

## Preparedness status update to the Emergency Directors Group

June 2018

### for countries identified in the Inter-Agency Early Warning Early Action analysis (May - October 2018)

## RISKS OF VERY HIGH CONCERN

### 1) DEMOCRATIC REPUBLIC OF THE CONGO – Conflict – Kivu and Ituri

#### Status in May 2018:

IASC partners' preparedness and capacity to respond to a quickly worsening humanitarian situation is considered low for the aforementioned risk. About 161 humanitarian partners are operational in country, yet their human capacities in terms of numbers and experience are insufficient to meet the growing needs, especially in North Kivu and Ituri, mostly because of low funding but also because of the recent shift of attention and human and financial resources to the response in Kasai.

Following the L3 activation in October 2017, operational capacity was strengthened in the Kasais, South Kivu and Tanganyika through the deployment of hundreds of UN and NGO staff to L3 areas and establishment of field hubs. However, a scale-up in the L3 areas has come at the detriment of capacity and programmes in eastern DRC: some organizations redeployed staff from other geographical areas of DRC, instead of mobilizing additional resources, thus decreasing capacity in those areas. At present, humanitarians are already struggling to keep pace with new needs and a further deterioration would stretch capacities even more thin. **Lack of funding for the humanitarian response is a major obstacle to ensure readiness to a further possible deterioration.** In 2017, humanitarians reached only 4.2 million people out of the 7.4 million people targeted in the Humanitarian Response Plan (HRP) (i.e. 56%). **Even activation of the L3 has not resulted in a significant increase in donor engagement.** This year, the HRP targets 10.5 million people and requires \$1.69 billion, i.e. almost double of what was required last year; the response was 13.4 percent funded as of 26 April 2018. **Financial resources and additional headquarters support is required to capitalize on the progress made under the L3 and protect capacity in non-L3 areas.**

Some actors in the health, WASH and food security sectors are able to project rapid response capacity throughout DRC. There exist several mechanisms for rapid funding and response, of which the largest is the Rapid Response to Population Movement that includes the eastern regions. The Humanitarian Fund has also proved to allow rapid response to crisis situations. Some organizations keep prepositioned contingency stocks for rapid response; however, there is virtually no funding available to preposition contingency stocks required for effective implementation of minimum preparedness activities identified in provincial and national contingency plans. **Since the L3 activation, cluster capacity has been strengthened, however advocacy is required in headquarters to ensure that this capacity is sustained.** Four main humanitarian hubs have also been established in Kananga, Goma, Bukavu and Ituri since the L3 activation. An operational plan was developed in three of four of these hubs to respond to existing needs and the one for North Kivu is about to be finalized.

An inter-agency multi-risk contingency plan will be developed in 2018. MONUSCO has contingency plans in place for the electoral period.

Sporadic security-related incidents, limited logistical infrastructure and administrative impediments continue to impact humanitarian access. The ability of humanitarian actors to reach affected populations is particularly affected in North Kivu and South Kivu, where almost 80 percent of the reported incidents have occurred.

WHO scaled up cluster coordination in Kivu including for Ituri and is continuing to fight against cholera including avoiding the spread of cholera in Uganda and Ituri due to population movements.

## June 2018 update:

IOM is scaling up its Camp Coordination and Camp Management (CCCM) intervention especially outside Bunia town, in Ituri province.

UNHCR: Inter-agency preparedness plans have been developed in Uganda, Rwanda, Tanzania, Zambia and Republic of Congo (Brazzaville) in view of potential influx of refugees as a result of increased insecurity in DRC as instructed in the Preparedness Package for Refugee Emergencies (PPRE). The DRC Regional Refugee Coordinator is currently consolidating all inter-agency contingency plans from countries surrounding DRC to ensure a regional approach.

WFP has approved two Immediate Response Preparedness disbursements (a WFP fund designed to address unexpected crises) for DRC and Republic of Congo to respond to the Ebola crisis.

**Shift in Focus:** On 8 May 2018, WHO was notified by the Ministry of Health of the Democratic Republic of the Congo of two lab-confirmed cases of Ebola virus disease occurring in Bikoro health zone, Equateur province. As of 4 July, 38 confirmed and 15 probable cases have been reported in 3 health zones namely Bikoro, nearby Iboko and Mbandaka. The proximity of countries such as Republic of Congo and the Central African Republic as well as the significant traffic on the river Congo with a high risk of spread in other regions of DRC and in neighbouring countries coupled with limited capacity of the health system to cope with outbreaks of highly contagious and highly fatal diseases explains the scale up of operational readiness activities in other regions of DRC as well in 9 countries surrounding the epicenter.

WHO On Ebola virus disease, a series of preparedness missions were undertaken to develop and implement Ebola virus disease contingency plans, establish multi-sectoral coordination for readiness, strengthen early detection and case management at points of entry, train rapid response teams, enhance surveillance and diagnostic capacities, mobilise communities in high-risk areas, prepare isolation and treatment centres with all necessary infection prevention and control and case management mechanisms and protocols, preposition drugs, medical equipment and protocols for surveillance (i.e. case definition, investigation, notification and contact tracing protocols, diagnostic), rapid diagnostic tests, supplies for collection, packing and transport of blood samples, reagents and assay for laboratory diagnostics), Infection Prevention and Control (Personal Protective Equipment, chlorine, sprayers), and case management (drugs, medical supplies, treatment protocols etc.). Priority 1: Central African Republic and Republic of Congo; Priority 2: Angola, Burundi, Rwanda, South Sudan, Tanzania and Zambia; Priority 3: Uganda.

