

# CRISIS OVERVIEW 2015

HUMANITARIAN TRENDS AND RISKS FOR 2016



acaps



# CRISIS OVERVIEW 2015

## HUMANITARIAN TRENDS AND RISKS FOR 2016



**NIGER**  
Recurrent shocks to a population with high underlying vulnerability

**NIGERIA**  
Boko Haram pushed back but insecurity and displacement persist

**CAMEROON**  
Boko Haram puts pressure on poorest region

**CENTRAL AFRICAN REPUBLIC**  
Almost half the population is in need as the crisis stagnates

**DEMOCRATIC REPUBLIC OF CONGO**  
Persistent disease outbreaks amid continued conflict

**SUDAN**  
Little sign of deterioration, or of improvement – needs persist

**LIBYA**  
Growing needs meet diminishing access

**SYRIA**  
Five years of civil war and needs continue to increase

**UKRAINE**  
Winterisation is a priority in a frozen conflict





# PREFACE

In 2012 ACAPS launched the Global Emergency Overview (GEO). Since then, we have provided a weekly global overview of humanitarian crises. The *Crisis Overview 2015: Humanitarian Trends and Risks for 2016* is the first attempt to use the three years of data we have gathered for the GEO to identify long-term trends in humanitarian needs and build scenarios outlining potential change for countries in crisis in 2016.

The aim of the report is to deepen collective understanding of how needs have evolved over time in some of the most severe humanitarian crises in the world. It is our hope that we can contribute towards a more robust shared situation awareness across the humanitarian sector and inspire thinking that will ultimately help to improve support to crisis-affected populations.

At the same time, it is important to acknowledge what this report does not do. It does not aim to provide a global severity ranking. The data that is available and our approach is not strong enough to achieve any kind of meaningful comparative analysis of crisis. The most important aspect of this report, therefore, is the qualitative analysis.

I hope you will find the report both informative and useful. As this is our first attempt to provide a more long-term picture of crisis, we are eager for feedback, both in terms of what you find useful and – more important – what you find less useful. Please do not hesitate to get in touch and let us know what you think, both good and bad.

Happy reading!

Lars Peter Nissen  
Director  
Geneva, 9 December 2015

# INTRODUCTION

*The Crisis Overview 2015: Humanitarian Trends and Risks for 2016*, outlines the countries considered to be in greatest humanitarian need as we approach the end of 2015.

Based on our weekly Global Emergency Overview (GEO), and three years of data on humanitarian needs across 150 countries, we have identified eleven countries where humanitarian needs are likely to be highest in 2016, as well as seven that merit attention, as they face a potential spike in needs. A final section considers the potential impact of the current El Niño event across a number of regions.

Afghanistan	Burundi
CAR	Cameroon
DRC	Ethiopia
Iraq	Myanmar
Libya	Niger
Nigeria	Ukraine
Somalia	El Niño risks
South Sudan	
Sudan	
Syria	
Yemen	

## COUNTRY SELECTION

The 11 countries identified to be in highest humanitarian need in this report are those that have consistently been at Level 3 (Severe Humanitarian Crisis) in the ACAPS GEO for the 12 weeks preceding the report (mid-July to early October). The GEO measures underlying vulnerability, access constraints, and current needs to determine overall need for humanitarian assistance, and ranks countries according to three levels.

The second list adds those countries that our monitoring determines to be at significant risk of a new or increased humanitarian crisis within the coming six months.

Our overview does not attempt to predict sudden-onset disasters, rather to analyse the broad evolution of the situation in countries hit by longer-term, more complex crises. We focus on countries, despite the regional nature of many crises, because data collection and response is generally country-focused.

Comparing disasters is an intricate and controversial endeavour, and we cannot fully account for the complexity and diversity of the many crises around the world. This report is not therefore intended to rank or compare the humanitarian situation in different countries directly, but simply to summarise the evolution in the most pressing humanitarian needs. See the methodology, at the end of the report, for details on how the analysis was undertaken.

## ACKNOWLEDGEMENTS

Thanks to Development Initiatives and MapAction for their valuable contributions, and to the multitude of reviewers whose feedback and insights have strengthened the content of this report.

## ANALYSIS OF TRENDS IN NEEDS

For each country, a dashboard gives an at-a-glance picture of the humanitarian situation in 2015. It identifies the priority needs within each country and summarises potential scenarios for the next six months.

The focus is on how needs have evolved, and how access (the population that cannot be reached) and gaps in response (the population that has not been reached) have changed over the past three years. The key events of the past year and population movements follow, and then a breakdown across humanitarian sectors outlines critical issues and trends since 2013.

### Reading the graphs

The graph on population in need shows the number of people in humanitarian need as a percentage of the total population, in most cases using the latest data from the *Global Humanitarian Overview*. The sector with the highest population in need was used to represent the total population in need. Where data is missing or very old, there is no entry on the graph. For the overall population figure, we have used the latest projection by Geohive. Any exceptions to these principles are noted within the report.

The graph on the population that *cannot* be reached indicates the percentage of the population that is difficult to access or not regularly accessible. The population that *has not* been reached is the percentage of the population in need minus the percentage of the population that has been reached (for details on these categories, see the onion model in the methodology section of this report). These figures are estimated based on assumptions or inferences from ACAPS analysts and the last monitoring data available.

The displacement graph shows the proportion of the population that is displaced in the country: it includes refugees, IDPs, and returnees, unless otherwise indicated.

The graphs relating to sectors of humanitarian assistance show the percentage of the total population in need of assistance for that sector.

The chart on funding shows how far the 2015 UN appeal has been funded, using Financial Tracking Service data as of mid-October. The 'outside appeal' bar indicates additional international funding that is not part of the appeal, using the same axis. National funding is not shown.

## SCENARIOS FOR THE NEXT SIX MONTHS

Each country report ends with potential scenarios, outlining how the current situation could evolve over the next six months and what this may mean in terms of humanitarian impact and need.

For reasons of space and time, not all scenarios are mutually exclusive. They can be taken separately or in combination to indicate potential future humanitarian outcomes.

The probability scale indicates the likelihood of the scenario taking place, in five stages from 0% to 100%. The impact scale starts from the continuation of the current level of need, with steps moving towards either improvement or deterioration of the situation, measured by severity of need of the number of people affected (see figure below). Precise figures are not used in the scenarios, because these are very much estimates.

For more on how ACAPS builds scenarios, see the [Technical Brief](#) on our website.

### Reading the scenario impact scale

<b>MAJOR IMPROVEMENT</b>	More than 5% decrease in number affected OR Large decrease in severity of needs
<b>SLIGHT IMPROVEMENT</b>	Up to 5% decrease in the number affected OR Slight decrease in severity of needs
<b>STATIC</b>	Number of affected remains the same OR Severity of need remains the same
<b>SLIGHT DETERIORATION</b>	Up to 5% increase in the number affected OR Slight increase in severity of needs
<b>MAJOR DETERIORATION</b>	More than 5% increase in the number affected OR Large increase in severity of needs



# AFGHANISTAN

POPULATION: 32.8 MILLION



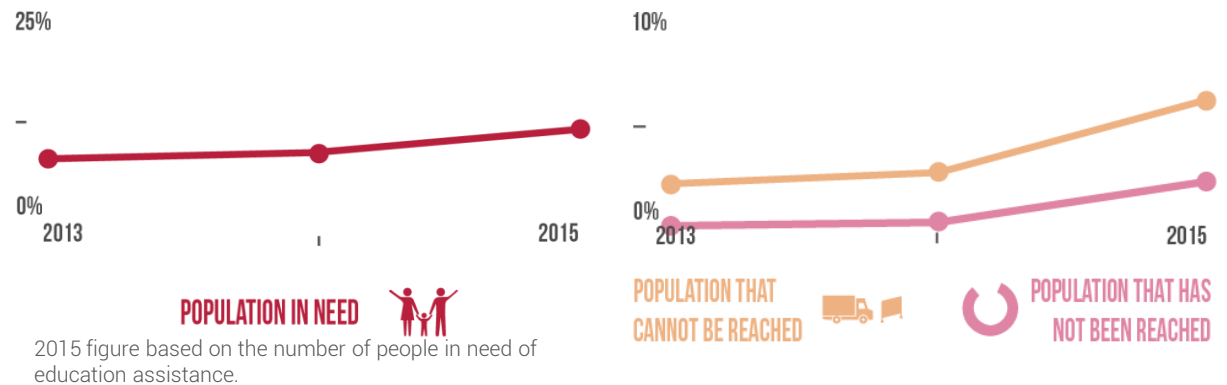
## Violence is intensifying, displacement is increasing, and access is diminishing

The deterioration of the security situation in 2015 has severely impacted humanitarian access. Several aid organisations have withdrawn, leaving the affected population without support.

Conflict-induced displacement is growing, and displacement caused by natural hazards has also been higher than average, reaching 157,000 so far this year.

Emigration flows have surged in 2015, driven by insecurity, with over 10,000 people requesting a passport every day in September. Many are leaving for Europe.

## SITUATION OVERVIEW AND TRENDS



## PRIORITY CONCERNS

FOOD SECURITY

SHELTER

HEALTH

## SCENARIOS FOR 2016

### SCENARIO 1: BASELINE - A NEW CONFLICT DYNAMIC

PROBABILITY

IMPACT **MAJOR DETERIORATION**

### SCENARIO 2: TALIBAN CONTROL GROWS

PROBABILITY

IMPACT **STATIC**

### SCENARIO 3: TALIBAN EXPANSION IS STOPPED

PROBABILITY

IMPACT **SLIGHT IMPROVEMENT**

### SCENARIO 4: INSURGENCIES ARE CONTAINED

PROBABILITY

IMPACT **SLIGHT IMPROVEMENT**



## KEY EVENTS IN 2015

**End of ISAF and increased Taliban activity** The end of ISAF's mission in December 2014 resulted in a spike in violent attacks in the first half of 2015 ([The Guardian, 28/12/2014](#); [Brookings, 26/05/2015](#)). The government and the Taliban held peace talks in July, although the insurgents suspended the talks when they confirmed that leader Mullah Omar had died in 2013 ([The Guardian, 08/07/2015](#)). ([Al Jazeera, 29/07/2015](#); [The Telegraph, 30/07/2015](#)). After Mullah Akhtar Mansour's appointment as successor, the Taliban increased attacks, and took more territory ([BBC, 30/07/2015](#); [Reuters, 12/08/2015](#); [Time, 17/09/2015](#); [Long War Journal, 28/10/2015](#)).

**Seizure of Kunduz** Kunduz was taken in September; the first major city to fall to the Taliban since 2001 ([BBC, 28/09/2015](#)). After two weeks, the US-Afghan coalition regained control, and the Taliban announced its withdrawal ([Afghanistan Analysts Network, 16/10/2015](#); [NYT, 13/10/2015](#)). However, the Taliban has since attacked Maimana, Ghazni, and Lashkar Gah ([International Business Times, 05/10/2015](#); [The Guardian, 13/10/2015](#); [The Independent, 21/10/2015](#)).

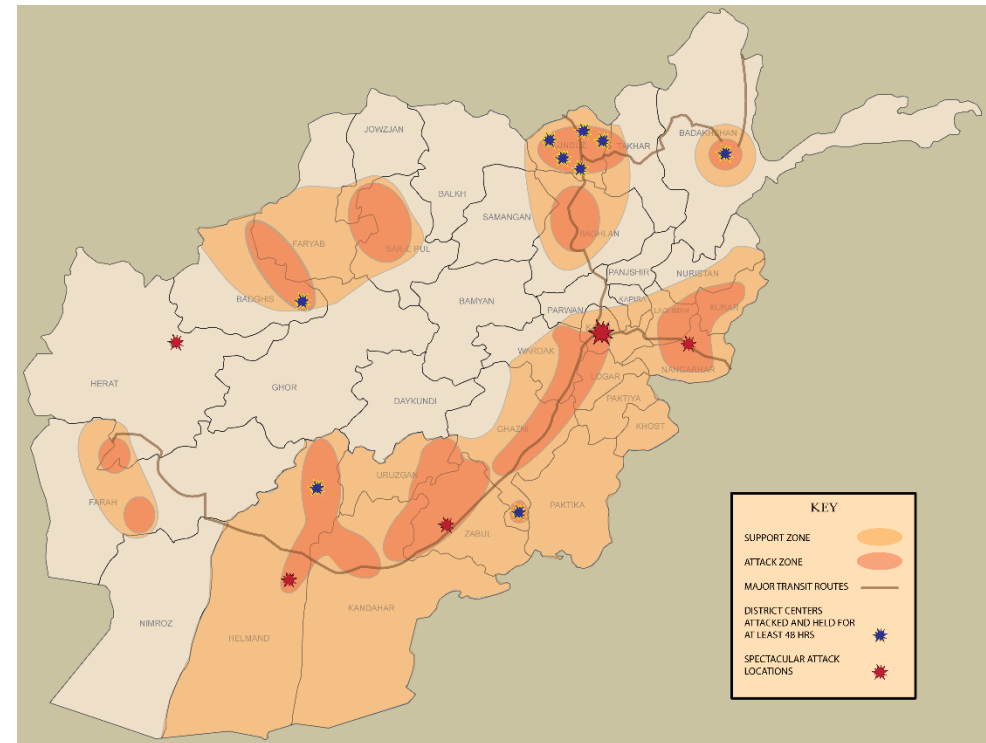
**Natural disasters** In the first six months of 2015 over 90 small-scale natural disasters affected more than 100,000 people ([OCHA, 30/06/2015](#)). The 26 October earthquake that struck north Afghanistan killed 115 people, injured 524, and left over 130,000 people in need of humanitarian assistance in Afghanistan ([USGS, 26/10/2015](#); [OCHA, 12/11/2015](#)).

## DISPLACEMENT

Over 1.65 million people are displaced in Afghanistan, based on aggregation of the most recent data available. The rate of conflict-induced displacement has increased: 156,000 people were newly displaced in 2014, and another 235,000 in the first eight months of 2015 ([IDMC, 16/07/2015](#); [UNHCR, 31/08/2015](#); [UNHCR, 15/01/2015](#); [ECHO, 06/11/2015](#)). In addition, over 157,000 new people have been displaced by natural hazards in 2015. This is more than the 137,000 annual average ([IOM, 05/10/2015](#); [IDMC, 16/07/2015](#)). But it does not take into account the people displaced by the earthquake that struck on 26 October.

Over 100,000 people voluntarily returned from Pakistan in 2015, many from fear of expulsion, compared to 16,000 in 2014, and around 38,000 in 2013 ([IDMC, 16/07/2015](#); [Afghanistan Analysts Network, 09/03/2015](#); [US Department of State, 26/06/2014](#)).

## ZONES ATTACKED BY MILITANTS, APR-JUL 2015



Source: [ISW, 24/08/2015](#)

**2.5 million people are estimated to be food insecure in November**

## FOOD SECURITY AND LIVELIHOODS

2.1 million people were severely food insecure in October 2015, very similar to the numbers reported in 2014 and 2013 ([FAO, 15/10/2015](#); [UN, 05/06/2013](#); [FAO, 01/07/2014](#)). However, 2.5 million are expected to be affected by November. Badakhshan, Baghdis, Ghor, Nuristan, and Samangan see the highest rates of food insecurity ([USAID, 30/09/2015](#)). IDPs are particularly exposed, with over 200,000 reported to be in need of immediate humanitarian assistance ([Food Navigator Asia, 15/09/2015](#); [FAO, 10/09/2015](#)).

**Shelter needs have consistently grown since 2015**

## SHELTER AND NFIS

Shelter is among the priority needs of up to one million people; needs have consistently grown since 2013, with a total of around 400,000 newly displaced by conflict and natural disasters in 2015 ([OCHA, 20/06/2013](#); [IASC, 17/09/2014](#); [OCHA, 18/08/2015](#); [IOM, 05/10/2015](#); [IDMC, 16/07/2015](#); [ECHO, 06/11/2015](#)). Shelter is also a priority need for an estimated 637,430 refugees and returnees ([OCHA, 18/08/2015](#)).

**Most public health facilities are understaffed, and private services are unaffordable for most**

## HEALTH

Health needs are growing: according to MSF estimates, the number of people lacking access to health services increased from 3.3 million in 2013 to 5.4 million in 2014 ([MSF, 02/2014](#)). Needs are thought to have grown in 2015, despite an increase in the number of health facilities. Only 54% of the rural population live within one hour of a health facility ([WHO, 15/06/2015](#)). Most public facilities are understaffed, and private clinics are unaffordable for most Afghans ([Medical Teams International, 02/10/2015](#); [MSF, 10/07/2015](#)). Incidence of trauma has increased among civilians throughout the year, due to the rise in conflict ([Jurist, 08/06/2015](#)). Polio persists: 13 cases were recorded up to 4 November 2015. In 2014, 28 cases were reported, and 14 in 2013 ([GPEI, 04/11/2015](#); [CDC, 30/05/2014](#)).

**2014 was the deadliest year on record for civilians. So far, 2015 is no better**

## PROTECTION

2014 was the deadliest year on record for civilians, with over 10,000 casualties ([UNAMA, 18/02/2015](#)). In the first six months of 2015, the UN Assistance Mission in Afghanistan indicated 4,921 recorded civilian casualties, compared to 4,894 in the same period of 2014 ([UNAMA, 02/08/2015](#); [Times of India, 09/08/2015](#)). In 2013, there were some 3,000 civilian casualties ([The Guardian, 08/02/2014](#)). The proportion of women and child casualties has been growing since 2013 ([Wall Street Journal, 05/08/2015](#); [WHO, 2015](#)).

Sexual and gender-based violence is still very frequent, especially in Taliban-controlled areas, but there is very little reporting. Attacks targeting girls attending school are frequent, and include acid throwing, and gas poisoning ([OHCHR, 09/02/2015](#)). Child recruitment for fighting and suicide-bombing is also prevalent ([UN Security Council, 23/03/2015](#); [UN Children and Armed Conflict, 30/07/2015](#); [UNFPA, 31/12/2014](#)).

Attacks target government employees and, increasingly, media workers ([Human Rights Watch, 29/01/2015](#); [Al Jazeera, 02/06/2015](#); [Internews, 2015](#)).

At 1.9 million, the number of people in need of WASH assistance has changed little since 2013

SAM cases grew from 6.8% of children under five in 2014 to 9.4% in 2015

## WASH

At least 1.9 million Afghans were in urgent need of WASH assistance as of September 2015. Needs have changed little since 2013. Rural populations live in much worse WASH conditions than urban residents: only 47% of rural households have access to improved water sources, compared to 78% in urban areas ([UNICEF, 12/09/2015](#); [30/07/2014](#); [World Bank -Water Rural- 2015](#); [World Bank -Water Urban - 2015](#)).

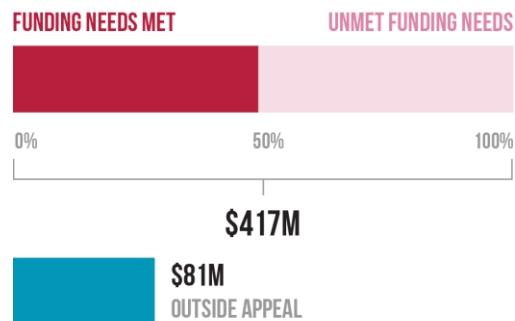
## NUTRITION

Needs for nutrition assistance are growing, from around 1.2 million in need of assistance in 2014 to 2 million in 2015 ([OCHA, 18/08/2015](#); [17/09/2014](#)). As of September 2015, around 500,000 children were estimated to be suffering from severe acute malnutrition (SAM), compared to approximately 360,000 children in 2014 ([UNICEF, 12/09/2015](#); [IASC, 17/09/2014](#)).

## EDUCATION

As of November 2015, over four million children are still estimated to be out of school in Afghanistan ([BBC, 02/11/2015](#)). However, the number enrolled in school is growing and far above the levels of previous years. In 2015, 8.7 million children were enrolled in school, compared to 8.2 million in 2014, and 8 million in 2013. In 2015 girls account for the 36% of the total number of children enrolled, a slight drop from 2014 and 2013 figures ([World Bank, 20/10/2015](#); [NORAD, 29/08/2014](#); [UNFPA, 11/10/2013](#)).

## FUNDING



## HUMANITARIAN ACCESS

The bombing of an MSF-run hospital in Kunduz by the US-Afghan coalition, which resulted in the deaths of 30 people, is likely to have wide repercussions for the presence of humanitarian organisations in a country where access was already extremely limited ([The Guardian, 03/10/2015](#); [MSF, 23/10/2015](#)).

It is perhaps due to worsening security and less presence that incidents involving aid workers have fallen from 81 in all 2013, to 41 between January and October 2014, and 18 between January and October 2015 ([Aid Workers Security, 2015](#)). The death toll for national aid workers remains high, however: 33 have been killed in 2015, 35 in 2014, and 42 in 2013 ([Aid Workers Security, 2015](#)).

The Taliban are openly hostile to international humanitarian organisations and negotiations to gain access can be very challenging. Attacks can still be reported even after access is negotiated. In some areas, the presence of IS militants is an obstacle to access ([ATHA, 16/04/2015](#); [Washington Post, 27/10/2015](#)).

Harsh terrain, extreme weather, and poor infrastructure also hamper access ([USAID, 09/11/2015](#)). Many of the communities affected by the 26 October earthquake could not be reached for days ([IFRC, 02/11/2015](#)).

## SCENARIOS

### SCENARIO 1: BASELINE - A NEW CONFLICT DYNAMIC

PROBABILITY 

IMPACT **MAJOR DETERIORATION**

Despite evidence that the Afghanistan government lacks the financial and strategic means to contain the increasing strength of insurgent groups, NATO countries do not increase their support because of severe domestic criticism over the costs of intervention. As a consequence, despite a harsh winter, the Taliban keep fighting and increase the number of districts under their control. Islamic State increases its activity, attacking Afghan forces and fighting the Taliban. This causes both a spike in health needs and in conflict-induced displacement, both within the country and across the border. Humanitarian access gets even worse, in part due to conflict, in part due to insurgent groups preventing access, exacerbating existing needs. The number of displaced in Crisis (IPC Phase 3) food security outcomes spikes.

### SCENARIO 2: TALIBAN CONTROL GROWS

PROBABILITY 

IMPACT **STATIC**

The government and remaining international forces are insufficient to counter the Taliban's expansion, and further international support is not forthcoming. With control over more parts of the country, the Taliban gain confidence and direct some of their attention to reducing the influence of IS. The number of IS attacks fall. The Taliban's increased sense of security and control means they allow greater access to humanitarian organisations, although under strict control. As a result of the fall in hostilities, conflict-induced displacement decreases, but emigration flows remain consistent because of economic instability and insecurity, and conditions in Taliban-controlled areas. Needs for food, health, water, and shelter decrease thanks to improved humanitarian access, but livelihoods and food security deteriorate because of the political instability.

### SCENARIO 3: TALIBAN EXPANSION IS STOPPED

PROBABILITY 

IMPACT **SLIGHT IMPROVEMENT**

The government, together with the international forces remaining in the country, manages to stop the Taliban from expanding their area of influence, and fighting subsides as winter takes hold. This leads to a reduction in open clashes across the country and in the overall number of people affected by violence.

However, IS activity grows in towns and cities: suicide attacks and bombings against both government and Taliban targets increase, and Afghan and international forces are unable to contain the attacks. Insecurity therefore persists in urban areas and humanitarian access remains difficult. IS attacks cause more displacement within these areas, and an increase in needs for food assistance and NFIs.

### SCENARIO 4: INSURGENCIES ARE CONTAINED

PROBABILITY 

IMPACT **SLIGHT IMPROVEMENT**

As a result of the surge in Taliban activity, NATO increases its support to the Afghan government, providing more soldiers, advisors, equipment, and financial resources. NATO and national forces take districts from the Taliban, and the increase in security and control also brings a reduction in IS activity, including fewer clashes between IS and the Taliban.

Conflict-induced displacement decreases, and humanitarian access increases significantly, facilitating the return of aid organisations. The renewed presence of aid organisations helps reduce health, shelter, and food assistance needs, but there are few signs of sustained recovery.

# BURUNDI



POPULATION: 11.3 MILLION

## Election-related violence triggered a humanitarian crisis in 2015

President Nkurunziza's candidacy for a third term sparked waves of protest between April and July, and then further violence after his election.

By October, almost 200 people had been killed in political violence, and over 200,000 people had sought protection in neighbouring countries ([OHCHR, 23/10/2015](#); [UNHCR, 23/10/2015](#)). Within Burundi, food security is worsening as agriculture, livelihoods, and trade are disrupted. Health services are strained as staff have been displaced and the supply of essential medicines has been disrupted. WASH services are under pressure, heightening the risk of disease outbreaks ([OCHA, 13/10/2015](#)).

## PRIORITY CONCERNS



PROTECTION



FOOD SECURITY



HEALTH

## SITUATION OVERVIEW AND TRENDS

**700,000** PEOPLE  
ARE SEVERELY FOOD INSECURE  
**6.2%** OF THE POPULATION

The recent onset of crisis in Burundi means data on the population in need is not available for 2013 and 2014, preventing trend analysis.

