MAKING LIVES BETTER

OCHA serves the world’s most vulnerable people through its staff based in offices around the world.

Humanitarian response in 2020 was like no other year.

In the words of UN Secretary-General António Guterres, the world was confronting the “biggest international challenge since the Second World War.”

OCHA helped mobilize $3.8 billion for response efforts including the Global Humanitarian Response Plan for COVID-19, which it coordinated to target more than 260 million people globally.

OCHA teams negotiated on issues such as access, respect for humanitarian principles, and protection of civilians and aid workers to ensure that affected people received life-saving relief on time.

OCHA’s pooled funds provided $1.8 billion to hundreds of UN and national and international non-governmental organizations and facilitated their work.
Responding to the pandemic’s impact

2020 was a year like no other. Amid ongoing humanitarian crises largely fuelled by conflict, violence and the effects of climate change, the world battled with a global pandemic. Between March and December, there were more than 82 million COVID-19 cases and nearly 2 million deaths.

To address the pandemic’s immediate humanitarian consequences and help vulnerable countries respond, the UN issued the Global Humanitarian Response Plan (GHRP) for COVID-19 in March 2020. It was a joint Inter-Agency Standing Committee (IASC) effort, coordinated by OCHA and supported by partners.

Thirty per cent of global COVID-19 cases and 39 per cent of deaths were in GHRP countries in 2020. The GHRP initially requested $2 billion, but as the pandemic evolved and its consequences reverberated in vulnerable settings, it was updated twice to cover 63 countries and the request significantly increased to $9.5 billion. By 31 December, donors had generously provided $3.8 billion through the GHRP.

Beyond the pandemic’s immediate health impacts, its secondary impacts were particularly grievous in humanitarian settings and reinforced by pandemic-related travel and movement restrictions.
Lockdowns, market volatility, supply chain disruptions and labour movement restrictions due to border closures drastically increased food insecurity, plunging more than 270 million people worldwide into acute food insecurity by the year’s end.

Gender-based violence (GBV) increased sharply as schools and safe spaces were closed and women and girls were trapped with their aggressors during lockdowns. Some countries recorded a 700 per cent increase in calls to GBV hotlines in the months after the pandemic began.

Essential health services for the most vulnerable people were also disrupted due to the pandemic. By December, 35 GHRP countries (56 per cent) had postponed at least one mass-immunization campaign for a vaccine-preventable disease due to COVID-19.¹

Health service disruptions also led to a 30 per cent reduction in the global coverage of essential nutrition services, leaving nearly 7 million additional children at risk of acute malnutrition. School closures saw the loss of an important early intervention opportunity for protection, mental health and psychosocial support, and nutrition programmes.

Economic contractions worldwide caused the first increase in extreme poverty since 1998. Between 119 million and 124 million people could fall back into extreme poverty due to the pandemic, with an additional increase of between 24 million and 39 million people in 2021. This potentially brings the number of additional people living in extreme poverty to between 143 million and 163 million.²

The plan’s impact
Despite mobility restrictions, humanitarian workers quickly adapted and innovated measures to honour the IASC pledge to stay and deliver aid to the most vulnerable people.

In the Central African Republic (CAR), for example, humanitarian organizations re-organized camps for internally displaced persons (IDPs), creating zones to isolate COVID-19 cases and moving families with cases into special zones within camps to provide specific and specialized assistance.

Thanks to funds raised by OCHA, a home delivery eShop was established in Somalia by partner the World Food Programme (WFP), which became a key organization in the pandemic response. With the eShop smartphone app, affected people can redeem their entitlement online, from their homes. The app is now deployed throughout Somalia, with 47,000 users and more than 1,200 retailers.

In Afghanistan, OCHA, WFP and the Cash and Voucher Working Group engaged with the World Bank for a complementary national cash/food assistance programme, which aimed to reach vulnerable people with social safety nets.

Highlights of assistance provided through the GHRP with OCHA-mobilized resources include:

- Eighty-seven per cent of GHRP countries (55 out of 63) received personal protective equipment.
- All GHRP countries received GBV prevention messaging.
- At least 129 million children in 60 GHRP countries benefited from virtual or home-based education.
- Essential health services were provided to 57 million people in 60 GHRP countries.

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¹ This is an improvement from June 2020, when 70 per cent of GHRP countries had at least one mass-immunization campaign affected.

• In 61 GHRP countries, 39.4 million refugees, IDPs and migrants particularly vulnerable to the pandemic received assistance.

Livelihood support was provided through cash-based transfers, skills training and agricultural inputs. Examples include:

• Additional cash and/or food assistance was provided to more than 1 million Palestine refugees across five fields of operation through UNRWA.

• More than 1.2 million people in 47 GHRP countries received livelihood support, including cash-based assistance, through the International Organization for Migration (IOM).

• The Food and Agriculture Organization (FAO) delivered livelihoods support (e.g. cash transfers, agricultural inputs and technical assistance) to over 4 million households, or nearly 24 million people, 46 per cent of whom were women.

• More than 764,000 people received food assistance, more than 559,700 people received cash/voucher assistance and almost 596,890 people received cash assistance in 23 GHRP countries through Care International.

GHRP funding helped establish the Global Common Services to mobilize humanitarian staff and cargo and overcome travel restrictions. This enabled WFP to transport almost 28,000 health and humanitarian personnel, from 426 organizations, between March 2020 and January 2021.

The GHRP covered the period between March and December 2020, with the COVID-19 response integrated into ‘regular’ Humanitarian Needs Overviews (HNOs) and Humanitarian Response Plans (HRPs) for 2021. Country teams worked to align the humanitarian response with other ongoing or planned pandemic responses, particularly with development partners. This enabled COVID-19 and non-COVID-19 humanitarian responses to be reflected together in the Global Humanitarian Overview (GHO) for 2021. This integration also signalled the synchronization of COVID-19 and non-COVID-19 funding requirements and reporting under the regular Humanitarian Programme Cycle (HPC).
Real-life heroes honoured in World Humanitarian Day campaign

Front-line humanitarian heroes who save and protect lives despite conflict, insecurity, lack of access and COVID-19 were the focus of the 2020 OCHA-led World Humanitarian Day (WHD) campaign.

Using the hashtag #RealLifeHeroes, the campaign brought many heroes’ stories to life. It defined ‘hero’ to include local aid workers, who embody heroic qualities – strength, resilience, bravery, perseverance and commitment – to help others, despite often being in need themselves. The campaign gave special attention to their dedication and self-sacrifice, and to their ongoing commitment to bring food, shelter, health care, protection and hope to others amid conflict, displacement, disaster and disease.

WHD social media content peaked on Twitter at #18 globally, #6 in the USA, #2 in Sweden and Pakistan, and #1 in Switzerland. There was strong engagement from young people, who expressed support for humanitarian action.

Heads of State (including French President Macron and Canadian Prime Minister Trudeau), Governments, donor agencies, the private sector and influencers also rallied around the campaign, with notable endorsements from UN Children’s Fund (UNICEF) Goodwill Ambassador Priyanka Chopra, UN Messenger of Peace Michael Douglas, and tennis champion Novak Djokovic.

The WHD platform (worldhumanitarianday.org), stories and visuals were shared in more than 136 countries, and the centrepiece film, titled ‘What makes heroes heroes?’, was viewed by over 1.3 million people.

The campaign received global traditional media coverage, including from Al Jazeera, Devex and Thomson Reuters, with more than 2,000 articles noting WHD’s significance and the importance of front-line humanitarian workers.

OCHA’s regional and country offices worked with partners and national media to promote their own #RealLifeHeroes and humanitarian issues in local languages, including through photo exhibits, billboards, news articles, and radio and television broadcasts.
Gearing up for COVID-19

The pandemic forced the UN to operate in a different way, including by working remotely. OCHA was already well prepared for this.

From providing remote support to dealing with hurricanes and helping forcibly displaced people, to evacuating aid workers who needed emergency medical care, OCHA staff found ways to keep working to help those who needed it most through the pandemic.

Despite the hurdles, there were also opportunities to work more collaboratively.

**Smooth transition to a remote work environment**

OCHA transitioned to a fully remote work environment in 2020, thanks to extensive work already under way since 2018 to modernize communication and collaboration tools. OCHA was the first UN Secretariat entity to fully deploy the Office 365 suite of internal collaboration and communications tools. Despite logistical difficulties with providing consistent Internet access in many OCHA locations by June, its adoption rate of the core Office 365 tools was almost 100 per cent.

**COVID-19 REMOTE COLLABORATION**

**STAFF USE OF ONLINE TOOLS**

- **Microsoft Teams**: 94%
- **SharePoint**: 94%
- **OneDrive**: 90%

Despite the pandemic, OCHA staff continued to deliver. OCHA Director of Operations Reena Ghelani (third from left) is on her way to listen to displaced people and their host families in Drodro, Djugu Territory, DRC. Credit: OCHA/Ivo Brandau
Remote surge support
OCHA’s Information Management Branch invested considerable effort in providing remote support to field operations due to increased workloads and pandemic-related travel restrictions.

Remote surge was scaled up to support several OCHA country offices (Columbia, Ethiopia, the Philippines, Somalia and Sudan; and Humanitarian Advisory Teams in Azerbaijan, Guatemala and Honduras) and two regional offices that cover Latin America and the Caribbean (ROLAC), and Southern and Eastern Africa (ROSEA). This was in addition to the support provided by standby partners and regional offices and to other offices coping with multiple crises.

OCHA’s remote-support model helped field operations carry out essential work under extremely difficult circumstances and often at overstretched capacity. This work included vital tasks such as recruitment, creating infographics, and preparing data entry systems (especially on COVID-19-related activities) and funding analysis tools.

Staff welfare and duty of care
As staff had to work under exceptional circumstances, OCHA strengthened its counselling capacity: four clinical psychologists provided round-the-clock support in different time zones.

The OCHA Staff Welfare team was available at all times to support the mental health care of all staff, to navigate their many personal and professional challenges, and to address the impact of stress and anxiety caused by the pandemic.

UN system-wide medical evacuations
In response to the pandemic, OCHA worked jointly with a UN System-Wide Task Force on Medical Evacuations (MEDEVAC) to provide a much-needed safety net to its personnel and partners so they could stay in their duty stations and deliver. COVID-19 MEDEVACs, as a last resort, ensure the availability of life-saving airlifts and medical facilities to those who fall seriously ill and require a level of care not available in their location. Over 320 MEDEVAC requests had been made from almost 60 countries by 22 May 2021, which marked one year since the mechanism began. Successful replication of the structure to roll out the Front Line of Defense and UN vaccine deployment mechanisms is testament to the strength of the One UN partnership and its ability to work together in the face of unprecedented circumstances.

West Africa office supports hurricane response
Tropical Storm Eta and Hurricane Iota made landfall on 3 and 16 November, respectively. They hit Honduras, Guatemala, El Salvador and Nicaragua especially hard, affecting at least 7.3 million people across those countries. Flooding and landslides damaged or destroyed thousands of homes and key infrastructure in nine countries.

A simultaneous multi-country response required ongoing remote centralized coordination between in-country partners and support from regional offices and headquarters.

Surge deployments to Guatemala and Honduras quickly stretched ROLAC’s information management (IM) resources. When ROLAC’s regional IM Officer was deployed to Guatemala, OCHA’s Head of IM in the Regional Office for West Africa (ROWCA) stepped in remotely from Dakar to take up the regional IM coordination tasks. OCHA Dakar provided coherent and effective management of information products and requests throughout the response.
IM work in an emergency is key: from data collection and analysis to reporting, there is a need to ensure 24/7 coverage, and remote surge allowed for that. What normally is a weakness – time difference – with remote support became a strength: the team in Panama could get some rest knowing that the team in Dakar was taking over.”

Roberto Colombo-Llimona, Head of IM, OCHA ROWCA

“In a disaster-prone region... IM work becomes more complex – from supporting individual countries to continuing to provide a regional overview of the impact... while continuing to find new, better ways to inform on the ongoing response. During Hurricanes Eta and Iota, one of our biggest achievements was the roll-out of the 34SW platform, which helped improve monitoring of the response by simplifying the reporting of field activities and providing a real-time dashboard for analysis.”

Brenda Eriksen, IM Officer, OCHA ROLAC
Information Management supports COVID-19 data collection and analysis

Since the pandemic began, OCHA's global IM teams collected, analysed and published critical data to track the pandemic’s spread and the ongoing response. This was especially critical in countries already battling multiple crises even before the pandemic.

Dedicated IM cell supports field locations

In April 2020, the Global Information Management, Assessment and Analysis Cell (GIMAC) on COVID-19 was established to coordinate, structure, collate, manage and analyse pandemic-related information. The cell also provided technical support and services to prioritized countries and global decision-making.

GIMAC was a multi-stakeholder initiative co-led by OCHA, the UN Refugee Agency (UNHCR), the World Health Organization (WHO), the Global Health Cluster and IOM. It operated with support from donors and UN and NGO partners.

Practical support to field operations was initiated in May 2020.

Until August 2020, GIMAC supported humanitarian response in Ethiopia and Iraq, focusing on the direct and secondary impacts of COVID-19 combined with ongoing humanitarian shocks and consequences.

In September 2020, GIMAC expanded its field support services and received funding to initiate a multi-country secondary data review project. Through support from the NGO Data Friendly Space and the Danish Refugee Council, GIMAC began working with OCHA in Afghanistan, Cameroon, Niger, Somalia and South Sudan. Priorities included an enhanced assessment registry; secondary data review of country-level assessments, surveys and situation reports; support to joint analysis; and a review of information gaps for geographical areas, affected groups and sectors.