**Requirements:** review of current contingency / response plans to identify existing capacity gaps and prioritise preparedness actions to address those.

**UNICEF to advocate for funding for the prepositioning of contingency stocks required for effective implementation of minimum preparedness activities identified in provincial and national contingency plans.**

## 2) VENEZUELA - economic, health and protection crisis

### Status in May 2018:

The IASC's capacity in the country to provide humanitarian-oriented assistance, even if not labeled as such, is considered low.

**The majority of partners have limited emergency response capacity.** Very few NGOs have nationwide presence and distribution capacities. The UNCT is small, with only seven agencies present, and working mainly to strengthen the response capacities of the Government. In terms of preparedness, 63 percent of minimum preparedness actions have been completed or are in progress. The elaboration of a contingency plan is ongoing. The UN Emergency Technical Team has already identified working sectors that could be activated in case of need. Dialogue is being established with government structures for emergency response as well as with relevant humanitarian partners in country.

OCHA: Limited capacity of the international community in Venezuela; most assistance is currently provided via the national social safety net; a Contingency Plan for Venezuela is currently being updated; a simulation exercise with a natural disaster scenario has recently been undertaken.

UNDP: A disaster simulation exercise has been conducted; the RC and part of the UNCT are planning a mission to Panama in the coming weeks.

## June 2018 update:

UNHCR: In Venezuela, UNHCR is implementing a community-based protection strategy aimed at supporting stabilization efforts including through activities in 60 most-at-risk communities (including indigenous communities), strengthened protection networks, and exchanges of early warning information on cross-border movements.

WHO has scaled up support to the MPPS to strengthen services in, now, 21 high-priority hospitals of high complexity in major cities, including Caracas. Activities have included the training of staff on hospital safety and prevention of healthcare-associated infections, implementation of hardware and software for use of the Logistics Support System (LSS) for health supply management, as well as evaluations of essential capabilities within these hospitals. In addition, basic and complementary units of the Interagency Emergency Health Kit, which provides medicines and medical devices for 10,000 people for approximately three months, have already been distributed to 11 of these hospitals. Forty additional interagency emergency health kits are arriving for these 21 prioritized hospitals in the coming weeks.

WHO is also working with the MPPS to strengthen the national primary health care network, prioritizing 20 comprehensive community health areas (ASIC, Spanish acronym), 20 comprehensive diagnostic centers (CDI), and 521 community health centers (CPS).

On Malaria, WHO provided 52 kits to treat severe malaria cases and 25 kits to treat (non-severe) malaria, for nearly 10,000 treatments, plus 20,000 quick diagnostic tests. More than 450 health workers were also trained in malaria case management in the states of Bolivar, Sucre, Anzoátegui and Aragua.

## Regional

### Status in May 2018:

UNICEF has elaborated contingency plans both inside Venezuela as well as to the most affected countries. UNICEF is seeking US\$ 27 million to provide multi-sectoral assistance to children in need, especially in Colombia (US\$ 18 million needed), Brazil (US\$ 2.7 millions needed), Guyana, Trinidad and Tobago. Key sectors include Protection, Education, Nutrition, WASH, Health.

WFP: No country presence, but regional presence; deployed staff for multi-sectoral assessments, regional coordinator and analyst to Panama to coordinate assessments in countries bordering Venezuela - Trinidad and Tobago, Guyana and Brazil; approved funds for assessments in 2017 – completed.

WHO scaled up capacity in Venezuela; deployed 110 kits to support 17 key hospitals; 3 ongoing outbreaks - measles, diphtheria, increase of malaria cases - also linked to health system collapse, migration and shortage of drugs and vaccine, as well as inflation and internal migration (gold mining); supporting several vaccination campaigns for diphtheria and measles and trying to send additional malaria drugs and mosquito nets; surrounding countries - Risk assessment for measles, diphtheria, malaria have been done and submitted to the UN Secretary General due to high risk identified for malaria and measles; Colombia: have increased to six sub offices (from four), new incident manager to arrive, missing a health cluster coordinator. Assessing potential for scale-up in Peru; looking at further scale up.

### June 2018 update:

On 12 April 2018, during the meeting of the Executive Committee, the Secretary General confirmed UNHCR's and IOM's regional coordinating role. On 28 May 2018, the IOM Director General and the High Commissioner for Refugees, shared a joint letter to the Secretary General to inform him of the establishment by IOM and UNHCR of an inclusive, accountable and overarching Inter-Agency Regional Platform to steer the operational response in support of Venezuelans who have left and continue to leave their country, seeking solutions including international protection. The regional platform is meant to ensure a coherent and coordinated regional operational response, and will serve as a forum for regional and national inter-agency coordination and planning. More specifically, the regional platform will provide country-specific support, as required. It will also ensure coherent information management, communication and resource mobilization. The platform will be mirrored at national level facilitating inter-agency coordination support to migrant-refugee responses.

The ongoing political, human rights and socio-economic developments in Venezuela have led to the outflow of an estimated 1,5 million Venezuelans worldwide since 2015. Most of them into neighboring countries (mainly in South America destinations). The exodus of Venezuelan nationals is already the largest in recent history in Latin America and the Caribbean. This flow involves both Venezuelan refugees and migrants.