## SCENARIOS FOR 2016

### SCENARIO 1: BASELINE - POLITICAL VIOLENCE

PROBABILITY

IMPACT **STATIC**

### SCENARIO 2: POLITICAL COMPROMISE

PROBABILITY

IMPACT **MAJOR IMPROVEMENT**

### SCENARIO 3: VIOLENCE ESCALATES

PROBABILITY

IMPACT **SLIGHT DETERIORATION**

### SCENARIO 4: VIOLENCE OVERWHELMS RESPONSE

PROBABILITY

IMPACT **MAJOR DETERIORATION**

## KEY EVENTS IN 2015

- Political instability** President Nkurunziza announced his bid for a third term in April 2015. Opposition groups claimed this was a violation of the Arusha Accords ([ICG, 29/05/2015](#)). Despite a climate of violent protest and intimidation, and an attempted coup in May, parliamentary and presidential elections went ahead in June and July ([Reuters, 25/07/2015](#)).
- Post-electoral violence** Following Nkurunziza's election, opposition groups in exile aligned to form the National Council for the Restoration of the Arusha Accords ([IRIN, 12/10/2015](#)). A series of high-profile assassinations, violent clashes, and human rights abuses swept across Burundi ([ICG, 01/10/2015](#)). International pressure for dialogue and restraint mounted. People continue to flee the country ([UNHCR, 23/10/2015](#)).
- Worsening economic conditions** Land preparation, harvesting, and livelihoods have suffered significant disruption. Weakening public services have been further affected by economic slowdown and a 25% reduction in September tax revenue ([Reuters, 20/10/2015](#)).  
Heavy rains risk flooding 11 of 18 provinces ([Croix Rouge Burundi, 27/10/2015](#)).

## DISPLACEMENT

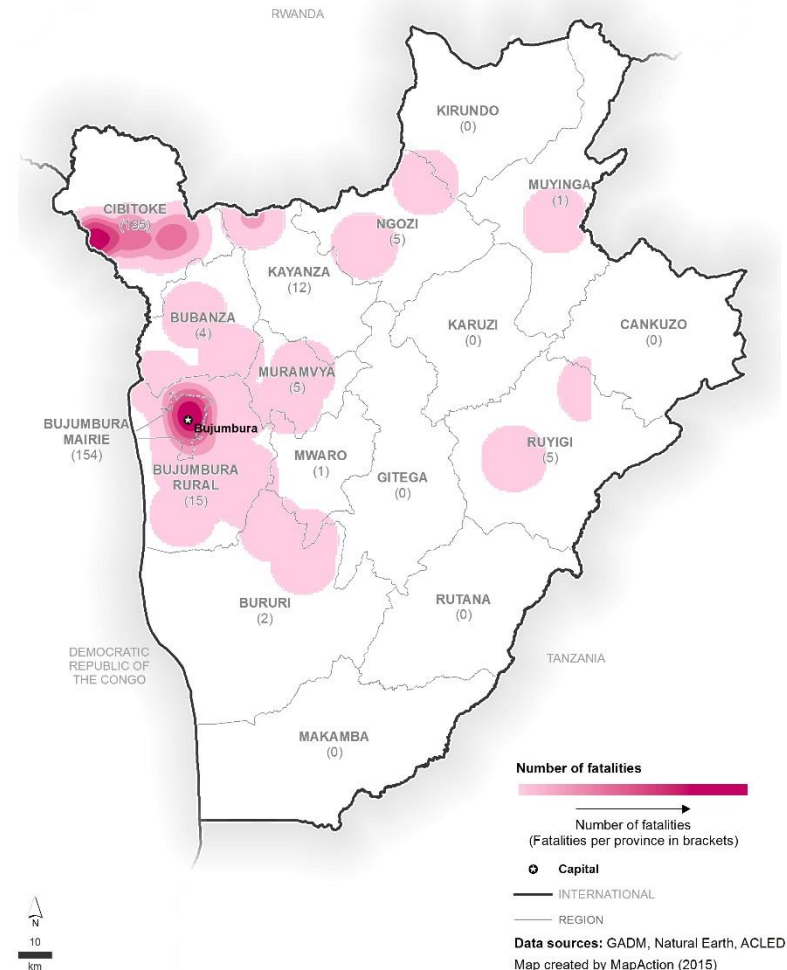
### 200,000 Burundians have been displaced to neighbouring countries in 2015

Refugees began fleeing in April 2015 as President Nkurunziza's bid for a third term in office was met with protests. The number leaving the country spiked during the June and July election period. In early October, numbers swelled again in the context of deteriorating food security and continued political intimidation and violence.

Over 200,000 Burundians have fled political violence and insecurity to neighbouring Tanzania, Rwanda, Uganda and DRC ([UNHCR, 12/11/2015](#)). By November, there were an estimated 15,000 IDPs in Makamba and Kirundo provinces alone, uprooted by ongoing insecurity ([OCHA, 12/11/2015](#)).

## FATALITIES IN BURUNDI 2015

Fatalities in Burundi  
January - October 2015



**200 people killed in political violence since April 2015**

## PROTECTION

Frequent violent clashes, targeted killings, arbitrary arrests, and reports of torture are driving urgent protection needs ([OCHA, 13/10/2015](#)). Over 800 violent incidents have been reported and 200 people are reported to have been killed ([ACLEDA, 31/10/2015](#); [OHCHR, 23/10/2015](#)). At least 200 Rwandans accused of aiding opposition groups have been arrested since April, as diplomatic relations sour between Kigali and Bujumbura ([AFP, 04/10/2015](#)). Independent media have been closed down and journalists have been targeted. Over 100 have reportedly fled the country ([IFJ, 02/11/2015](#)).

**At least 100,000 people need immediate food assistance**

## FOOD SECURITY

Areas affected by ongoing insecurity face deteriorating food security outcomes. An estimated 700,000 people are severely food insecure ([OCHA, 12/11/2015](#)). At least 100,000 people reliant on WFP and Red Cross food distributions are in need of immediate food assistance ([WFP, 04/11/2015](#)). Agricultural activities, including the July to September (Season B) harvest, which accounts for 50% of annual production, faced major disruptions due to unrest. While favourable weather conditions have offset some of the potential impact, reduced production is likely to negatively affect food security over the November-December lean season ([FEWSNET, 31/10/2015](#)).

**Burundi's vulnerability to outbreaks is increasing with civil unrest and the onset of heavy rains**

## HEALTH AND WASH

Fragile health services have further deteriorated with civil unrest. Violence has disrupted the supply of essential medicines and displaced health workers ([OCHA, 13/10/2015](#)). Additional stress is being placed on emergency facilities caring for the wounded. Cholera broke out in the Nyanza-Lac commune of Makamba province and recorded 180 cases and five deaths between May and July ([UNICEF, 15/07/2015](#)). A further 100 cases were recorded in a smaller, unseasonal outbreak in Citiboke province in September, highlighting the country's vulnerability ([Croix Rouge Burundi, 04/10/2015](#)). With heavy rains and floods hitting 11 of 18 provinces in October, and a cholera outbreak in neighbouring Tanzania where almost 5,000 cases have been recorded since August, Burundi's health and WASH situations are precarious ([Croix Rouge Burundi, 27/10/2015](#); [WHO, 21/10/2015](#)).

**Global acute malnutrition has more than tripled in Nyanza-Lac**

## NUTRITION

Civil unrest has aggravated high underlying malnutrition in Burundi. Severe and moderate stunting averaged 58% between 2009 and 2013 ([UNICEF, 2015](#)). In Nyanza-Lac commune of Makamba, global acute malnutrition rates have risen from 2.5% in 2014 to 8.3% in August 2015 ([OCHA, 13/10/2015](#)).



## FUNDING

---

**\$13M**  
**NO APPEAL**

## HUMANITARIAN ACCESS

---

Humanitarian agencies face major access constraints in affected areas due to ongoing insecurity. Although the Burundian Red Cross is active across the country, international humanitarian presence outside the capital is limited. Impartial information is constrained, due to the crackdown on independent media and civil society. Heavy rains and flooding may pose physical constraints as road conditions deteriorate through the rainy season ([OCHA, 13/10/2015](#)).

## SCENARIOS

### SCENARIO 1: BASELINE - POLITICAL VIOLENCE

PROBABILITY 

IMPACT **STATIC** 

The regular violent clashes, killings, and arrests that have taken place since President Nkurunziza was sworn into a third term in August 2015 continue to disrupt livelihoods, agriculture and trade. Neither President Nkurunziza and his supporters nor the opposition coalition (including those in exile) show any sign of compromise, despite mounting international and regional pressure. Sanctions, poor tax revenues, and economic disruptions due to insecurity – particularly in Bujumbura, Citiboke, Kirundo, and Makamba – drive a gradual deterioration in socio-economic conditions. Displacement to neighbouring countries continues steadily. Within the country, the number and severity of people reliant on food assistance increases, particularly over the short November–December lean season, testing underfunded humanitarian agencies' ability to respond. The very real risk of a rapid escalation in violence and deterioration of the humanitarian situation is avoided.

### SCENARIO 2: POLITICAL COMPROMISE

PROBABILITY 

IMPACT **MAJOR IMPROVEMENT** 

International pressure mounts on President Nkurunziza to compromise. Regional actors, particularly Rwanda, threaten to intervene. Sanctions and donor withdrawals, low tax revenues, and a decline in economic productivity isolate Nkurunziza. A unity government is formed, involving most key stakeholders, and divisions within the armed forces are quelled. Unconvinced hardline opposition and pro-Nkurunziza groups spark occasional incidents, but the overall trend is towards a marked improvement in security. Refugee outflows slow to a trickle, while returns slowly increase. Socio-economic conditions remain fragile, but agriculture resumes and economic activity improves in and around Bujumbura. Public services remain extremely fragile. In the short-term, the most vulnerable remain reliant on humanitarian food assistance through the lean season.

### SCENARIO 3: VIOLENCE ESCALATES AND RESPONSE ACTIVATES

PROBABILITY 

IMPACT **SLIGHT DETERIORATION** 

Faced with sanctions and donor withdrawal, poor tax revenue, major agricultural disruptions, and economic paralysis in the capital, President Nkurunziza and his supporters cling to power with increasing desperation. Killings and arrests of opposition and civil society leaders rise sharply, provoking further violence. Cracks within the armed forces – first manifested in an attempted coup – widen. Worsening security drives another round of large-scale displacement from all provinces as generalised fear and economic collapse set in. Within Burundi, socio-economic conditions deteriorate, hitting vulnerable communities hard and vastly increasing those in need of food, WASH, and health assistance. Early humanitarian response efforts are fraught with funding, access, and logistical challenges. As contingency plans are invoked, assistance begins to reach people in need.

### SCENARIO 4: VIOLENCE OVERWHELMS RESPONSE CAPACITY

PROBABILITY 

IMPACT **MAJOR DETERIORATION** 

Political violence and retributions escalate rapidly as the crackdown on opposition intensifies. Buoyed by substantial defections from the armed forces, opposition groups mount a serious challenge to forces loyal to President Nkurunziza. The speed and intensity of the escalation in violence drives massive internal and external displacement. Humanitarian assistance to vast numbers of civilians in need is inhibited as aid becomes increasingly politicised and insecurity limits access to populations in large areas. Paralysis of public services, particularly health and WASH services, increases the risk of diseases spreading, including cholera. Heavy El Niño-induced rains cause flooding and landslides, compounding the crisis and fuelling further displacement. Food security worsens rapidly as agricultural, pastoral, and economic conditions are seriously disrupted.

# CAMEROON



POPULATION: 23.5 MILLION

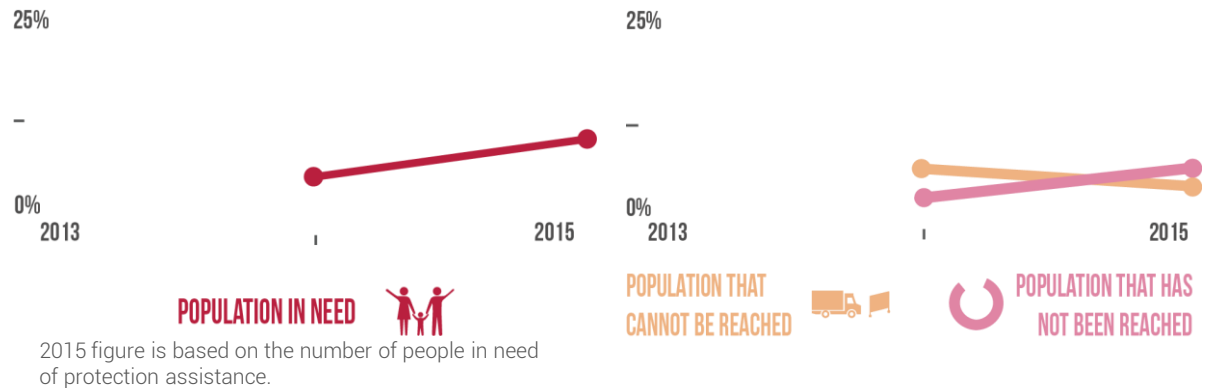
## Boko Haram is putting pressure on Cameroon's poorest region

The humanitarian situation in the Far North region has significantly deteriorated since late 2013, following escalation of insecurity caused by the Boko Haram (BH) insurgency in the region in 2014 and 2015. The already vulnerable population in Far North is facing further food insecurity and lack of access to adequate health, WASH, and education services. Most vulnerable are the displaced, including 92,000 internally displaced and 63,000 Nigerian refugees. Humanitarian access remains severely restricted by insecurity. Refugees in the East and Adamaoua regions along the CAR border are another vulnerable group – more than half (135,000) have arrived since late 2013, when insecurity escalated in CAR.

## PRIORITY CONCERNS



## SITUATION OVERVIEW AND TRENDS



## SCENARIOS FOR 2016

### SCENARIO 1: BASELINE - ATTACKS INTENSIFY



### SCENARIO 2: BOKO HARAM FORCED OUT OF CAMEROON



### SCENARIO 3: FAR NORTH BECOMES BH BASE



### SCENARIO 4: JOINT TASK FORCE DEFEATS BH



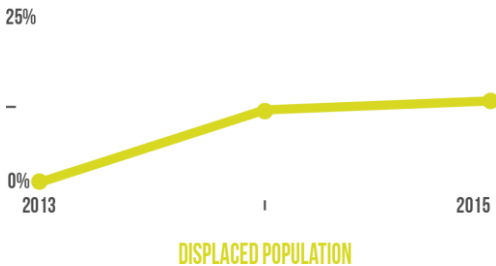
## KEY EVENTS IN 2015

**Spike in Boko Haram attacks** Since early 2015, the number of BH attacks in the Far North region has significantly increased. As of early November, more than 1,000 people have been killed in Boko Haram-related incidents, including Boko Haram attacks targeting civilians and clashes between Boko Haram and security forces ([ACLED, 07/11/2015](#)).

**Repatriation of Nigerian refugees** In mid-2015, Cameroonian authorities began a process of repatriating undocumented Nigerian refugees, following the spike of Boko Haram attacks – authorities argued Boko Haram militants had entered the country claiming to be refugees ([BBC, 05/08/2015](#)). Almost 12,000 Nigerian refugees have been forcibly returned since then ([UNHCR, 25/10/2015](#)).

**Floods** Flooding has affected more than 100,000 people in 2015. At least 80,000 people were affected by flash floods in Douala in June, while another 21,000 were affected by floods in the Far North region in October ([OCHA, 02/11/2015](#); [Reuters, 26/06/2015](#)).

## DISPLACEMENT



93,000 people have become internally displaced in the Far North region in 2015 as a result of Boko Haram attacks, and are staying in host communities with already very limited resources ([UNHCR, 25/10/2015](#); [16/10/2015](#); [UN News Centre, 23/10/2015](#)).

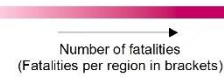
In addition, there are 63,000 Nigerian refugees in Cameroon, including at least 24,000 who have arrived since January 2015. Camps – especially the largest, Minawao – are overcrowded, and infrastructure and WASH facilities are reported to be inadequate ([UNHCR, 25/10/2015](#); [16/10/2015](#); [30/09/2015](#)).

Cameroon also hosts 253,000 refugees from the Central African Republic, mainly in East and Adamaoua regions along the CAR border. More than half (135,000) have arrived since December 2013, as a result of increasing insecurity in CAR ([UNHCR, 30/09/2015](#)).

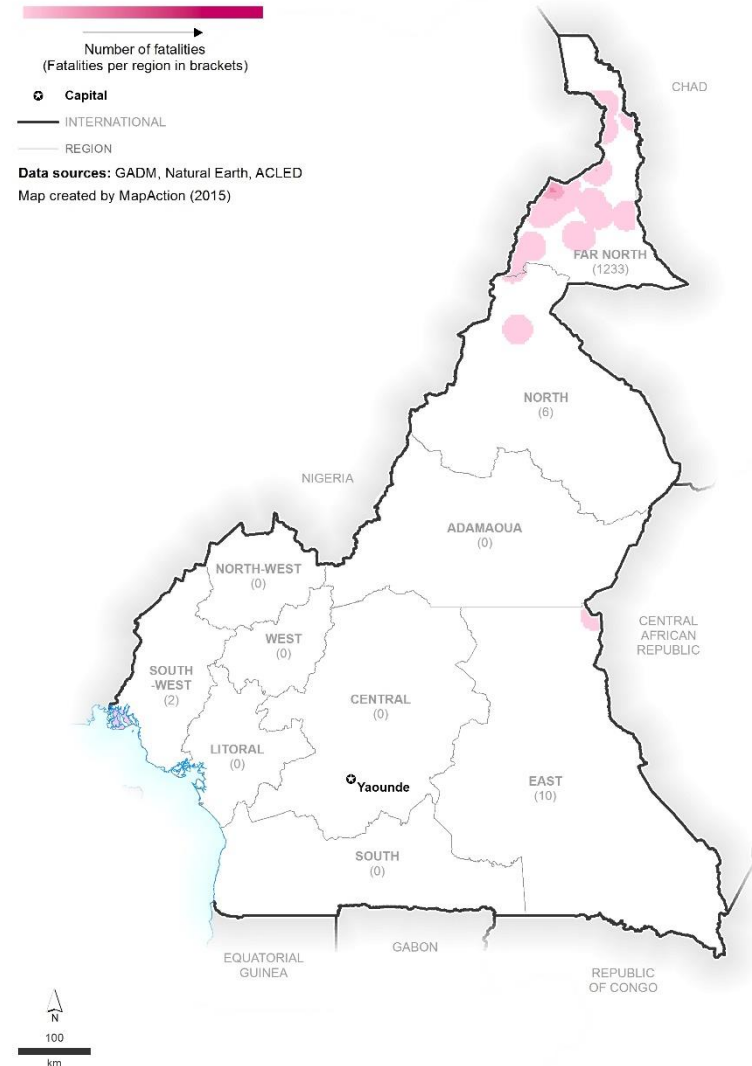
## FATALITIES IN CAMEROON 2015

### Fatalities in Cameroon January - October 2015

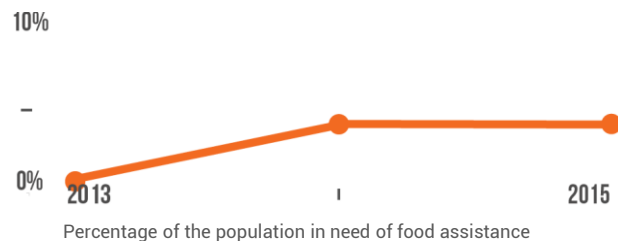
Number of fatalities



Data sources: GADM, Natural Earth, ACLED  
Map created by MapAction (2015)



## 1,500 children are estimated to have been abducted by Boko Haram



## At least 25 health facilities have closed in Far North region

## 62% of people in Logone-et-Chari department in Far North lack access to safe drinking water

## PROTECTION

The Boko Haram insurgency has significantly increased protection concerns. Boko Haram has frequently targeted civilians and civilian infrastructure, including markets and mosques, and burned down villages ([AFP, 09/11/2015](#); [20/09/2015](#); [04/06/2015](#)). An estimated 1,500 children have been abducted by Boko Haram forces since late 2014 ([AFP, 04/06/2015](#)).

Undocumented Nigerian refugees are also now at risk of forced expulsion ([UNHCR, 25/10/2015](#); [BBC, 05/08/2015](#)). Tensions between CAR refugees and host communities over grazing land have been reported in eastern regions ([UNHCR, 30/06/2015](#)).

## FOOD SECURITY AND LIVELIHOODS

The food security situation in northern and eastern regions has been increasingly strained by the large influx of Nigerian and CAR refugees since 2013. In 2015, the food security situation was further affected by insecurity and natural hazards. 1.27 million people are now food insecure, an 18% increase from January 2015 – and triple the number reported in 2013 ([FAO 27/10/2015](#)).

In the Far North, one in three people are food insecure. IDPs are the most vulnerable group. Food prices have spiked, and markets have closed due to fear of Boko Haram attacks. Tens of thousands of people have lost access to their fields and grazing land ([FAO 27/10/2015](#); [OCHA 23/10/2015](#); [AFP 08/11/2015](#)).

## HEALTH

The Boko Haram insurgency has caused at least 25 health facilities to close in Far North. Health centres that are operational lack qualified personnel and medical equipment ([OCHA 21/10/2015](#)). The overcrowded conditions in displacement camps in Far North significantly increase the risk of communicable diseases ([WHO 03/11/2015](#)). Limited capacity is reported in health facilities in the area around Minawao refugee camp ([UNHCR 25/10/2015](#)).

46 cases of cholera have been reported in 2015, including four deaths (a case fatality rate of 8.7%). This is a significant decrease in cases from 2014, when more than 3,000 were reported ([UNICEF 25/10/2015](#)).

## WASH

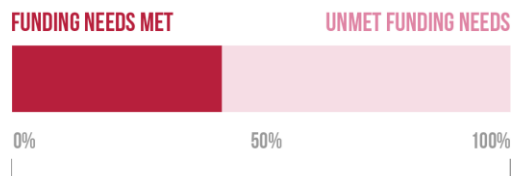
Lack of access to clean drinking water and inadequate sanitation infrastructure are the main causes of Cameroon's high malnutrition rates and spread of waterborne diseases ([OCHA 31/08/2015](#)). In Logone-et-Chari department in Far North, 62% of the population lack access to safe drinking water ([OCHA 28/09/2015](#)). WASH facilities are overstretched in Minawao camp, with access to water below minimum standards. Construction of new WASH infrastructure has not been able to keep up with the large influx of refugees into the camp in 2015 ([IFRC 30/09/2015](#)).

Insecurity has disrupted the education of 152,000 children

SAM cases have increased by 7% since 2014

Minawao refugee camp is at more than double its capacity

## FUNDING



\$264M

\$28M  
OUTSIDE APPEAL

## EDUCATION

Insecurity has disrupted the education of 152,000 children. Of these, 40,000 children in Far North are either out of school or unable to attend school in their local community ([OCHA, 31/08/2015](#)). The Cameroonian armed forces have occupied school facilities. A lack of teachers is reported ([OCHA, 28/09/2015](#); [UNHCR, 31/08/2015](#)). In Minawao camp, only 24 classrooms are available for 18,000 school-aged children ([UNHCR, 31/08/2015](#)).

## NUTRITION

183,800 acute malnutrition cases and 67,500 severe acute malnutrition (SAM) cases have been recorded in Cameroon in 2015. The SAM cases have increased by 7% compared to 2014, when 63,000 were reported ([OCHA, 06/09/2015](#); [30/09/2014](#)). Rates of malnutrition are particularly concerning in the Far North, North, and Adamaoua regions. In the Far North, the SAM rate has reached 2% - as increased rates of displacement have compounded already existing vulnerabilities ([OCHA, 31/07/2015](#); [ECHO, 06/2015](#)).

## SHELTER AND NFIS

Minawao camp in Far North hosts more than 46,000 Nigerian refugees, far exceeding its maximum capacity of 20,000 ([UNHCR, 30/09/2015](#)). In September 2014, the camp had a population of less than 9,000 ([AFP, 15/11/2014](#)). The large influx to the camp in 2015 is explained by by Cameroonian authorities' decision to deport undocumented refugees – many of the new arrivals to the camp had been living in host communities in Cameroon but feared expulsion and refugees registered in the camp are not subject to repatriation ([UNHCR, 31/08/2015](#)). In East region, schools and health centres are used to host CAR refugees ([UNICEF, 30/09/2015](#)).

## HUMANITARIAN ACCESS

The security situation along the Nigeria-Cameroon border continues to hamper humanitarian assistance, particularly affecting access to IDPs living in host communities. High crime rates and very limited infrastructure present further challenges to the delivery of assistance in the Far North. Road conditions are poor in East and Adamaoua regions, hampering access to the vast majority of CAR refugees. The access situation is exacerbated by the remoteness of the camps and settlements, scattered along the CAR-border ([AFP, 08/11/2015](#); [UNHCR, 25/10/2015](#); [12/08/2015](#); [OCHA 28/09/2015](#); [UNICEF 30/09/2015](#)).