In November 2020, following the worsening situation in Tigray, Ethiopia, GIMAC supported OCHA Ethiopia with primary data collection and the adoption of methodologies and tools for intersectoral needs assessments.

Eight countries received GIMAC support services.

GIMAC activities depended on the active participation of OCHA, UNHCR, WHO, the Global Health Cluster, UNICEF, Impact Initiative, MapAction and more than 30 UN Online Volunteers. Its activities were funded by the United States Agency for International Development's Bureau of Humanitarian Assistance and resources from its co-leads and active partners.

Remote support experience

Adnan Mohammed, Head of Administration, OCHA ROSEA

As an Administrative Officer, I support staff wherever they are. My job became even more difficult during the pandemic and put so much pressure on colleagues like me, who were trying to find solutions.

At the regional office level, one of our key priorities was to ensure that all our colleagues had Internet connection for telecommuting, regardless of their location. Within a week this was done, and where power outages would be more likely, such as in Madagascar, we managed to get a solar panel/backup in place so staff would have Internet connection.

Our work today certainly comes with more challenges and requires more patience. For instance, we had to support the travel of four OCHA South Sudan staff members from Juba to Nairobi. As you can imagine, there were many delays and protocols to observe: you
need to link up with authorities on both sides and with Joint Medical Services, and secure flight clearance through Nairobi-based focal points. And then you have last-minute changes and delays! Health protocols, in particular, are not always clear and often change. Therefore, it is more challenging for staff to travel than it used to be.

Two of our staff members were stuck in Zambia and Zimbabwe. They went on surge missions and couldn’t come back to Nairobi, their duty station. But they managed to telecommute and regularly join our team meetings. On Fridays, these meetings always became less operational and more social — a way to be with each other.

At a personal level, I was deeply affected. My wife travelled home (Addis), and shortly after they closed the airport in Nairobi. Not only did we miss her, but I was left having to take care of our five children on top of my work. It was quite exhausting.
Standby partners’ support

Since its launch 20 years ago, OCHA’s Stand-By Partnership Programme (SBPP) has become a key component of OCHA’s surge capability, providing much-needed expertise during humanitarian emergencies.

The programme, governed by UN General Assembly resolutions, currently provides gratis personnel from 14 organizations.

On average, 41 SBPP deployments take place each year. In 2020, 60 SBPP experts were deployed, for an average of 5.5 months, to new and escalating humanitarian emergencies, and to situations where specific expertise was required but unavailable within OCHA. Twenty-seven of these experts were deployed, including for the first time to headquarters, to support the whole-of-OCHA response to the pandemic. The 60 deployments represented an in-kind contribution to OCHA of approximately $5.3 million.

Information management officers (IMOs) are the most deployed job profile, accounting for nearly half of all deployments. Most IMOs provided remote support during the pandemic response.

Humanitarian affairs officers continued to be in high demand either as generalists or as individuals with specific expertise.

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**SBP DEPLOYMENT BY PARTNER ORGANIZATION**

- **UK FCDO funded**
- **SBP funded**
- **Jointly funded UK FCDO/NRC**

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Field offices

WHAT OCHA’S OFFICES DO

- Support Governments’ response to a crisis.
- Support the Resident/Humanitarian Coordinator in coordinating a response.
- Develop a common needs assessment and common response plan for the aid community.
- Build a common strategy to respond.
- Manage Country-Based Pooled Funds.
- Provide up-to-date information on the crisis and the needs of the affected people.
- Advocate for the needs and protection of affected people and aid workers.
- Advocate for access to affected people.
- Help mobilize and track resources for crisis response.
- Track and monitor crisis response.

EASTERN AND SOUTHERN AFRICA

Regional Office for Southern and Eastern Africa (ROSEA)

Eastern and Southern Africa faced multiple shocks in 2020, including the pandemic, crop-threatening pests, droughts, food insecurity and conflict.

By the year’s end, conflict in Mozambique’s Cabo Delgado Province had displaced nearly 670,000 people, almost 580,000 of whom were displaced during 2020 alone. At least 29 million people across Eastern Africa were affected by severe food insecurity, with conflict being a major driver. Over 900,000 people in Madagascar and 2.6 million Zimbabweans were severely food insecure.

Severe weather events continued to impact the region. They included Cyclone Herold in March, which affected Madagascar and Mauritius, and Tropical Storm Chalana in December, which affected Madagascar, Mozambique and Zimbabwe.

The pandemic exacerbated existing vulnerabilities including gender-based violence (GBV). Supply chains were also affected resulting in food deficits, price hikes and disruptions to health systems and services, which compromised critical testing and treatment of chronic diseases and immunization programmes.

ROSEA’s top priority remained responding to new or escalating emergencies through surge and expert support missions across the 25 countries under its coverage (and beyond). It provided some 1,100 physical surge days and around 1,800 days of remote support.

ROSEA also played a critical role in galvanizing attention to and funding for major and forgotten humanitarian crises across the region: it supported the roll-out of nearly $85.9 million from CERF for some of the countries it supports. ROSEA developed 10 emergency appeals, providing remote coordination expertise to multiple countries, and it supported WHO’s regional coordination efforts for the pandemic response.

OCHA ROSEA also provided expertise on critical humanitarian issues, including humanitarian access negotiations (Tigray and Cabo Delgado) and civil-military coordination.

ROSEA had 32 staff (18 national, 14 international) along with two Nairobi-based United Nations staff.
“My family is still there. I was the only one to flee. All our belongings were destroyed. I’m in touch with my family, they are suffering but safe. Lots of people died due to heavy gunfire.”

An 85-year-old man from Temben (Central Tigray), Ethiopia. Credit: OCHA/Jordi Casafont
Nations Volunteers (UNVs). It had a Humanitarian Advisory Team (HAT) of three staff (two local, one international) in Madagascar, and a field presence in Mozambique with three staff (one national, two international) supported by one national and one international UNV; in Zambia with two national staff; and in Zimbabwe with three national staff and one UNV.

The UN Environment Programme and OCHA’s Joint Environment Unit, with support from the International Maritime Organization, deployed an oil-spill expert, who worked with a team deployed from ROSEA to assist the Government in coordinating its response efforts. Support included technical advice, coordinating immediate response and advising on continued longer-term recovery efforts.

**Technical support for oil spill in Mauritius**

While carrying nearly 4,200 metric tons of fuel, the bulk carrier vessel *MW Wakashio* ran aground on the reef of Point d’Esny in Mauritius in July. When the vessel began leaking oil, the Government of Mauritius requested international assistance.

The deployment of the expert and the wider OCHA team, while slightly delayed due to pandemic-related travel restrictions, provided an impartial technical understanding of the oil spill to all responders including national authorities, fisheries, communities, the private sector and non-governmental organizations (NGOs).

The team organized and facilitated daily technical coordination meetings with de-polluting companies to ensure coherence and efficiency.
advised the police commissioner leading the overall response coordination, and regularly debriefed the UN Resident Coordinator (RC) and the Humanitarian Country Team (HCT) about the crisis response management.

The expert and the OCHA team also ensured an onsite coordination point for all responders to work together and receive and share information. This had a significant positive impact, as the space allowed response working groups to organize meetings and provide an Internet connection and an information board with maps. The space became the entry point for all international support teams to join the national response.

**Burundi**

2020 was characterized by increasing needs due to natural disasters and the pandemic’s socioeconomic impact, which exacerbated the needs of the most vulnerable people. At least 1.7 million people required humanitarian assistance.

OCHA coordinated the response to flooding in rural Bujumbura and other areas. It set up a hub system in provinces to ensure information sharing during the elections and enhanced coordination of activities. OCHA also played a significant role in coordinating the pandemic response and duty of care measures, including for the wider international NGO community.

In the last quarter of 2020, the deployment of a specialist from the Protection Stand-by Capacity Project and the revision of the HCT Protection Strategy marked increased emphasis on strengthening protection. The specialist’s deployment also allowed the HCT to develop a two-year road map to implement the protection strategy.

The year ended with the HRP funded only 45 per cent, but the total humanitarian funding reached an all-time high, with almost $112 million mobilized.

OCHA Burundi had 14 staff (6 national, 8 international), all based in Bujumbura, including a JPO and a UNV. A staff member from the Democratic Republic of the Congo (DRC) deployed for three months to support the IM team for the 2021 HPC process and coordination of the pandemic response.
Eritrea

Eritrea suffered from drought-induced food insecurity, malnutrition and protection challenges, especially due to the pandemic-related lockdown. The initial number of reported COVID-19 cases remained low but then increased towards the end of 2020. The desert locust infestation was a significant concern, as was access to health services, including maternal health in remote areas. Immunization coverage was low, especially in remote areas.

OCHA supported the UN Resident Coordinator/Humanitarian Coordinator (RC/HC) and the UN country team (UNCT) to identify humanitarian priorities in the Strategic Partnership Cooperation Framework (SPCF 2017–2021).

OCHA facilitated, consolidated and monitored the implementation of the 2019 Basic Services Response Priorities (BSRP) document — an internal UN plan that included humanitarian “basic service” priorities, such as clean water and primary health care, as part of the SPCF.

Children wade through water flooding their village in Bujumbura, Burundi. They are heading to the main road where families are gathered with their belongings, but with nowhere to go.

Credit: OCHA/Lauriane Wolfe
Through the BSRP, OCHA coordinated analysis of the humanitarian situation and prioritized needs and the response. The BSRP required almost $35 million, and mobilization efforts raised 43 per cent ($15 million) to assist 959,000 people.

OCHA provided coordination and IM support to the RC/HC, UNCT and donors to track funding and implementation of the BSRP and the SPCF.

OCHA Eritrea had seven staff (five national, two international) and one UNV.

Ethiopia

Slow-onset drought, disease outbreaks, flooding, conflict, intercommunal violence and internal displacement affected Ethiopia. Towards the end of the year, large-scale conflict began in Tigray, creating new humanitarian needs for more than 1.3 million people (as of end 2020). Due to the pandemic and other health outbreaks, conflict, drought, floods and the desert locust invasion, the number of food-insecure people increased from 8.5 million at the beginning of the year to 11.9 million by midyear.

Conflict, violence, physical challenges and bureaucratic impediments constrained humanitarian access and operations, resulting in a serious protection environment that affected the civilian population and humanitarian workers. About 114 humanitarian partners (62 international NGOs, 28 national NGOs, 11 UN agencies, 10 Government agencies, 3 Red Cross members, 24 donors and media houses) benefited from OCHA’s coordination, information, management and advocacy initiatives.

OCHA’s advocacy addressed access challenges in different parts of the country throughout the year, including in Tigray at the end of 2020.

Due to increased needs, OCHA revised the 2020 HRP with a requirement of almost
$1.5 billion to reach some 15 million people. A three-month HRP for northern Ethiopia was developed in November, seeking $116.5 million.

Humanitarian financing mechanisms also supported the Ethiopia-wide response: the Ethiopia Humanitarian Fund provided $57.5 million to 106 projects, and CERF allocated $21 million. An Anticipatory Action Framework was finalized to mitigate the drought’s impact, with just over $13 million allocated to the first set of activities.

OCHA’s work in Ethiopia was supported by 74 staff (61 national, 13 international), one UNV and three JPOs in the capital, Addis Ababa, and four sub-offices (Bule Hora, Jijiga, Nekmente and Semera).

Somalia
The desert locust upsurge, extensive flooding and the pandemic exacerbated the humanitarian situation, which left more than 5 million Somalis in need of humanitarian assistance. Measures to control the spread of COVID-19 further constrained humanitarian access to people in need.

South Sudan
Communities were hit hard by internal violence, a second consecutive year of flooding that affected more than 900,000 people, and a pandemic-related economic downturn. Some 1.6 million people remained internally displaced, with more than 2 million living as refugees in the region. Insecurity, lack of basic services and unresolved land property issues prevented people from returning home.

With 72 staff (53 national, 19 international) and 3 UNVs, OCHA Somalia maintained a country office in Mogadishu; field offices in Baidoa (South West), Belet Weyne (HirShabelle), Dhusamareeb (Galmudug), Garowe (Puntland), Hargeisa (Somaliland), Kismayo and Doolow (Jubaland) and Mogadishu (Banadir); and an office in Nairobi, Kenya.

OCHA facilitated the disbursal of more than $94 million from CERF and the South Sudan Humanitarian Fund (SSHF). National NGOs received 34 per cent of SSHF funding.
In January 2020, OCHA South Sudan and partners assessed humanitarian needs in Wau and Jur River counties, Western Bahr el Ghazal, and monitored projects supported by the South Sudan Humanitarian Fund. Credit: OCHA/Anthony Burke

as part of OCHA’s commitment to support local organizations.

OCHA’s work in South Sudan was supported by 98 staff (56 national, 42 international) in Juba and in seven sub-offices (Bentiu, Bor, Malakal, Torit, Wau, Yambio and Yei).

**Sudan**

Despite progress on the political transition and peace process, humanitarian needs continued to grow. They were driven by an economic crisis and exacerbated by the pandemic, disease outbreaks, protracted internal displacement, intercommunal conflict, unprecedented flooding and hosting refugees, including a new influx from Ethiopia.

To support the response, OCHA strengthened its coordination efforts, including expanding its presence in eastern Sudan, and it supported health partners in coordinating the pandemic response. In December, OCHA engaged with the United Nations African Union Mission in Darfur (UNAMID) and organizations that work on humanitarian protection to support protection activities in the areas from which UNAMID would be withdrawing.
OCHA sought to strengthen accountability to affected people (AAP), including through establishing a dedicated AAP Working Group.