The number of Venezuelans seeking asylum has risen yearly. Between 2014 and 2018, some 279,902 asylum claims have been lodged, with Peru being the first country of asylum for Venezuelans with over 125,000 claims. In addition, between 2015 and June 2018 more than 500,000 applications to temporary or permanent visas or other ordinary or extraordinary regularization mechanisms have presented by Venezuelan nationals.

Concerned governments in the region continue implementing policy and operational responses: The Government of Colombia announced that temporary regularization measures will be introduced in the coming weeks to benefit 54% of 819,034 Venezuelans living in the country (442,462 as per national registration carried out). The National Congress of Brazil approved the Provisional Measure No. 820 of 2018 which establishes emergency assistance mechanism for persons in vulnerable situations in the large-scale influx through Roraima. On 6 June, the General Consulate of Chile in Caracas informed that temporary passports were not admissible for application to the Visa de Responsabilidad Democrática. In Peru, the Superintendencia Nacional de Migraciones extended the opening hours of its main service center in Lima to 24 hours a day, 6 days a week. This measure facilitates access to regularization mechanisms including application to the Permiso Temporal de Permanencia (PTP) by Venezuelans nationals. Finally, and highlighting the public health dimension of the Venezuelan Situation, the Meeting of the Strategic Advisory Group of Experts on immunization of World Health Organization indicated that an important measles outbreak has been underway in Venezuela since 2017 and has led to cases in Brazil, Ecuador, and Colombia.

FAO is currently carrying out an analysis of the food security and nutrition needs of host and migrant populations in Colombia as a result of the Venezuelan crisis. This analysis entails household surveys in the following four communities: Albania, Riohacha, Maicao and El Pajaro-Manaure.

IOM: Through the IOM/UNHCR Inter-Agency Regional Platform, IOM is assisting receiving and transit countries as well as the most vulnerable Venezuelans. The Platform's area of response and support are: Regional strategy and country specific support – Information management including data and analysis – Communication – Resource mobilization. At country level through the migration and refugee working group or other coordination platforms established for this purpose, IOM is providing direct support to Venezuelans and host communities and providing advisory and capacity development services to Countries to respond to these flows.

#### UNHCR:

The neighboring governments have been mobilizing to respond to the outflows of Venezuelans and preparedness activities in the region are underway. Varied coordination mechanisms led by the governments have been established, driven by the needs and the specific context. To ensure legal stay, some of the governments have created special permits to accommodate new arrivals, namely Colombia, Brazil and Peru. Furthermore, in Brazil, in February 2018 both Provisional Measure nº 820/2018 was passed (which reinforces the Federal Emergency Preparedness and Response Plan) and a Coordinator for the Emergency Response Plan was appointed.

Other countries in the region have also taken preparedness actions to ensure an adequate response to the outflow of Venezuelans. In Costa Rica, the government has assured admission to the territory, no administrative detention, immediate access to Refugee Status Determination (RSD) procedures, access to basic services for arrivals and the ability to receive work permits once one's asylum claim has been lodged. Initiatives are underway in Ecuador, Mexico, Panama and the Southern Caribbean to establish procedures that facilitate RSD. Despite these preparedness activities, major gaps remain in receiving countries including but not limited to: reception conditions, access to basic services and shelter, food security, meaningful inclusion of communities and socioeconomic support to populations with specific needs.

A refugee contingency plan (CP) has recently been updated for Colombia while the refugee CP for Brazil is currently being updated. A Refugee Regional Response Strategy (RRRS) is also in place to ensure that Venezuelans in need of protection are able to access countries in which they can seek asylum and access the basic rights and services found within these countries.

Neighboring countries and countries in the region are already responding to the situation; UNHCR is responding together with IOM given the increasingly significant refugee dimension of the outflows; refoulement has occurred from certain countries in the region.

#### **Brazil**

WHO is working with the national and local authorities to contain the measles outbreak in affected states. Residents and Venezuelan migrants from 6 months to 49 years old, mainly children under 15 years old, have been vaccinated against measles. WHO has helped establishing of a vaccination post in Pacaraima, in the state of Roraima on the border with Venezuela, operating continuously for 10 hours a day, seven days a week. As of 16 June 2018, 45,262 vaccines from the national vaccination program have been administered to 18,439 Venezuelan migrants. Support is

also being provided to improve case management and investigation through the implementation of infection prevention and control (IPC) protocols, isolation rooms, hospital screening, contact tracing, training of health professionals, active institutional and community research, and laboratory capacity building, among others.

## Colombia

WHO is working with health authorities and partners to strengthen capacities at point of entry in Cucuta (North of Santander) for immediate measles case finding and care, as well as immunization of susceptible persons. WHO has also supported the training of health care workers for rapid response to imported measles cases, case management, effective vaccination strategies.

World Vision launched regional response - protection, food security, livelihood - Brazil, Ecuador, Columbia.