## SCENARIOS

### SCENARIO 1 : BASELINE— ATTACKS INTENSIFY

PROBABILITY 

IMPACT **SLIGHT DETERIORATION**

Despite a year of preparation, the Multi-national Joint Task Force (a force including units from the armies of Benin, Cameroon, Chad, Niger, and Nigeria) does not deploy. The 300 troops provided by the United States to support the Cameroonian army is not sufficient to counter the increasing incursions of Boko Haram in Far North region. As a consequence, BH starts pushing further into Cameroonian territory. Displacement increases, and the need for protection grows. With the displaced in Far North unable to cultivate their lands, food insecurity grows. Food insecurity also spikes in the East, as a resurgence of violence in CAR causes a new influx of refugees, overburdening the already strained resources. Overcrowding in IDP and refugee sites leads to outbreaks of disease, but health services are disrupted due to insecurity, resulting in a massive increase in health needs. Access is increasingly hindered by conflict.

### SCENARIO 2: BOKO HARAM FORCED OUT OF CAMEROON

PROBABILITY 

IMPACT **STATIC**

Although the Multi-national Joint Task Force does not deploy, the Cameroonian army, with the support of 300 US soldiers, manages to push Boko Haram out of Cameroon, after intense fighting. Many IDPs return home and resume income-generating activities. However, BH moves deeper into neighbouring countries, and Cameroon becomes a refuge for thousands more people displaced from Niger and Nigeria. WASH, protection, health, and shelter needs all grow. Refugee sites are overcrowded and host communities under strain, although improved access means there is more humanitarian support. Food insecurity remains high for months, but increased access allows the affected population to receive adequate food support, and the situation starts stabilising, thanks to new harvests.

### SCENARIO 3: FAR NORTH BECOMES BOKO HARAM'S BASE

PROBABILITY 

IMPACT **MAJOR DETERIORATION**

The Nigerian army manages to inflict severe defeats on Boko Haram in Nigeria, and BH moves across the border into Cameroon. The Cameroonian army, despite US support, does not have the capacity to keep BH out. BH finally manages to seize and secure significant territory, stepping up its presence in both Cameroon and Niger. Conflict intensifies, leading to more displacement and major protection concerns: civilians are killed and injured, women and children abducted, men forcibly recruited. Tensions between the host community and Nigerian refugees periodically erupt into violence, as the refugees are increasingly perceived as a threat. As internal displacement in Far North escalates, more people start moving across to Nigeria, including Nigerian refugees. Overcrowding in IDP camps and host communities leads to poor living conditions and increases the risk of communicable diseases. Health, protection, and food security needs are all more severe, and humanitarian access worsens.

### SCENARIO 4: MULTINATIONAL JOINT TASK FORCE DEFEATS BH

PROBABILITY 

IMPACT **STATIC**

The Multi-national Joint Task Force deploys. It facilitates cross-border movements by the different national armies, and makes the response to Boko Haram more agile. With this support, national armed forces manage to defeat Boko Haram. However, this demands six months of intense fighting, which exacerbates the protection, food, health, WASH, and shelter needs of the population in the affected areas.

Ultimately, the displaced populations are able to return home and cultivate their lands, improving the food security outlook for the end of 2016. The defeat of Boko Haram in the wider region means many refugees leave Cameroon. Increased humanitarian access allows aid organisations to operate in the Far North, and needs are significantly alleviated.



# CAR

POPULATION: 4.9 MILLION

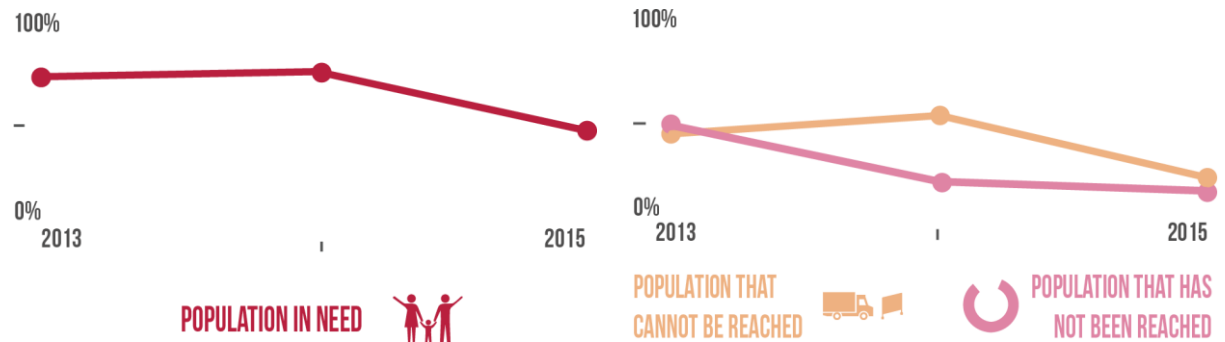


## Almost half the population is in need as the crisis stagnates

Despite a reduction in violence, 2.3 million people are still estimated to be in need of humanitarian assistance, compared to 3.4 million in late 2014 (GHO 2015). The number of IDPs is nearly the same as it was a year ago, at approximately 417,000. 476,000 people have taken refuge in neighbouring countries.

1.3 million people are severely food insecure and require food assistance. Protection is a major concern, with women, children, and Muslim communities living in enclaves particularly vulnerable to violence. Humanitarian access remains highly challenging outside of the capital, and has significantly deteriorated since renewed violence in late September.

## SITUATION OVERVIEW AND TRENDS



2015 figure based on overall number of people in need of protection and humanitarian assistance.

## SCENARIOS FOR 2016

### SCENARIO 1: BASELINE - ELECTIONS FAIL TO BRING STABILITY

PROBABILITY

IMPACT **STATIC**

### SCENARIO 3: ARMED FORCES STAGE A COUP

PROBABILITY

IMPACT **MAJOR DETERIORATION**

## PRIORITY CONCERNS

**FOOD SECURITY**

**PROTECTION**

**ACCESS**

## KEY EVENTS IN 2015

**Instability and insecurity** CAR has been the scene of pervasive, chronic conflict for three years. Fighting between rival armed militias - the ex-Seleka and the anti-balaka - and their allies has left at least 6,000 people dead ([ENOUGH, 02/09/2015](#)). Despite the establishment of a transitional government backed by the international community in August 2014, the situation has continued to be highly unstable.

**New fighting in the capital** National elections were due in October 2015 but postponed after violence erupted in Bangui at the end of September ([RFI, 16/10/2015](#)). The worst violence since October 2014 has left 70 people dead, 400 injured, and displaced 17,000 in the capital. Fighting also spread to other parts of the country, including Ouham and Ouaka ([OCHA, 16/10/2015](#), [OCHA, 10/10/2015](#); [OCHA, 30/09/2015](#), [OCHA, 09/2015](#), [USAID, 30/09/2015](#)).

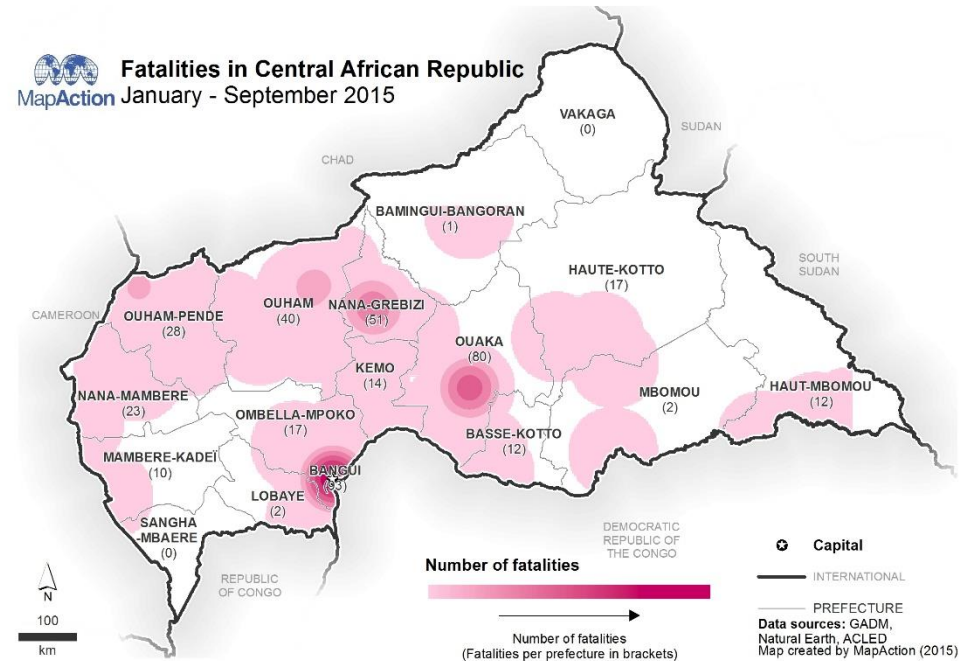
**Worsening humanitarian access** Poor roads and crime have long made humanitarian access beyond Bangui extremely difficult. Since the violence in September, humanitarian organisations have reported attacks targeting offices, assets, and staff ([OCHA, 30/09/2015](#), [19/10/2015](#)).

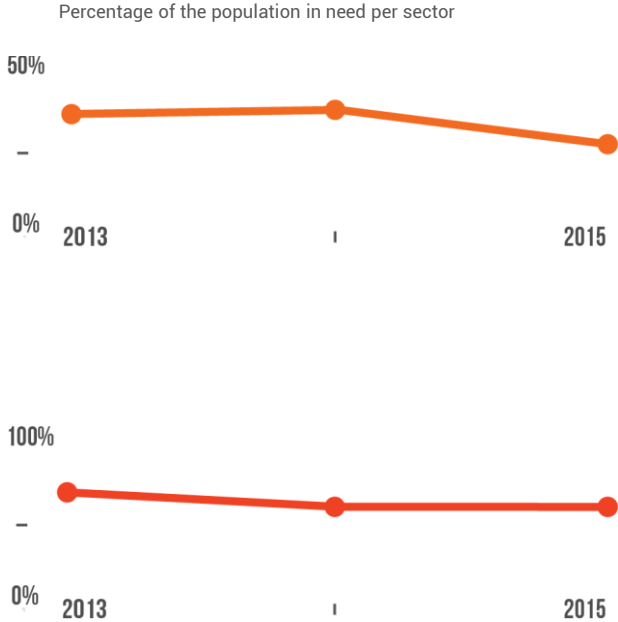
## DISPLACEMENT



The number of refugees has grown in 2015 to reach 476,000: 84,000 in Chad, 253,000 in Cameroon, 101,000 in DRC, and 30,000 in the Republic of Congo ([UNHCR, 08/2015](#)). There were approximately 414,000 CAR refugees in August 2014 ([UNHCR; UNHCR, 08/2015](#)).

## FATALITIES IN CAR 2015





An estimated 55% of health facilities are estimated to be functioning

## FOOD SECURITY AND LIVELIHOODS

The food security situation is considered to be slightly better than at the end of 2014, due to a relative improvement in security ([IPC, 04/2015](#)). 1.3 million people are severely food insecure (IPC Phases 3 and 4), according to an April estimate ([FAO, 21/09/2015](#)). Ouham prefecture, Mbres and Bambari sous-prefectures, as well as certain IDP sites, are worst affected ([IPC, 04/2015](#)). 500,000 people in need of emergency food aid in 2015 have not yet received it ([OCHA, 30/09/2015](#)).

The recent surge in violence has disrupted transport and markets, causing price hikes ([FEWSNET, 09/2015](#)). Some villagers have fled their land, and a below-average harvest is expected ([OCHA, 30/09/2015](#); [FEWSNET, 10/2015](#)).

## PROTECTION

Over two million people are in need of protection ([Revised SRP, 05/2015](#); [SRP, 2014](#)). Protection needs are considered highest among IDPs and enclaved Muslim communities ([revised SRP, 05/2015](#); [OCHA, 05/2015](#)).

An estimated 30,000 Muslim civilians remain in besieged communities and targeted by anti-balaka militias; they are located primarily in Bangui's PK5 district (24,000 persons) and Boda in Lobaye (9,000), as well as Bouar, Carnot, Berberati, Yaloke, and Dekoa ([Amnesty, 30/07/2015](#); [Amnesty, 30/07/2015](#); [Aljazeera, 2/08/2015](#), [OCHA, 05/2015](#)).

Resource competition between nomadic herders and farmers constitute a continuing source of tension and threatens peace efforts ([OCHA, 27/05/2015](#); [FEWSNET, 07/2015](#)).

Child recruitment into armed groups continues, with the estimated total number of youths recruited growing from 3,500-6,000 in 2013, to 6,000 in 2014, and 6,000-10,000 in 2015 ([UNHCR, 08/2015](#); [ECHO, 10/2015](#); [UNICEF, 07/2014](#); [Child Protection sub-cluster, 08/2013](#)).

Armed forces are reportedly responsible for 60-70% of rapes ([SRP, 12/2014](#)).

## HEALTH

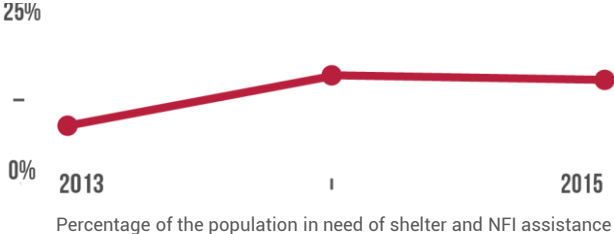
CAR was suffering a crisis in healthcare even before fighting began in 2012, and insecurity and logistical constraints mean that access to health services remains extremely limited ([WHO, 08/2015](#); [OCHA, 05/2015](#); [ECHO, 10/2015](#)).

Over a quarter of health facilities have been partially or completely destroyed since the onset of the conflict, and only 55% of health facilities are estimated to be functioning ([Health Ministry, 02/2015](#)).

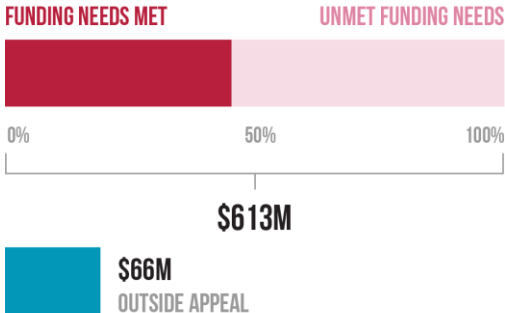
Maternal and under-five mortality rates are among the highest in the world, at 890 per 100,000 and 164 per 1,000, respectively ([Health Ministry, 02/2015](#)). Malaria is the major cause of mortality ([WHO, 08/2015](#)). Measles outbreaks were recorded from June in Vakaga, Mbomou, and Nana-Grebizi prefectures ([WHO, 08/2015](#)).

32,000 children under five are estimated to be severely malnourished

2.3 million people remain in need of WASH assistance



### FUNDING



### NUTRITION

The overall caseload for severe malnutrition for 2015 is estimated at 32,000 children under five (OCHA, 05/2015). 78,000 children are affected by chronic malnutrition (OCHA, 09/2015). A survey conducted in IDP sites and enclaves found a stunting rate of 38.8% (UNICEF, 08/2015). It also showed malnutrition worsening from June to August, attributed to higher morbidity rates during the rainy season (UNICEF, 08/2015).

### WASH

50% of the population, 2.3 million people, are estimated to be in need of assistance – figures have changed little over the past years (SRP, 12/2014). Less than 35% of the population has access to safe drinking water and adequate sanitation facilities. IDP sites suffer from particularly challenging conditions, and in Bangui these worsened as more IDPs arrived after violence in September (ECHO, 10/2015; OCHA, 10/10/2015).

### SHELTER AND NFIS

700,000 people were estimated to be in need of emergency shelter and NFIs in 2015 (Revised SRP, 05/2015), a figure that remains unchanged from 2014 and reflects the stagnation of the situation (SRP, 2014).

### EDUCATION

In April 2015, the education system was reportedly slowly recovering from looting, occupation, and general insecurity (Watchlist, 09/2015; Education Cluster, April 2015). However, the new academic year officially started on 23 September and schools had reportedly not reopened by mid-October (OCHA, 19/10/2015).

Despite a reported increase in enrolments in 2014-2015, 1.4 million children have no access to education, which suggests a deterioration from 2012-2013 estimates (Revised SRP, 05/2015). Pre-crisis, an estimated 730,000 school-aged children were not in school. An additional 500,000 children dropped out in 2013 due to new displacements, making a total of 1.1 million children out of school over the 2012-2013 academic year (Education Cluster, 2013).

### HUMANITARIAN ACCESS

In 2015, humanitarian access continued to be severely limited, particularly for affected communities outside Bangui. The July-October rainy season renders many roads impassable and prevents aircraft from landing safely (OCHA, 30/10/2015; 23/10/2014). Armed groups also control roads.

Between January and September, 306 acts of violence against humanitarian organisations were recorded; a decrease from 987 in the same period of 2014 (OCHA, 20/09/2015; 10/10/2015; 20/10/2015). During violence in Bangui in September, dozens of humanitarian organisations' offices were looted (OCHA, 01/10/2015).

## SCENARIOS

### SCENARIO 1: BASELINE - ELECTIONS FAIL TO BRING STABILITY

PROBABILITY 

IMPACT **STATIC** 

Elections are held during the first quarter of 2016, having been postponed. Ex-Seleka and anti-balaka leaderships refuse to participate. A moderate technocrat wins, not directly associated with either group or with the ousted regime. The new government is not able to re-establish control over the CAR and outbursts of violence in different areas of the country persist through 2016. Internal strife among ex-Seleka, and anti-balaka, results in violence as well as attacks on communities.

Violence against communities, looting of agricultural assets, and school occupations continue to be the modus operandi of armed groups, so protection needs persist. The violence leads to temporary spikes in displacement, especially in the capital, but the overall IDP number does not significantly change.

Despite MINUSCA's presence, swathes of the country remain vulnerable to violence. Humanitarian access remains very limited in most parts of the country and is frequently interrupted in conflict-affected areas and along main transport routes.

Food insecurity remains high as agricultural and market activities are disrupted by continuing insecurity. Small- to medium-scale infectious disease outbreaks occur more frequently due to prolonged disruption of vaccination programmes and stock shortages in the few still-functioning health facilities.

### SCENARIO 2: ARMED FORCES STAGE A COUP

PROBABILITY 

IMPACT **MAJOR DETERIORATION** 

Before elections can take place, an armed group led by a close ally of former President Bozizé enters Bangui and declares itself an emergency government. Anti-balaka groups associate themselves with the coup and secure key government positions. Protests against the coup are portrayed as evidence of a Chad-backed, ex-Seleka Muslim conspiracy to take power, and elections are postponed until 2017.

Ex-Seleka raid anti-balaka strongholds in Kemo, Ouham, Ouham-Pende and Ouaka prefectures. Anti-balaka retaliate by attacking trapped Muslim communities. Nomadic herders fight with farmers along the Chadian border. Hundreds of Muslims, bearing the brunt of anti-balaka violence, are reported dead or disappeared, and thousands flee to Chad under MINUSCA escort, in what is considered the worst episode of the protection crisis since December 2013.

IDP figures also increase rapidly, and the renewed large-scale displacement leads to increased morbidity from water-borne diseases and malaria as the rainy season unfolds. The start of the rainy season also reduces access to the worst-affected rural areas. In addition, humanitarian organisations are directly targeted by militias and are unable to operate in most of the affected regions or even Bangui.

# DRC



POPULATION: 78.0 MILLION

## Persistent disease outbreaks amid continued conflict

7.5 million people are in need of humanitarian assistance in the Democratic Republic of Congo (GHO 2015). One of the priority sectors is health. Measles has been spreading across the former Katanga province since January. The current caseload exceeds the number of cases of the past three years combined. An increase of more than 500,000 people in Emergency food insecurity (IPC Phase 4) since the beginning of 2015 is also a major concern.

Over 2015, FARDC launched offensives against ADF and FDLR. Violent clashes continue to be reported in Sud- and Nord-Kivu and Ituri, causing displacement. Since mid-2015, violence has de-escalated in the 'Triangle of Death' located between Tanganyika and Haut-Katanga.

## PRIORITY CONCERNS

 **FOOD SECURITY**

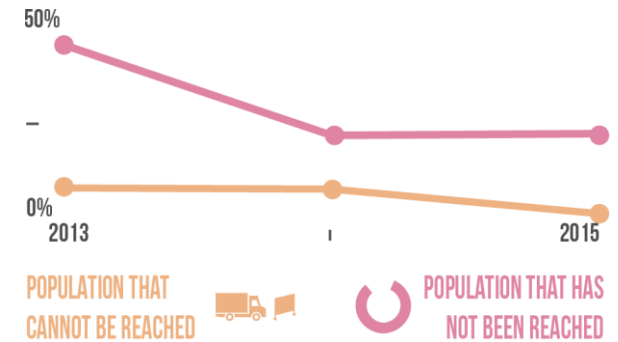
 **HEALTH**

 **PROTECTION**

## SITUATION OVERVIEW AND TRENDS

**7.5 MILLION PEOPLE IN NEED -  
9.6% OF THE POPULATION\***

\*This is an overall PIN figure, and not sector-based. Changes in population figures and methodology mean trend analysis is not possible.



## SCENARIOS FOR 2016

### SCENARIO 1: BASELINE - PERSISTENT NEEDS

PROBABILITY 

IMPACT **STATIC** 

### SCENARIO 2: ELECTION-RELATED VIOLENCE

PROBABILITY 

IMPACT **SLIGHT DETERIORATION** 

### SCENARIO 3: DISPLACEMENT FACILITATES EPIDEMICS

PROBABILITY 

IMPACT **SLIGHT DETERIORATION** 

## KEY EVENTS IN 2015

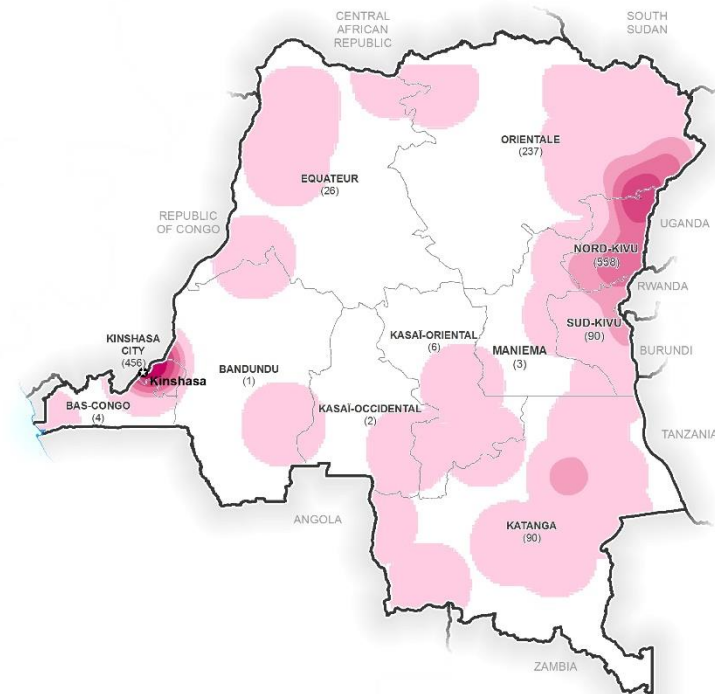
- Decentralisation and election tensions** President Kabila's reaches the end of his second term in November 2016. Attempts to prolong his presidency beyond the two-term limit were met with violent protests in January and September 2015 ([AFP, 16/09/2015](#)). Decentralisation, initiated in the 2006 Constitution, became official on 16 July 2015: the number of provinces grew from 11 to 26. This change may also be used to prolong Kabila's rule.
- FARDC offensives** The DRC armed forces (FARDC) began an offensive against the Hutu armed group, the Democratic Forces for the Liberation of Rwanda (FDLR), in February in Nord- and Sud-Kivu. The FARDC offensive against the Allied Democratic Forces (ADF) was renewed in July and October in Beni territory, Nord-Kivu. Both are still ongoing ([Radio Okapi, 20/07/2015; 29/10/2015; 28/02/2015](#)).
- The Triangle of Death** The situation has calmed in the 'Triangle of Death' between Mitwaba, Manono, and Pweto, between Tanganyika and Haut-Katanga provinces. Mayi-Mayi attacks, as well as the fighting between Luba and Twa militias, intensified between 2012 and 2014, displacing an estimated 300,000 people. No major clashes have been reported in 2015, and the number of IDPs has been falling ([OCHA, 10/10/2015; 16/01/2015; VOA, 18/11/2014](#)).

## DISPLACEMENT

New methodology has brought the number of IDPs down by one million between 2014 and 2015. Only numbers that have been rigorously verified are now used. As of October 2015, 1.6 million IDPs were registered, including nearly 745,000 in Nord-Kivu and over 320,000 in Sud-Kivu. On average, more than 200,000 people were displaced every three months in 2015. Continuing armed attacks by ADF, FDLR, FRPI and Raiya Mutomboki, particularly in the territories of Beni, Rutshuru, Walikale (Nord-Kivu), Irumu (Ituri) and Kalehe (Sud-Kivu), mean the number of returning IDPs has fallen significantly over the last 18 months. In Tanganyika, displacement has decreased by nearly 45,000 in the last ten months due to the de-escalation of violence between Twa and Luba, particularly in Kalemie and Nyunzu territories ([IDMC, 31/12/2013; OCHA, 31/03/2014; 30/06/2015; 21/10/2015; 21/10/2015; 20/07/2015; 30/09/2015, 29/06/2015](#)).