OCHA also maintained a critical role in expanding humanitarian access. This included organizing inter-agency assessment missions to previously inaccessible areas in Darfur’s Jebel Marra, where over 600,000 people received assistance for the first time in a decade, and helping to increase assistance in areas of South Kordofan and Blue Nile that are outside Government control.

With 92 staff (69 national, 23 international), as well as several surge deployments, OCHA supported the response through a main office in Khartoum and sub-offices in Abyei, Blue Nile, Central Darfur, Kassala, North Darfur, South Darfur, South Kordofan and West Darfur.

Credit: OCHA/Fayez Abu Bakr

Nearly 900,000 people were affected in Sudan’s worst-ever floods. Thousands of those people lost everything.
“My husband is away from the camp all day, looking for work to bring some meagre income. I stay alone with the children and feel safer in the camp than anywhere else. I am afraid of the coronavirus. The only way for us to protect each other and ourselves is if everyone stays in this room, because the camp is too congested.”
West and Central Africa registered close to a third of global humanitarian needs in 2020. Climate shocks, extreme poverty, insecurity and conflict led to high levels of vulnerability. The pandemic hit some of the world’s weakest health systems and the socioeconomic impact created new needs.

In conflict-affected regions in the Sahel and Central Africa, civilians faced an acute protection crisis. Across the region, almost 13 million people had to flee their homes and more than 40 million people faced severe food insecurity.

ROWCA supported regional platforms on the pandemic response and the inclusion of non-HRP countries in the COVID-19 GHRP, and it helped strengthen emergency preparedness in coastal countries.

ROWCA adapted its surge strategy and support tools in 2020, prioritizing remote support to the region’s country offices and RC offices. ROWCA staff deployed for 584 days to Benin, Burkina Faso, Cameroon, CAR, Chad, Côte d’Ivoire, DRC, Guinea and the Republic of Congo.

ROWCA was pivotal in the success of the Senior Officials Meeting and Ministerial Round Table on the Central Sahel. OCHA, the Governments of the subregion (Burkina Faso, Mali and Niger), donors and humanitarian partners co-organized the event, which raised $1.7 billion from 24 donor countries and partners.

**Burkina Faso**

Even before the pandemic began, 2020 was on track to be the most difficult year of the past decade for Burkina Faso. A succession of shocks linked to conflict and insecurity had driven more than 1 million people from their homes since early 2019. Climate variability and the pandemic led to a 30 per cent increase in the number of people in need in the first half of 2020, from 2.2 million to 2.9 million. And for the first time in 10 years, the country saw the re-emergence of critical food insecurity conditions (IPC Phase 4) in two provinces of the Sahel region.

Between January and December, there was a 75 per cent increase in internal displacement (from 614,000 IDPs to more than 1 million). OCHA-supported efforts to increase humanitarian funding and the response capacity enabled humanitarian partners to reach more than 2.4 million people in 2020, twice the number of people reached in 2019.

OCHA gradually increased its capacity to support collective priorities for humanitarian coordination at the national and regional levels, securing dedicated capacity to provide leadership on humanitarian civil-military coordination, community engagement, AAP, IM and analysis, and protection from sexual exploitation and abuse (PSEA).

The OCHA office, established in July 2019, comprised 14 staff (9 national, 5 international) based in Dori, Kaya and Ouagadougou.

**Cameroon**

In 2020, Cameroon continued to be affected by displacement due to continuous violence in the Lake Chad basin and the north-west and south-west regions, and the presence of over 290,000 refugees from CAR in the eastern regions. More refugees had arrived by the year’s end due to violence and insecurity during the elections in CAR.

In early 2020 almost 4 million people needed humanitarian assistance, but that number increased to more than 6 million due to the pandemic’s impact.

OCHA Cameroon supported the in-country humanitarian system, which comprised up to 172 entities, including 9 UN agencies, 28
international NGOs, 111 national NGOs and the donor community.

In the north-west and south-west, OCHA continued to support humanitarian partners in their Government interactions, acting as a focal point for relations at the local level and with the Government-led Humanitarian Coordination Centres. This allowed for a coordinated, principled response and improved access, and established civil-military coordination working groups in the north-west and south-west.

To strengthen the Government’s capacity to respond to the pandemic, OCHA recruited and seconded 10 national UNVs, including six epidemiologists, two logisticians, one IMO and one public information officer.

With 34 staff (22 national, 12 international), OCHA maintained a robust field presence with a sub-office in Maroua, a temporary office in Kousseri (Far North), and sub-offices in Bamenda (north-west) and Buea (south-west).

Central African Republic

The humanitarian crisis in CAR deteriorated in 2020. As well as the pandemic’s impact, the conflict dynamics around the national elections compounded the humanitarian situation, displacing over 300,000 people. More than half of the country’s population needed humanitarian assistance, including almost 2 million people living in a critical situation.

OCHA provided strategic coordination to more than 180 partners operating in an extremely volatile context – 424 incidents affected humanitarian workers compared to 206 incidents in 2019, representing a 39 per cent increase. 2020 became the most dangerous year for humanitarian operations at the global level for humanitarian workers.

Under OCHA’s leadership, the humanitarian community interviewed an unprecedented number of households (more than 16,000 – twice as many as in 2019) for a multisector needs-assessment survey. This enabled better targeting of aid assistance to people in need across the country, with a particular focus on the areas most affected by conflict and on vulnerable groups, which improved AAP.

Three additional civil-military coordination cells were set up, and OCHA mobilized and coordinated the deployment of a UN Humanitarian Air Service helicopter to 25 hard-to-reach localities, where rapid assessment teams were deployed and life-saving cargo transported.

OCHA developed an internal tool for tracking allegations of SEA. It also organized an IASC support mission to CAR on PSEA and supported training on PSEA issues for 74 organizations.
OCHA CAR had 89 staff (64 national, 25 international) and 7 CBPFs staff (4 national, 3 international), with a 50 per cent gender parity on international and UNV posts. OCHA was present in 12 locations: Bangui, four sub-offices (Bambari, Bangassou, Bouar and Kaga Bandoro) and seven temporary offices (Alindao, Batangafo, Berberati, Birao, Bocaranga, Bria and Paoua).

**Chad**

The number of people who needed urgent life-saving aid rose steadily in 2020, with more internal displacements, flooding and pandemic-related effects.

OCHA coordinated the development of the HRP. Initially it aimed to assist 3 million of 5.3 million people in need, but that number increased to 3.8 million in July to include needs related to the pandemic, food insecurity and new displacements.

Insecurity in Lac Province prompted new waves of internal displacements. By year end, there were 336,124 IDPs, an increase of 92.6 per cent compared to 2019. In light of the increased access challenges, particularly in hard-to-reach areas mainly in Lac Province, OCHA reviewed and revitalized the civil-military coordination forum with relevant partners on the ground.

OCHA planned and facilitated the first HCT retreat for some years. Held in person in February 2020, the retreat enabled a critical review of key issues and processes, including relations with the Government, revisions to the humanitarian coordination structure, enhancing emergency preparedness and response, validating updated advocacy strategies (including on protection) and revising the strategic focus for 2021 for work on the humanitarian-development-peace nexus. OCHA strengthened PSEA awareness and initiatives within OCHA and with the humanitarian community.

With 42 staff in place (27 national, 15 international), OCHA supported the Chad response through offices in the capital, N’Djamena, and in the east (Abeché), the west (Baga Sola) and the south (Goré).

**Democratic Republic of the Congo**

The complex humanitarian crisis in DRC worsened in 2020. The number of people with protection and humanitarian needs...
increased from 15.6 million at the start of 2020 to 19.6 million at the year’s end. DRC hosted the largest number of food insecure people (19.6 million) and the world’s second largest IDP population (5.2 million).

Despite a difficult year exacerbated by the pandemic, OCHA tailored its team composition and footprint to closely align with emerging needs. Working with more than 300 humanitarian partners, OCHA coordinated assistance to more than 7.7 million people. It supported the Ebola response by coordinating multisectoral support, and it played a leading role in improving the integration of gender and protection concerns across the response, and in strengthening engagement with affected communities, notably in support of the PSEA strategy.

The DRC Humanitarian Fund allocated $75 million in 2020, making it the second largest CBPF worldwide. CERF provided $76.9 million to support underfunded sectors, the post-Ebola response and food security.

With 157 staff (120 national, 37 international), OCHA supported the DRC response through offices in Kinshasa, four major sub-offices (Bukavu, Goma, Kalemie and Kananga) and seven temporary offices (Beni, Bunia, Kindu, Mbandaka, Shabunda, Tshikapa and Uvira). The office benefited from one surge staff member deployed from OCHA ROWCA and one IM standby partner to support the pandemic response.

Mali

In 2020, the humanitarian situation in Mali remained a serious concern, with the pandemic compounding a fragile situation that deteriorated due to ongoing conflict and violence across the country.

Many people were forced to leave their homes due to violent attacks on villages and military operations in Gao, Kidal, Menaka, Mopti, Segou, Timbuktu and the Mali-Burkina Faso border area. There were 330,000 IDPs by the year’s end, which represented a drastic increase since October 2019 (199,385 IDPs).

In 2020, the Protection Cluster registered 4,036 incidents affecting civilians compared to 1,800 in 2019, and floods affected more than 81,000 people compared to 78,000 in 2019.
The OCHA-supported coordination mechanism enabled humanitarian partners to reach 2.6 million people of the 5.5 million expected to be assisted by 31 December. OCHA helped strengthen humanitarian coordination in Bamako and in the field by appointing a Deputy HC (DHC) to be stationed in Mopti. OCHA strengthened gender and protection issues across the response by working closely with clusters and the DHC to set up an HCT task force focused on gender and developing an IDP protection strategy. Civil-military and access coordination mechanisms were in place to ensure protection of the humanitarian space.

OCHA Mali had 51 staff (34 national, 17 international) in Bamako, Gao, Mopti and Timbuktu.

**Nigeria**

The humanitarian response in Borno, Adamawa and Yobe (BAY) States in north-east Nigeria faced major challenges in 2020. This was largely due to the pandemic, which increased the number of people in need to an unprecedented 10.6 million from nearly 8 million in early 2020.

Escalating insecurity triggered mass displacements of civilians, and arbitrary road closures impeded humanitarian access to several locations, leaving hundreds of thousands of affected people without critical assistance and services. Civilians, including aid workers, came under increased direct and indirect attacks, including abductions by non-State armed groups (NSAGs), particularly along major supply routes in the BAY States. Despite these challenges, OCHA mobilized and coordinated the humanitarian community, reaching about 5 million people with multisectoral response across the BAY States in 2020 (72 per cent of the people in need).

OCHA had a leading role in advocating for the centrality of protection, integrating gender and protection concerns across the response and strengthening engagement with affected communities.

OCHA supported the HCT in engaging with Borno State authorities on their plans to close all camps in the State capital by May 2021 and return IDPs to locations that international aid workers cannot reach due to insecurity. This engagement was ongoing at the end of 2020.
With 72 staff (50 national, 22 international), OCHA supported the north-east Nigeria response through a robust field presence, with a head office in Abuja and sub- offices in the BAY States. Through missions, it also supported deep-field coordination in hard-to-reach areas hosting large numbers of affected people.

Niger

The situation in Niger remained precarious, and its people continued to bear the brunt of climate change, chronic food and nutrition insecurity, conflicts and epidemics, including COVID-19.

OCHA coordinated the development of the 2020 HRP and its review, which enabled the increased number of people in need (from 2.9 million in January to 3.7 million in July) to reflect additional needs.

The number of IDPs almost doubled in 2020, reaching 298,000. Some 2 million people became severely food insecure — an increase of over 65 per cent compared to 2019 — and floods affected over 632,000 people.

Humanitarian access continued to be restricted in some areas due to armed entities’ activities. OCHA’s advocacy efforts led to the creation in August of a high-level committee on humanitarian access, co-chaired by the Prime Minister and the HC, following the release of the Government’s note verbale requiring armed escorts for international organizations’ movements in certain localities. Through the civil-military coordination mechanism, OCHA facilitated access to 173 humanitarian organizations, including 12 UN agencies, 154 NGOs and 7 Red Cross organizations.

With 49 staff (37 national, 12 international), OCHA supported the humanitarian response through offices in the capital, Niamey; sub- offices in Diffa, Maradi, Tahoua and Tillabéri; and a temporary office in Ouallam (Tillabéri region).
IDP families in Dand, Afghanistan. They are receiving assistance including food, water and medicine from the UN and humanitarian partners. Credit: OCHA/Fariba Housainii
Regional Office for Asia and the Pacific (ROAP)

Humanitarian needs and vulnerabilities grew across Asia and the Pacific in 2020, mainly due to the pandemic. The need to maintain response readiness and support local and national humanitarian action remained critical, as Asia-Pacific was the world’s most disaster-prone region and home to 65 per cent of all people affected by disasters globally.

Disasters affected 63 million people in 2020, with nearly 5,700 fatalities. Asia-Pacific endured several protracted crises, with 3.2 million refugees across the region and the world’s largest refugee settlement in Cox’s Bazar, Bangladesh.

ROAP supported humanitarian partners to develop coordinated response plans in 28 countries in Asia-Pacific in 2020. These plans requested almost $4 billion to meet the needs of 97 million people. ROAP also provided technical support to country teams in areas such as field coordination, IM, public information, civil-military coordination and communication with affected communities.

At the regional level, ROAP maintained a leadership role in pandemic response, including by establishing and chairing the regional COVID-19 Working Group, under the IASC Regional Network, and supporting multiple sub-working groups.