### Requirements:

1. review of current contingency plans with a focus on identifying in-country response capacity and gaps
2. the OCHA Regional Office is looking at a potential regional planning workshop with a view to develop a regional contingency plan
3. UNICEF to start advocacy to scale up UN action, making the most of the Government's increased openness towards international cooperation

## RISKS OF HIGH CONCERN

### 3) CENTRAL SAHEL (MALI/NIGER) – regional insecurity and instability, food insecurity

## Mali

### Status in May 2018:

The IASC's in-country capacity and readiness to scale up considered medium. A significant number of humanitarian actors (156) are present in Mali, and while humanitarian actors' operational capacity varies, their overall in-country capacity is assessed as sufficient. In the north and centre, where the security situation is likely to deteriorate in the coming months, over 80 humanitarian organisations are operational. In Bamako, as much as in the central and northern regions, coordination structures are in place, including civil-military coordination. Since 2017, efforts have been taken to strengthen coordination, including the functionality of the HCT and clusters, however weaknesses remain. Efforts to ensure dedicated humanitarian leadership are also ongoing, with the planned establishment of a Deputy HC position.

The latest wave of violence in the northern regions, and spread of security incidents targeting humanitarian workers in the central regions, is impacting access and may increasingly affect the provision of aid. Insecurity on the main axes towards Kidal, combined with the destruction of the Kidal airstrip, will continue to affect the delivery of aid in the coming months. In addition, the ban of motorcycles and pick-ups in some areas of Mopti (center) and Timbuktu (north) is a concern for humanitarians as it hampers their access to vulnerable communities. Operational capacity is also hindered by a lack of funding; as of 2 May, the 2018 HRP was 15.5 percent funded. 32 per cent of prioritized preparedness actions are completed or in progress. In 2017, the country-wide inter-agency contingency plan was revised and regional inter-agency contingency plans were developed for Mopti, Gao, Timbuktu and Segou to ensure that preparedness measures are taken locally. The one for Kidal is being finalized. Most recently, a contingency plan was drafted in preparation for the forthcoming elections.

### June 2018 update:

FAO: The Country office has identified the most likely risks affecting the agriculture and food security and is in the process of consolidating the FAO Emergency Response Preparedness Plan (FERPP) to strengthen emergency response capacity of the Country Office.

UNHCR: a regional coordination mechanism (Mali, Niger, Burkina Faso) for early warning and preparedness has been set up among UNHCR offices to ensure rapid response to newly displaced, either refugees or IDPs. In Burkina Faso,

UNHCR is updating the inter-agency contingency plan for potential influx of Malian refugees due to conflict and/or electoral violence.

WFP is planning an internal simulation in Senegal for the Sahel crisis in September.

#### Requirements:

**Mali presidential election preparedness: no support requested so far**

**Triangle Mali/Niger/Burkina Faso: the OCHA Regional Office and the regional Emergency Preparedness and Response Working Group are proposing to develop a joint risk and vulnerability analysis for this specific area based on the tool developed at the regional level (awaiting reply from the Resident Coordinators and Country Teams)**

## Niger

#### Status in May 2018:

IASC capacity/preparedness to respond to the above-mentioned risk is considered medium. There are 175 humanitarian organizations in-country, with some 40 humanitarian partners present in the Tillabery region and 34 in Tahoua. The HCT is regularly reassessing its footprint in case of sudden emergencies. In Tillabery, a Civil-Military Coordination cell is being established due to the increasingly militarized environment. The HCT has approved the roll out of a Rapid Response Mechanism in Tillabery and Tahoua and efforts are ongoing to operationalize it, including by attracting donor funding. However, security issues and movement restrictions due to the states of emergency in Tillabery and Tahoua restricting access to people in need. Humanitarian operational capacity is also hindered by a lack of funding; as of 2 May, the 2018 HRP was 25.3 percent funded (the 2017 HRP was 80 percent funded at year-end).

Clusters have made progress in strengthening their capacities, though only two of them have a dedicated full-time coordinator and none have dedicated information management capacity.

23 percent of prioritized preparedness actions are completed or in progress. A multi-risk interagency contingency plan exists and was updated in January 2018.

The OCHA Country Office has requested the support of the Regional Office for Western and Central Africa for the update of the national contingency plan (May-June 2018).

FAO: developing preparedness plan

WFP: approved funds for preparedness actions

#### June 2018 update:

UNHCR: implementing a preparedness plan, including remote monitoring of displacement and insecurity through the Protection Cluster to alert partners of potential new internal displacement.

#### Requirements:

**Niger: the OCHA Country Office has requested the Regional Office's support to update the national contingency plan (May-June 2018)**

**Triangle Mali/Niger/Burkina Faso: the OCHA Regional Office and the regional Emergency Preparedness and Response Working Group are proposing to develop a joint risk and vulnerability analysis for this specific area based on the tool developed at the regional level (awaiting reply from the Resident Coordinators and Country Teams)**

**UNICEF to deploy dedicated full-time coordinators for Clusters in Niger (only two have a dedicated one) as well as IM capacity, mobilize donors proactively on funding modalities allowing to respond to short-term needs while addressing root causes (i.e. continuum humanitarian-development).**

## 4) SUDAN – food insecurity and economic crisis

### Status in May 2018:

The IASC's capacity and readiness to respond to the above-mentioned risk is considered medium. 181 humanitarian organizations operate in Sudan. While most are present in Darfur, there is limited humanitarian presence in Gedaref and Kassala. However, WFP, which would be at the forefront of the response, is present and well placed to scale up the response in these areas. FAO, which co-leads the Food Security and Livelihoods Sector, is also active but with less capacity.