## FATALITIES IN DRC 2015

**Fatalities in Democratic Republic of Congo**  
January - October 2015



**Number of fatalities**

Number of fatalities  
(Fatalities per province in brackets)

○ Capital

— INTERNATIONAL

— PROVINCES

**Data sources:** GADM, Natural Earth, ACLED

Map created by MapAction (2015)





**6.5 million people are facing Crisis or Emergency food insecurity**

## FOOD SECURITY AND LIVELIHOODS

Irumu (Ituri), Beni and Walikale (Nord-Kivu), Punia (Maniema), Shabunda (Sud-Kivu), Manono and Nyuzu (Tanganyika), are all in Emergency (IPC Phase 4) food security outcomes. This is a total of 1.1 million, and over 500,000 more than in December 2014, as a result of continued armed clashes in these territories in 2015 ([FAO, 30/06/2015](#); [IPC, 17/11/2015](#)).

The overall number of food insecure people has remained unchanged over the last three years. 6.5 million people face Crisis or Emergency (IPC Phases 3 or 4) as a result of armed group activity, inter-communal violence, and displacement ([FAO, 30/06/2015](#)).

## HEALTH

**36,000 measles cases since January 2015**

A lack of health services have been reported mainly in Uvira, Fizi, and Walungu territories (Sud-Kivu), and Ituri province. There have been 32,000 cases of measles, including 420 deaths (with a case fatality rate of 1.4%) in the former Katanga. The whole country has registered nearly 36,000 cases, including 470 deaths. This is the largest outbreak since 2011, when 77,000 cases were reported, including 1,085 deaths ([UNICEF, 29/09/2015](#); [OCHA, 14/10/2015](#), [Al Jazeera, 03/09/2015](#); [OCHA, 21/10/2015](#)).

The total number of cholera cases so far in 2015 is only slightly lower than in all 2014. Since January there have been 18,146 cases, including 274 deaths, with a CFR of 1.5%. The number of cases began falling at the end of October; Maniema province is most affected ([UNICEF, 29/09/2015](#); [WHO, 17/11/2015](#)).

Malaria is the main cause of morbidity and mortality. Rutshuru territory, Nord-Kivu, has seen outbreaks in November 2013, between November 2014 and February 2015, and in June 2015, when 39,000 malaria cases were reported in three weeks ([IRIN, 27/11/2013](#); [MSF, 25/04/2015](#); [OCHA, 23/06/2015](#)).

**Sharp rise in protection incidents in Katanga**

## PROTECTION

Military, militias, and other armed groups are accused of abuse of civilians, including arbitrary arrest, extortion, looting, child conscription, sexual violence, and execution. The majority of protection incidents occur in the former Katanga province and the Kivus. Over 50% of victims are IDPs and IDP returnees ([OCHA, 14/10/2015](#)).

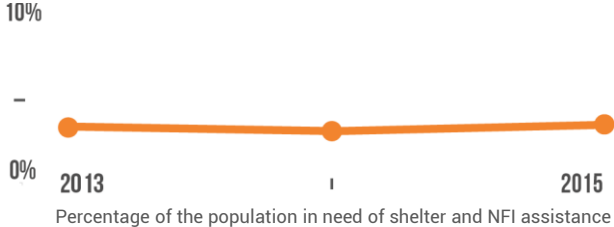
The number of protection incidents reported in the former Katanga province has been rising sharply over the last three years. Nearly 20,000 incidents occurred between January and September 2015, compared to 14,000 incidents reported in 2014 and only 2,000 in 2013 ([OCHA, 14/10/2015](#); [29/07/2015](#)).

**Malnutrition numbers remain constant, at 2.5 million severely malnourished children**

## NUTRITION

2.5 million children under five are severely malnourished across the country. This number has remained constant over the past two years. The Congo Basin, especially the former Equateur, Kasai, and Kasai Central provinces, has a high prevalence of malnutrition ([WHO, 27/09/2015](#); [Royal Academy Overseas Sciences, 30/11/2013](#)).

### Over 7 million school-aged children are not attending school



## EDUCATION

Over seven million children aged 5-17 (28% of the school-aged population) are not attending school. This number has remained constant over the last three years. Violence is preventing access to education in Bas-Uele and the Kivus - particularly Beni territory - and in the former Katanga province. ([Radio Okapi, 10/03/2015](#); [Kongo Times, 10/08/2013](#)).

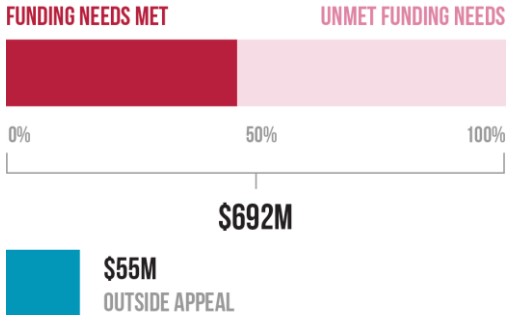
## SHELTER AND NFI

Over 3.5 million people are in need of shelter. This figure has remained stable for the past three years. Clashes continue to generate displacement and need for shelter, particularly in Nord-Kivu and Sud-Kivu and Tanganyika. Returnees often find their houses have been burned down or destroyed ([OCHA, 30/06/2015](#); [OCHA, 07/2014](#)).

## WASH

High WASH needs have remained constant over the past two years ([OCHA, 30/06/2015](#); [OCHA, 07/2014](#)). Only 22% of the overall population has access to safe drinking water ([Bond for International Development, 31/07/2015](#)). Significant gaps in WASH increase the risk of waterborne diseases. The situation remains serious in Sud-Kivu and Nord-Kivu. 4.3 million people require WASH assistance in Nord-Kivu - nearly 80% of the population. 1.9 million people do not have access to safe drinking water in Sud-Kivu - over 40% of the population ([OCHA, 13/10/2015](#); [OCHA, 20/05/2015](#)).

## FUNDING



## HUMANITARIAN ACCESS

The areas inaccessible due to insecurity change often. The largest access issues are reported in Nord-Kivu (particularly Beni and Rutshuru territory), Sud-Kivu (particularly Shabunda territory), and Ituri (particularly Irumu territory).

A lack of infrastructure limits access across DRC, and access is further worsened during the rainy season between September and May. Bas-Uele and Sud-Ubangi are inaccessible mainly due to bad roads.

## SCENARIOS

### SCENARIO 1: BASELINE - PERSISTENT NEEDS

PROBABILITY 

IMPACT **STATIC** 

Measles and cholera epidemics remain geographically limited to Maniema, the former Katanga province, Tshopo, Nord-Kivu and Sud-Kivu. Pre-electoral violence remains limited to sporadic incidents in Kinshasa. Decentralisation goes ahead peacefully. Violence in the east increases slightly because FARDC continues its offensive against ADF and FDLR in Nord-Kivu and Sud-Kivu. FARDC struggles to neutralise these groups and does not launch further offensives against other armed groups.

The need for measles and cholera response increases health and WASH needs. Displacement increases slightly in Nord-Kivu and Sud-Kivu due to violence, particularly in Beni territory, resulting in shelter, food security, and protection needs. Humanitarian access remains limited in Beni territory in Nord-Kivu, Shabunda in Sud-Kivu, and Irumu in Ituri province.

### SCENARIO 2: ELECTION-RELATED VIOLENCE

PROBABILITY 

IMPACT **SLIGHT DETERIORATION** 

Luba militias fight decentralisation because it prevents redistribution from the mineral-rich south to the north. Mayi-Mayi militias join the anti-decentralisation insurgency. Villages in the southern provinces of Lualaba and Haut-Katanga are attacked.

Kabila's continued attempts to postpone the presidential election meet increasing opposition across the country. The popular ex-governor of Katanga, Moise Katumbi, announces his candidacy for the presidency. Kabila and Katumbi's supporters clash in their home provinces in the former Katanga province. Humanitarian access is hampered across the region. Armed clashes lead to displacement and increased needs for shelter, WASH, food security, and protection. The conflict hampers the containment of cholera and measles, resulting in increased health needs.

### SCENARIO 3: DISPLACEMENT FACILITATES EPIDEMICS

PROBABILITY 

IMPACT **SLIGHT DETERIORATION** 

Clashes between FARDC and Raiya Mutomboki in Shabunda territory, Sud-Kivu; between FARDC and APCLS in Walikale territory, Nord-Kivu; between FARDC and ADF and FDLR across Nord- and Sud-Kivu; and between FARDC and FRPI in Irumu, Ituri cause displacement across Nord and Sud-Kivu and Ituri and to the neighbouring provinces of Maniema and Tshopo. These displacements contribute to a spread in measles as well as cholera. Cholera also spreads along the Congo River as boats travel between Kindu (Maniema) and Kisangani (Tshopo), and beyond Kisangani to Mongala and Equateur provinces. Measles also spreads across provincial borders to Lomami, Sud-Kivu, and Maniema. Lack of access to health services exacerbates the situation, increasing the number of cases and fatalities.

Humanitarian needs grow, particularly in the health and WASH sectors. Measles vaccination is required in the former Katanga province, Lomami, Sud-Kivu, and Maniema. Humanitarian access remains complicated in Shabunda territory, Sud-Kivu, and northern parts of Tanganyika.

# ETHIOPIA



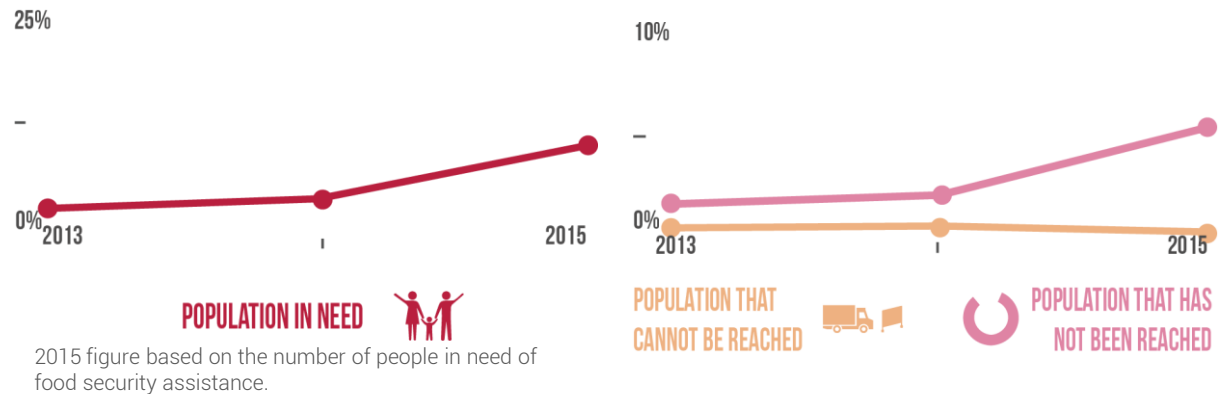
POPULATION: 100.1 MILLION

## El Niño is causing a food and nutrition crisis

Humanitarian needs more than doubled in 2015 compared to 2014 and 2013 as a result of severe drought, particularly in Afar and northern Somali region. As of September, 8.2 million people are in need of assistance, and this number is projected to keep growing in the coming months. Many children are in need of nutrition assistance, with the number of severely malnourished above that recorded during the 2011 drought.

Though Ethiopia continues to receive refugees from neighbouring countries, particularly from South Sudan, the rate of new arrivals slowed in the second half of 2014 and remained relatively stable throughout 2015.

## SITUATION OVERVIEW AND TRENDS



## SCENARIOS FOR 2016

### SCENARIO 1: BASELINE - LIMITED DROUGHT

PROBABILITY

IMPACT  **STATIC**

### SCENARIO 2: FLOODS IN THE SOUTH

PROBABILITY

IMPACT  **SLIGHT DETERIORATION**

### SCENARIO 3: SEVERE DROUGHT DUE TO EL NIÑO

PROBABILITY

IMPACT  **MAJOR DETERIORATION**

## PRIORITY CONCERNS

 **FOOD SECURITY**

 **NUTRITION**

## KEY EVENTS IN 2015

- Drought** El Niño is causing severe drought in the northern and central highlands of Ethiopia, affecting a much larger geographic area and population than the 2011 drought, when 4.8 million needed assistance ([OCHA, 19/10/2015](#); [IASC, 30/06/2012](#)). Rainfall during the March–May and July–September rainy seasons was far below average. Afar and northern Somali region are most severely hit, and pastoralists are particularly affected ([FEWSNET, 24/08/2015](#); [31/10/2015](#)).
- Refugee arrivals slow** So far, more than 40,000 new refugees have been registered in 2015, compared to over 200,000 in 2014. Far fewer South Sudanese have entered the country, while refugees continued to arrive from Somalia and Eritrea, and refugees and returnees have arrived from Yemen following the outbreak of the conflict in March ([UNHCR, 23/10/2015](#); [31/08/2015](#); [01/11/2015](#); [12/2014](#)).
- Elections** General elections were held in May. The opposition claimed their supporters were harassed and intimidated, but the African Union Election Observation mission judged the elections peaceful and credible. The ruling party Ethiopian People's Revolutionary Democratic Front and its allies won all seats ([Al Jazeera, 27/05/2015](#); [BBC, 22/06/2015](#)).

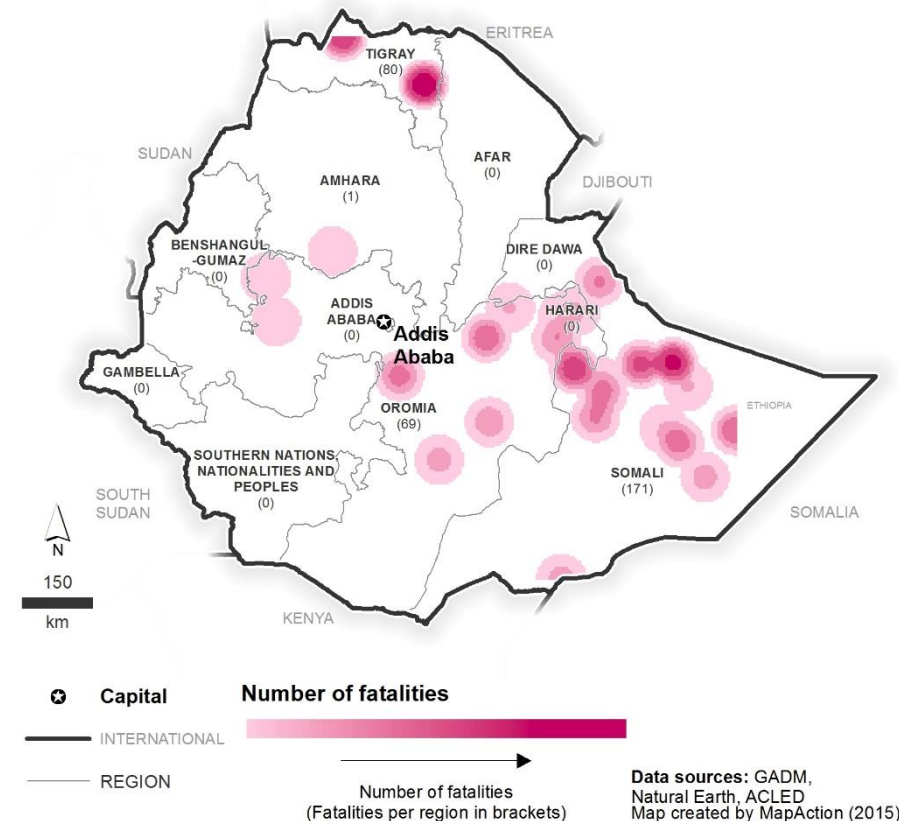
## DISPLACEMENT

Internal displacement results from inter-clan and cross-border conflict, and natural disasters such as fires and flooding. As of June 2015 there were 470,000 IDPs. The majority of IDPs live in Somali, Gambella, and Oromia regions ([PI, 06/2015](#)).

After a large increase in the number of refugees in 2014, when nearly 200,000 South Sudanese arrived in Ethiopia following the outbreak of conflict, the rate of arrival has slowed in 2015. So far this year, nearly 30,000 new South Sudanese have arrived. A much smaller number of refugees has entered from Eritrea and Somalia, escaping government repression and conflict. Since March 2015, nearly 12,000 refugees and returnees fleeing the conflict in Yemen have crossed to Ethiopia, bringing total arrivals in 2015 to over 40,000 ([UNHCR, 23/10/2015](#); [31/08/2015](#); [01/11/2015](#); [12/2015](#)).

## FATALITIES IN ETHIOPIA 2015

### Fatalities in Ethiopia January - October 2015



**The number of food insecure has jumped from 3.2 million in 2014 to 8.2 million in 2015**

**Estimated total cases of severe acute malnutrition have grown from 264,300 in 2014 to 302,600 in 2015**

**Water shortages are severe in southern Afar and Sitti in Somali region**

**Health conditions have improved in Gambella refugee camps**

## FOOD SECURITY AND LIVELIHOODS

In 2015, severe drought has led to a severe deterioration in food security. By October, relief food needs had more than doubled from projections made in August, and are likely to increase further through the first months of 2016. Already, worst-affected households in northern pastoral areas are facing Emergency (IPC Phase 4) food security outcomes ([ECHO, 09/10/2015](#); [FEWSNET, 31/10/2015](#)).

A delayed *belg* harvest extended the lean season until September instead of August in southern, central, and northern regions ([FEWSNET, 14/08/2015](#)). The *meher* harvest (October–January) is expected to be below average, with up to 89% reduction in areas worst affected by drought, which include Sitti zone in Somali region and southern Afar ([OCHA, 19/10/2015](#)). 954,000 people were facing Crisis or Emergency (IPC Phase 3 or 4) food security outcomes as of September ([FEWSNET, 23/09/2015](#)).

## NUTRITION

Between January and August 2015, the number of severe acute malnutrition (SAM) admissions was 27% higher than in the same period in 2014 ([Government, 19/10/2015](#)). In normal years, malnutrition decreases from September onwards, but this year SAM admissions remain 20% above normal. The number of admissions has surpassed levels reported in any month of the 2011 drought ([OCHA, 13/10/2015](#); [07/09/2015](#); Nutrition Cluster, 17/06/2015).

Moderate acute malnutrition (MAM) has doubled compared to last year, with 374,000 cases admitted into supplementary feeding programmes in the third quarter of 2015. The situation will deteriorate further, with 700,000 MAM cases expected in the last three months of 2015 ([OCHA, 28/09/2015](#)).

## WASH

Overall WASH needs are stable, with about 1.4 million people in need of assistance since 2014 ([Government and HCT, 18/08/2015](#)). The number of people facing water shortages is increasing, however. Shortages are reported particularly in areas of southern Afar, and Sitti zone in Somali region, where people have to walk longer distances to the nearest water source, and livestock are dying. Decreasing water availability is also reported in Oromia. In 2014, water shortages were also mainly reported in Afar and Somali region ([FEWSNET, 23/09/2015](#); [31/10/2015](#); [OCHA, 02/09/2014](#)).

## HEALTH

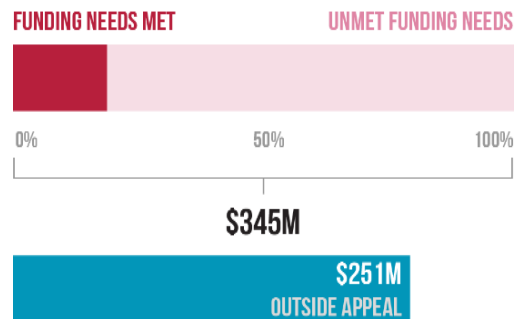
Health needs in Ethiopia have been stable over the past two years. A measles outbreak in 2015 counted 14,300 suspected cases, of which 11,700 were confirmed, which is of concern due to the high malnutrition rates reported. In 2014, 13,300 confirmed measles cases were reported ([UNICEF, 30/09/2015](#)).

In refugee camps of Gambella region, health conditions have improved since 2014, thanks to improvements in WASH and case management. However, malaria and diarrhoea are still major concerns. A seasonal increase in these and other water-related diseases was observed in August ([UNHCR, 30/09/2015](#); [01/11/2015](#)).

The relocation of refugees to less flood-prone areas was completed in June 2015

More than 73,100 unaccompanied and separated minors are among refugees in Ethiopia

## FUNDING



## SHELTER AND NFIS

Shelter needs increased in 2015 due to the continued arrival of new refugees. However, changes were not as dramatic as in 2014. Heavy rains in Gambella region in 2014 flooded 95% of Leitchuor and Nip Nip refugee camps, which resulted in destruction of shelters, as well as latrines ([UNICEF, 15/08/2014](#); [UNHCR, 03/09/2014](#)). The relocation of residents to other camps in less flood-prone areas was completed in June 2015 ([UNHCR, 05/06/2015](#)).

## EDUCATION

About 200,000 children are at risk of dropping out of school due to inter-communal conflict, drought, and floods in Afar, Gambella, Somali, and parts of Oromia regions, a decrease from 250,000 in 2014. Extended school closures in Oromia due to drought have led many teachers to leave. In areas of Afar and Somali region, educational activities are disrupted as many schools are used as shelters by refugees and IDPs ([government and HCT, 18/08/2015](#)).

## PROTECTION

In Somali region, conflict between security forces and the Ogaden National Liberation Front has been ongoing since 1994, and continues to result in killing of civilians, forced displacement, and loss of property ([UNPO, 01/06/2015](#); [MSF, 22/11/2011](#)). The government has been accused of violating human rights. Press freedom is a concern: journalists are frequently threatened, intimidated, abused, or jailed, and many live in exile ([HRW, 21/01/2015](#)). Restrictions on the media result in protection concerns related to conflict going unreported.

Among refugees, child protection is a concern. More than 73,100 unaccompanied and separated minors are among refugees in Ethiopia. Particularly large numbers of unaccompanied Eritrean children have been reported in 2015 ([UNHCR, 31/08/2015](#)).

## HUMANITARIAN ACCESS

In 2015, the major obstacles to humanitarian access were logistical constraints. Food and nutrition supplies have been stuck at Djibouti port due to congestion and a lack of transportation ([UNHCR, 29/05/2015](#)). In 2014, flooding caused a significant problem, particularly in Gambella region, but relocation of refugees from flood-prone areas in 2015 limited similar issues this year ([UNICEF, 15/07/2014](#)). Administrative constraints continue to impact operations.



## SCENARIOS

### SCENARIO 1: BASELINE - LIMITED DROUGHT

PROBABILITY 

IMPACT **STATIC** 

Drought conditions in northeastern and central parts of Ethiopia have resulted in a significant reduction in the *meher* harvest in affected areas, as well as increases in water shortages, both for human and livestock consumption. An increase in food prices and a fall in livestock prices has increased food insecurity and put a strain on livelihoods. Eight million people are in need of food assistance and 350,000 suffer from severe malnutrition. Ongoing government programmes, combined with early humanitarian intervention by international actors, ensure a food pipeline to the affected areas as well as livelihoods assistance. This helps to somewhat contain the situation, and a widespread famine is avoided. The main humanitarian needs include food, WASH, and health.

### SCENARIO 2: FLOODS IN THE SOUTH

PROBABILITY 

IMPACT **SLIGHT DETERIORATION** 

In addition to exacerbating drought conditions, El Niño causes above-average rainfall in southern Ethiopia, leading to floods along several rivers in the south and in southeastern pastoralist and agro-pastoralist areas. The floods damage houses as well as agricultural land, kill livestock, and lead to displacement. Poor households are unable to earn income from agricultural labour, impacting livelihoods and increasing food insecurity in the affected areas. In contrast, the above-normal rain leads to slight improvements in water availability and pasture conditions.

Poor WASH conditions result in an increase in disease outbreaks, particularly waterborne (cholera) and vector-borne (malaria) diseases. Access to affected areas is an issue as roads have been damaged by flooding. Key humanitarian needs include food, WASH, and health.

### SCENARIO 3: SEVERE DROUGHT DUE TO EL NIÑO

PROBABILITY 

IMPACT **MAJOR DETERIORATION** 

Failed spring rains, compounded by the drastic below-average summer rains caused by El Niño, result in a severe drought in northeastern areas: eastern Afar and southern Somali regions, as well as central and eastern Oromo, and northern Tigray and Amhara. Below-average rain drastically reduces access to water for both human and livestock consumption. *Meher* crop production in November/December is well below average, and there is an evident deterioration in livestock condition. Access to food declines in many areas and labour opportunities fall. Prices of staple foods increase drastically, while livestock prices plummet, which severely affects the purchasing power of the most vulnerable population. The number of people in need of food assistance grows from 9 million in August 2015 to 15 million in early 2016. There are more cases of severe acute malnutrition and close to 2 million people without access to safe water. Nearly 500,000 livestock deaths destroy livelihoods and contribute to food insecurity. The health situation deteriorates, with measles outbreaks taking the lives of malnourished children. There are serious gaps in funding, and the most imminent humanitarian needs include food (food distribution and nutritional activities), WASH (water trucking), health (disease prevention), and livelihoods support.