Despite pandemic-related travel restrictions, ROAP deployed 11 staff on 30 surge missions for 357 days in Afghanistan, Bangladesh, Myanmar, Pakistan, the Philippines, South Sudan and Turkey (for Syria). Twenty-one ROAP staff members remotely provided over 1,500 staff days of support in 21 countries including Cambodia, Fiji, the Philippines, Vanuatu and Viet Nam, and to the COVID-19 emergency at country and regional levels.

ROAP had 22 staff in Bangkok (7 national, 15 international) and 6 staff based in HATs in Indonesia and Japan. ROAP provided dedicated support to the RC and the UNCT in the Democratic People’s Republic of Korea.

Afghanistan

Recurrent natural disasters, chronic poverty, the pandemic and 40 years of war continued to create deadly conditions for people in Afghanistan. Peace talks commenced in 2020, creating hopes for a conflict resolution, but
they did not lead to an improved security environment. OCHA coordinated 165 humanitarian partners to deliver assistance to almost 12 million people in Afghanistan’s 401 districts. By the year’s end, 18.4 million people, almost half the population, needed humanitarian assistance.

Following the 2019 Peer-2-Peer mission recommendations, OCHA continued to facilitate enhancements to the response. This included implementing a Mutual Accountability Framework between Kabul and the field; developing a Data Accountability Protocol; revising the HCT Protection Strategy; improving the IDP Standard Operating Procedures agreed with the Government in 2019; scaling up cash capacity and safe cash use; increasing the focus on AAP and PSEA; and rolling out the Joint Operating Procedures through the Humanitarian Access Group.

In December, OCHA’s Acting Assistant Secretary-General and Deputy Emergency Relief Coordinator, Ramesh Rajasingham, visited Afghanistan to raise awareness of the crisis and strengthen Government support of humanitarian action by the UN and NGOs.

CERF and the OCHA-managed Afghanistan Humanitarian Fund allocated a combined $104.9 million to 54 partners targeting 5.5 million people.

With 93 staff (72 national, 21 international), 1 JPO and 1 SBP, OCHA Afghanistan operated through its Kabul country office, with sub-offices in Hirat, Jalalabad, Kabul, Kandahar, Kunduz and Mazar-e-Sharif; and antenna offices in Faizabad and Maimana.

Pakistan

With the deactivation of clusters at the end of 2019, humanitarian operations in Pakistan focused on emergency preparedness in 2020. However, there was a re-engagement on response efforts due to several extreme weather events, a desert locust infestation and the pandemic. The increased need for coordination and response support deferred the planned transition of the OCHA country office into a HAT from early 2020 to January 2021.

In 2020, OCHA supported the Government and the humanitarian community on several international initiatives to address the consequences of the pandemic and other humanitarian needs, including the development of the Pakistan HRP for COVID-19. The plan, which targeted 5.6 million people, required $146 million and received 61 per cent funding. Following the decision of the IASC Emergency Directors Group in September 2020 to include Pakistan in the 2021 GHO due to increased needs, OCHA facilitated the country team in developing needs and response plans in collaboration with the Government.

CERF and the Pakistan Humanitarian Pooled Fund (PHPF) disbursed a combined $22 million to aid 1.3 million people. The PHPF, which was scheduled to close in 2020, was extended into 2021 following a record-high performance with $10 million in disbursements, 70 per cent of which was channelled to national NGOs.

OCHA Pakistan had 21 staff (18 national, 1 international, 2 consultants) based in Islamabad, with sub-offices in Balochistan, Peshawar, Punjab and Sindh.

Myanmar

Myanmar continued to grapple with deeply rooted humanitarian challenges, with 1 million people in need of humanitarian assistance by the year’s end, including more than 336,000 displaced people. Conflict continued to be an acute driver of displacement and humanitarian need in northern Shan State but also in Rakhine and southern Chin, with intense, frequent fighting during the first half of the year. Severe movement restric-
tions remained for an estimated 600,000 Rohingya in Rakhine State.

The pandemic’s impact further complicated the lives of people in humanitarian settings. Flooding remained a risk during the monsoon season, and OCHA supported Government-led response efforts.

OCHA coordination was critical in responding to displaced communities’ needs. Humanitarian access remained challenging and central to OCHA’s work. It continued to advocate with State- and Union-level officials for access to all those in need, and as displacement escalated it supported the rapid scale-up of a robust multi-cluster response.

The Myanmar Humanitarian Fund supported 41 projects with more than $16 million, which helped 803,400 people. More than 40 per cent of the funding was allocated to national partners, which benefited mostly women and girls across the country.

With 56 staff (45 national, 11 international), OCHA supported the Government and the humanitarian community through its main office in Yangon; sub-offices in Lashio (covering northern Shan State), Myitkyina (covering Kachin State) and Sittwe (covering Rakhine and Chin States); and a liaison unit in Nay Pyi Taw.

Philippines

The Philippines remained one of the world’s most natural-hazard-prone countries, with an average of 25 typhoons per year, 21 active volcanos and regular earthquake threats. In 2020, areas with extreme poverty and instability remained in Mindanao, combined with the continued activity of extremist NSAGs. Conflict-induced displacement in Mindanao was typically protracted and repetitive, pointing to persistent and recurring challenges around housing, land and property rights. According to the Protection Cluster, over 270,000 people remained displaced in Mindanao at the year’s end due to conflicts or natural disasters.

To improve response readiness ahead of the 2020 typhoon season, OCHA worked with humanitarian partners to review operational plans and HCT protocols, taking into account the new context created by the pandemic. These plans and protocols were put to the test many times during the typhoon season in the second half of the year.
In November, OCHA supported the HCT in formulating and launching the Humanitarian Needs and Priorities Plan, calling for $52.6 million for 280,000 people affected by Super Typhoon Goni and Typhoon Vamco. CERF allocated $3.1 million, which allowed the HCT to kick-start response activities and catalysed funding from other donors.

With 17 staff (15 national, 2 international) and a presence in Manila and Cotabato City in Mindanao, OCHA was well positioned to provide humanitarian coordination, IM, access, communication and donor liaison services.

**Office of the Pacific (OoP)**

From a health perspective, the pandemic was largely kept under control in the Pacific. However, the socioeconomic impact was severe and wide ranging, as countries in the region imposed lockdowns, states of emergency and travel restrictions, which increased overall vulnerability to new shocks.

OCHA OoP adjusted due to the pandemic and provided mainly remote support to five priority countries: Fiji, Samoa, Solomon Islands, Tonga and Vanuatu. Its support focused on coordinating emergency response, including for Tropical Cyclone Harold in April 2020, operational readiness (preparedness), and strategic and operational partnerships with national, regional and international entities.

OoP continued to support national disaster management offices in coordination, IM, preparedness and response. OCHA served as the secretariat for the Pacific Humanitarian Team (PHT), which includes the PHT Principals, chaired by two RCs, and the PHT inter-cluster coordination forum, chaired by OCHA. The PHT was the main vehicle for international humanitarian partners to respond collectively to disasters.

As OoP was unable to physically deploy staff to emergencies due to the pandemic, it provided dedicated coordination support remotely following the impact of Tropical Cyclone Harold in April. OoP’s efforts were augmented by support from OCHA ROAP.

At the end of 2020, OoP comprised six staff (four national, two international); one international UNV and two national UNVs in Suva, Fiji; and one international and one national staff in Apia, Samoa.

Reconstruction after Cyclone Harold battered Vanuatu in April 2020. Credit: OCHA/Chris Bartlett
An aerial view of the flooding and devastation left by Hurricane Eta in Campur, Alta Verapaz, Guatemala. Credit: OCHA/Luis Echeverria
In 2020, the pandemic and pre-existing social, economic and humanitarian vulnerabilities were compounded by the most active hurricane season in recorded history, resulting in unprecedented humanitarian needs across the region. More than 41.8 million people were targeted for humanitarian assistance. By year end, the region’s cumulative COVID-19 caseload accounted for more than a fifth of the known global tally, despite the region accounting for under a tenth of the world’s population.

The collective response to humanitarian needs during 2020 pushed financing requirements past $4 billion, an amount nearly four times the support required for 2019 and more than six times the support required for 2018.

ROLAC strengthened emergency preparedness in the region, coordinated the response to Hurricanes Eta and Iota in Central America, which included the deployment of three United Nations Disaster Assessment and Coordination (UNDAC) missions, and improved coordination with regional stakeholders, including Member States, UN agencies and NGOs. It also collaborated with partners across LAC to boost the visibility of humanitarian situations in countries without an HRP, including migration, sexual and gender-based violence (SGBV) and food insecurity, all affected by the pandemic. A key milestone was ROLAC’s development of an IM tool that tracks the operational presence and activities of humanitarian partners in LAC.

ROLAC staff deployed to 14 countries for 47 missions (19 surge, 12 internal, 9 technical support, 7 preparedness), including 319 days of surge deployment (184 in Honduras, 107 in Guatemala, 28 in Argentina).

While downsizing the HAT in Bolivia to a regional roving presence, ROLAC opened a HAT in Barbados, thereby strengthening partnerships and preparedness activities in the Caribbean.

ROLAC had 39 staff (27 national, 12 international), including 13 staff based in RC offices in Barbados, Bolivia, Ecuador, El Salvador, Guatemala, Honduras, Mexico and Peru.

**Deployments to hurricane-hit Central America**

Following the landfall of Hurricanes Eta and Iota in November 2020, devastating floods hit vast parts of Central America. An estimated 9.2 million people (including 3.5 million children) were affected by heavy rainfall and life-threatening flash floods and landslides in Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama.

Following requests from the Governments of Guatemala and Honduras, UNDAC teams deployed to support the flood response, which was led by the national and local disaster management authorities in areas such as coordination, assessments, IM and environ-
ment. The teams received crucial logistics and administrative support from operational support partners including the Americas Support Team and Atlas Logistique, and analytical and remote support from MapAction, the Pacific Disaster Center, and the Operational Satellite Applications Programme of the UN Institute for Training and Research (UNOSAT).

**Venezuela**

The humanitarian situation in Venezuela was the result of seven consecutive years of economic contraction, periods of hyperinflation, political polarization and institutional challenges. The pandemic deepened the needs of more than 7 million people due to the impact on essential services such as health care, water, gas and electricity. The food insecurity situation was also aggravated.

Between January and November, OCHA coordinated assistance to more than 4.5 million people across the country, mostly to provide health, water, sanitation, hygiene, protection and education services. The HCT’s endorsement of an access strategy in September was an important milestone in the efforts to expand and maintain humanitarian operational space.

OCHA played a leading role in integrating cross-cutting issues in the response, such as gender and protection, and in strengthening AAP and PSEA. The HCT adopted the Collective AAP Framework and the protocol that defines procedures for submitting SEA complaints.

The Venezuela Humanitarian Fund was established in September, and CERF provided $4.3 million to the pandemic response.

In 2020, OCHA consolidated its operational and analytical capacity and strengthened its presence in the country. OCHA had 24 staff members in Caracas and 29 in the field in 18 of 24 states.

**Colombia**

Multiple factors, including the pandemic, converged to aggravate the humanitarian situation in 2020 and stretch national response capacities in Colombia. Humanitarian needs worsened, generated by armed conflict, natural disasters and mixed popula-
tion movements from Venezuela. Indigenous communities were particularly affected.

Nationally, one in two people suffered from food insecurity, including 3.5 million people who were severely food insecure. The security situation deteriorated as NSAGs took advantage of the pandemic to pursue territorial expansion, leading to a fourth successive year-on-year increase in violence. Eighty-nine massacres were reported, often leading to mass displacements. Increasing cases of forced confinement and mobility restrictions imposed by armed groups were also reported.

Natural disasters affected 600,000 people, which is double the number of people affected in 2019.

In response, OCHA and WHO led the development of the COVID-19 response plan. OCHA also monitored mass displacements and confinements across the country and coordinated response efforts, including in areas where humanitarian workers had not been present, such as the Amazonas department and the islands of San Andres and Providencia.

With OCHA’s support, the HCT scaled up its response and reached 1.6 million people in 2020, despite the HRP being only 12.8 per cent funded. The $5 million CERF allocation was critical and prioritized heavily affected regions where the State’s capacities were low.

**Haiti**

In 2020, Haiti continued to suffer recurring sociopolitical tensions and a deteriorating economic situation, compounded by the pandemic. An upsurge in gang violence displaced hundreds of families, mainly in Port-au-Prince, and Tropical Storm Laura caused flooding in several departments in August, impacting thousands of people. Food insecurity, health, education, and access to water and protection were the most affected sectors due to unfavourable climatic, economic and political conditions and pandemic-related access constraints.
OCHA’s role in ensuring effective humanitarian coordination among all organizations at the strategic and operational levels increased due to the pandemic. OCHA was crucial in supporting the coordination of preparedness and response efforts led by the Ministry of Health and WHO.

OCHA supported the revision of the HCT Terms of Reference and composition to strengthen the membership of NGOs, including those working on gender and disability issues. It also facilitated three CERF allocations in 2020, including a special allocation to NGOs for the pandemic response in collaboration with IOM. With its total contribution of $19.2 million, CERF remained the third largest donor to the 2020 HRP.

OCHA operated from Port-au-Prince with several field visits. At the year’s end, the office comprised 14 staff (11 national, 3 international).

### Businesses partner to strengthen humanitarian responses

The Connecting Business initiative (CBI), supported by OCHA and the United Nations Development Programme (UNDP), is a multi-stakeholder initiative that transforms the way business networks engage before, during and after humanitarian crises. It focuses on ways to create more resilient communities, increase local capacity and alleviate human suffering.