There is a robust coordination mechanism, including regular HCT and Inter-Sector Coordination Group meetings at the national level. At the sub-national level, there is an Area HCT supported by an OCHA sub-office in North Darfur; however, similar mechanisms are not in place in Kassala or Gedaref.

**The major constraint to scaling up would be funding.** HRP funding in 2017 fell below 50 per cent for the first time since the start of the Darfur crisis. While the Food Security and Livelihoods sector has generally been better funded than other sectors, there is already a shortage of funding to meet existing needs. The economic crisis will add significant funding requirements to an already underfunded operation.

Although Sudan continues to have a heavy bureaucratic apparatus around movement within the country and there have been delays in bringing in supplies and personnel, the overall operating environment has improved significantly in the past 18 months, and the affected states do not have major access impediments. In Darfur, armed escorts are often required from the UNAMID peacekeeping force or Government police, which can introduce further delays or costs.

48 per cent of prioritized preparedness actions are completed or in progress. **There are plans to strengthen Emergency Response Preparedness in 2018, including identifying priority preparedness measures. Preparedness plans were developed in July 2017 for flooding and Acute Watery Diarrhea; a preparedness plan has not been developed for drought.**

**The HCT is currently preparing an analysis of the anticipated additional needs from the broader economic crisis – including the poor harvest in the affected states – to inform contingency planning.**

### Requirements:

**At this time no further support requirements have been identified.**

**UNICEF suggests that the international community (donors, World Bank, IMF and the UN in Sudan) should explore measures to support Government to mitigate impact of the crisis on the most vulnerable (i.e. strengthening social protection and safety nets). Advocacy for additional funding to face the potential increase of humanitarian needs should be strengthened, also in light of the current funding needs.**

## 5) SYRIA (SOUTH) – escalation of conflict

### Status in May 2018:

The humanitarian community's capacity and readiness to respond to a spike in needs in the south of Syria is highly dependent on the Ramtha border crossing from Jordan and key access corridors within southern Syria remaining open. If the border and key corridors remain open, capacity/readiness is considered high; if the border closes, or access corridors are blocked for an extensive period, the ability to respond will be limited.

Six humanitarian sectors programme remotely through some 26 Syrian NGO and 22 INGO partners as part of the Whole of Syria response, and an average of two convoys per week move through the Ramtha border crossing. However, an escalation of armed conflict in the area could have a significant impact on presence/capacity on the

ground and the ability to move assistance across the border (e.g. due to closure of the Ramtha crossing and/or key routes inside southern Syria due to fighting). Disruption of local trade and markets would further complicate humanitarian operations (e.g. in relation to local procurement by NGOs).

**Robust coordination and monitoring mechanisms are already in place and have been tested during previous escalations. The Cross-Border Task Force (CBTF) provides robust coordination of the response in southern Syria and is considered fit-for-purpose. Sector leads and NGO co-leads are in place and the Inter Sector Working Group (ISWG) is fully functioning.**

Cross-border partners have expanded preparedness activities to ensure that multi-sectoral emergency response can be activated in a timely manner. Updating of contingency planning occurs on a regular basis (at least twice per year) and a revision has recently been conducted. However, the current shortage of funding is constraining the agencies' capacity to procure and preposition supplies, and ensure capacity is in place now before any offensive takes place.

Nonetheless, most sectors have prepositioned supplies and maintain a significant level of programming readiness. The Food Security Sector (FSS) has prepositioned stocks of ready-to-eat rations in various strategic locations in southern Syria, to meet the needs of 69,000 people within 72 hours and can scale this up by an additional 90,000. FSS is poised to send 1-month regular food rations for 52,400 people and are in discussions with Syrian partners about sending 2 months' food rations at a time, as a contingency measure, beginning in May. WASH partners currently have between 2-3 months' worth of chlorine for water purification purposes inside Syria and this will be topped up with a further 6 months of rations in April. Other sectors, such as shelter/NFI, are less prepared, in part due to growing demands in other parts of the country. The shelter/NFI sector reports that funding shortfalls mean that they can respond to just 5 percent of current needs in southern Syria. Other sectors also report growing funding challenges. If current gaps are addressed, humanitarian programming can continue in most sectors for 2-3 months if the border crossing closes or if, e.g., the Western part of opposition controlled southern Syria is cut from the East. However, programming in the south is dependent on the cross-border operations and soon after any loss of access an impact would be felt in most sectors.

If - as a result of military operations - control over southern Syria goes back to the Syrian authorities, humanitarian operations would likely be channelled through Damascus. This would likely require the setting-up of a hub in southern Syria (possibly in Dar'a city - depending on how the security situation unfolds) together with the deployment of additional staff and the disbursement of additional funds. Bureaucratic and administrative hurdles (i.e. delays in visa grants and other types of authorizations) could delay these operations. Additionally, growing funding challenges could be the result as many key donors are increasingly reluctant to fund UN regular programming. Government-control in the South may also pose protection risks for humanitarian workers and implementing local NGO partners.

WHO: Contingency plan has been developed for the South for medical evacuations and referrals.