# IRAQ



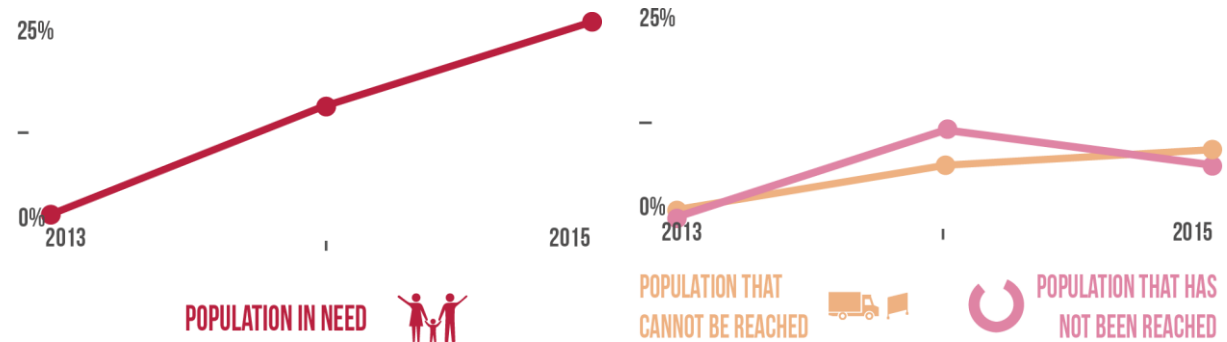
POPULATION: 36.7 MILLION

## One quarter of the population needs humanitarian assistance

Conflict has left some 10 million people in need of assistance, including 3.2 million internally displaced people. Humanitarian and protection needs rose dramatically in 2014 and early 2015, as Islamic State (IS) advanced across swathes of territory. Government forces, supported by an international coalition as well as Shia militias and Kurdish Peshmerga, have all engaged in military operations aimed at dislodging IS. These have further limited access to food and livelihoods, WASH, healthcare, education, and shelter.

Both the displaced and the communities hosting them remain in urgent need of continued humanitarian and protection assistance, as do approximately 2.3 million in IS-held territory (OCHA, 12/08/2015).

## SITUATION OVERVIEW AND TRENDS



2015 figure based on the number of people in need of protection assistance.

## SCENARIOS FOR 2016

### SCENARIO 1 : BASELINE - STALEMATE

PROBABILITY

IMPACT **STATIC**

### SCENARIO 2: GOVERNMENT VICTORY AT RAMADI

PROBABILITY

IMPACT **SLIGHT DETERIORATION**

### SCENARIO 3: ISLAMIC STATE DIGS IN

PROBABILITY

IMPACT **SLIGHT DETERIORATION**

### SCENARIO 4: KURDISH TENSIONS RISE

PROBABILITY

IMPACT **MAJOR DETERIORATION**

## PRIORITY CONCERNS

PROTECTION

WASH

HEALTH

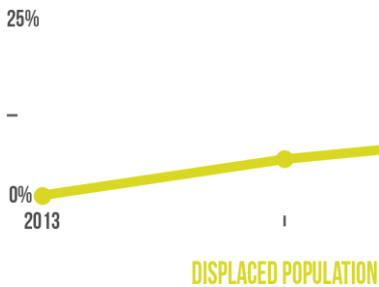
## KEY EVENTS IN 2015

**Stalemate** Conflict dynamics were characterised by stalemate in 2015 after IS's rapid advances across Iraq in 2014. In April, Iraqi security forces (ISF) wrestled Tikrit back from IS, but in May, IS overran Ramadi. There were protracted struggles for strategic targets, such as Baiji oil refinery, which ISF finally reclaimed in October. By November, ISF were pushing to encircle Ramadi.

**Complex regional dynamics** Since August 2014, an international, US-led coalition has gradually expanded air and training support to ISF. Turkey joined the coalition in July 2015, and also stepped up its efforts against Kurdish forces in northern Iraq, who oppose IS.

**Political tensions** A December 2014 deal between the central and Kurdish regional governments failed to allay political tensions in 2015. Both governments face budget shortfalls due to falling oil revenues. Iraqis began protesting against electricity and fuel cuts in July. Prime Minister Abadi's anti-corruption drive has met with weekly protests and a hostile parliament, which has voted to curb ministerial powers.

## DISPLACEMENT

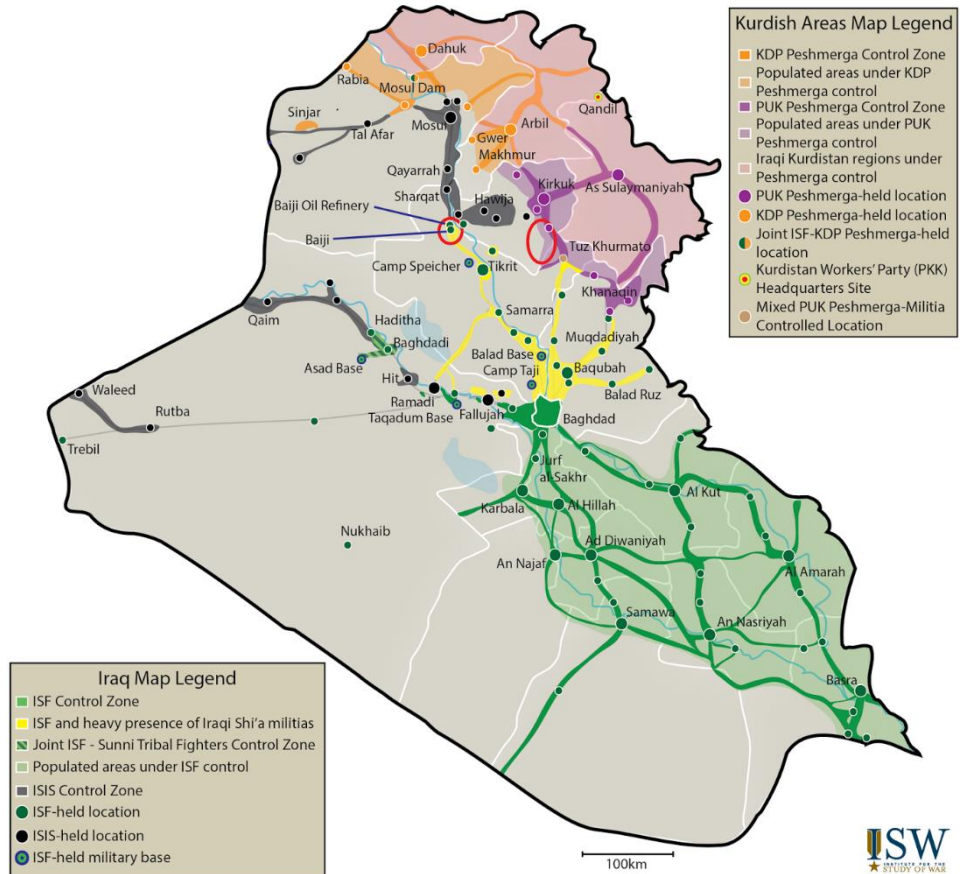


IS's advance across Iraq in 2014 followed by military efforts to recapture IS-held territory have displaced Iraqis in waves, with over 3.2 million IDPs by September 2015. There are over 500,000 IDPs in Anbar province and Baghdad (IOM, 29/09/2015). The Kurdistan Region of Iraq (KR-I) is under particularly heavy

pressure as massive inflows of IDPs have increased the population by 30% (OCHA, 12/08/2015). Changing battle lines have enabled over 400,000 returns; humanitarian needs among returnees remain high (IOM, 29/09/2015).

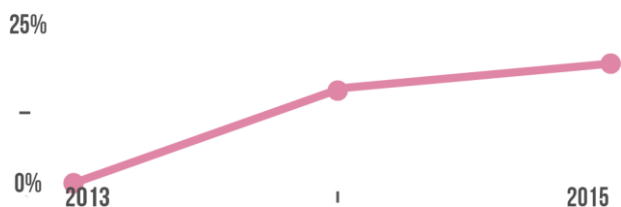
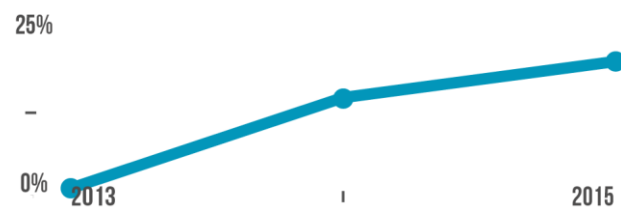
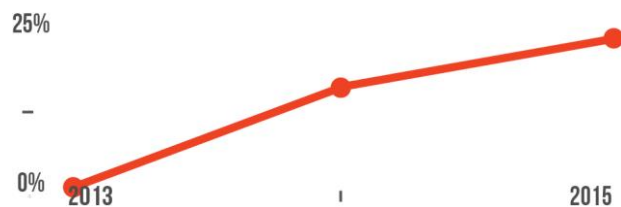
Between mid-2012 and early 2014, around 220,000 Syrians arrived in the Kurdistan Region of Iraq (KR-I). Syrian arrivals stagnated as violence escalated in Iraq in 2014. By July 2015, 250,000 Syrians were registered in Iraq, 38% of whom live in nine camps. Numbers have since declined by approximately 2,000 per month, coinciding with deteriorating living conditions in Iraq, increased returns to Syria, and onward movements to Turkey and Europe (UNHCR, 15/10/2015).

## AREAS OF CONTROL, 30 OCTOBER 2015



©2015 by the Institute for the Study of War  
 Source: ISW, 30/10/2015

Percentage of the population in need per sector



## PROTECTION

Conflict in Iraq has been characterised by widespread violence against civilians and grave human rights violations. Deep-seated sectarian tensions risk boiling over as explosions and attacks hit both Sunni and Shia areas on a near-daily basis. 90% of IDPs live among host communities, where competition for depleting resources is exacerbating social tensions ([OCHA, 12/08/2015](#)). In 2014 – Iraq’s deadliest year since 2008 – the UN recorded over 35,000 civilian casualties. In 2015, 18,500 civilians had been killed or injured by November ([UNAMI, 01/11/2015](#)).

Across Iraq, 10 million Iraqis are estimated to be in need of protection assistance as attacks on civilians continue, basic services deteriorate, and human rights abuses proliferate ([GHO 2015](#)). 2.3 million Iraqis in IS-held territory are estimated to be in need of protection assistance. In areas that have become more secure, humanitarian needs remain high. Returnees face destruction of homes, services and infrastructure, lack of documentation, and dangers from IEDs, landmines and ERWs ([OCHA, 12/08/2015](#)).

## WASH

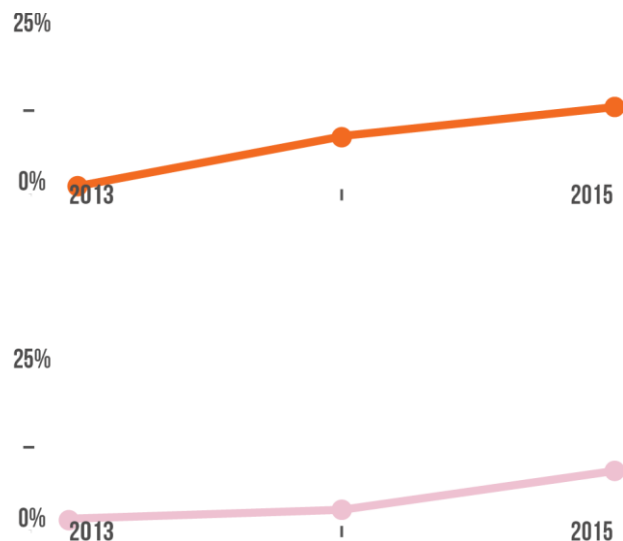
The rapid spread of a cholera outbreak between September and November 2015 demonstrates the severe deterioration of WASH conditions. 2,200 cases have been confirmed across 15 governorates ([UNICEF, 06/11/2015](#)). The estimated number of people in need of WASH assistance has risen from 5 million in 2014 to 7.1 million in August 2015. WASH needs are particularly acute for IDPs living in camps, IDPs living outside camps in critical shelter conditions, communities living in areas controlled by armed groups, and returnees ([OCHA, 12/08/2015](#)).

## HEALTH

Health services have been badly impacted by conflict. Countrywide, at least 6.7 million people are in need of essential health services, up by 1.5 million over the past year ([OCHA, 12/08/2015; 23/10/2014](#)). As needs mount, capacity is weakening: budget deficits and disrupted supply and cold chains are preventing the delivery of essential medicines and supplies to districts in need ([OCHA, 12/08/2015](#)). In Anbar, Ninewa, Salah al Din, and Kirkuk – areas largely controlled or contested by IS – 14 hospitals and over 160 health facilities have been damaged or destroyed, and 45% of health professionals have been displaced ([OCHA, 04/06/2015](#)). In areas with a high concentration of IDPs, particularly KR-I, existing health infrastructure is overwhelmed ([OCHA, 12/08/2015](#)).

Epidemics pose a major risk. Cholera continues to spread in November 2015 ([UNICEF, 06/11/2015](#)). In 2014, 1,300 measles cases were reported across all 18 governorates, and another 1,000 in 2015 ([OCHA, 12/08/2015; WHO, 23/08/2015](#)). Iraq recorded two polio cases in 2014 as degrading public health conditions contributed to the recurrence of the virus in the region ([GPEI, 08/10/2014](#)).

Percentage of the population in need per sector



## FOOD SECURITY AND LIVELIHOODS

Insecurity and displacement have driven household purchasing power down and food prices up. As a result, 4.4 million people are now estimated to be in need of food assistance, up from 2.8 million in October 2014 (OCHA, [12/08/2015](#); [23/10/2014](#)). Conflict has engulfed Iraq's northern wheat belt, limiting production, and disrupted supply lines and access to markets. Ninewa produced just 179,000 metric tons of wheat in 2014, compared to an estimated 655,000 metric tons pre-crisis ([OCHA, 25/09/2014](#)).

Iraq's Public Distribution System, which normally provides food and cash assistance, has faced budget cuts and struggled to adjust to large displaced populations ([OCHA, 04/06/2015](#)). International responders, especially WFP, are also hampered by lack of funding ([WFP, 30/09/2015](#)).

## EDUCATION

In October 2014, an estimated one million children were in need of assistance ([OCHA, 23/10/2014](#)). By August 2015, almost three million had been affected by conflict. Over 60% of IDP children have lost over an entire year of learning. Almost one million children in IS territory have seen schools damaged by conflict and occupied, and curricula dramatically changed. Children in host communities suffer from classroom overcrowding and teacher shortages ([OCHA, 12/08/2015](#)). In KR-I, budget constraints have seen teachers' salaries put on hold, driving many to leave the region, exacerbating overcrowding in classrooms ([Rudaw, 14/10/2015](#)).

## SHELTER AND NFIS

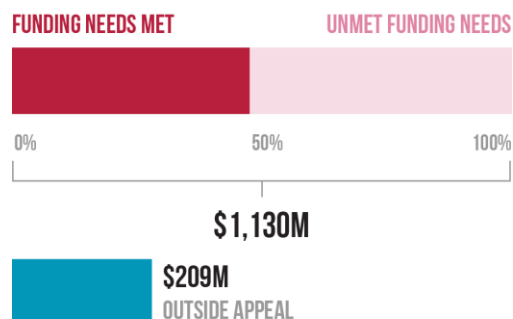
Although ongoing response efforts have improved shelter conditions over the last year, some 1.2 million remain in need of shelter assistance and non-food items ([OCHA, 12/08/2015](#)). Approximately 700,000 people live in critical shelter conditions: informal settlements, unfinished or abandoned buildings, schools, and mosques. 657,000 are also in need of essential household items. Needs are expected to worsen through winter. Heavy rains and flooding in October and November 2015 affected 84,000 vulnerable IDPs ([OCHA, 08/11/2015](#)).

## HUMANITARIAN ACCESS

Humanitarian responders face severe access constraints in conflict zones and areas controlled by armed groups. Access to areas controlled by IS, including large parts of Anbar and Ninewa, is extremely limited ([OCHA, 12/08/2015](#)). 1,500 Syrian refugees in Al Obaidi camp in Anbar province have not been accessible to international responders since June 2014 ([UNHCR, 27/10/2015](#)). Cross-line assistance has been limited, although capacities are gradually increasing ([HPN, 29/10/2015](#)). Some organisations have gained access to hard-to-reach areas through local networks ([NRC, 27/10/2015](#)).

Response efforts in 2014 were fraught with coordination difficulties, and the concentration of humanitarian presence in KR-I ([HPN, 29/10/2015](#)). 2015's military stalemate has not facilitated major improvements in humanitarian access, although coordination has improved ([OCHA, 04/06/2015](#)). Renewed ISF, PMF, and Peshmerga offensives have further constrained access in the short term ([ISW, 27/10/2015](#)).

## FUNDING



## SCENARIOS

### SCENARIO 1: BASELINE - STALEMATE

PROBABILITY 

IMPACT **STATIC** 

Military stalemate continues until at least mid-2016. ISF, PMF, and Peshmerga forces continue to clash with IS in both the Anbar and Mosul corridors. While villages and territory change hands occasionally, no major strategic gains are made. ISF consolidates October 2015 gains in Baiji, but IS defences hold strong elsewhere, including in Ramadi, Falluja, and Mosul. Continued violence and insecurity generate further displacement, both within Iraq and onwards to Turkey and Europe.

Humanitarian needs worsen as resources become increasingly scarce among IDPs and host communities, as well as returnees who head back to devastated areas as battle lines shift. The ability of authorities to alleviate needs weakens as oil revenues stay low and military costs escalate. Lack of funding continues to limit the international humanitarian response, although it does manage to contain a potentially catastrophic cholera outbreak after launching a vaccination campaign. Protection, health, and WASH, and food security and livelihoods, remain priorities.

### SCENARIO 2: GOVERNMENT VICTORY AT RAMADI

PROBABILITY 

IMPACT **SLIGHT DETERIORATION** 

ISF build on gains in late October and November around Ramadi to storm the city and dislodge IS. Further displacement of Ramadi's remaining residents overwhelms response capacities in Anbar IDP camps near Bzibz Bridge, still recovering from heavy rains and floods in October. In conjunction with consolidation of gains around Baiji, the victory at Ramadi buoys morale among Iraqi troops. With increased international assistance, ISF, PMF and Peshmerga forces pressure other IS positions, including Falluja and Mosul. Displacement rises here, but where conflict subsides IDPs are able to return, eager to rebuild their lives. In the short term, both the newly displaced and returnees face severe humanitarian needs, particularly for WASH, food and shelter assistance. Access remains challenging due to the high risk from booby traps and the threat of IS attacks.

### SCENARIO 3: ISLAMIC STATE DIGS IN

PROBABILITY 

IMPACT **SLIGHT DETERIORATION** 

ISF progress in Baiji and Ramadi in late October and early November is swiftly reversed. Stubborn IS resistance and Sunni rejection of a largely Shia invading force see ISF driven back out of Ramadi. IS forces regroup and retake Baiji. International military support remains conflicted by regional dynamics – the effectiveness of both the US-led coalition and Iranian-backed militias is blunted by a lack of cooperation. In Anbar, pressure mounts on ISF and Sunni tribal fighters in Haditha and al Baghdadi, which risk falling back into IS hands. Further displacement ensues, primarily within Iraq but also at unprecedented levels towards Turkey and Europe. Political support for Abadi wanes and desperately needed anti-corruption reforms fall through. Oil revenues remain low and budget cuts continue. International humanitarian support becomes increasingly vital over the winter, but access worsens as IS gains territory and security deteriorates. The risk of disease outbreaks in overstretched camps and host communities increases dramatically.

### SCENARIO 4: KURDISH TENSIONS RISE

PROBABILITY 

IMPACT **MAJOR DETERIORATION** 

Vast IDP and refugee populations continue to increase demand on public resources in KR-I, while the government's ability to provide services and humanitarian assistance diminishes in line with falling oil revenues and reduced transfers from Baghdad. Tensions mount within KR-I, as well as between the regional government and Baghdad. KR-I President Barzani's grasp on power slips as calls for him to step down become violent. The instability stokes fear of a return to the civil war of the 1990s. IS capitalises on factionalism within the Peshmerga to retake Sinjar. Syrian refugees and Iraqi IDPs who had flocked to KR-I for its relative safety return to their places of origin prematurely or move onwards to Turkey and Europe. In central and southern governorates, severe humanitarian needs are exacerbated as IDPs arrive, with shelter for the newly displaced rapidly becoming a priority. Humanitarian agencies are caught off-guard and muster only a lacklustre response.

# LIBYA



POPULATION: 6.3 MILLION

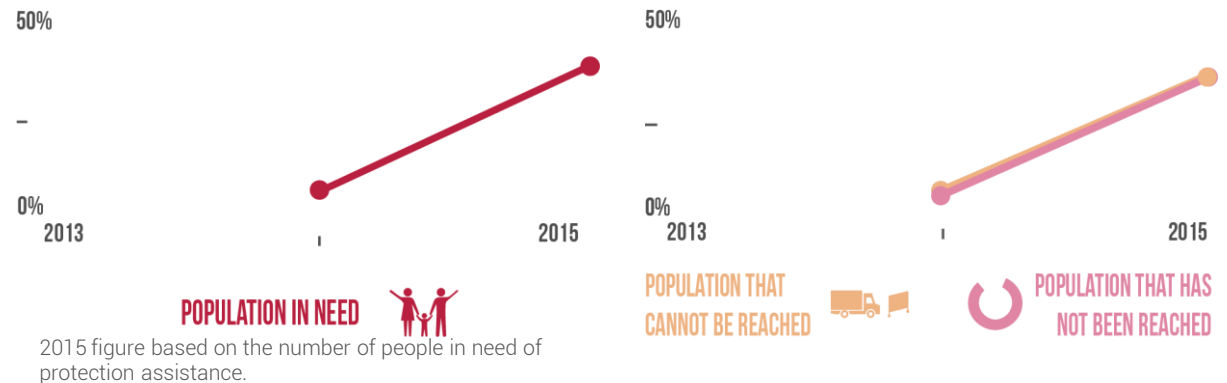
## Growing needs meet diminishing access

The estimated number of people in need of assistance has grown dramatically to nearly half the population as of October 2015.

Hostilities remain concentrated in urban areas, generating severe protection concerns for civilians and aggravating health needs, as high numbers of trauma victims overwhelm an already weakened health infrastructure.

Humanitarian access to affected populations is severely limited due to fighting between different armed groups. Few international actors have been on the ground since the surge in violence in mid-2014.

## SITUATION OVERVIEW AND TRENDS



## SCENARIOS FOR 2016

### SCENARIO 1: BASELINE - CONTINUED FRAGMENTATION

PROBABILITY

IMPACT **STATIC**

### SCENARIO 2: A NEW STRONGMAN

PROBABILITY

IMPACT **SLIGHT IMPROVEMENT**

### SCENARIO 3: ISLAMIC STATE STRENGTHENS

PROBABILITY

IMPACT **MAJOR DETERIORATION**

### SCENARIO 4: A UNITY GOVERNMENT

PROBABILITY

IMPACT **SLIGHT IMPROVEMENT**

## PRIORITY CONCERNS

PROTECTION

HUMANITARIAN ACCESS

HEALTH



## KEY EVENTS IN 2015

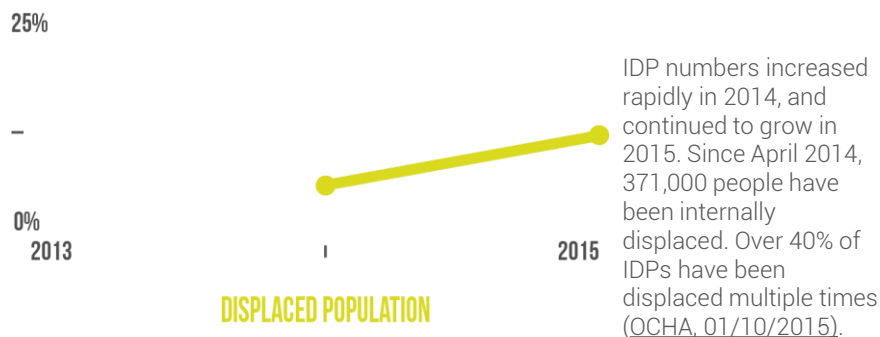
- Reduced access**

Hostilities between parties backing the House of Representatives government and those supporting the General National Congress have driven most humanitarian agencies out of the country. Access is further limited by the growing influence of other armed groups such as Islamic State (IS).
- Islamic State gains territory**

IS established a stronghold in Derna in October 2014, building on an existing presence of Islamist fighters ([BBC, 09/10/2015](#)). IS made significant territorial gains in the first few months of 2015, including seizing control of Sirte, but then lost territory, including Derna ([ACLED, 19/09/2015](#)). The conflict led to new waves of displacement and further restricted humanitarian access.
- Peace talks falter amid governance vacuum**

A new round of peace talks between the rival governments began in June 2015 with the aim of forming a unity government and consolidating state authority. However, the final text of the agreement was rejected by both parties. Representatives of the two parties have expressed a willingness to continue talks.