CBI supported 17 private sector networks in 2020, of which 11 are official CBI member networks: Côte d’Ivoire, Fiji, Haiti, Kenya, Madagascar, Mexico, Pacific (regional), Philippines, Sri Lanka, Turkey and Vanuatu.

CBI worked with four prospective networks in the Caribbean, Indonesia, Viet Nam and Yemen, and it provided support to Ecuador and Lebanon. In 2020, all networks responded to COVID-19 and 10 also responded to 21 crises, ranging from flooding, earthquakes, tropical storms and volcanic eruptions, to fire, conflicts and displacement.

The local member networks demonstrated their value as first responders and stakeholders in crisis management while working closely with Governments and the humanitarian community. As local response mechanisms, they were essential in situations such as pandemic-related border restrictions.

For example, Vanuatu was the first country to respond to a natural disaster (Tropical Cyclone Harold) while its borders were closed. The CBI local network, the Vanuatu Business Resilience Council (VBRC), provided a coordination mechanism for the private sector to engage with the Government and partners to address the double emergencies of the pandemic and a tropical cyclone in April 2020.

This was critical, as many of the usual humanitarian responders were not present in the country and unable to enter due to COVID-19 restrictions. VBRC undertook detailed technical damage assessments in 14 of the worst-hit villages on West Coast Santo. Working with private sector partners, and in collaboration with NGOs and the UN and in support of the Government, VBRC helped supply more than 1,000 remote coastal households with 35 tons of food and non-food items.

For more information on CBI, visit: connectingbusiness.org
Europe

Ukraine

The pandemic exacerbated humanitarian needs caused by almost seven years of armed conflict in eastern Ukraine, leaving some 3.4 million people in need of assistance. Pandemic-related restrictions were imposed on the movement of people across the “contact line,” causing a 97 per cent drop in the number of people crossing. The closure of the crossing points prevented most people from reaching administrative and medical services or accessing pensions and cash in Government-controlled areas (GCA).

The ceasefire that came into effect in July 2020 led to a 14 per cent reduction in civilian casualties, but no political solution to the conflict is apparent.

Humanitarian access remained a significant challenge in the non-Government-controlled areas (NGCA). OCHA continued to advocate for civilians’ increased freedom of movement during the extended closures caused by pandemic-related restrictions. OCHA also advanced many key protection issues with the Government, such as supporting digitalization via phone apps to allow IDPs to virtually verify their residency despite movement restrictions.

OCHA continued to manage the Ukraine Humanitarian Fund, allocating $10.8 million to 30 projects to support the pandemic response and winterization. From January to September, OCHA coordinated the efforts of 56 humanitarian partners to assist more than 1 million people on both sides of the contact line.

OCHA Ukraine had 43 staff (35 national, 8 international), 1 national UNV and 1 SBP. It maintained a national office in Kyiv and sub-national offices in Kramatorsk and Sievierodonetsk (GCA) and Donetsk and Luhansk (NGCA).

Humanitarian Partnerships Week

The sixth Humanitarian Networks and Partnerships Week (HNPW) was held in Geneva, Switzerland, from 3 to 7 February 2020.

HNPW is the flagship event of the Leading Edge Programme, a year-round collaborative platform for humanitarian networks and partnerships that aims to develop sustainable solutions to recurring cross-cutting issues in emergency preparedness and response.

Organized by OCHA and hosted by the Swiss Agency for Development and Cooperation, HNPW was attended by about 2,300 participants from 100 Member States and some 450 organizations including the Red Cross and Red Crescent Movement, the private sector and academia. With 37 networks and partnerships involved, more than 260 sessions took place throughout the week.

More than 1,500 people participated in Inter-Network Day during the event. It featured joint interactive sessions to collaborate on specific challenges and ideas regarding humanitarian coordination and localization, anticipatory action, nexus environments, AAP and the climate crisis.
Middle East and North Africa

Regional Office for the Middle East and North Africa (ROMENA)

Armed conflicts and political instability continued to afflict the Middle East and North Africa (MENA) region. As the pandemic’s impact aggravated the situation in the region, ROMENA staff provided extensive support to various offices.

Eight staff members deployed for a total of 484 days to support emergency response efforts in ongoing crises. This included 281 days for support to Syria, 88 days for Lebanon, 75 days for Pakistan and 19 for Libya. Due to pandemic-related travel restrictions, ROMENA provided extensive remote support to regional crises, including Lebanon (330 days), Syria (270 days), Jordan (237 days), Iran (196 days), Iraq (128 days) and Libya (109 days).

ROMENA supported the HPC in Iraq, Lebanon, Libya and Syria through dedicated support to assessment and planning processes, including for the Beirut Port explosions. ROMENA, UN Women and CARE co-chaired the regional Gender in Humanitarian Action Working Group to provide regional advocacy, information sharing, best practice dissemination and analysis support on gender-related issues across the region.

ROMENA introduced the ‘IASC Emergency Response Preparedness (ERP) Approach in COVID-19’ guidance in Algeria, Egypt, Iran and Morocco. It also organized an ERP briefing for the Morocco UNCT and supported the Egypt RC/UNCT on updating the ERP process. This included reviewing the rankings of identified risks, minimum preparedness actions and technical support on discussions on Iran.
In addition to dedicated IM country support (surge and remote) to Iran, Lebanon, Libya, Syria and Turkey, the IM Unit developed tools and products to monitor pandemic-related regional travel and movement restrictions, and a regional dashboard to track the pandemic situation in all MENA countries.

ROMENA had 28 staff (20 national, 8 international) in Amman and Cairo.

**Yemen**

In 2020, Yemen remained the world’s worst humanitarian crisis. In October, food security data confirmed that 13.5 million people faced acute food insecurity (IPC Phase 3 or higher). Famine-like conditions returned for the first time in two years, with 16,500 people essentially starving.

Despite growing needs, donors cut funding in 2020, which forced aid agencies to scale back more than 30 key programmes. As a result, the aid operation shrank from reaching nearly 14 million people per month in January to just over 10.3 million people per month by November.

Agencies continued to face serious obstacles in providing assistance. By November, donors and agencies agreed there was progress on key priorities, including assessments, project approvals and the start of a biometric registration pilot, but more was needed.

Throughout the year, OCHA maintained strong levels of support for the aid operation, working with 203 humanitarian national and international partners and facilitating coordination forums, including the Inter-Cluster Coordination Mechanism, the HCT, and working groups on access, IM and public information. CERF allocated $65 million and the Yemen Humanitarian Fund $98.6 million to support the response.

By the year’s end, OCHA Yemen had 120 staff (83 national, 37 international) across six main hubs in Aden, Al Mukalla, Hudaydah, Ibb, Sa’ada and Sana’a; two sub-hubs in Al Mokha and Al Turba; and a support office in Amman, Jordan. A small Riyadh-based team continued to oversee the humanitarian notification system.

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Credit: OCHA/Giles Clarke

Two-month-old Abdullah is held by nurse Fazal in Al Sadaqah hospital, Aden, Yemen, before being weighed and measured. He suffers from severe acute malnutrition and is the youngest of nine children.

Credit: OCHA/Giles Clarke
Regional Office for the Syria Crisis (ROSC)
The humanitarian crisis in Syria continued to affect more than half the population, with 11.1 million people in need of assistance and protection, including 9.3 million who were food insecure. At least 6.7 million people were internally displaced, many facing protracted displacement and being forced to relocate multiple times. Despite a reduction in active conflict in 2020, needs increased throughout the year due to the combination of economic decay, vanishing livelihoods and the pandemic.

ROSC continued to provide support in policy, planning, operational coordination and administrative services to humanitarian organizations across the response. In support of the Regional HC for Syria, ROSC brought together humanitarian organizations working from within and outside Syria to develop a shared analysis, common objectives and a collective focus on results. ROSC focused on enhancing its engagement and coordination with key regional stakeholders in the response, namely UN Regional Directors, international NGOs, Member States and donors. It also supported regular strategic and operational coordination forums, including a Strategic Steering Group that brings together national and international humanitarian organizations to provide overall direction to the operation. ROSC maintained a leadership role in ensuring a common needs analysis, a single response plan and appeal, regular prioritization of critical funding gaps, and a common approach to critical challenges facing the response, including PSEA.

ROSC had 31 staff (20 national, 11 international) based in Amman, Jordan.

Syria
Humanitarian organizations operating from within Syria continued scaling up their response in 2020 to address rising needs. The Damascus-based operation reached an average of at least 3.9 million people each month, including 3.4 million people who received food, 1.4 million people who received nutrition support and 3.4 million children who benefited from education assistance.

OCHA was pivotal in negotiating access to people in need on behalf of the humanitarian community. It also coordinated targeted assistance plans suited to the unique circumstances of different parts of the country, including for Al Hol camp in the north-east and Rukban in the south. Despite challenges posed by the pandemic, OCHA carried out numerous inter-agency assessments throughout the year, generating a clearer picture of the differentiated needs of women, girls, boys and men. It also continued advocating with all stakeholders for protection...
and assistance for the most vulnerable people where they are, based strictly on need.

OCHA allocated $66.1 million for humanitarian programming through the Syria Humanitarian Fund in 2020, including allocations to address new humanitarian needs generated by the worsening socioeconomic situation.

OCHA supported the country team in risk management and due diligence efforts to enhance transparency and contribute to confidence-building related to the response.

OCHA had 67 staff (51 national, 16 international) based in its office in Damascus, and three sub-offices in Aleppo, Homs and Qamishly.

**Syria OCHA Operation in Turkey**

An estimated 2.8 million people in the north-west required humanitarian assistance in 2020. Renewed military escalations displaced almost a million people in the area in late 2019 and early 2020. Despite a March ceasefire agreement, hostilities continued to claim civilian lives throughout the year, while explosive hazards and clashes between armed groups heightened the security challenges facing civilians, including humanitarian workers.

OCHA continued to coordinate the cross-border response into north-west Syria from Turkey. With different parts of Syria controlled by various parties to the conflict, the United Nations cross-border response was authorized to deliver aid to people in need by Security Council resolution 2165 (2014) and subsequent resolutions.

Despite challenges posed by renewed hostilities and operational uncertainty around the extension of the authorization for United Nations cross-border assistance in July, the OCHA-coordinated cross-border response delivered life-saving aid to an average of 2.8 million people per month in north-west Syria in 2020. The Syria Cross-Border Humanitarian Fund (SCHF) was OCHA’s largest CBPF in 2020, supporting 204 projects with allocations totalling $185 million. The SCHF funded part of the rehabilitation of the road between Bab al-Hawa and northern Aleppo to mitigate the risk of interruptions to UN trans-shipments due to poor road conditions, flooding or winter conditions.

OCHA had 30 staff (19 national, 11 international) in Gaziantep, Turkey, with a liaison office in Ankara supporting close engagement with Turkish authorities.
Jordan

A decade since the Syria crisis began, over 1 million Syrians remain in Jordan, comprising nearly 10 per cent of the population.

In 2020, OCHA helped ensure that the ongoing humanitarian response in Jordan continued to address long-standing and emerging needs. Within the UNHCR-led refugee response and the Whole of Syria structure, OCHA supported the RC/HC in meeting global humanitarian accountabilities. Priorities included strengthening humanitarian coordination structures and advocacy, progressing humanitarian-development collaboration, and bringing the humanitarian community together to address the scourge of SEA in the aid sector.

The pandemic exacerbated hardships among refugees and vulnerable Jordanians alike. OCHA supported a contingency planning exercise that analysed projected needs, including in health, protection and livelihoods, and it encouraged a stronger interface between humanitarian and development action. OCHA also liaised and advocated with the Government of Jordan, the Jordanian military, International Coalition Forces and UN partners to support IDPs in the Rukban area, on the Syria-Jordan border. It also provided support to the Jordan, Israel and Palestine project, an initiative to bolster disaster preparedness and response.

The Jordan Humanitarian Fund (JHF) directed funding to UN, NGO and Red Cross partners for urgent priorities, allocating $8.3 million to 29 projects in 2020. Following a drop in funding in 2019, JHF reached its annual $10 million target through focused resource mobilization. JHF staff provided remote and in-person surge to Syria, Turkey and Yemen, with mission support totalling over eight months.

OCHA Jordan had 12 staff (8 national, 4 international) based in Amman.

Iraq

The humanitarian landscape in 2020 was characterized by a post-conflict environment witnessing slow returns and underaddressed stabilization, development and reconstruction needs.

The most vulnerable people in Iraq continued to be those directly affected by the Islamic State of Iraq and the Levant (ISIL) and the military operations to defeat it from 2014 to 2017. Of the 6 million people displaced during this period, approximately 1.3 million remained internally displaced, most for more than three years.

Four of five displaced people lived in out-of-camp settings and faced complex barriers to finding a durable solution. During 2020, the Government of Iraq announced the closure of IDP camps by year end. This prompted thousands of people to rapidly return to their home districts or secondarily displace. By December, 28 camps were still open, 25 in areas administered by the Kurdistan regional government, and not expected to close imminently. The pandemic compounded the existing humanitarian crisis. Humanitarian organizations supported relevant Government authorities and camp management entities to prevent or limit virus transmission in IDP camps.

During 2020, OCHA Iraq coordinated humanitarian assistance to 1.4 million people, or 81 per cent of the 1.8 million people expected to receive support. The OCHA-managed Iraq Humanitarian Fund allocated $26.5 million through 24 contracting partners and 64 partners to implement humanitarian projects.