#### **June 2018 update:**

UNHCR: Preparedness actions are being implemented and contingency plans are updated: partners in Damascus are finalizing an inter-agency contingency and preparedness plan. UNHCR is one of only two UN agencies working out of Damascus with operations in government-held areas of southern Syria, and has been pre-positioning supplies in Dara'a, Quneitra, and in Sweida. Two IDP sites in Syrian government-controlled areas are being prepared to receive as many as 6,000 people in case of an outflow. Meanwhile, UNHCR Jordan is working with partners on contingency planning in the event of any refugee influx into Jordan. Efforts have been made to preposition supplies in key locations throughout both Dar'a and Quneitra governorates. However, capacity remains relatively limited particularly with respect to shelter response.

#### **Requirements:**

**At this time no further support requirements have been identified.**

**Renewed commitments are needed from all parties to allow regular, safe access to reach the most vulnerable and allow populations to access assistance safely.**

**UNICEF advises for continued advocacy with the Government of Jordan and most likely the United States Government to keep the border open for humanitarian traffic, and to allow Syria refugees to cross the border into Jordan seeking safety. Increased Inter-Agency advocacy to ensure additional financial resources is also needed.**



## RISKS OF MODERATE CONCERN

### 6) AFGHANISTAN - forced repatriation compounded by conflict intensification and adverse weather conditions

#### Status in May 2018:

**IASC partners' capacity to respond to a quickly worsening humanitarian situation is considered high, with the HCT well established to scale up to deteriorating situations.** Operational capacity is strong with 150 national and international partners managing or implementing projects in almost three quarters of the country in the last quarter of 2017. Humanitarian presence is well established in the four provinces where needs are the most severe – Kandahar, Kunduz, Kabul and Nangarhar – with the latter two particularly well served. However, operational response capacity in districts influenced or controlled by non-state armed groups (NSAG), including Hilmand, Paktika, Uruzgan and Zabul, is more limited, with international NGOs consistently finding it difficult to penetrate due to security concerns – although displacement in these areas in 2017 was lower than in 2016. In addition, the expansion of the conflict and shift in NSAG tactics away from large-scale assaults on urban population centers to complex attacks concentrated in the capital Kabul and other provincial capitals such as Jalalabad will likely have a negative impact on the presence of NGOs in 2018, many of whom have reduced their geographical footprint in recent months as part of efforts to preserve the safety of their staff and assets.

**Emergency Response Preparedness (ERP) reviews are underway on a semi-annual basis to update core products related to humanitarian response capacity in each region, highlight risks and districts of concern, project humanitarian caseloads for the next six-month period and agree on priority preparedness actions to undertake at the regional and national level.** Implementation of the ERP has been strong to date, with 86.5 percent of preparedness actions 'Done', 3.1 percent having a 'Deadline Set', and 10.4 percent 'To Be Initiated'. Two task forces were created under the Inter-Cluster Coordination Team and HCT in 2016 to further prioritize and take actions forward, namely the Early Preparedness Sub-Working Group and Emergency Operations Management Team. So far this year, two contingency plans have been prepared – one to respond to a potential influx of up to 700,000 returnees from Pakistan and the other to respond to a potential drought affecting up to 1 million people. Based on existing stockpiles, the humanitarian community has the capacity to respond to up to 175,000 returnees from Pakistan (so far this year, less than 5,000 have arrived), while the Food Security Cluster has stocks in place to assist 138,000 people. In the event that up to 1 million people require six months' food assistance and government strategic grain reserves of 210,000 MT are unavailable, an additional \$70 million may be required to support this caseload.

UNICEF: As Afghanistan is currently experiencing a drought or prolonged dry-spells in at least 20 provinces across the country UNICEF and partners in the nutrition cluster estimate that emergency nutrition assistance is needed for 92,000 children and 8,500 pregnant and lactating women. UNICEF estimates also show that between July and December 2018, these numbers are likely to increase. The UNICEF led water, sanitation and hygiene (WASH) cluster has indicated that some 875,000 people could need assistance in the next three to six months. UNICEF and partners are scaling up their operations to respond to the emergency nutrition and WASH needs. UNICEF is currently procuring and pre-positioning essential nutrition supplies; scaling up emergency nutrition services through fixed and mobile nutrition teams; strengthening community screening and referrals of malnourished children to provide treatment as quickly as possible; and scaling up the Vitamin A supplementation Programme for children in drought affected provinces.

#### Requirements:

**At this time no further support requirements have been identified. Given that HRP has been revised upwards to reflect additional needs due to the ongoing drought.**

**UNICEF proposes that additional financial resources are urgently needed.**

## 7) BURUNDI – political violence

### Status in May 2018:

IASC partners' capacity to respond to a quickly worsening humanitarian situation is considered low. Around 60 humanitarian partners are present in the country, most of them with limited emergency response capacities. If the humanitarian situation deteriorates further, in-country capacities will be insufficient.

**Coordination and rapid response capacities have been put in place, however they require additional strengthening.** Concerns have been expressed regarding sectoral coordination, as most of the sectors have limited coordination experience and almost inexistent information management (IM) capacities.

Humanitarian access is expected to become more difficult, particularly given the implementation of a new law promulgated in January 2017 containing provisions that could negatively affect the work of NGOs. The Government's open criticism of the 2018 Humanitarian Response Plan and Regional Refugee Response Plan reveals a hardening of positions from hard-liners of the ruling party against humanitarian actors. In addition, security incidents against humanitarian workers have increased during the past year, with three UN national staff jailed, one humanitarian international staff expelled and MSF Switzerland withdrawing from the country. 11 percent of prioritized preparedness actions are in progress; none have been completed. Humanitarian partners are updating Burundi's contingency plan for a caseload of 25,000 to 100,000 people. Priorities to increase operational readiness include mapping capacity, agreeing on basic relief packages and pre-positioning essential relief items. Efforts are also ongoing to reinforce the National Disaster Management Authority and strengthen coordination and IM tools and mechanisms.