## DISPLACEMENT

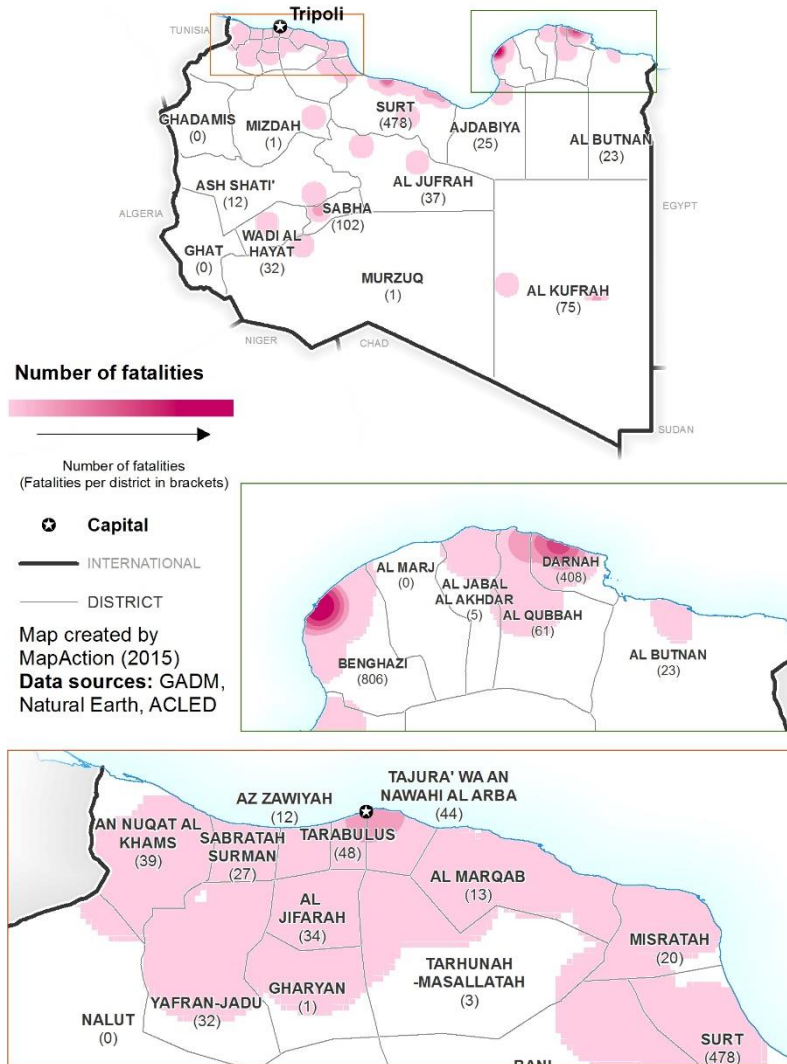


60,000 IDPs have been displaced since 2011 ([OCHA, 01/10/2015](#); [IDMC, 30/03/2015](#)). Approximately 269,000 of the internally displaced are in and around Tripoli, 105,000 are in Benghazi, and 18,500 people who fled Ubari in October 2014 are living in surrounding towns ([IDMC, 30/03/2015](#)).

In addition, an estimated 250,000 refugees, asylum seekers, and other migrants from elsewhere are in Libya, many seeking to reach Europe ([OCHA, 01/10/2015](#)).

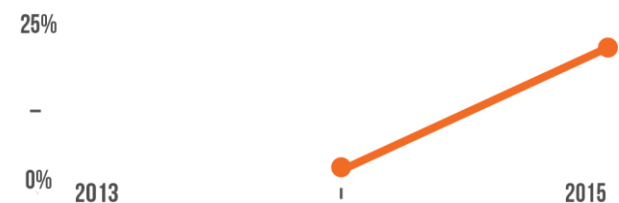
## FATALITIES IN LIBYA 2015

### Fatalities in Libya January - October 2015





Percentage of the population in need per sector.  
Figures only available since 2014.



## PROTECTION

The spike in hostilities in mid-2014 and the spread of IS in early 2015 contributed to a worsening protection environment ([OCHA, 01/10/2015](#)). The majority of hostilities take place in urban areas, posing major challenges. 2.44 million people are estimated to be in need of protection assistance, including physical and legal protection and psychosocial support.

Incorrectly armed fuses or faulty ammunition have resulted in large quantities of unexploded ordnance (UXO) ([UNSMIL, 04/09/2014](#)). In an assessment of 20 locations in the country, 57% of informants reported landmines/UXO in their communities. In the south, the rate was 78% ([UN, 21/09/2015](#)).

Human rights violations have been perpetrated by all parties, and include attacks on civilians, child recruitment, and sexual and gender-based violence (SGBV) ([OHCHR, 16/11/2015](#)). Underreporting for SGBV is believed to be widespread.

Refugees and migrants are particularly vulnerable to abuse by armed actors. An estimated 16,000 are reported to be in detention centres, where conditions are poor ([OHCHR, 16/11/2015](#)).

## HEALTH

1.9 million people are in need of basic healthcare. The main problems are a shortage of personnel, health facilities, and supplies needed to deal with the high number of trauma patients in addition to regular health needs. Foreigners previously made up 80% of all medical personnel in Libya, but the majority left the country in 2014. An estimated 20% of hospitals and 18% of primary healthcare facilities are not functioning. Active conflict and insecurity also restrict access to those health facilities that are functional: 60% of hospitals were inaccessible due to conflict at least once between April and October 2015 ([OCHA, 01/10/2015](#)). Vaccine coverage has decreased sharply since 2011 ([OCHA, 01/10/2015](#)).

## FOOD SECURITY AND LIVELIHOODS

Food security worsened significantly in 2014, due to the disruption of supply routes. Since mid-2014, the prices of food staples have tripled and the loss of livelihoods, estimated to have affected 1.5 million people, has further compounded the lack of access to food ([OCHA, 01/10/2015](#)).

1.28 million people are currently estimated to be food insecure, including 175,000 IDPs. The highest levels of food insecurity are in Benghazi and in the south, where supply issues create food shortages.

Percentage of the population in need per sector.  
Figures only available since 2014.



### EDUCATION

Half of all school-aged children in Libya do not have access to education ([IDMC, 30/03/2015](#)). Schools in Benghazi are particularly affected by the conflict, with only 65 out of 239 schools in the city functioning ([UNICEF, 02/09/2015](#)). Access to education is affected by the surge in displacement in mid-2014, as IDPs occupy many schools, particularly in the northeast and south ([Save the Children, 22/06/2015](#)).

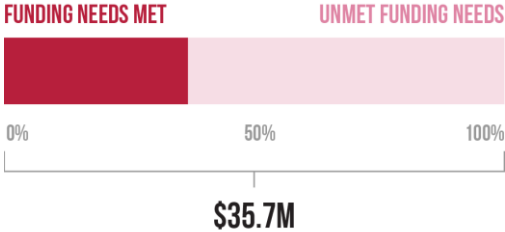
### SHELTER AND NFIS

An estimated 104,160 IDPs are in need of shelter support: 65,100 are residing in schools or other public spaces and 39,060 are in unfinished houses and apartments. An additional 200,000 people are estimated to be in need of NFIs ([OCHA, 01/10/2015](#)).

### WASH

An estimated 680,000 people need water and sanitation assistance as fighting has disrupted the main water network. In addition, the management of wastewater in some areas has worsened due to low maintenance budgets. WASH needs are particularly high for displaced people and host communities ([OCHA, 01/10/2015](#)).

### FUNDING



### HUMANITARIAN ACCESS

Since July 2014, most humanitarian agencies have relocated out of Libya, and local NGOs have very little capacity. Armed groups and fuel shortages limit access for the humanitarian actors that continue to operate within Libya ([AFP, 19/05/2015](#)). The areas under control of IS are largely inaccessible ([OCHA, 01/10/2015](#)).

For much of the south, a limited road network, checkpoints, and the presence of explosive devices pose additional access issues. In particular, Ubari is largely cut off due to fighting between Tuareg and Tebu tribes and armed groups limiting access to humanitarian agencies on the one road linking Ubari to the north ([IRIN, 27/08/2015](#)). In Benghazi, the Libyan National Army and militias frequently prevent civilians from leaving their neighbourhoods to access medical care and other aid ([HRW, 26/05/2015](#)). Since mid-2014, neighbouring countries, including Algeria, Tunisia, and Egypt, have sealed their border or imposed more stringent entry requirements ([Amnesty International, 11/05/2015](#); [UN Security Council, 26/02/2015](#)).

## SCENARIOS

### SCENARIO 1: BASELINE - CONTINUED FRAGMENTATION

PROBABILITY 

IMPACT **STATIC** 

Existing rifts among the parties deepen and new splinters emerge as the possibility of a peace agreement becomes even fainter. Hostilities on the ground continue. Without any clear rule over the country, the oil reserves that the faltering Libyan economy has been reliant on quickly dry up, and staple food prices increase further. The number of food insecure people grows, and the overall severity of needs increases. Festering insecurity means the number of people attempting to cross to Europe continues to increase, and more lives are lost at sea. Protection needs persist and the ability of humanitarian actors to reach affected populations remains restricted. Food, WASH, and health needs steadily increase.

### SCENARIO 2: A NEW STRONGMAN

PROBABILITY 

IMPACT **SLIGHT IMPROVEMENT** 

General Khalifa Haftar, chief of the Libyan National Army, succeeds in establishing a military council to rule Libya. This leads to a significant drop in active hostilities and allows the return of many internally displaced people. Humanitarian actors begin to return to Libya and expand their operations to reach greater numbers of people in need. Food insecurity decreases as the economy stabilises and much greater numbers of children can access education as schools formerly occupied by IDPs reopen.

### SCENARIO 3: ISLAMIC STATE STRENGTHENS

PROBABILITY 

IMPACT **MAJOR DETERIORATION** 

Islamic State violently clashes with the LNA and other armed groups as IS continues to send new recruits to Libya and seasoned fighters from Syria join efforts in Libya. The number of internally displaced grows further. As IS consolidates territorial control along the coastal area east of Sirte, the group prevents access of humanitarian actors to affected populations. Humanitarian needs, especially health needs, become more severe inside IS territory, and the displaced outside IS territory experience growing needs in all sectors. There is a spike in protection issues, especially for human rights activists, journalists and people who resist IS rule.

### SCENARIO 4: A UNITY GOVERNMENT

PROBABILITY 

IMPACT **SLIGHT IMPROVEMENT** 

The two rival governments reach a peace agreement. This creates pathways for increased assistance from the international community, including improved access to displaced people and other vulnerable groups. Hostilities between armed groups continue in parts of the country. However, a unified national government is able to re-establish security in areas under its control. Humanitarian needs gradually drop in most sectors as access improves and economic activity resumes. Health and WASH needs persist, but the reconstruction of vital health and sanitation infrastructure begins.

# MYANMAR

POPULATION: 54.0 MILLION

## Elections and ceasefires end a year of cyclones and conflict

Protracted armed conflict between ethnic groups and the government continues to keep 500,000 in need of assistance. The affected area remains largely unchanged in recent years, though fighting intensified significantly in early 2015. A recent ceasefire agreement has done little to end hostilities in the most affected areas of Kachin and north Shan state. Conditions for the Rohingya minority have deteriorated, particularly for those displaced in Rakhine state.

Flooding from June to October affected over 1.6 million people. Thousands remain displaced and the damage to agriculture will continue to impact livelihoods and possibly food security.

## PRIORITY CONCERNS



PROTECTION



WASH



HEALTH

## SITUATION OVERVIEW AND TRENDS

MORE THAN **500,000** PEOPLE  
ARE IN NEED OF ASSISTANCE

Up-to-date figures on the number of people in need, and the number of people reached, are not available at the time of writing, preventing trend analysis.

## SCENARIOS FOR 2016

### SCENARIO 1: BASELINE - PEACEFUL TRANSITION

PROBABILITY

IMPACT **STATIC**

### SCENARIO 2: MARTIAL LAW AND CIVIL UNREST

PROBABILITY

IMPACT **MAJOR DETERIORATION**

### SCENARIO 3: SYSTEMATIC VIOLENCE AGAINST ROHINGYA

PROBABILITY

IMPACT **MAJOR DETERIORATION**

### SCENARIO 4: NLD GOVERNMENT PROMISES CHANGE

PROBABILITY

IMPACT **SLIGHT IMPROVEMENT**

## KEY EVENTS IN 2015

- Violence escalates** From January to May, fighting between the government and ethnic armed groups intensified in parts of Kachin, Rakhine, and Shan states. The government declared the first state of emergency since 2008, in the Kokang region of Shan ([AFP, 18/02/2015](#)). Thousands were displaced. There were no significant territorial gains ([Myanmar Peace Monitor, 09/2015](#)).
- Widespread flooding** Over June to early October, heavy rains, mainly linked to Cyclone Komen, caused flooding and landslides in 12 out of 14 states. At its peak, 1.6 million people were displaced, though most returned home within days. 182 people were killed ([ECHO, 21/10/2015](#)).
- Ceasefire and elections** In October, a national ceasefire agreement was signed by the government and eight of the 18 main ethnic armed groups in Myanmar. In November, after the first free elections to be held in Myanmar in over 25 years, the National League for Democracy formed a government, deposing the military-backed Union Solidarity and Development Party (USDP). The impact that these events will have on the humanitarian situation is not yet clear ([BBC, 11/11/2015](#)).

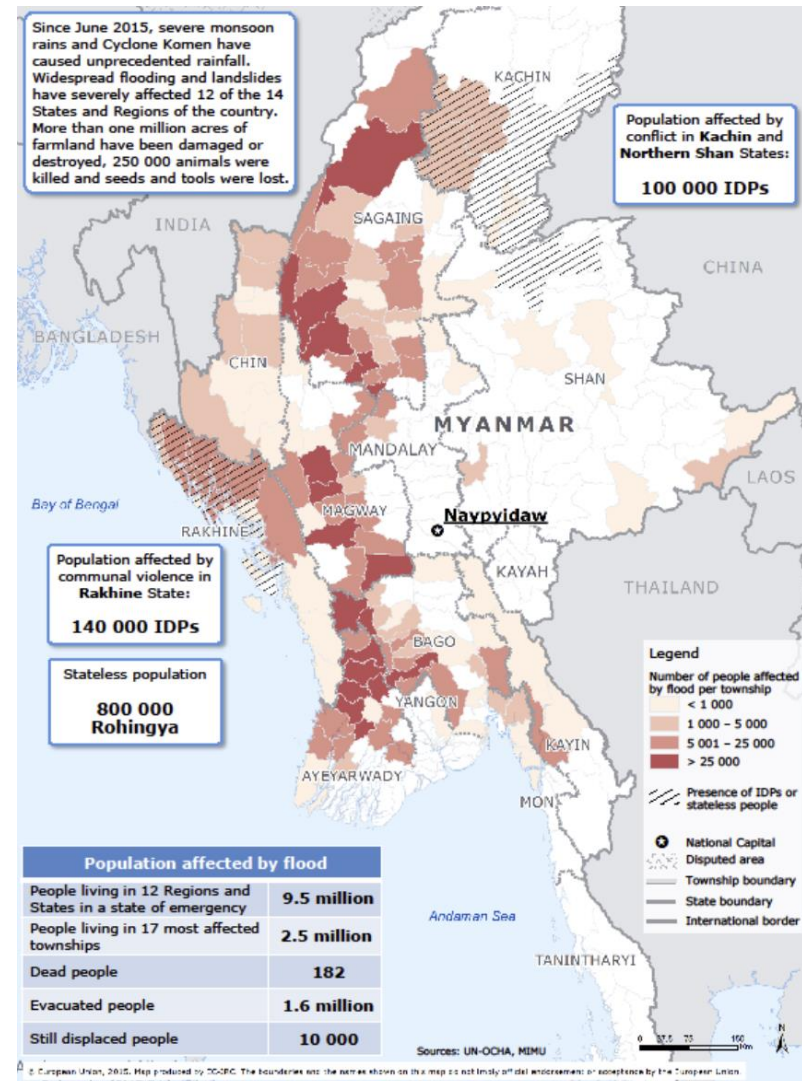
## DISPLACEMENT

Up to 700,000 people are internally displaced as of November 2015. This is an increase of around 60,000 from mid-2014, due to conflict in early 2015 and the effects of severe flooding. Most are in protracted displacement, primarily due to conflict ([IDMC, 03/2015](#); [Myanmar Peace Monitor, 30/09/2015](#)).

2015 did not see significant returns among conflict-displaced people. The rate of secondary displacement has grown, with up to 100,000 existing IDPs displaced by conflict, compared to 10,000-15,000 in 2014. New IDPs are predominantly in Kachin and northern Shan states. Around 60,000 people were displaced into China in 2015; 8,000 are yet to return ([OCHA, 16/06/2015](#); [Myanmar Peace Monitor, 30/09/2015](#)).

Over 10,000 of the 1.6 million displaced by flooding this year are still displaced ([ECHO, 21/10/2015](#)).

## AFFECTED POPULATION IN MYANMAR, OCTOBER 2015



Source: ECHO, 21/10/2015

**200,000 more people needed food or livelihoods assistance after the flooding in mid-2015**

## FOOD SECURITY AND LIVELIHOODS

Prior to flooding in June, levels of food insecurity in Myanmar were stable, at 421,000-429,000 in need of food assistance between 2014 and 2015 in Shan, Kachin, and Rakhine states ([OCHA, 12/2013; 12/2014](#)).

However, after the floods, an additional 200,000 people were reported to be in need of immediate food or livelihoods assistance in late July and early August ([WFP, 30/09/2015](#)). The flooding inundated at least 525,330 hectares of farmland. Chin, Sagaing, Ayeyarwady, and Rakhine were the worst affected. 89% of the national rice crop - a staple - has been damaged, which is predicted to result in a significant reduction in yield in 2015 compared to 2014. Female-headed households, subsistence farmers, and casual labourers are most likely to be affected by food insecurity, as they are the most vulnerable to higher market prices ([ASEAN, 18/08/2015](#); [FAO, 10/08/2015](#)).

## SHELTER AND NFIS

Prior to the flooding in June, an estimated 433,000 people were in need of shelter and NFIs, a slight increase on the 421,000 reported in 2014 ([OCHA, 12/2013; 12/2014](#)). IDP shelter repair has long been needed: only 52% of IDP shelters met minimum humanitarian requirements in June. Living conditions have been worsening for a high proportion of some 120,000 displaced Rohingya in Rakhine state: they need shelter support and also have limited access to cooking fuel and energy ([USAID, 19/06/2015](#)).

The flooding has since destroyed 21,000-39,000 homes. 10,000 were in Rakhine alone. The government reports that 490,000 homes were damaged ([ECHO, 23/08/2015; 16/08/2015](#); [Government, 06/10/2015](#); [USAID, 19/06/2015](#)).

Across Myanmar, households in camps and isolated villages continue to use shelter materials or unsustainable and hazardous materials as fuel. People receiving assistance have been recorded exchanging food rations for fuel, and over-exploiting surrounding forest and woodland ([OCHA, 12/2014](#)).

## HEALTH

The number of people in need of health assistance increased from 421,000 to 536,000 over 2015, as an additional 100,000 people were assessed to be in need in Rakhine state, mainly from the Rohingya community. Access to healthcare has long been a challenge for the Rohingya in Rakhine, and the situation has worsened ([OCHA, 12/2013; 12/2014](#)). Increased health needs since the floods are not included in these figures.

In October 2015, a cholera outbreak was reported in Kayah state. Reported to have been ongoing for two months, up to 200 people have been affected. It is the first cholera outbreak reported since January 2014 ([Burma News International, 27/10/2015](#); [Mizzima News, 22/01/2014](#))

Dengue case numbers are twice as high as in the same period in 2014, and 78% higher than during 2013's outbreak. As of September, the number of cases in 2015 has reached 36,000, causing at least 120 deaths. Ayeyarwady region is most affected, with around 6,500 cases. The flooding has created more reservoirs for vectors, facilitating transmission. South Asia as a whole has seen an increase in dengue cases this year ([Reuters, 21/10/2015](#); [Myanmar Times, 01/10/2015](#)).

**Only 52% of IDP shelters met minimum requirements in June**

**Additional needs mainly among the Rohingya resulted in an increase in health needs in 2015**

**Minorities face discrimination and are vulnerable to exploitation: 800,000 stateless Rohingya are of major concern**

## PROTECTION

Local media and international actors have accused government troops and armed ethnic groups of shooting unarmed civilians, beatings, forced recruitment, and using rape as a weapon of war (RFA, 25/03/2015). Around five million people continue to live in mine-contaminated areas ([Mines Advisory Group, 05/2014](#)). Eastern Bago is believed to be the most contaminated region ([Norwegian People's Aid, 09/06/2015](#)).

The number of children in the ranks of the Myanmar army, or other armed ethnic groups, is unclear. From 2013 to January 2015, 723 cases of underage recruitment by the Myanmar Army were reported to the UN ([Child Soldiers International, 01/2015](#)).

Many ethnic and religious minorities suffer discrimination and are vulnerable to exploitation. The 800,000 stateless Rohingya are among the most targeted, and in 2015, a new series of discriminatory laws further restricted their rights ([The Diplomat, 26/08/2015](#)). Cross-border trafficking for the purposes of domestic servitude, sexual exploitation, and forced marriage remain concerns in Myanmar, particularly for the Rohingya ([OCHA, 12/2014](#)).

**WASH conditions have deteriorated since 2014**

## WASH

WASH conditions deteriorated from 2014 to early 2015. Prior to the flooding that began in June, 536,400 were people in need of WASH assistance. This is an increase of over 125,000 compared to 2014, probably due to the deterioration of conditions among Rohingya in Rakhine, who were already experiencing the worst WASH conditions ([OCHA, 12/2013; 12/2014](#)).

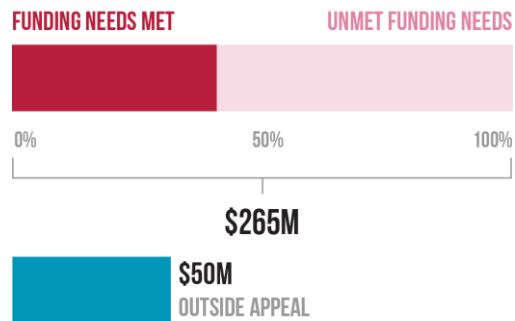
The flooding is likely to have increased needs dramatically since these figures were reported, but accurate nationwide assessments are not yet available. People from Rakhine and Chin states and Sagaing and Magway regions were reportedly without access to safe drinking water, and latrines were destroyed. Increased cases of acute diarrhoea were reported in Rakhine, Sagaing, and Magway ([OCHA, 05/08/2015](#); [USAID, 19/06/2015](#); [Democratic Voice of Burma, 18/08/2015](#)).

**Flooding disrupted education for 250,000 children**

## EDUCATION

The number of children in need of education dropped from 212,000 to 184,000 from early 2014 to early 2015; 250,000 children's education was then disrupted by the flooding in July and August. Schools have reopened in Ayeyarwady region, but overall around 600 were destroyed, and 3,000 damaged by floodwater ([UNICEF, 27/08/2015](#)).

## FUNDING



## HUMANITARIAN ACCESS

Access deteriorated in 2015 compared to 2014. Areas affected by conflict remain severely restricted, and an increase in the intensity of conflict added to the constraints on humanitarian organisations. Several humanitarian workers have been injured and killed ([IFRC, 03/04/2015](#); [23/02/2015](#)).

Conditions have improved as the year has passed: some organisations, such as WFP, have resumed some activities. However, armed groups continue to deny access in places: 50,000 IDPs in non-government-controlled areas of Shan and Kachin state have had little to no access to humanitarian assistance since September 2014 ([Irrawaddy, 05/12/2014](#); [OCHA, 15/06/2015](#); [Myanmar Peace Monitor, 09/2015](#)).

Flood-damaged roads, bridges, and other transport infrastructure continue to hamper access, particularly in Rakine, Chin, Sagaing, Mandalay, and Ayeyarwady (Government, 24/08/2015).

The 810,000 Rohingya estimated to be stateless have severely restricted access to assistance, and their needs have not been adequately assessed ([UNHCR, 2015](#)).



## SCENARIOS

### SCENARIO 1: BASELINE - PEACEFUL TRANSITION

PROBABILITY 

IMPACT **STATIC** 

The military-backed USDP peacefully hands over power to the National League for Democracy but retains significant control. Fighting continues between the Myanmar army and those armed groups that have not signed the national ceasefire agreement. No side makes any significant advances. Armed ethnic groups from Kachin and Shan state maintain a level of autonomy in the areas under their control. Access to areas controlled by ethnic armed groups remains severely restricted: some IDPs are inaccessible.

Despite the new NLD majority government being less openly hostile to minorities, it lacks the political will or local influence to provide better services to marginalised groups, especially the Rohingya, for whom WASH, health, and shelter standards deteriorate further. Nationwide, food insecurity increases in 2016 as the effects of floods have reduced 2015's crop production, mainly affecting the poor - female-headed households, subsistence farmers and casual labourers.