With 79 staff (51 national, 28 international), OCHA maintained an agile and strategic footprint in Iraq.
“I want to thank the Lebanese people and all the people, whether Europeans or Arabs, who stood by us. All the young and old people who helped us, all the students that came with food and brooms to help us clean our streets and houses.”

Siham Pekyan, a store owner, was hurt in the Beirut Port explosions.

Credit: OCHA/Farid Assaf
Lebanon
The Beirut Port explosions and the pandemic were two shocks that compounded a crippling socioeconomic crisis affecting Lebanese and non-Lebanese communities across the country.

From March 2020, OCHA assisted the RC/HC and HCT to ensure effective support to the national pandemic response effort. In May, the RC/HC a.i. and humanitarian partners launched the Lebanon Emergency Appeal, which aligned activities to help vulnerable people absorb the pandemic’s direct and indirect impacts. An updated appeal was later incorporated into the GHRP.

On 4 August, the Beirut Port explosions flattened surrounding neighbourhoods, killing hundreds of people and injuring thousands more. Within hours, national and international search-and-rescue teams, an UNDAC team and surge staff were dispatched. In parallel, OCHA led a UN-coordinated Flash Appeal to mobilize the necessary resources. OCHA worked with the UN and partners in subsequent months to ensure the emergency response adapted to changing needs.

In 2020, the Lebanon Humanitarian Fund launched four multisectoral allocations, with a total allocation of $16.2 million.

Besides monitoring activities, OCHA also led a Secondary Data Review exercise to assess the humanitarian impact of the multifaceted crisis, which found a severe deterioration in the conditions of the most vulnerable people. The findings continue to inform strategic discussion and contingency planning exercises.

OCHA had 20 staff (14 national, 6 international) in its office in Beirut.

Support for Beirut
Following the Beirut Port explosions on 4 August 2020, a 19-member UNDAC team and 13 international Urban Search and Rescue (USAR) teams deployed immediately following the Lebanese Government’s request.

USAR teams fall under the International Search and Rescue Advisory Group (INSARAG), and the first team arrived 24 hours after the explosions. The teams supported local authorities with search-and-rescue activities, assessing the structural damage and integrity of affected buildings, and detecting hazardous materials.

The UNDAC team, fully integrated with the OCHA country office and OCHA surge staff, provided expertise and support to the HCT, the Government and humanitarian partners, such as the Lebanese Red Cross.

The response highlighted that joint preparedness efforts between Member States, humanitarian partners and response networks are vital for enabling the international community to respond quickly and effectively to requests for assistance.

Operationally, COVID-19 preparedness measures helped in the swift deployment of emergency response teams, including UNDAC and INSARAG teams. The capacities of the UNDAC team, operational support partners, OCHA surge staff and the OCHA country office were integrated instantly, which provided critical support for the HC to assume a central leadership role in the crisis.

An inter-agency Emergency Operations Cell was also established immediately. It provided a coordination platform for inter-sector coordination, assessments, humanitarian financing, situational analysis, gender mainstreaming, community engagement, liaison with local response authorities and the military, environmental management and USAR. This was only possible due to partners’ common knowledge and capacities.
The pandemic environment highlighted the need for dedicated capacity to ensure the safety and security not only of responders, but also of local communities.

Within the first three days, the Lebanon Humanitarian Fund allocated $8.1 million for multisectoral life-saving assistance. This was complemented by an additional $6 million CERF allocation on 7 August.

**Occupied Palestinian Territory**

A protracted protection crisis continued in the Occupied Palestinian Territory (OPT), leaving many Palestinians struggling to live a life with dignity due to Israel’s occupation, including the blockade on the Gaza Strip, insufficient respect for international law, continuing internal Palestinian divisions, and recurrent escalations of hostilities between Israel and Palestinian armed groups.

Needs severely increased due to the pandemic and the Palestinian Authority’s worsening fiscal situation, and nearly half the population of 5.2 million people needed assistance. Vulnerable families struggled to cope with poverty, food insecurity, unemployment and inadequate access to essential services (health care, water, sanitation and education).

Humanitarian partners faced significant constraints due to record-low funding, movement restrictions, political considerations and unsubstantiated claims that delegitimize humanitarian action.

The OCHA-managed Humanitarian Fund allocated over $34 million to support life-sustaining activities, including through emergency food assistance, shelter rehabilitation and the pandemic response.

OCHA supported the HC to mobilize an immediate system-wide response to the pandemic. Quick action was taken to save lives and mitigate suffering, including through the delivery of over 100,000 tests and advanced laboratory equipment alongside more than 5.5 million items to prevent and control infection. Following the Palestinian Authority’s freeze of coordination with Israel from May to November, OCHA supported the HC in establishing interim measures to facilitate WFP’s movement of humanitarian goods and WHO’s transfer of patients from Gaza.

These activities were carried out by 56 staff (46 national, 10 international) based in East Jerusalem and sub-offices in Gaza, Hebron, Nablus and Ramallah.

**Libya**

The year began in conflict, particularly in and around Tripoli. Fighting had subsided by June, a ceasefire was agreed in October and reengagement in the political process began in earnest.

As the conflict diminished, the pandemic’s impact increased exponentially. It brought the health system to the point of collapse, and shortages of health workers, medical supplies and personal protective equipment resulted in further closures of health facilities and significant socioeconomic repercussions.

Despite the resumption of oil production due to the ceasefire, the economy dwindled. This resulted in the official devaluation of the Libyan dinar by some 70 per cent as the year ended. The ceasefire allowed people to start returning home, but returns were inhibited due to the lack of basic services as a result of the conflict and widespread explosive hazard contamination. The conditions for migrants and refugees remained precarious, with thousands arbitrarily detained in inhumane conditions and many more attempting the Mediterranean Sea crossing, often at the cost of their lives.

Despite insecurity and pandemic-related restrictions, OCHA Libya maintained critical staff capacity in the country throughout 2020 to continue to support humanitarian
operations. Working with about 54 humanitarian partners, OCHA coordinated assistance reaching over 463,000 people, more than the initial target as the year began.

With 32 staff (18 national, 14 international), OCHA supported the Libya response by maintaining a field-based presence through its head office; coordination capacity for the west in Tripoli; an expanded presence in Benghazi in the east; and a national staff member in Sebha in the south.

Peers provide virtual support

The IASC’s Peer-2-Peer project is an independent and impartial senior inter-agency advisory service that provides support through country missions and learning leadership dialogues in support of HCs and HCTs. It uses knowledge gathered from missions to inform global policy discussions to address common humanitarian trends.

As humanitarian needs continue to increase in scale and complexity, the project has continued to evolve to better support humanitarian response in field operations. In 2020, the project successfully transitioned to a new operating model, with the project now drawing from a pool of highly respected senior humanitarians to lead the missions.

The first mission conducted under the new operating model was requested by the HC in Libya to help mount an evidence-based humanitarian response and establish the most appropriate humanitarian footprint in the country. The mission was led by a former HC, together with a senior group of UN and NGO representatives of the IASC’s Emergency Directors Group.

The six-week mission was carried out virtually due to pandemic-related travel restrictions. It resulted in the development of a well-prioritized HCT Action Plan, with concrete steps to address the most critical operational challenges. In addition, the project supported learning on best practice in critical response areas. This ranged from the humanitarian-development nexus to duty of care and supply chain challenges during the pandemic response, to PSEA by aid workers.
Promoting gender equality and the empowerment of women and girls

The pandemic exacerbated the socio-economic impact on displaced women and girls in emergency settings. As a result, the spotlight on the lack of gender equality and the empowerment of women and girls in the emergency response was even more pronounced during 2020.

As such, OCHA mobilized a collective response to emphasize the protection and empowerment of women and girls through the COVID-19 GHRP, and it supported UN Women’s gender-responsive humanitarian response to the pandemic programme and appeal.

In addition, the IASC Reference Group on Gender and Humanitarian Action (co-chaired by OCHA and Oxfam), together with UN and international NGO partners, produced the Gender Alert on COVID-19—a series of briefs that offered multilingual guidance to humanitarians on integrating gender concerns during the pandemic response.

Gender and Humanitarian Action working groups were established at regional and country levels to support the pandemic response, including in Afghanistan and the Middle East.
More specifically, OCHA stepped up advocacy for increased prioritization of GBV responses in humanitarian settings. This was in line with its commitments to the Call to Action on Protection from GBV in Emergencies, and with the commitments made in Oslo in 2019 at the conference on Ending Sexual and Gender-Based Violence in Humanitarian Crises. This entailed ensuring that humanitarian pooled funding increased the prioritization of and funding for GBV initiatives and the role of women-led organizations in the pandemic response. An example of this prioritization is CERF’s $25 million allocation to UN Women and the UN Population Fund (UNFPA), 30 per cent of which aimed to support women-led organizations.

There has also been progress in developing a more comprehensive overview of financial requirements for GBV in the GHO, including changes in the HPC tools to make GBV more visible.

In 2020, for the first time, CERF earmarked a portion of its Underfunded Emergencies resources for GBV response activities. The initial provision of $5.5 million from the overall envelope of $100 million had a catalytic effect: across 10 countries, almost $22 million was allocated to projects that contribute specifically to GBV prevention and mitigation, an important strategy to advance gender equality.

In addition, the Emergency Relief Coordinator (ERC)/Under-Secretary-General asked all HCs to prioritize gender equality and address GBV by ensuring ongoing robust gender analysis; meaningful engagement of women and women’s organizations in humanitarian decision-making; increased allocations of funding and other resources to GBV and gender equality programming and women-led organizations; and the inclusion of GBV issues in coordinated humanitarian plans.

OCHA also supported the deployments of gender capacity advisers to assist HCTs in 15 countries to integrate gender, and it promoted the use of important tools and guidance, including the Gender with Age Marker (GAM) — a tool for designing and monitoring humanitarian interventions.
At the year’s end, the GAM had been used in 1,400 humanitarian interventions to help design more gender-responsive activities. The Gender Handbook, the GBV Guidelines and the GBV Accountability Framework are some of the tools being promoted throughout the HPC.

Women’s participation and leadership in decision-making are key to gender equality, as confirmed by the findings of the first Inter-agency Humanitarian Evaluation on Gender Equality and the Empowerment of Women and Girls, conducted in 2020. In partnership with UN Women and the International Federation of Red Cross and Red Crescent Societies, OCHA promoted women’s leadership through a series of dialogues to amplify its commitments, and to ensure women’s rights and empowerment are rooted at all levels of humanitarian planning, coordination and decision-making in crisis-affected countries. This builds on initiatives such as the Grand Bargain and the World Humanitarian Summit. The series connected regional and global stakeholders with local women leaders in crisis-affected areas, increased their visibility and amplified their voices in humanitarian action.

Supporting protection & gender equality

OCHA manages the inter-agency Protection Standby Capacity (ProCap) and Gender Standby Capacity (GenCap) projects in a long-standing partnership with the Norwegian Refugee Council. The projects aim to strengthen leadership, programmes and localization strategies on protection and gender equality by providing direct support to field operations. This is chiefly done by deploying senior advisers who work closely with RC/HCs, HCTs, and other coordination mechanisms and stakeholders, including national partners. The projects also support global policy and advocacy around protection, gender equality and women’s empowerment in close collaboration with partners.

As part of reforms in 2020, the projects strengthened their focus on field impact, the sustainability of results and the prioritization of support to align with system-wide response priorities. These reforms, the pandemic’s impact, and the projects’ roll-out in the humanitarian community created an uptick in demand that increased individual deployments, from 29 in 2019 to more than 50 in 2020.

GenCap deployed to 16 contexts, up from 14 in 2019, while ProCap deployed to 20 contexts, up from 15 in 2019. Combined, the projects supported 18 of 25 country operations with HRPs in 2020.

GenCap and ProCap work with humanitarian operations through a road map process. In collaboration with field leadership, senior advisers establish baselines to help identify collectively defined priority areas, activities, expected outcomes and responsible organizations to ensure sustainability.

The projects match senior advisers’ skills with field needs, working towards milestones that the operations set in their road maps, with a maximum timeline of sustained ProCap and/or GenCap support for two to three years.

GenCap continued to support the roll-out of the GAM, seeking to increase attention to gender and age in humanitarian projects and programmes. The GAM is now well established in more than 30 countries, up from 15 in 2019. As of 1 December 2020, more than 11,000 projects had applied the GAM globally.
Information management, a critical OCHA function

IM is key to OCHA’s work and mandate. Partners have consistently lauded OCHA for its IM function, both at headquarters and in the field.

During a crisis, timely, comprehensive and objective products, such as situation reports, maps and data-driven dashboards, keep partners, donors and decision makers informed on context, needs and progress, and response gaps.

The Information Management Branch (IMB) supports OCHA’s field operations, helping IMOs to consolidate, analyse and publish information across the entire spectrum of humanitarian response to provide an overview of protracted and acute emergencies. IMB is the steward of several humanitarian tools and services including ReliefWeb, humanitarianresponse.info and Humanitarian Data Exchange. These tools and services help our partners make better-informed decisions and ensure a more predictable approach to preparedness, early recovery and response.

IMB set up the Global Information Management Functional Team (GIFT), which enables staff from across functions to combine their expertise to help enrich, improve and strengthen IM practices across OCHA.