### June 2018 update:

FAO: The Country office has identified the most likely risks affecting the agriculture and food security and is in the process of consolidating the FAO Emergency Response Preparedness Plan (FERPP) to strengthen emergency response capacity of the Country Office.

UNHCR: inter-agency preparedness and contingency planning is constantly up to date for potential outflow of refugees from Burundi to Tanzania, Rwanda, DRC and Uganda.

WHO enhanced operational readiness for Ebola in Burundi with development and implementation of contingency plan, enhanced surveillance and risk communication, increased laboratory capacity and training of a multi sectoral rapid response team.

### Requirements:

**At this time no further support requirements have been identified.**

**UNICEF encourages to strengthen sectoral coordination, including IM and to ensure that surge capacities are ready and available if displacement due to conflict arises.**

## 8) SRI LANKA – escalation of inter-communal tensions

### Status in May 2018:

IASC capacity and preparedness is considered low. **A limited number of organizations have operational capacity and organizations are more development focused.** In addition to UN agencies, there are approximately 30 INGOs with a humanitarian/development mandate. Only a few organizations maintain in-country relief stocks and therefore would need to mobilize additional stocks from abroad in case the situation deteriorates. The limited availability of funding would be the key challenge to scaling up.

An HCT is still in place and six sectors are in place since the 2017 flooding and landslides, however coordination functions and roles would need to be strengthened in case of a deterioration and information management systems would need to be improved. One UN Resident Coordination Officer is present in the north and east. 32 per cent of

prioritized preparedness actions are completed or in progress. HCT sectors are now entering preparedness discussions for the 2018 southwest monsoon season; scenario planning has not been undertaken for political violence. There is no contingency plan for the HCT or Government, not even for drought.

### Requirements:

**At this time no further support requirements have been identified.**

**UNICEF Regional and Country Offices have informed that risk of violence from the escalation in tension experienced in Q1 is no longer a risk of concern.**

## RISKS NOT INCLUDED IN THE EWEA REPORT

### 9) BANGLADESH – increased vulnerabilities of refugees and host population

#### Status in May 2018:

##### UNHCR:

- UNHCR, IOM and the Asian Disaster Preparedness Centre have assessed that between 150,000 and 200,000 refugees are at particular risk from the monsoon season, of which 24,000 refugees are considered at critical risk
- ISCG has increased preparedness activities for the monsoon season, including: reinforcing all existing refugee shelters; prepositioning supplies; undertaking engineering works (construction of foot-bridges, terracing, and roads, etc.) and working with the refugee community to develop early warning systems and information campaigns on emergency procedures
- In coordination with ISCG, UNHCR has developed a contingency plan which allows for the temporary, short-term relocation of around 135,000 persons: 35,000 refugees would be hosted by other refugees who live in more secure areas; 34,000 refugees would be hosted in communal structures in refugee settlements; and 66,000 refugees would be hosted in tents and other emergency shelters within/next to the current settlements
- UNHCR, IOM and WFP have been working to flatten 800 acres of land allotted by the Government for refugee relocation. Due to the challenges associated with the land structure as well as the limited time frame, UNHCR expects to be able to relocate only 5,000 persons on the land by the end of May 2018
- For cyclone risks: 72 hours before any anticipated cyclone, the Government will activate its Cyclone Preparedness Plan and early warning system for refugees and host communities; the Bangladeshi Army will carry out any necessary evacuations from the settlements. A “command centre” designated for coordinating the emergency response will also be established and will include the RRRC, the Deputy Commissioner, the Bangladeshi Army, and the ISCG. The municipality offices will contain similar structures, which will include ISCG staff.

UNICEF: The UNICEF monsoon preparedness/operational plan has been finalized, with the aim to support a proportion of 100,000 people who are at risk of floods and landslides as identified at the inter-agency level. The plan requires approximately US\$10 million and includes key actions to mitigate the risk of floods and landslides, or to respond during monsoon. The plan is also structured around three main pillars: supplies (70% of supplies already ordered), human resources (surge staff/experts identified and on stand-by for immediate deployment if required) and partnerships (some partnership agreements revised to allow them to deliver emergency activities).

WHO: Health sector contingency plan developed and tested early April for both cyclone and monsoon with scenarios of 200,000 people and 53 health facilities affected with landslides affecting 220 household and outbreak of water-borne and vector diseases as well as issues of access. Response include relocation of health facilities, full scale epidemic response and mobile team for assessment and mobile clinics for response' however, as of today, capacity and funding is too limited to be able to deliver the whole response as planned.

#### June 2018 update:

FAO has been distributing plastic silos/drums to the refugees and host communities for safe storage of food, documents and important household items during the monsoon/flood season. Wide-scale distribution of liquid petroleum gas cooking sets will substantially reduce the need to access flood/landslide risk areas during the rainy season.

WHO has finalized its monsoon and cyclone contingency plan which includes a specific plan for acute watery diarrhea such as cholera and for increase of trauma cases. A specific mission for mass casualty management went to look at increase of trauma during the cyclone season and the third cholera vaccination campaign targeting 900,000 refugees was completed during the month of June 2018.