### SCENARIO 2: MARTIAL LAW AND CIVIL UNREST

PROBABILITY 

IMPACT **MAJOR DETERIORATION** 

Despite years of preparation and positive dialogue, the military perceives the NLD's landslide victory as too great a threat. Without significant minority parties within the government that the armed forces can influence, senior commanders become uncooperative. The handover of power is delayed and martial law is declared. Protests are put down violently, and civil conflict erupts across Myanmar. Military forces are dispersed, attempting to maintain martial law across the country, and ethnic armed groups launch attacks, gaining territory. The breakdown of state control in Rakhine increases the vulnerability of the Rohingya. Health, WASH, and shelter conditions deteriorate among Rohingya as well as IDPs in Kachin and Shan; protections concerns for these populations grow. Food insecurity increases greatly as planting and harvesting is interrupted by conflict, and agriculture is unable to recover from the production drop caused by flooding in 2015.

### SCENARIO 3: SYSTEMATIC VIOLENCE AGAINST ROHINGYA

PROBABILITY 

IMPACT **MAJOR DETERIORATION** 

The influence of parties from Rakhine who are opposed to the Rohingya grows due to their dominance of the state parliament and additional seats in the national parliaments. The damage caused by the 2015 floods in Rakhine stunts local development, leading to great frustration among communities. In such a tense climate, massive violence towards Rohingya is triggered. Any pacifying influence of the NLD is undermined by local authorities, who do not act to stop violence, and influential local actors, who actively encourage it. Many Rohingya are killed and there are grave human rights violations. The number of Rohingya fleeing across the Bay of Bengal increases. Many more are forced into the existing camps. All sectoral needs in the camps, particularly shelter, health, and WASH, become extremely severe due to overcrowding. Local authorities deny these needs exist, and humanitarian organisations' access to the camps is restricted.

### SCENARIO 4: NLD GOVERNMENT PROMISES CHANGE

PROBABILITY 

IMPACT **SLIGHT IMPROVEMENT** 

The NLD is able to govern effectively. The ethnic armed groups, which broadly supported elections, enter into negotiations, despite the military retaining control of the Ministry of Defence. Negotiations produce largely positive outcomes for those groups who participate, which encourages other groups to join. Sporadic clashes continue, but there are no large-scale offensives, and access to semi-autonomous areas improves.

With a majority government, the NLD is not dependent on radical Buddhist support. In turn, with the military's diminished power, Buddhist monks discriminating against Muslims may have less financial and political support. Restrictions on the Rohingya and other minorities are reduced and WASH, shelter, and health conditions improve.

Food insecurity increases, however, as the effects of floods on crop production in 2015 reduces yields. Female-headed households, subsistence farmers, and casual labourers are the most affected.

# NIGER



POPULATION: 17.2 MILLION

## Recurrent shocks to a population with high underlying vulnerability

Conflict-driven insecurity in Niger's Diffa region has compounded the difficult humanitarian situation in the country. Ranked lowest among 187 countries in the 2014 Human Development Index, Niger suffers severe underlying vulnerability (UNDP, 07/2014). Recurrent shocks, including droughts and floods, leave between three and four million people food insecure each year (OCHA, 11/12/2014).

Refugee and returnees fleeing the Boko Haram conflict in Nigeria, coupled with growing numbers of IDPs, face urgent protection and humanitarian needs in Diffa region (UNHCR, 13/10/2015). A resurgence in refugee arrivals from Mali adds a further concern for the humanitarian outlook in Niger (UNHCR, 10/11/2015).

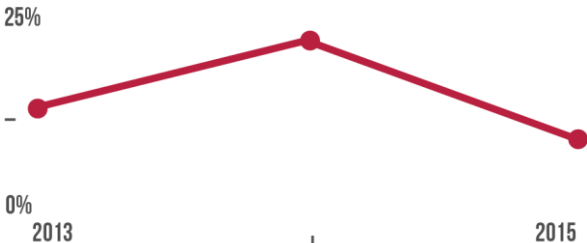
### PRIORITY CONCERNS

FOOD SECURITY

NUTRITION

PROTECTION

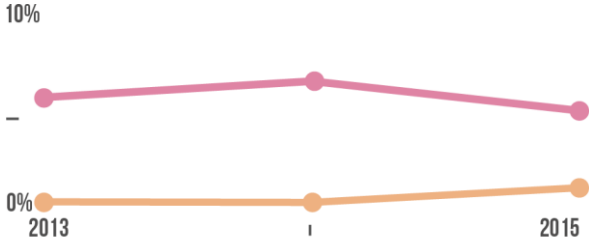
## SITUATION OVERVIEW AND TRENDS



POPULATION IN NEED



2015 figure based on the number of people in need of food security assistance.



POPULATION THAT CANNOT BE REACHED



POPULATION THAT HAS NOT BEEN REACHED

## SCENARIOS FOR 2016

### SCENARIO 1: BASELINE - ONGOING INSECURITY



### SCENARIO 3: SECURITY IMPROVES IN DIFFA



### SCENARIO 2: VIOLENCE INTENSIFIES IN DIFFA



### SCENARIO 4: ELECTION-RELATED VIOLENCE



## KEY EVENTS IN 2015

- Boko Haram attacks Diffa** Boko Haram violence spilled across the border from Nigeria into Diffa region in February 2015. In addition to generating internal displacement, violent attacks and military operations have exacerbated humanitarian and protection needs for refugees and returnees who had already fled insecurity in Nigeria ([UNHCR, 13/10/2015](#)).
- Recurrent food insecurity** Niger again faced severe food insecurity over the 2015 lean season. Although conditions were better than in 2014, at least 2.7 million people were estimated to be in need of assistance in 2015, while 250,000 children had been admitted for treatment for severe acute malnutrition by October ([OCHA, 10/10/2015](#)).
- Floods** Heavy rains between July and September led to floods, which killed 25 people and affected over 87,000 across all of Niger's eight regions. Over 6,600 houses were damaged or destroyed ([OCHA, 30/09/2015](#)).

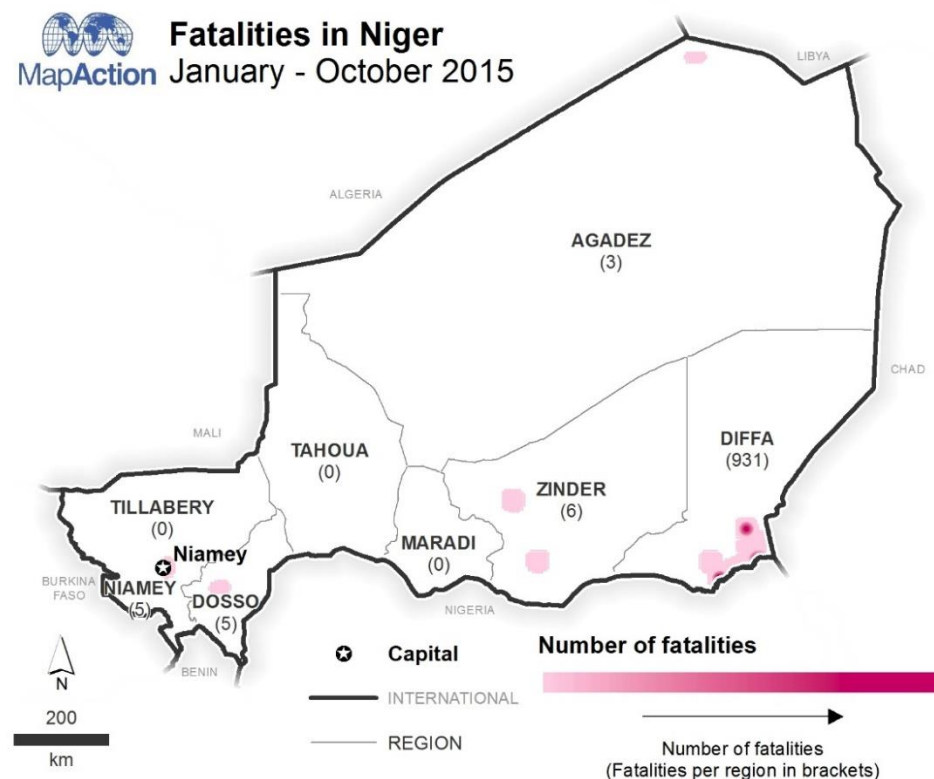
## DISPLACEMENT

Insecurity related to Boko Haram violence and military operations against the group have triggered a displacement crisis in Diffa region. 53,000 Nigerian refugees and returned Niger nationals arrived in Diffa region from Nigeria in 2014, over half between August and September alone ([OCHA, 11/12/2015](#)). By October 2015, approximately 100,000 refugees and returnees were in Diffa region, along with 50,000 internally displaced Niger nationals ([UNHCR, 13/10/2015](#)).

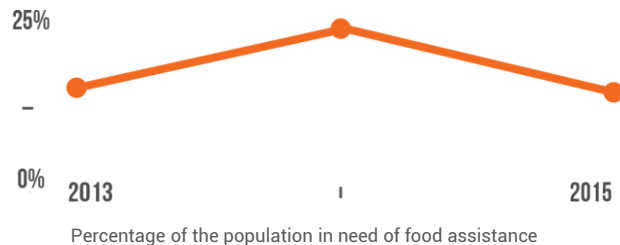
At the height of conflict in Mali in 2012, over 50,000 refugees had fled to Niger's western regions. Although 7,000 were repatriated in December 2013 after peace accords and elections, at least 47,000 remained in Niger at the start of 2015. Refugee numbers climbed again, to 54,000, in late 2015: over 4,000 new refugees arrived in October and November, citing persistent inter-communal violence in rural areas, food insecurity, and the absence of public services and protection ([UNHCR, 10/11/2015](#)).

An estimated 25,000 Niger nationals have returned from Libya and Algeria in 2015, due to growing insecurity ([OCHA, 10/10/2015](#)). At least 7,000 Niger returnees have been recorded in transit centres of Agadez, lacking financial resources to continue their journeys. They face protection, shelter, food, WASH, and health needs ([IOM, 22/10/2015](#)).

## FATALITIES IN NIGER 2015



**Data sources:** GADM, Natural Earth, ACLED. Map created by MapAction (2015)



**An estimated 25,000 children in Diffa region face severe malnutrition in 2015**

**64 attacks, clashes, mine explosions, and abduction incidents have been recorded in Diffa region since February 2015**

**A drop in malaria cases has contributed to a fall in overall health needs since 2013**

## FOOD SECURITY

Regular droughts and floods contribute to recurrent food insecurity for between three and four million people ([OCHA, 11/12/2014](#)). In 2013, even after good growing conditions, planning figures estimated 2.5 million people to be food insecure, 1.7 million of whom were targeted for assistance ([OCHA, 24/12/2012](#)). An extended lean season in 2014 saw a significant increase: between 4.2 million and 5.3 million people faced food insecurity, and 3.4 million were targeted for humanitarian assistance. Approximately 420,000 were in severe food insecurity (IPC Phase 3 and above) ([OCHA, 03/02/2014; 11/07/2014](#)). Numbers decreased in 2015 to 2.7 million people targeted for food assistance out of an estimated 3.4 million facing food insecurity ([OCHA, 10/02/2015; 10/10/2015](#)). Good 2015 harvests are driving an improved outlook: two million people are estimated to need food assistance in 2016, almost 25% of whom are in Diffa region ([OCHA, 27/11/2015](#)).

## NUTRITION

Nutrition crises persist: in 2013, global acute malnutrition (GAM) rates were reported at 13.3%, and they climbed to 14.8% in 2014 ([OCHA, 11/12/2014](#)). Malnutrition rates worsened further in 2015, reaching the WHO's emergency threshold of 15% ([OCHA, 27/11/2015](#)). As of 10 October, 250,123 severe acute malnutrition (SAM) cases and 304,040 moderate acute malnutrition (MAM) cases had been admitted for treatment ([OCHA, 10/10/2015](#)). In conflict-affected Diffa region, an estimated 25,000 children face severe acute malnutrition in 2015 ([UNICEF, 30/09/2015](#)).

## PROTECTION

In 2015, Niger became a target of cross-border Boko Haram attacks from Nigeria, particularly after its army committed to joining a proposed Multi-national Joint Task Force to oppose the group ([Reuters, 14/10/2015](#)). Populations along the Komadougou Yobe River, which borders Nigeria, face regular protection threats from Boko Haram and military operations ([UNHCR, 13/10/2015](#)). Across Diffa region, 64 attacks, clashes, mine explosions, and abductions have been recorded since February 2015 ([OCHA, 04/10/2015](#)).

## HEALTH

Niger's health system is fragile. An estimated 1.4 million people are in need of humanitarian health assistance in 2015 ([OCHA, 10/02/2015](#)). This is on par with 2014 estimates, but far less than 2013 estimates of 3.2 million people in need ([OCHA, 24/12/2012](#)). The fall is largely associated with malaria case rates, which have improved since the 2013 introduction of large-scale seasonal chemoprevention programmes, although the disease remains a deadly threat ([OCHA, 11/12/2014; MSF, 14/11/2014](#)).

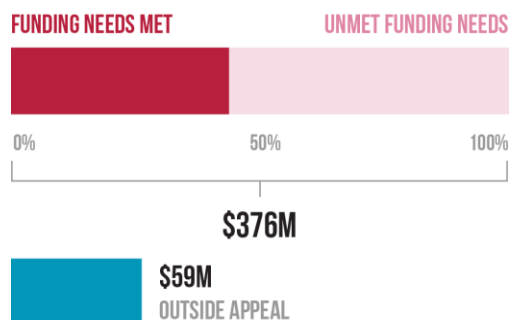
Approximately 1-1.5 million people have been in need of humanitarian health assistance since 2013, when an estimated 3.2 million people were in need ([OCHA, 27/11/2015; 10/02/2015; 24/12/2014](#)). Disease outbreaks remain a major health risk. 589 cholera cases were recorded in 2013, while in 2014, an outbreak of 1,749 cases left 64 people dead across six regions ([OCHA, 11/12/2014](#)). Measles and meningitis pose major health threats through the October–May dry season. Over 5,500 measles cases were recorded to August 2015, compared to just over 1,000 in 2014 and 3,700 in 2013 ([OCHA, 10/10/2015; 11/12/2014](#)).

Around half the population of Diffa region is estimated in need of WASH support

The number in need of education assistance doubled between 2013 and 2014

Displacement has overwhelmed shelter response in Diffa region

## FUNDING



## WASH

In 2015, 86% of the rural population remains without access to latrines, while the number of people with access to safe water has hovered around 50% since 2012 ([OCHA, 27/11/2015](#)). Underlying vulnerability is exacerbated by extreme weather events. The number of people estimated to be in need of humanitarian WASH assistance has fluctuated between 1-1.5 million each year since 2013 ([OCHA, 27/11/2015](#); [10/02/2015](#); [03/02/2014](#)).

Violence in Diffa as well as in ongoing insecurity in neighbouring Nigeria and Mali have generated immediate WASH needs for displaced populations and host communities. Over 263,000 people in Diffa region are estimated to be in need of WASH support ([UNICEF, 30/09/2015](#)). 76% of villages lack water points, while 81% need latrines ([UNICEF, 30/09/2015](#)).

## EDUCATION

Children in Niger regularly require assistance to meet their basic educational needs, as natural disasters and conflict disrupt access to schooling. In 2013, over 500,000 were estimated to be in need of education assistance, growing to one million in 2014 ([OCHA, 24/12/2012](#); [03/02/2014](#)).

In Diffa region, 151 schools have been forced to close since February due to insecurity, and the number of children estimated to be in need of education assistance has grown from 54,000 to 210,000 over 2015 ([UNICEF, 30/09/2015](#); [OCHA, 11/02/2015](#); [27/11/2015](#)).

## SHELTER AND NFI

Every year, flooding prompts shelter and NFI needs. Over 6,600 homes were destroyed by floods that affected 87,000 people in 2015. In 2014, over 6,200 households needed relocation after flooding. In 2013, bigger floods affected 92,000 people and forced 8,700 households to relocate ([OCHA, 30/09/2015](#)).

In Diffa, newly displaced populations face immediate shelter and NFI needs on arrival. The dramatic rise in the number of displaced since 2014 has outpaced response. By end 2014, 62% of refugees and returnees were in need of shelter and NFI assistance ([OCHA, 11/12/2014](#)). 90,000 people are expected to need urgent shelter and NFI assistance in 2016 as displacement continues ([OCHA, 27/11/2015](#)). A new influx of Malian refugees in late 2015 is straining shelter capacities in the west ([UNHCR, 10/11/2015](#)).

## HUMANITARIAN ACCESS

Insecurity, particularly in Niger's border areas, places major limitations on humanitarian actors' access to conflict-affected populations in need. Access in Diffa region beyond Diffa town and Mainé Soroa requires a military escort, and a state of emergency has been in force in the region for most of 2015 ([OCHA, 31/10/2015](#); [Reuters, 14/10/2015](#)).

Funding for the 2015 humanitarian response has fallen short of targets. Only 44% of requirements for the Strategic Response Plan had been met by October 2015, compared to 61% a year earlier ([OCHA, 02/10/2015](#)). In 2013, a UN-coordinated appeal for \$355 million was 81% met ([Development Initiatives](#)).

# SCENARIOS

## SCENARIO 1: BASELINE - ONGOING INSECURITY

PROBABILITY

IMPACT **STATIC**

Following strong September rains, the main harvest is as expected, and most areas face Minimal (IPC Phase 1) food security outcomes through March 2016. As the lean season approaches, food security slowly deteriorates, and the most vulnerable households rely on food assistance. Boko Haram frequently attacks Diffa. Around 150,000 Nigerian refugees, as well as returnees and IDPs, remain displaced: they are insecure in their new homes in Diffa, but Nigeria is no safer. Agriculture, livelihoods, and trade remain disrupted. Humanitarian and protection needs mount but access is severely constrained, particularly in Bosso and Nguigimi departments of Diffa region. While governments continue to speak of a concerted military effort against Boko Haram, there is little evidence of improved coordination. In the west, around 50,000 Malian refugees remain in need of humanitarian support, with occasional new arrivals and little progress towards repatriation. President Issoufou wins Niger’s February 2016 election as expected, and despite vocal opposition and claims of irregularities, electoral violence is largely avoided.

## SCENARIO 2: VIOLENCE INTENSIFIES IN DIFFA REGION

PROBABILITY

IMPACT **SLIGHT DETERIORATION**

Conflict between Boko Haram and military forces in Nigeria, Cameroon, Chad, and Niger intensifies. Without a strong, unified Multi-national Joint Task Force, national forces’ scattered operations merely shift Boko Haram across borders. The Nigerian army’s offensive inflicts substantial losses on BH in northeast Nigeria, but the group remains a threat along Nigeria’s border with Niger, and it takes advantage of the lack of coordination to step up its presence in Diffa. Attacks on civilian populations in Diffa increase. Internal displacement rises dramatically, creating new shelter needs and aggravating already Stressed and Crisis (IPC Phases 2 and 3) food insecurity. Refugees and returnees from Nigeria are stranded, increasingly threatened, yet unable to return to Nigeria through Boko Haram-controlled areas. WASH and health needs are particularly acute, with overcrowding in camps and settlements heightening the risk of disease outbreaks.

## SCENARIO 3: SECURITY IMPROVES IN DIFFA REGION

PROBABILITY

IMPACT **STATIC**

Regional governments make swift progress towards the deployment of a strong and well-coordinated Multi-national Joint Task Force. Improvements to security are rapid, with Niger and regional forces successfully pursuing BH on multiple fronts. Boko Haram is overstretched in Niger, and retreats to its strongholds in northeast Nigeria, significantly weakened. BH’s ability to launch cross-border raids and attacks on public spaces diminishes, and government security presence in Diffa gradually strengthens. In the short term, government military offensives generate further displacement and humanitarian needs. However, as they begin to achieve gains against Boko Haram, humanitarian access to remote villages, particularly in Bosso and Nguigimi departments, improves. Humanitarian actors are increasingly able to provide essential health and WASH relief, preventing major outbreaks. Displaced populations in Diffa region are slow to return home, still wary of a Boko Haram resurgence and further military operations. Those who do return continue to face humanitarian needs, particularly for shelter, NFIs, and WASH support.

## SCENARIO 4: ELECTION-RELATED VIOLENCE

PROBABILITY

IMPACT **SLIGHT DETERIORATION**

Tensions rise as Niger approaches the February 2016 election. Opposition groups, more unified and vocal than ever, regularly take to the streets, protesting the government’s human rights record and procedural irregularities. Supporters of President Issoufou increasingly resort to repression of opposition activists and persist with the election calendar, despite widespread international reservations. Issoufou wins, despite the election lacking credibility. Large numbers of people begin to flee as protests and violence escalate, particularly in urban areas. Predictions for a good harvest are undone by major disruptions to agriculture and livelihoods, due to insecurity and displacement both before and after the election. As the lean season sets in from April and political violence shows no signs of relenting, food insecurity increases sharply, creating severe humanitarian needs.

# NIGERIA



**POPULATION: 183.6 MILLION**

**NORTHEAST: 24.5 MILLION\***

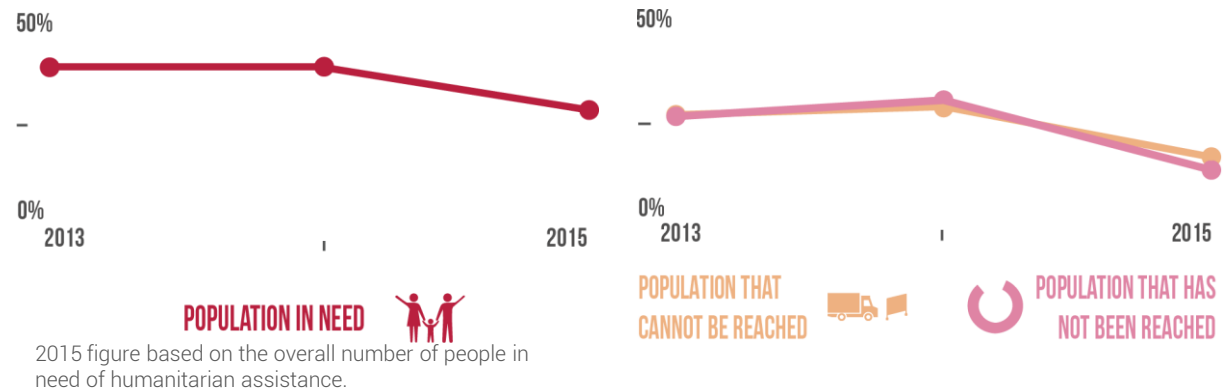
## Boko Haram pushed back but insecurity and displacement persist

IDP numbers in the northeast increased dramatically from 2014 to 2015, from 1.5 to 2 million. 9.7 million people continue to be affected by the insurgency, and 7 million are in need of assistance (GHO 2015).

Humanitarian access improved somewhat in 2015, as Boko Haram (BH) lost territory to security forces, but the presence of humanitarian actors remains limited. This year, Emergency (IPC Phase 4) food security outcomes were faced by people in areas of Borno, eastern Yobe, and northern Adamawa that were most affected by the conflict, and IDP settlements in greater Maiduguri. The increase in attacks on civilian targets since 2014, including markets and health facilities, have increased concerns for health and protection.

\*The report for Nigeria focuses on the situation in the northeastern states of Adamawa, Bauchi, Borno, Gombe, Taraba, and Yobe, and therefore uses the population of these states only as the total population.