In 2020, GIFT achievements included:

- Crafting new, more nuanced job profiles for OCHA’s IMOs to better reflect the breadth of their work. It also made the profiles more appealing to a wider range of applicants, which will help improve gender and diversity within the IM community.
- Developing IM standards, especially in software management and procurement, contacts management (by developing ready-to-use templates for managing contacts in different crises, such as sudden-onset disasters) and hosting innovation (by creating Amazon Web Services accounts for field offices who want to experiment and test in a safe digital space).
- Mapping existing field practices around situational awareness, analysis and approaches in operational environments to improve understanding of each setting and anticipate for a more effective response.
OCHA’s role in the Inter-Agency Standing Committee

The IASC is the global humanitarian coordination forum that brings together the Heads of UN, NGO, and Red Cross/Red Crescent Movement entities. It is chaired by the Head of OCHA, the ERC.

IASC Response to COVID-19

The IASC significantly scaled up its activity in 2020 to coordinate system-wide efforts to prepare for and respond to the pandemic, and to ensure the continued delivery of life-saving humanitarian assistance and protection. The following are highlights of the IASC’s response:

- **Scale up**: It adapted Scale-up Protocols to support a joined-up and systematic response to the pandemic. This was the first ever system-wide, global emergency activation, and it enabled a coordinated approach in scaling-up preparedness and response efforts, including through joint analysis, surge support, resource mobilization, and supply chain and logistical support.

- **GHRP**: Just two weeks after WHO’s official declaration of a global pandemic, the IASC mobilized its members and partners and launched the first GHRP to address the pandemic’s immediate humanitarian consequences. This was carried out in coordination with OCHA.

- **Global logistics**: Under WFP’s leadership, the IASC staged one of the largest global logistics operations to support Global Common Services for the humanitarian system, including passenger and cargo services and medical evacuations. By the end of 2020, WFP had provided air services to more than 28,000 humanitarian passengers on behalf of 426 organizations (including 45 per cent from NGOs and 45 per cent from UN agencies) and carried out over 40 medical evacuations.

- **Operational guidance**: Critical operational guidance was developed to sustain humanitarian operations and help organizations prepare and respond effectively. For example, the IASC’s Guidance on Public Health and Social Measures for COVID-19 Preparedness and Response...
Operations in Low Capacity and Humanitarian Settings outlines ways to adapt to sustain essential health and social services in the response. Other critical guidance and resources include Gender Alert, key protection advocacy messages, and guidance on disability inclusion and mental health and psychosocial support (MHPSS).

- **COVAX**: The IASC advocated with Gavi, the Vaccine Alliance to establish the COVID-19 Vaccines Global Access (COVAX) humanitarian ‘buffer’. This was to ensure that up to 5 per cent of vaccine doses procured through COVAX will serve as contingency stock for at-risk vulnerable populations in humanitarian settings.

- **Expedited funding**: The IASC mobilized efforts to ensure that front-line workers, especially NGOs and local organizations, receive funds quickly and at scale. Many IASC organizations took concrete steps towards this. For example, UNHCR minimized administrative hurdles and expedited funding disbursements to NGOs. In 2020, it disbursed approximately $940 million to partners.

- **Support to NGOs**: OCHA directed $25 million to 24 front-line NGOs through CERF. National NGOs received one third of the allocation to help implement 26 projects targeting 1.38 million people in six countries. In 2020, CBPFs allocated $236 million (39 per cent of total CBPF funding) to local and national NGOs.

- **Localization**: The pandemic heightened the need to implement commitments to localize humanitarian response through meaningful engagement, capacity transfer, and quality funding of local and national NGOs.

The IASC promoted the inclusion and participation of local and national NGOs in coordination structures based on the Principles of Partnership: quality, transparency, results-oriented approach, responsibility and complementarity.

The IASC Interim Guidance on Localization and the COVID-19 response focuses on promoting responsible partnership practices, based on equality, risk-sharing, local leadership and meaningful participation. Lessons learned on implementing this guidance suggest that as well as increasing the participation of local organizations in coordination systems, the humanitarian system should also increase the quality of its participation and ensure a two-way capacity strengthening approach.

The IASC supported other critical operational and advocacy work, including on issues...
affecting women and girls, especially GBV, by addressing funding and visibility gaps in the 2021 GHO. The IASC continues advocating to address the bureaucratic impediments faced largely by NGOs, and the monitoring of emerging crises and risks, such as flooding and the locust situation in East Africa.

It also highlighted the famine risks affecting many conflict-affected countries, and it provided countries with practical support for effective humanitarian response through the IASC Peer-to-Peer project.

The IASC committed to improving the response to racism and racial discrimination in the humanitarian sector. It issued a statement signed by 18 Principals in September 2020, and a compilation of best practices was shared with IASC organizations to inform them of their initiatives. Likewise, the IASC minimum standards on duty of care in the context of COVID-19 were published in November, informing IASC members’ respective policies and practices.

Collaboration between humanitarian and development organizations and their links to peace is a key strategic priority of the IASC. With the UN Joint Steering Committee to Advance Humanitarian and Development Collaboration, it published the UN-IASC Light Guidance on Collective Outcomes, which provides a common understanding of analysis, funding and financial strategies, and coordination initiatives to support collective outcomes. It also published Exploring peace within the Humanitarian-Development-Peace Nexus, which offers guidance on strengthening the articulation of peace in the nexus, specifically on the conditions under which the triple collaboration approach is relevant.

Protection against sexual exploitation and abuse

The IASC promotes organizational cultures that allow for open, respectful dialogue so that people receiving assistance and people working in the humanitarian sector feel safe and empowered to speak up and take action. Conflict, public health and other emergencies exacerbate pre-existing inequalities, vulnerabilities and risks of SEA.

In March 2020, the IASC issued an interim technical note on PSEA during COVID-19, developed with the UN Victims’ Rights Advocate. An associated checklist was issued.

See the Inter-Agency Standing Committee interim technical note on protection from sexual exploitation and abuse during COVID-19.
in June to help field staff verify that prevention/response systems remain functional and address risk. HCs were reminded of heightened risks of misconduct during the pandemic and the importance of implementing risk-mitigation measures.

The IASC also equipped partners with awareness and skills to define, detect and respond to sexual misconduct. A harmonized tool to assess partner capacity, the UN Protocol on Allegations of Sexual Exploitation and Abuse Involving Implementing Partners, was adopted, in addition to the interactive learning package in multiple languages that provides a victim-centred perspective. The IASC deployed a PSEA mission to DRC to review existing structures, services and preventive measures, and to recommend actions to strengthen the response. Priorities included ensuring technical capacity to support PSEA in high-risk contexts, and to strengthen capacity and collaboration for fact-finding and investigations.

**Accountability to Affected Populations**
For the first time under the accountability umbrella, the IASC gathered experts from all IASC cross-cutting issues to design and roll out key deliverables, such as the IASC Accountability and Inclusion Portal, launched in 2020.

The portal is a key resource for practitioners and leaders who strive to implement people-centred approaches to AAP, PSEA and sexual harassment, age and gender, persons with disabilities and other diversities. It provides tools, guidance, policies and standards, including a help desk that provides expert support at national, regional or global levels.

Despite support from several Member States, MHPSS is still a neglected area in many humanitarian settings, with insufficient visibility, recognition and funding. In December 2020, the ERC and several Principals launched a Joint Inter-Agency Call for Action, in which they committed to collectively increase efforts to provide MHPSS across all sectors. They called on partners to scale up investment in interventions, which are essential to mitigate the effects of war, natural disasters, displacement and pandemics.

**Mental Health and Psychosocial Support**
The IASC promoted the provision and use of MHPSS services for vulnerable people at greater risk during the pandemic. As the demand for mental health support increased, the pandemic disrupted or halted critical mental health services in 93 per cent of countries. A survey of 130 countries carried out between June and August 2020 provided the first global data showing the pandemic’s devastating impact on access to mental health services. Approximately 70 per cent of these services for children and adolescents or older adults were disrupted.

The IASC contributed to MHPSS analysis and response options in the GHRP and supported humanitarian operations through coordination and specific COVID-19 guidance. For example, for the first time, a publication aimed at children in the pandemic was distributed. Governments and other partners translated this into multiple local languages and adaptations for various audiences, including accessible formats. Thanks to a newly established surge mechanism, carried out with a Dutch standby partner, 15 countries received specific MHPSS surge support, sometimes remotely. The number of inter-agency cross-sectoral country MHPSS technical working groups in humanitarian contexts increased from 23 pre-pandemic to 50 in late 2020.

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With a grant from the Nigeria Humanitarian Fund, local civil-society organization Greencode delivers water to IDPs in an informal settlement about one hour outside the Borno State capital, Maiduguri. Before the project started, this community had no access to water. Credit: OCHA/Eve Sabbagh
Humanitarian financing

In 2020, OCHA helped mobilize and target resources in new ways to assist the most vulnerable people affected by the pandemic, ongoing emergencies and crises worldwide.

The pandemic increased humanitarian needs and changed the humanitarian operating environment. This raised the demand for OCHA’s core services, including the mobilization of financial resources through global response planning, CERF and CBPFs. Partners needed new analysis and data products to underpin funding decisions, flexible and virtual engagement mechanisms, and opportunities to provide more innovative and flexible financing to respond to changing needs.

OCHA helped mobilize over $22.7 billion for response efforts in 2020 through the GHO ($18.9 billion) and the COVID-19 GHRP ($3.8 billion).

Fundraising for crisis response
OCHA mobilizes funding through coordinated HRPs in crisis-affected countries, and for regional and global crises. It supports partners to assess needs and build common strategies to respond to specific humanitarian crises, including the pandemic.

Each year, OCHA publishes the GHO, an overview of humanitarian funding requirements based on evidence and comprehensive assessments. In 2020, the GHO ran in parallel to the COVID-19 GHRP. The 2020 GHO presented cost plans for a coordinated response in countries with HRPs. It helped the world understand that $38.5 billion was required to assist 264.2 million people in need globally.

By the year’s end, the GHO was about 49 per cent funded and had raised more than $18.9 billion for the collective UN and NGO humanitarian appeals — more than the 2019 amount of $17.7 billion. These funds enabled partners to reach nearly 100 million people with life-saving support.

Following the official pandemic declaration, the IASC launched the COVID-19 GHRP, first published on 28 March and coordinated by OCHA to address the pandemic’s immediate humanitarian consequences. Following revisions in May and July, 63 countries were included with a total request of $9.5 billion. The GHRP ran parallel to the GHO between March and December (pandemic response activities are integrated into ‘regular’ humanitarian programming for 2021).
By 31 December, the GHRP was 39.7 per cent funded and had raised more than $3.8 billion. This enabled partners to address the immediate pandemic-related humanitarian consequences, including food insecurity and reduced education access caused by market failures and lockdowns.

Noting substantial overall funding to the GHO and GHRP of nearly 49 and 40 per cent respectively, funding to country-level plans varied. Only 7 of the 62 appeals (11 per cent) were funded at 75 per cent or more in 2020.

To mobilize resources for both plans and raise awareness around rapidly evolving global needs, OCHA hosted eight high-level pledging events in 2020:

- The High-Level Round Table for Sudan (January), held in London, which committed to multi-year and flexible support.
- The COVID-19 GHRP, launched in March by the UN Secretary-General and IASC members. After two further events, donors had contributed nearly $3.8 billion by the end of 2020.
- The virtual High-Level Pledging Event for Yemen (June), where donors pledged $1.35 billion.
- The virtual Supporting the Future of Syria and the Region event (June), where pledges totalled $5.5 billion for 2020 and $2.2 billion for 2021 and beyond.
- The virtual Ministerial Round Table for Central Sahel (October), which announced $1.74 billion for 2020 and beyond to scale up life-saving humanitarian aid to millions of people in Burkina Faso, Mali and Niger.
- CERF’s virtual High-Level Pledging Event in December 2020, at which donors pledged over $371 million for 2021.

OCHA continued to support Member States and the humanitarian system as technical adviser and secretariat for the ECOSOC Humanitarian Affairs Segment (June, virtual).

OCHA led advocacy to emphasize the importance of supporting countries that had limited ability to respond to the pandemic and its humanitarian impact. This included driving a Call to Action in Support of Humanitarian Assistance in the fight against the pandemic, and supporting a Special Session of the General Assembly and various Security Council discussions, as well as General Assembly and pandemic-related resolutions.

These intergovernmental processes highlighted humanitarian action, the value of the GHRP and the important role of CERF and CBPFs in the response. They also reinforced the norms for humanitarian action and helped ensure that humanitarian response was coherent and complemented by other forms of support.

**Transparency and funding for OCHA**

By 31 December 2020, donor income for OCHA’s programme and its pooled funds reached nearly $1.8 billion, just under the 2019 record income of $2 billion. The number of donors remained stable: 67 Member States contributed to OCHA last year, in addition to other entities.

Over half of OCHA’s extrabudgetary (XB) income is in fully flexible, unearmarked funding that allows OCHA to allocate resources based on operational priorities (52 per cent, a significant increase from 45 per cent in 2019). OCHA received $267.2 million for its XB programme requirements, covering 96.9 per cent of its XB requirements.5

The timeliness of payments also improved, with 60 per cent of funding received in the first six months versus just over half in 2019. How-

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5 This figure is provisional, as additional funding may still be recorded for 2020.
ever, donor income to OCHA’s XB programme remains concentrated with a small number of donors. The top three donors contributed 44 per cent of income; the top 10 contributed 78 per cent.

This is consistent with the donor mix of other humanitarian partners. Still, diversification remains a priority.

OCHA made significant improvements in aid transparency. Transparency is critical to improve the efficiency, effectiveness and accountability of humanitarian action. OCHA scored 74 per cent in the 2020 Aid Transparency Index as part of Publish What You Fund’s biennium assessment on transparency, placing OCHA in the “good” category. This was a significant improvement from the 2018 Index. OCHA also maintained a high score on the International Aid Transparency Initiative (IATI) dashboard for CERF, CBPFs and programme. OCHA’s programme is one of the top-three ranking organizations publishing to the IATI registry.

