cluster	2010 funding requirements
Agriculture	\$107,051,070
Coordination and Support Services	\$4,597,603
Early Recovery	\$4,966,350
Education	\$35,324,491
Food	\$58,669,500
Health	\$63,996,718
Multi-Sector	\$24,814,542
Nutrition	\$11,995,343
Protection	\$20,850,662
Water, Sanitation and Hygiene	\$46,191,052
Total	\$378,457,331

The Consolidated Appeal Process is a planning and resource mobilization tool primarily for emergency response. The CAP 2010 continues to be aligned with the priorities of the Government's Short-Term Economic Recovery Programme (STERP) and includes early recovery and "humanitarian plus" interventions. These activities are recovery in nature, but in the context of Zimbabwe are considered time-critical and life-saving, such as repairs to water and sanitation systems, and incentive payments to civil servants. Humanitarian partners have observed the international community's increased engagement on recovery and transition planning allowing for continued "humanitarian plus" activities into 2010.

Humanitarian partners in Zimbabwe have identified the following four major strategic objectives for 2010:

1. Save and prevent loss of lives by providing humanitarian assistance to vulnerable groups
2. Support the populations in acute distress through delivery of quality, essential basic services
3. Support the restoration of livelihoods and food security by preventing the depletion of productive household assets in crisis situations, and by supporting "humanitarian plus" and early recovery
4. Strengthen the capacity at the local level for coordinating and implementing essential recovery activities, incorporating disaster-risk reduction frameworks

To address the above-mentioned needs, **\$378,457,331** is requested for 2010. This request is made by **76** appealing agencies including United Nations agencies, inter-governmental organizations, international and national NGOs, and community and faith-based organizations.

Priority Designation	Requirements
HIGH	\$343,683,764
MEDIUM	\$34,773,567
Total	\$378,457,331

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ANNEX: DETAILED TABLES OF FUNDING FOR 2009 AND REQUIREMENTS FOR 2010

2009 Consolidated & Flash Appeals Summary of requirements and contributions per Appeal

as of 12 November 2009

Compiled by OCHA on the basis of written statements from donors and appealing organizations.

Appeal	Original Requirements	Revised Requirements	Funding	% Requirements Covered	Unmet Requirements	Uncommitted Pledges	Humanitarian Funding outside CAP	Inside CAP as % of Total	Total Humanitarian Aid to the Crisis
Values in US\$	A	B	C	C/B	B-C		D	C/F	F (=C+D)
Afghanistan HAP	603,981,153	664,923,055	466,499,383	70%	198,423,672	1,675,347	144,269,122	76%	610,768,505
Burkina Faso Flash Appeal	18,449,092	18,449,092	5,324,726	29%	13,124,366	1,189,573	5,056,527	51%	10,381,253
Central African Republic CAP	116,480,737	100,447,041	67,906,367	68%	32,540,674	-	5,225,369	93%	73,131,736
Chad CAP	388,940,350	400,558,371	268,828,896	67%	131,729,475	350,000	51,546,541	84%	320,375,437
Côte d'Ivoire CAP	37,079,995	36,664,513	19,111,014	52%	17,553,499	-	526,094	97%	19,637,108
Dem. Rep. of the Congo CAP	831,005,682	946,252,242	594,494,348	63%	351,757,894	2,255,233	46,891,348	93%	641,385,696
El Salvador Flash Appeal	13,125,999	13,125,999	-	0%	13,125,999	-	2,150,556	0%	2,150,556
Iraq and the region CAP	547,342,759	650,220,367	401,737,419	62%	248,482,948	8,000,000	139,415,342	74%	541,152,761
Kenya Emergency HRP	388,818,692	580,541,290	369,124,184	64%	211,417,106	1,840,708	39,062,994	90%	408,187,178
Lao PDR Flash Appeal	10,153,872	10,153,872	4,285,957	42%	5,867,915	-	934,933	82%	5,220,890
Madagascar Flash Appeal	35,732,550	22,347,522	15,796,620	71%	6,550,902	268,817	2,002,236	89%	17,798,856
Namibia Flash Appeal	2,724,380	7,071,951	2,275,081	32%	4,796,870	-	1,716,671	57%	3,991,752
occupied Palestinian territory CAP	463,363,555	804,522,005	564,265,075	70%	240,256,930	6,246,489	141,656,204	80%	705,921,279
Pakistan HRP	55,102,503	680,070,527	481,928,310	71%	198,142,217	100,000,000	167,138,244	74%	649,066,554
Philippines Flash Appeal	74,021,809	143,774,080	30,957,244	22%	112,816,836	280,982	24,612,324	56%	55,569,568
Somalia CAP	918,844,550	851,842,253	512,905,941	60%	338,936,312	3,418,078	59,844,989	90%	572,750,930
Sri Lanka CHAP	155,536,622	270,054,632	184,209,433	68%	85,845,199	361,464	57,749,223	76%	241,958,656
Sudan Work Plan	2,189,169,042	2,111,251,778	1,406,962,299	67%	704,289,479	2,756,113	138,877,221	91%	1,545,839,520
Uganda CAP	225,288,099	247,000,305	163,257,131	66%	83,743,174	1,903,042	23,138,711	88%	186,395,842
West Africa CAP	361,040,474	404,372,116	249,345,583	62%	155,026,533	1,206,792	17,214,056	94%	266,559,639
Yemen Flash Appeal	23,750,000	23,100,000	11,646,218	50%	11,453,782	885,311	16,954,259	41%	28,600,477
Zimbabwe CAP	549,680,117	719,392,639	434,199,407	60%	285,193,232	1,255,982	184,520,937	70%	618,720,344
TOTAL	8,009,632,032	9,706,135,650	6,255,060,636	64%	3,451,075,014	133,893,931	1,270,503,901	83%	7,525,564,537