## 10) ETHIOPIA – drought and insecurity, internal displacement due to conflict

### Status in May 2018:

WHO: Preparedness for a projected 36 000 cases of acute watery diarrhea this year but stock will be out by June if no more money available. Additional vaccination campaign for measles in Somali region and IDP camps being prepared but USD 3 millions more needed. Floods preparedness and response task force activated and in response mode in Somali region.

### June 2018 update:

While Ethiopia continues to recover from the effects of the severe and wide-spread drought of 2016 and 2017, the country's humanitarian needs were aggravated by the outbreak of conflict along the Somali-Oromia borders in September 2017 that continue to displace individuals from both regions. As of April 2018, it was estimated that around 1.6 million people remain displaced in the country (DTM Round 10).

The escalation of internal violence between West Guji (Oromia) and Gedeo (SNNPR) which started in April 2018 have so far forcibly displaced 978,000 persons in both regions (as of June 28<sup>th</sup>). The waves of insecurities and inter-communal clashes are creating a humanitarian crisis in the country's most densely populated area, where access and ensuring humanitarian presence has always been a challenge. The increase of violence in early June has also prevented returns for IDPs as well as humanitarian operations. The heavy rain forecasted for the region in Summer is expected to rapidly worsen conditions for the IDPs.

Increased number of diarrheal cases (not Acute Watery Diarrhea) as well as rumors of trauma (under investigation).

IOM: scaling up Shelter/NFI activities (despite critical low funding) and in country discussions to activate a Site Management sector to support authorities to respond to the vast displacement and the needs growing in displacement sites.

FAO: The Country office has identified the most likely risks affecting the agriculture and food security and is in the process of consolidating the FAO Emergency Response Preparedness Plan (FERPP) to strengthen emergency response capacity of the Country Office.

WFP is planning a simulation exercise involving NDMOs to be held in August.

WHO is establishing an emergency command post in Dilla area and has prepositioned diarrheal disease and Inter-Agency Emergency Health Kits. WHO is enhancing surveillance for communicable diseases with a specific emphasis for measles and acute watery diarrhea. Investigation on increase of trauma cases also ongoing.

## 11) TURKEY – displacement crisis

### Status in May 2018:

WHO: Contingency plan developed and tested in April 2018 (with an earthquake scenario). Business Continuity Plan updated.

## 12) CENTRAL AMERICA – Migration flows

### Status in June 2018:

**Nicaragua** – The on-going political crisis, which escalated since April 2018, is having an impact on internal displacement as well as potential of cross border movements. Available data indicates that from January to June the number of entries into Costa Rica from Nicaragua were above ten thousand, with four thousand remaining in Costa Rica and above two thousand people who requested asylum. The Inter American Commission of Human Rights (CIDH) has reported an increase in security incidents as well as the impact they have in general access to livelihoods. From the three neighbouring countries Costa Rica would be the one to receive the larger flows of persons in case of large cross border movements. IOM and UNHCR are working on preparedness and contingency plans with local authorities upon their request.

**Panama** – following the 2015-2016 migratory crisis that had hundreds of migrants (the majority being of Cuban and Haitian origin) reaching Panama and crossing its territory heading towards central and north America, IOM has been working closely with local authorities to develop their capacities to handle migratory flows and offer dignified and protective temporary

accommodation solutions. Localised guidelines for the management of temporary accommodation for migrant flows were developed and a workshop with local authorities (SENAFRONT-Border police) was held in early June in the Darien province at the border with Colombia.

### 13) CARIBBEAN – Hurricane preparedness

#### Status in June 2018:

OCHA The Regional Office for Latin America and the Caribbean is working with Caribbean Disaster Emergency Management Agency (CDEMA) and National Disaster Management Organizations of the Caribbean to strengthen hurricane preparedness and coordination arrangements before the 2018 hurricane season. The Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator Mark Lowcock visited the Republic of Haiti and the Republic of Panama from 3 to 5 July 2018. The main objective of the USG/ERC's mission was to assess the level of preparedness to natural disasters in Haiti and the region, and see how preparedness efforts could be strengthened as the hurricane season began. A member states briefing was held on 6 July 2018.

**Haiti** - During his press briefing on 4 July, the USG/ERC advocated to sustain hurricane preparedness action, especially given the high vulnerability of most Haitians. He commended the national authorities' efforts, including with the simulation exercise (SIMEX) planned in July, and stressed the UN's commitment to maintain its support, including through the UNDAC training planned for July in Haiti.

**Dominica** - The island is still recovering from the impact of hurricane Maria in 2017 yet preparing for this year's hurricane season.

OCHA facilitated an ERP contingency planning workshop for hurricane preparedness on 19 June; an inter-agency contingency plan is being formulated.

IOM in its role of co-lead of the Housing and Settlement sector has carried out evacuation centre management training and is assisting local authorities to map, identify, assess and improve key selected centres to serve this function.

**Grenada** – The island is at risk of hurricane impact (major impact of Hurricane Ivan in 2004) and volcanic activity following the request of national disaster management authorities.

IOM carried two workshops for key responders to manage evacuation shelters, and also an assessment of shelters to serve as temporary accommodation. Advanced preparedness activities were identified to ensure structures are in place to ensure swift evacuations and minimum standards and services are available on site.