Supporting the humanitarian system to reduce needs, risks and vulnerability

As part of OCHA’s analytical and policy support to the humanitarian system, the Humanitarian Financing Strategy and Analysis Unit undertook research and analysis to inform strategic decision-making. OCHA published background papers on rewriting the global financial rulebook to reduce the pandemic’s secondary impacts. The goal was to highlight the price of inaction.

OCHA also developed several indices to support operational decision-making, including the INFORM COVID-19 Risk Index (in partnership with the European Commission) and the Compound Risk Monitor (in partnership with the World Bank, the Peacebuilding Support Office and the Centre for Disaster Protection).

OCHA identified early-action measures that can reduce overall need and thus pressure on increasingly limited financial resources. With partners, OCHA launched Anticipatory Action frameworks in Bangladesh, Ethiopia and Somalia, and developed frameworks in Chad and Malawi. CERF’s support to these pilots (see the CERF section below) was critical to innovation and new ways of working.

OCHA-MANAGED POOLED FUNDS

OCHA’s pooled funds provide life-saving assistance and offer donors the easiest and most effective way to support humanitarian action. Through the complementary added value of CBPFs and CERF, OCHA raises funds before crises escalate, allowing donors to pool their contributions to support the highest priority humanitarian actions when they are needed most.

In 2020, pooled funds channelled more than $1.75 billion – some $848 million from CERF and $908 million from CBPFs – to deliver support to people in 59 countries. The pooled funds prioritized women and girls, people with disabilities, education in crises and other protection services.

The pooled funds were at the forefront of the global humanitarian response to the pandemic, supporting local and early action. Twenty-seven per cent of CERF allocations supported pandemic response, including to secondary effects.

Central Emergency Response Fund

CERF in 2020

CERF’s comparative advantage and distinct added value reside in its worldwide reach and agility in adding to country-level resources quickly and at scale when needed. CERF immediately releases funds for life-saving aid whenever and wherever new crises emerge or existing emergencies escalate. It also ensures that critically under-funded operations can keep going. During
emergencies, humanitarian organizations on the ground jointly assess and prioritize needs and apply for CERF grants.

CERF’s response to the COVID-19 pandemic and other humanitarian crises in 2020 was possible thanks to the unprecedented levels of donors’ generosity in 2019 and their sustained support in 2020. The record-high income received in 2019 – a large portion of it in December 2019 and carried over to 2020 – allowed flexible and innovative CERF allocations to be disbursed with pace and agility at the start of the year. As a result, CERF was able to deliver unprecedented results, demonstrating that with an increase in resources, so much more can be achieved.

CERF introduced new and innovative approaches to meet the unique challenges of the global pandemic, including block grants to UN agencies of a total value of $95 million, allowing the agencies flexibility to direct resources to where they were needed the most; CERF’s first-ever direct allocation to NGOs, channelling $25 million through IOM to 24 NGOs in six countries; a tailored allocation of $25 million to allow UN Women and UNFPA to respond to an increase in GBV incidents; and an $80 million allocation for cash programming to address rising food insecurity in six countries in Africa and the Middle East.

CERF innovates in response to pandemic-related needs

- **Global UN block grants.** In February 2020, CERF made global block-grant allocations of $95 million directly to UN agencies globally (rather than country specific). This maximized flexibility to prioritize critical country programmes aligned with the GHRP.

- **Funding to NGOs for the front-line response.** In June 2020, CERF piloted an approach to provide NGOs with more direct access to CERF funding: it channelled $25 million via IOM to 24 front-line NGOs for pandemic response in six countries. One third of recipients were national NGOs.

- **Funding to support GBV programming.** CERF earmarked a portion of resources from its Underfunded Emergencies window specifically for GBV response activities. The initial provision of $5.5 million from the overall envelope of $100 million had a catalytic effect: across 10 countries, almost $22 million was allocated to dedicated GBV projects and health projects that contribute to GBV prevention and mitigation.

- **Support to cash programming in response to rising food insecurity.** In November 2020, the ERC allocated $80 million for cash programmes in six countries with severe levels of food insecurity exacerbated by the pandemic. Cash programming is one of the most cost-effective modalities to address humanitarian needs.

Overall, CERF grants helped humanitarian partners deliver critical health care (including pandemic-related information campaigns) to 41.7 million people, food security assistance to 16.2 million people, water and sanitation to 12 million people, protection to 8.6 million people, nutrition programmes for 3.7 million people and shelter to 1.2 million people. It also supported early action, emergency education, cash programmes and camp management for millions of people in need.

In addition to the pandemic response, CERF continued to respond to global hu-

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6 Of the $105 million CERF allocated to address the pandemic’s secondary impacts on food insecurity ($80 million) or GBV ($20 million), $54 million was disbursed in 2021. Further details on CERF’s pandemic-related support can be found in the Progress Reports to the GHRP.
manitarian needs and provided life-saving assistance to people affected by conflict, natural disasters and disease outbreaks, such as Ebola and cholera.

CERF quickly released $30 million to immediately scale up shelter and other critical assistance to thousands of civilians in north-west Syria after air strikes and shelling forced an estimated 586,000 people to flee their homes. Shortly after, CERF allocated $10 million for early response to the devastating desert locust outbreak in Ethiopia, Kenya and Somalia. The timely allocation supported an immediate scale-up of efforts to control the infestation and mitigate its impact.

During 2020, CERF also provided a record-high $225 million to 20 underfunded and neglected crises across the globe.

CERF committed up to $140 million to scale up collective anticipatory action through pilot programmes for various hazards. OCHA allocated $31 million to prevent suffering ahead of droughts in Ethiopia and Somalia ($13.2 million to Ethiopia; $15 million to Somalia) and monsoon floods in Bangladesh ($2.8 million).

By the year's end, IASC members had rolled out anticipatory action projects in more than 60 countries.

As an example, on 4 July 2020 severe floods were forecast for Bangladesh from 18 July onward. Within four hours of the scientific trigger, CERF released financing to agencies, making it the Fund's fastest-ever allocation. By the time the water reached life-threatening levels, more than 220,000 people had already received assistance through the UN and its partners, including the Bangladesh Red Crescent Society, 10 local NGOs and the Government of Bangladesh.

Independent impact evaluations demonstrate how this anticipatory approach led to a faster, more efficient (cost effective) and more dignified provision of aid.

OCHA's engagement demonstrated that collective anticipatory humanitarian action at scale is possible. Its success depends on building on experience, country-based systems and expertise; focusing on desired impacts and actions enabled by forecasts and triggers; and ensuring that coordination is effective.

OCHA’s work in 2020 proves that scaled-up, collective anticipatory action is:

- Faster than regular rapid response. In Bangladesh, the fastest-ever CERF allo-
tion enabled agencies to provide assistance before peak flooding struck the most vulnerable people.

- **Cost-effective and more efficient than comparative rapid response.** For instance, IOM found that rehabilitating and upgrading boreholes ahead of drought impacts in Somalia improved household finances, increased people’s mental health, improved livestock health, reduced water-related disputes and mitigated drought-related migration. In Bangladesh, compared to previous traditional rapid responses, more people were reached at half the cost compared to previous years, and funding helped reduce the price of goods and the cost of logistics. As a result, FAO was able to distribute animal feed to 10 per cent more livestock owners, and UNFPA reduced its response cost by 12 per cent.

- **More dignified.** By receiving support before a crisis, affected communities are empowered to prepare for and face crises on their own terms. An independent impact evaluation by Oxford University and the Centre for Disaster Protection showed that recipients were more likely to evacuate and lose fewer assets; less likely to borrow; and start to recover more quickly. Children and adults had higher food-consumption scores, more than 90 per cent of all assisted populations reported significant improvements in their quality of life, and the positive impact of relatively small, one-off humanitarian assistance continued several months after the intervention. Monitoring and evaluation reports from Bangladesh and Somalia showed high satisfaction rates from assisted people of the quality and timing of the interventions, significant quality of life improvements, better mental health and reduced financial stress.

- **Improves the quality of programming.** Advanced planning leads to better collaboration between UN agencies and their implementing partners during the programme design phase. Moreover, the type of intervention is better and the targeting more precise.

For example, UNFPA Bangladesh specifically designed dignity kits for the transgender community in Bangladesh, as it knew the target population’s profiles in advance.

### Country-Based Pooled Funds

**CBPFs in 2020**

CBPFs direct resources to the front lines of the world’s most severe emergencies. Their comparative advantage and distinct added value reside in their predictability for HCs and ability to fund a variety of humanitarian needs, working directly with a wide range of organizations, including local and international NGOs. CBPFs help them to prioritize the most urgent assistance and ensure that funding reaches the most critical emergency operations.

CBPFs allow donors to pool their contributions into single, unearmarked funds to support national humanitarian efforts for a specific country. The target funding level for CBPFs is set at 15 per cent of the funding received by corresponding HRP s, which amounted to $1.7 billion in 2020.

Globally, CBPFs received $863 million in contributions in 2020 and allocated $915 million. Local and national NGOs received $328.6 million (36 per cent of total CBPFs contributions) to support national humanitarian efforts in 2020.
funding). The average number of working days to process CBPFs disbursements in 2020 was 7.5 days — a record low and well within the 10-day target.

Access to CBPFs allows organizations to respond to emerging crises more nimbly. CBPFs are the largest source of direct funding for national organizations, according to Development Initiatives. One example in 2020 was the Syria Cross-Border Humanitarian Fund, which provided $137 million to local and national NGOs and the Turkish Red Crescent, accounting for 74 per cent of the $165 million allocated that year.

The CBPFs in CAR, DRC, South Sudan and Sudan transferred UNDP’s management responsibilities to OCHA in 2020. OCHA and UNDP worked together to ensure this transition. The consolidation improved efficiency, flexibility and accountability through a dynamic risk management approach. OCHA invested in staffing and training at headquarters and in country offices to manage the transition and take on the Managing Agent responsibilities.

Venezuela Humanitarian Fund & Regional Pooled Fund for Central and West Africa established

In 2020 OCHA established two new funds to respond to emerging and increasing needs.

The Venezuela Humanitarian Fund: Following the establishment of a CBPF in Venezuela at the end of September, OCHA established a dedicated in-country focal point. The Fund received $5 million in 2020 from Canada, Ireland, RO Korea, Spain, Switzerland and the UK.

Regionally hosted Pooled Fund for Central and West Africa: In December, the ERC approved a Regionally hosted Pooled Fund for Central and West Africa, focusing on the Sahel. The Fund will establish country-specific envelopes to allow for incremental roll out and learning. The Regional Humanitarian Financing Unit and OCHA’s regional offices ensure coordination, synergies and programmatic alignment among country envelopes and disseminate regional analysis to country-level leadership.
Addressing chronically underfunded areas

For the second consecutive year, OCHA’s pooled funds leveraged specific funding to support four strategic areas that are chronically underfunded: support for women and girls, including tackling GBV; programmes targeting people with disabilities; education in protracted crises; and general protection.

- In 2020, CBPFs allocated $581 million — around 64.5 per cent of total allocations — to projects that contribute to gender equality, including across age groups. This is in line with the IASC GAM assessment. According to the preliminary data, of the 50 million people targeted by CBPFs’ partners, 26.5 million were women and girls (53 per cent). CBPFs allocated $36.2 million to projects that included GBV programming. Examples include local NGO Nile Hope creating safe houses for GBV survivors in Wau, South Sudan, and the NGO Caritas Liban providing shelter and emergency assistance to GBV survivors in Syria. CBPFs actively promoted women’s participation in governance arrangements; across the 18 funds, women represent international NGOs in 12 advisory boards and national NGOs in 11 advisory boards. CERF increased its support to GBV programming in 2020, disbursing $65 million.9 It earmarked $5.5 million to help women and girls in underfunded emergencies to access health, psychosocial, legal and shelter support.

- In emergencies, people with disabilities are often among the most vulnerable. In 2019, CERF and CBPFs started systematically tracking activities targeting people with disabilities. In 2020, CERF saw an increase in the proportion of CERF projects that included people with disabilities in their target populations, up from 50 per cent in 2019 to 79 per cent of all CERF projects in 2020. Data from project proposals indicates that at least 8.1 million people with disabilities were targeted under CERF grants. Similarly, according to the preliminary data, CBPFs’ partners have supported 6.4 million people with disabilities (around 6 per cent of all people targeted).

- Education is often neglected in protracted emergencies, and children miss multiple years of schooling that are difficult to make up. In 2020, CERF allocated more than $29 million to emergency education projects, supporting an estimated 2.4 million children. Through CBPFs, the Education Cluster received $32 million in 2020 (over 3 per cent of all allocations), targeting around 1 million children.

- The Protection Cluster received $82.4 million from CERF, which is the highest-ever amount in a single year and 10 per cent of overall CERF funding. The cluster’s projects targeted 8.6 million10 people with CERF-funded life-saving protection assistance in 2020. CBPFs allocated $95.2 million to protection activities (10 per cent of total allocations), targeting nearly 6 million people in need. CBPFs provided $14.5 million to support child protection activities.

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9 Includes $25.1 million disbursed to the GBV sector, as well as the GBV allocation.

10 This number only includes activities in the Protection Cluster. It does not capture protection activities implemented with CERF funds across other clusters.
**Allocations by Country and Funding Mechanism**

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*Global logistical services as part of CERF's response to the COVID-19 pandemic.
Note: Regional and global allocations are disaggregated by country.*