Humanitarian Appeal 2010

2010 Appeals
Summary of requirements by Appeal and appealing organization
as of 12 November 2009

Compiled by OCHA on the basis of information provided by the respective appealing organization.

Appealing Organization	Afghanistan	Central African Republic	Chad	Democratic Republic of Congo	Kenya	occupied Palestinian territory	Somalia	Sudan	Uganda	West Africa	Yemen	Zimbabwe	TOTAL
	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$
BONUCA		409,700											409,700
FAO	20,314,060	2,092,558	7,794,000		13,750,000	10,621,576	21,244,500	59,773,500	10,206,000	35,878,906	11,847,000	29,238,608	222,760,708
ILO						679,300	2,250,676						2,929,976
IOM	13,618,465				12,002,901		3,975,000	53,759,847	2,039,362	8,770,608	7,283,860	34,796,091	136,246,134
IRIN						481,315							481,315
MAPA	244,400,000												244,400,000
OCHA	9,928,795	2,331,073	4,866,205		2,430,971	7,028,694	6,728,561	17,444,789	2,678,159	8,808,091	1,591,715	4,128,124	67,965,177
ORCHC										350,000			350,000
UNAIDS			1,000,000										1,000,000
UNAMA	176,491												176,491
UNDP		221,490	3,340,000		300,000	23,385,390	6,741,000	14,172,780			3,460,000		51,620,660
UNDSS							4,385,161	2,499,600			1,925,000	163,479	8,973,240
UNEP								3,650,378					3,650,378
UNESCO	110,712	241,882				1,096,600	394,050	3,449,838				1,281,481	6,574,563
UNFPA	1,438,224	1,630,239	1,923,500		856,000	4,636,100	1,678,400	10,630,158	1,658,500	10,479,765	1,573,909	12,896,262	49,401,057
UNFPA/UNAIDS								750,000					750,000
UN-HABITAT						2,375,913	10,630,000	4,332,623					17,338,536
UNHAS								63,429,697					63,429,697
UNHCHR			500,000						437,557				1,491,457
UNHCR	104,751,062	11,472,369	161,629,607		152,029,700		65,466,490	168,086,939	54,493,653	88,686,003	35,462,701	8,365,300	850,443,824
UNICEF	15,595,594	12,317,590	50,344,252		22,980,345	21,781,874	64,149,062	164,702,360	20,265,576	73,390,924	19,007,276	97,079,800	561,614,653
UNIFEM						2,173,219	545,700	1,211,620					3,930,539
UNJLC (WFP)								10,000,000					10,000,000
UNMAS						3,395,038	3,307,914	62,852,100					69,555,052
UNOPS	7,622,995					420,755	7,050,000	53,800,000					68,893,750
UNRWA						323,319,372							323,319,372
WFP	347,542,420	29,717,076	173,405,665		247,729,947	150,047,354	364,669,268	911,657,247	67,118,020	120,326,390	57,336,977	58,206,000	2,527,756,364
WHO	7,088,838	5,801,433	3,434,251		6,357,940	2,780,475	16,588,313	30,193,660	7,049,612	10,042,705	19,411,500	6,142,430	114,891,157
NGOs	97,973,605	46,401,093	42,916,285		50,028,323	110,178,128	108,723,205	241,153,053	31,337,956	11,889,084	18,528,479	126,159,756	885,288,967
Red Cross/ Red Crescent		978,850						814,800					1,793,650
TOTAL	870,561,261	113,615,353	451,153,765	827,616,628	508,466,127	664,473,688	689,008,615	1,878,364,989	197,284,395	368,622,476	177,428,417	378,457,331	7,125,053,045
TARGETED BENEFICIARIES	7,020,000	1,621,183	1,213,000	2,000,000	4,933,238	3,149,529	3,640,000	6,800,000	3,945,000	5,900,000	1,462,362	6,000,000	47,684,312

Not presented as agency-specific projects





Consolidated Appeal Process (CAP)

The CAP is a tool for aid organisations to jointly plan, coordinate, implement and monitor their response to disasters and emergencies, and to appeal for funds together instead of competitively.

It is the forum for developing a strategic approach to humanitarian action, focusing on close cooperation between host governments, donors, non-governmental organisations (NGOs), the International Red Cross and Red Crescent Movement, International Organization for Migration (IOM), and United Nations agencies. As such, it presents a snapshot of the situation and response plans, and is an inclusive and coordinated programme cycle of:

- Strategic planning leading to a Common Humanitarian Action Plan (CHAP);
- Resource mobilisation leading to a Consolidated Appeal or a Flash Appeal;
- Coordinated programme implementation;
- Joint monitoring and evaluation;
- Revision, if necessary;
- Reporting on results.

The CHAP is the core of the CAP – a strategic plan for humanitarian response in a given country or region, including the following elements:

- A common analysis of the context in which humanitarian action takes place;
- An assessment of needs;
- Best, worst, and most likely scenarios;
- A clear statement of longer-term objectives and goals;
- Prioritised response plans, including a detailed mapping of projects to cover all needs;
- A framework for monitoring the strategy and revising it if necessary.

The CHAP is the core of a Consolidated Appeal or, when crises break out or natural disasters strike, a Flash Appeal. Under the leadership of the Humanitarian Coordinator, and in consultation with host Governments and donors, the CHAP is developed at the field level by the Humanitarian Country Team. This team includes IASC members and standing invitees (UN agencies, the International Organization for Migration, the International Red Cross and Red Crescent Movement, and NGOs that belong to ICVA, Interaction, or SCHR), but non-IASC members, such as national NGOs, can also be included.

The Humanitarian Coordinator is responsible for the annual preparation of the consolidated appeal document. The document is launched globally near the end of each year to enhance advocacy and resource mobilisation. An update, known as the Mid-Year Review, is presented to donors the following July.

Donors generally fund appealing agencies directly in response to project proposals listed in appeals. The **Financial Tracking Service (FTS)**, managed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is a database of appeal funding needs and worldwide donor contributions, and can be found on www.reliefweb.int/fts.

In sum, the CAP is how aid agencies join forces to provide people in need the best available protection and assistance, on time.

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