## SITUATION OVERVIEW AND TRENDS



## SCENARIOS FOR 2016

### SCENARIO 1: BASELINE - BH ATTACKS CONTINUE

PROBABILITY

IMPACT **STATIC**

### SCENARIO 2: BH ACTIVITY INTENSIFIES

PROBABILITY

IMPACT **MAJOR DETERIORATION**

### SCENARIO 3: TOWARDS PEACE

PROBABILITY

IMPACT **MAJOR IMPROVEMENT**

### SCENARIO 4: BH FLEES OVER BORDERS

PROBABILITY

IMPACT **SLIGHT DETERIORATION**

## PRIORITY CONCERNS

**FOOD SECURITY**

**HEALTH**

**HUMANITARIAN ACCESS**



## KEY EVENTS

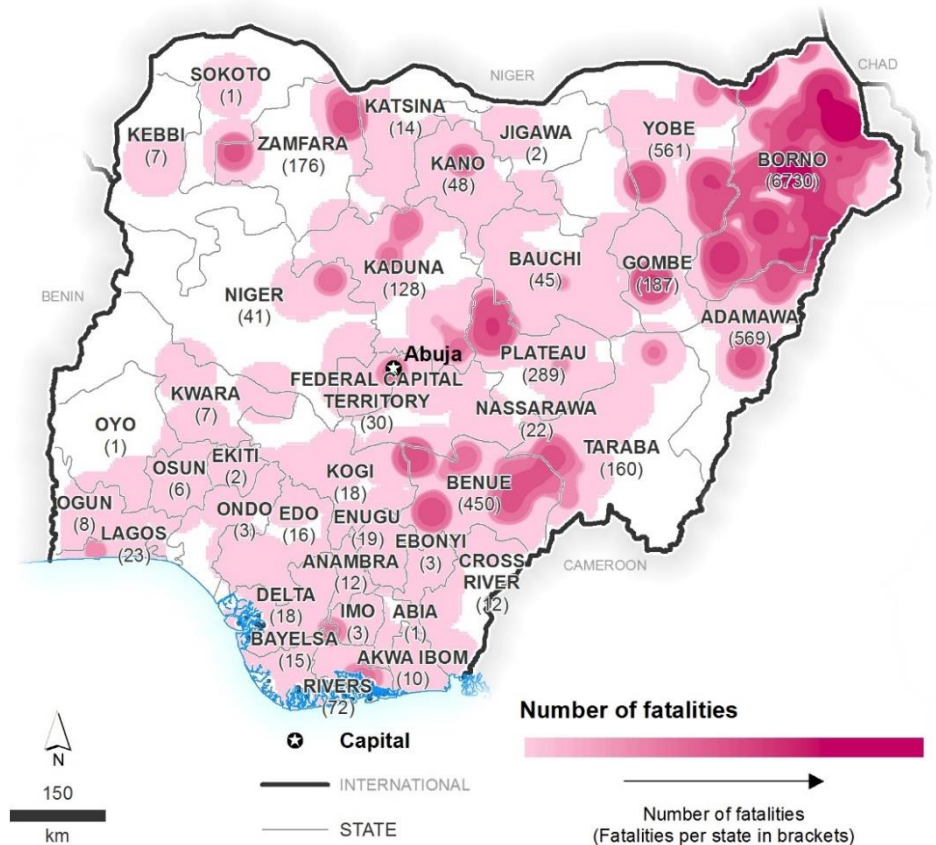
- Military offensive** A military offensive launched in early 2015 resulted in significant territorial losses for Boko Haram (BH). By April, BH had lost all its territory except its stronghold in Sambisa Forest, Borno state.
- Targeting civilians** Nonetheless, BH attacks continue, particularly in Borno, but also in neighbouring states and in areas that were not previously targeted. Access remains severely constrained in the northeast ([Reuters, 05/05/2015](#)). BH has reverted to guerrilla tactics, including raids on villages, abductions, bombings, and suicide attacks, increasingly targeting civilians ([AFP, 23/03/2015](#); [US Institute of Peace, 09/01/2015](#)).
- A new president** Muhammadu Buhari was sworn in as President on 29 May, succeeding Goodluck Jonathan in a peaceful transition of power. Buhari has put strategies in place to tackle insecurity, forcing BH out of several towns, and liberating people abducted by BH. But this has not reduced BH activity and security has not improved significantly ([ACLED; AFP, 13/10/2015](#); [19/09/2015](#)).

## DISPLACEMENT

Boko Haram-related displacement increased dramatically in 2014, as violence escalated. Most people stayed within their state, but fled rural areas under Boko Haram control to seek refuge in towns. In 2015, displacement continued to increase. As of October, 2 million people have been displaced by the insurgency. Over 30% were displaced in 2015. 80% of IDPs originate from Borno, which also hosts the highest number of IDPs. Some IDPs have returned to Adamawa state since April 2015. Several thousand Nigerian refugees have returned from Cameroon, but are now internally displaced as they cannot return to their place of origin ([OCHA, 29/09/2014](#); [IOM and NEMA, 31/08/2015](#); [31/10/2015](#); [UNHCR, 11/10/2015](#)).

## FATALITIES IN NIGERIA 2015

### Fatalities in Nigeria January - September 2015



Data sources: GADM, Natural Earth, ACLED. Map created by MapAction (2015)



## FOOD SECURITY AND LIVELIHOODS

The number of food insecure people has been relatively stable over the past three years, at about 4.5 million – all in the northeast. Severe food insecurity (IPC Phase 3 and above) has become more localised: whereas in most of 2014 both Borno and Yobe state were facing Crisis (IPC Phase 3) food security outcomes, in 2015 this was limited to most of Borno state and some areas of Adamawa and Yobe. Needs have become more severe in the areas of Borno, southern Yobe, and northern Adamawa that are most affected by the conflict, as well as in IDP settlements in greater Maiduguri. Households in these areas were facing Emergency (IPC Phase 4) food security outcomes between July and September. Three consecutive harvests have failed in the northeast, as the conflict prevents agricultural activity, limiting food availability and decreasing household income. Market activities have been disrupted by decreased demand and low production, an increase in attacks on markets, and blocking of trade routes ([FEWSNET, 08/2015](#); [25/06/2015](#); [11/2014](#); [02/2014](#)).

## HEALTH

Health is a priority in the northeast, particularly among IDPs. The number of people in need of health increased by one million in 2015, compared to the previous two years. Numerous facilities have been attacked by BH since 2014, particularly in Borno and Yobe states, and there is no indication that damaged health infrastructure has been repaired. Many staff have left. Less than 40% of health facilities are operational in affected areas. One-third of IDP sites assessed in October had no access to health facilities; more than half had no access to medicines ([IOM, 31/10/2015](#)).

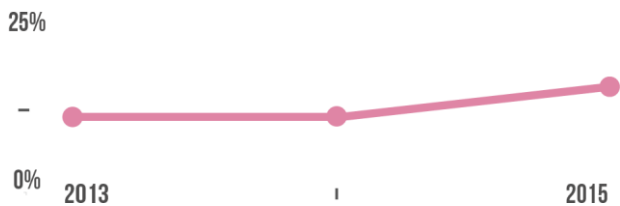
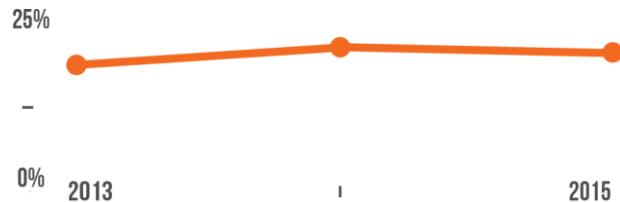
Lack of access to healthcare results in high mortality for common illnesses. In 2014, a cholera outbreak counted more than 4,000 cases among IDPs in Borno state. Another cholera outbreak was reported in IDP camps in Maiduguri in September 2015, but the number of cases was limited to less than 800 ([MSE, 17/09/2015](#); [OCHA, 15/05/2015](#); [INGO Forum, 19/06/2015](#); [IOM and NEMA, 30/06/2015](#); [NEMA, 03/2014](#); [NRC and IDMC, 05/06/2014](#); [Inter Press Service, 26/08/2015](#); [Joint HNA, 11/07/2014](#)).

## PROTECTION

Since 2013, BH has increasingly directed attacks towards civilians. In 2015, as military offensives have pushed BH out of most of its strongholds, the group has reverted to guerrilla-style tactics. The increased use of suicide attacks on public targets such as markets resulted in more fatalities in the first half of 2015 than the second half of 2014 ([OHCHR, 29/09/2015](#); [Jamestown Foundation, 31/10/2013](#)).

Other protection concerns in 2015 were similar to those reported in 2014. Children and women are being used as suicide bombers, kidnapped, and forced into marriage and sexual slavery ([OCHA, 24/09/2015](#)). Men and boys face forced recruitment ([Amnesty International, 13/04/2015](#)). Forced displacement, destruction of property, and arbitrary arrests are also of concern. Nigerian security forces have been blamed for human rights violations during their fight against BH ([Amnesty International, 03/06/2015](#)). Family separation is a concern for IDPs. At least 23,000 displaced children have been separated from their parents, and most are in Borno state ([UNHCR, 31/08/2015](#); [UNICEF, 30/09/2015](#)). In IDP camps, additional protection concerns include tensions between residents, insecurity (some camps have been attacked by BH), and SGBV ([OHCHR, 29/09/2015](#)).

Percentage of the population in need per sector



Since 2013, Boko Haram has increasingly directed attacks towards civilians

**WASH conditions are of concern in IDP camps and among IDPs in host communities**

## WASH

In 2015, 2.2 million people were estimated in need of WASH assistance. WASH conditions are of concern in IDP camps, particularly due to a lack of sanitation, handwashing and drainage facilities, and water supply is often limited. Inadequate latrines and a lack of access to safe water are also reported among IDPs in host families ([IDMC, 16/04/2015](#); [USAID, 23/07/2015](#); [IRC, 17/07/2015](#)). Many boreholes have been destroyed since 2014 in conflict-affected areas, and activities to provide additional water have not been sufficient ([Joint HNA, 11/07/2014](#)).

**Shelter is the highest priority for returnees**

## SHELTER AND NFIS

In 2015, at least one million people were in need of emergency shelter. This is likely to be higher than needs in 2013, as there has been a steady increase in displacement. BH often sets fire to houses and sometimes entire villages during their attacks, which makes shelter the highest priority for returnees ([IOM, 31/04/2015](#); [OCHA, 06/08/2015](#)).

Many IDP sites are overcrowded, and some people are staying in self-made tents. Other people are staying in public buildings, such as schools and community centres ([IRIN, 05/06/2015](#); [IOM and NEMA, 30/06/2015](#); [OCHA, 19/08/2015](#)).

**Acute malnutrition is thought to be worse among IDPs in host communities**

## NUTRITION

Severe acute malnutrition (SAM) nearly doubled from 2013 to 2014, but fell back somewhat in 2015. As of mid-2015, nearly 500,000 children under five were suffering from SAM, and 1.5 million people were estimated to be in need of nutrition support. Comprehensive nutrition information is largely lacking, but high malnutrition rates (up to 32.4% GAM and 3.0% SAM) were reported in 2015 in areas of Borno and northern Adamawa. Acute malnutrition is thought to be worse among IDPs in host communities ([OCHA, 30/06/2015](#); [FEWSNET, 25/06/2015](#); [31/10/2015](#)).

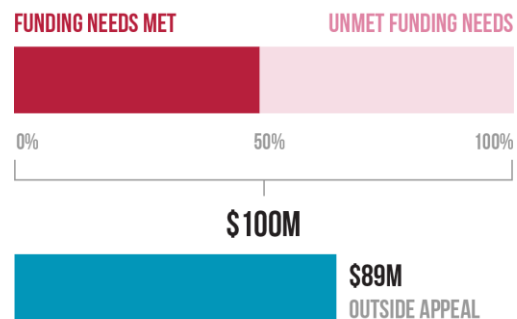
**In April 2015, schools were closed in more than two-thirds of the districts in Borno state**

## EDUCATION

Schools and communities have often been targets of BH attacks, particularly in 2014, resulting in teachers fleeing the area and a lack of classrooms and teaching materials. Most schools in Adamawa, Borno, and Yobe states had been closed for three years by July 2015 ([AllAfrica, 31/05/2015](#)). As of April 2015, schools were open in only eight of 27 local government areas in Borno ([UNICEF, 06/04/2015](#)). Schools are also being used as military bases and shelters for IDPs ([2015 HNO, 23/03/2015](#); [UNICEF, 01/05/2015](#)).

In early 2015, 400,000 children were thought to be in need of education. With continued insecurity and a growing number of IDPs, of whom nearly 60% are children, needs are likely to have increased ([UNICEF, 30/09/2015](#); [IOM and NEMA, 31/08/2015](#)).

## FUNDING



## HUMANITARIAN ACCESS

Access improved in 2015 in the areas where the government regained control over BH-controlled territory in the northeast. Nonetheless, access remains a critical concern. In October 2015, 21 of 27 local government areas in Borno, two in Yobe, and one in Adamawa state remained inaccessible to the International Organization for Migration and the National Emergency Management Agency's displacement tracking matrix, compared to all areas of Borno and four areas in Adamawa in December 2014. However, continued insecurity means humanitarian presence in the northeast remains limited, particularly in Borno. Remote areas that were previously under BH control are often still inaccessible ([OCHA, 13/07/2015](#); IOM and NEMA, [31/10/2015](#); [12/2014](#)). Transport and communication infrastructure have suffered severe damage ([Joint HNA, 11/07/2014](#); [IRIN, 05/06/2015](#)).

## SCENARIOS

### SCENARIO 1: BASELINE - BOKO HARAM ATTACKS CONTINUE

PROBABILITY 

IMPACT **STATIC** 

The counter-insurgency against Boko Haram continues in Adamawa, Borno, and Yobe states. BH is pushed further out of rural areas and into hiding in the Sambisa Forest and the Manderu Mountains. Clashes cause insecurity, and guerrilla-style attacks persist despite military gains. Public spaces, especially markets, are still targeted, though both the frequency and scale of attacks decrease. Access improves in parts of the northeast, except for remote rural areas of Borno affected by conflict. New displacement decreases, but the majority of IDPs do not return to their places of origin. Those who do return require in particular shelter and livelihood assistance. Insecurity continues to impact agricultural and market activities, and due to a failed September-January harvest, households in most of Borno, eastern Yobe, and northern Adamawa face severe food insecurity. Sustained stress on resources increases the need for multisectoral support for IDPs in host communities and their hosts, particularly in Borno, which still host the vast majority of IDPs.

### SCENARIO 2: BH ACTIVITY INTENSIFIES

PROBABILITY 

IMPACT **MAJOR DETERIORATION** 

In the face of the military offensive, Boko Haram retreats to its stronghold in the Sambisa Forest, and refocuses its activities. It widens the scope of attacks in the northeast, moving further into Adamawa and Yobe, and reaching Gombe, Bauchi, and Taraba states. Widespread insecurity results in a larger area being inaccessible to humanitarian actors. Civilians continue to be targeted in village raids and attacks on public spaces, which triggers new and secondary displacement. There is an increased need for shelter. Host communities and IDPs face difficulties generating income, leading to more widespread food insecurity. Poor living conditions, overcrowding, and a lack of access to health services increase the risk of communicable disease outbreaks, particularly cholera and measles.

### SCENARIO 3: TOWARDS PEACE - MILITARY SUCCESS IN LAKE CHAD REGION

PROBABILITY 

IMPACT **MAJOR IMPROVEMENT** 

In the Lake Chad region, the deployment of the Multi-national Joint Task Force contributes to a successful military offensive. BH is pushed out of its remaining strongholds and ends attacks on civilian targets. Security improves significantly, resulting in increased humanitarian access, particularly in Borno state. Clashes between BH and armed forces initially cause some displacement, but as areas are secured, IDPs start to return to their place of origin. There is an enormous need for shelter and livelihood support, as some 2 million IDPs and refugees want to return, and most have lost their assets, including their homes. Food security remains a priority, as activities for the next agricultural season do not start until February-March 2016. However, market activities increase due to improvements in security, and resumption of agricultural employment results in increases in household income, somewhat improving household access to food. There is a need for rehabilitation of infrastructure, including water supply, health facilities, and schools, particularly in areas of return.

### SCENARIO 4: BH FLEES OVER BORDERS

PROBABILITY 

IMPACT **SLIGHT DETERIORATION** 

The counter-insurgency by national armed forces makes further gains, pushing BH north and east, securing large areas of Borno state and increasing humanitarian access. BH crosses the border into Cameroon and Niger. Military offensives across the region fail to make substantial gains against BH, allowing the insurgents to strengthen in Cameroon's Far North and Niger's Diffa region. As security and access in Borno state improve, the majority of IDPs start returning to their place of origin, but many find their assets have been destroyed and are therefore in need of shelter and livelihood support. Rehabilitation of health and WASH infrastructure is also a priority in areas of return. Refugees slowly begin to return as well, and have similar needs.

Food insecurity continues to affect households in areas that were most affected by the conflict, but resumption of planting activities from February-March 2016 onwards increases income for some.

# SOMALIA



POPULATION: 12.4 MILLION

## Security shows no significant improvement and continues to drive needs

Widespread insecurity, particularly in south-central Somalia, continues to drive humanitarian needs, as military forces fight non-state armed groups, primarily Al Shabaab, and clans fight one another. Humanitarian access remains highly restricted due to general insecurity and targeting of humanitarian personnel and goods. The number of people in need increased to 4.9 million in 2015, due to revised population estimates. Priority concerns are health and protection. There is a lack of access to basic services, including health, WASH, and education facilities. More than one million people have been displaced since 2013, and new waves of displacement occur every year as a result of violence.

### PRIORITY CONCERNS



HUMANITARIAN ACCESS

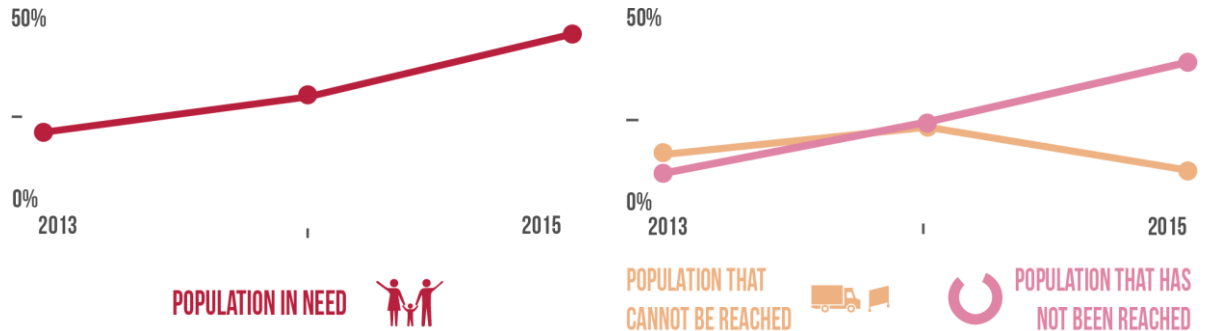


HEALTH



PROTECTION

## SITUATION OVERVIEW AND TRENDS



The number of people in need was revised upward in November 2015, in line with new UNFPA population figures from 2014.

## SCENARIOS FOR 2016

### SCENARIO 1: BASELINE - EL NIÑO FLOODS AND CONFLICT

PROBABILITY

IMPACT **SLIGHT DETERIORATION**

### SCENARIO 3: FRACTIONS WITHIN AL SHABAAB

PROBABILITY

IMPACT **MAJOR DETERIORATION**

### SCENARIO 2: KENYAN TROOPS WITHDRAW

PROBABILITY

IMPACT **MAJOR DETERIORATION**

### SCENARIO 4: SUCCESSFUL MILITARY OFFENSIVES

PROBABILITY

IMPACT **STATIC**

## KEY EVENTS 2015

**Al Shabaab** Al Shabaab continues attacks on civilians, humanitarian personnel, and government officials. From January to October, attacks on civilians made up 20% of over 935 violent incidents involving Al Shabaab. The insurgents made advances in Lower Shabelle region in 2015. They attacked military bases, and forces withdrew, enabling Al Shabaab to take several towns ([FSNAU, 04/11/2015](#); [Horseed media, 18/09/2015](#); [Reuters, 06/09/2015](#); [ACLED, 31/10/2015](#)).

**SNAF-AMISOM offensive** Somali armed forces and the African Union launched new offensives against Al Shabaab in Gedo, Bay, and Bakool in mid-2015, resulting in an increase in reported security incidents in July and August, as well as an increase in fatalities ([ACLED, 26/09/2015](#)).

**Inter-clan conflict** In 2015, clan-based conflict over land disputes and other resources, particularly around Belet Weyne, Hiraan region, and in Galgaduud, have resulted in deaths, injuries, and temporary displacement; the disruption of economic activities has affected food security ([FSNAU, 04/11/2015](#); [26/06/2015](#); [22/04/2015](#)).

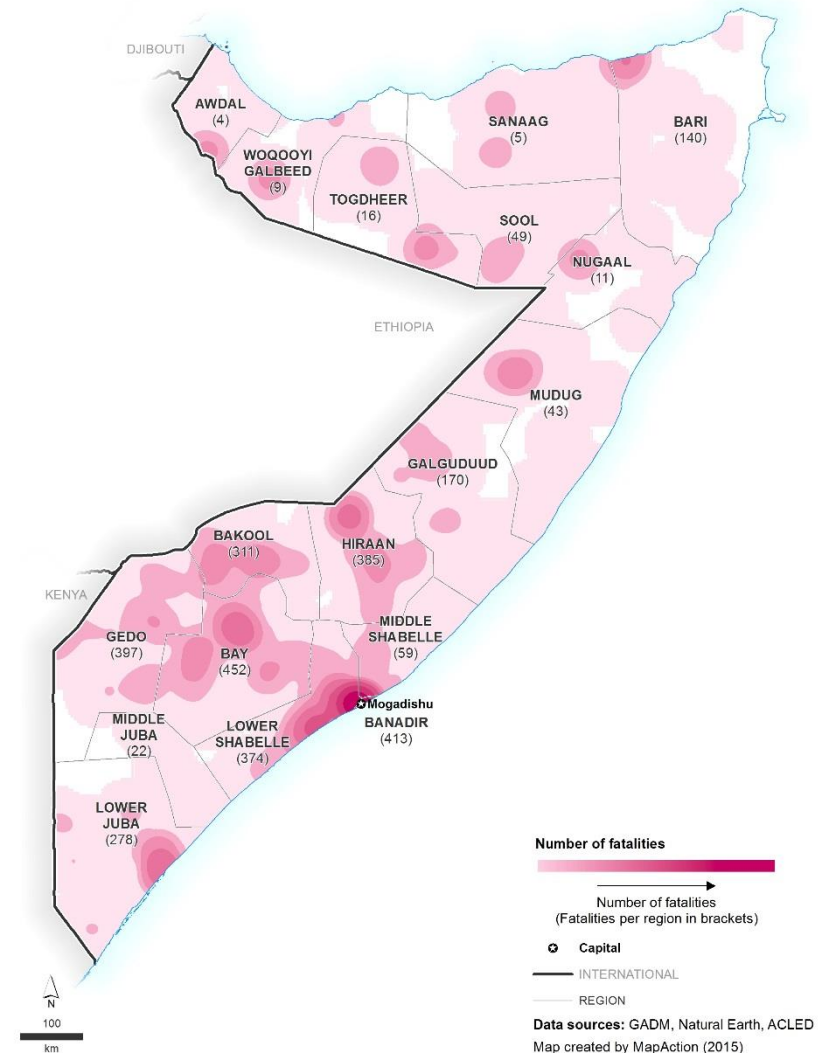
## DISPLACEMENT

Despite new waves of displacement, the overall number of IDPs has remained stable since 2013, at 1.1 million. Most are in the south-central region, particularly in makeshift camps in Mogadishu ([UNHCR, 29/10/2015](#)). Renewed military offensives and other security-related reasons caused the displacement of over 52,000 people in south-central Somalia over July–September 2015, compared to 80,000 throughout 2014 ([OCHA, 17/10/2014](#); [FSNAU, 04/11/2015](#)). Around 60,000 more were displaced by October–November flooding ([OCHA, 13/11/2015](#)). Over 100,000 IDPs have been forcibly evicted in 2015 ([OCHA, 09/11/2015](#)).

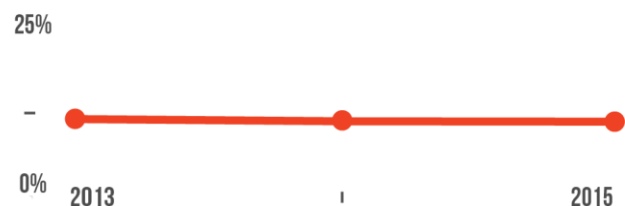
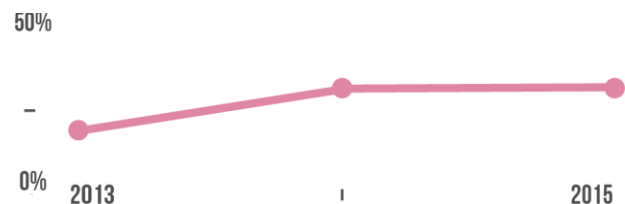
9,170 Somalis registered as refugees in neighbouring countries in 2015, compared to 18,560 in 2014, bringing the total to nearly 970,000 ([UNHCR, 12/2014](#); [09/2015](#)). 5,000 Somalis have returned from Kenya in 2015; nearly 30,000 returnees and refugees have arrived from Yemen ([UNHCR, 01/11/2015](#); [IOM, 05/11/2015](#)).

## FATALITIES IN SOMALIA 2015

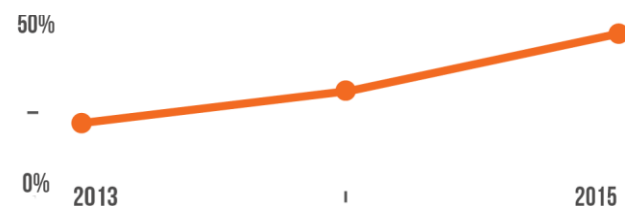
**Fatalities in Somalia**  
January - September 2015



Percentage of the population in need per sector



Over 300,000 children are estimated to be malnourished in 2015



## HEALTH

The need for health services has increased since 2013 due to the closure of facilities: 20 closed in 2014 due to funding gaps, and ten hospitals have closed or significantly scaled down services since May 2015 ([WHO, 23/07/2015](#); [OCHA, 16/07/2015](#)). In 2013, 20% of the population did not have access to primary health services. In 2014 and 2015, nearly 30% of the population needed health services. The most affected areas are in Bakool, Bay, Galgaduud, Middle Juba, and parts of Gedo ([OCHA, 27/08/2015](#); [UNICEF, 31/08/2015](#)). Crude death rates are highest in agropastoral areas of the Shabelle regions, in Mogadishu, and in IDP settlements in Galgaduud and Gedo ([FSNAU, 16/10/2015](#)). Due to low vaccination rates, mortality from preventable diseases is high. Measles immunisation was estimated at 30% in 2014. The reported measles caseload in 2015 is at about 60% of the 2014 caseload, although underreporting is high ([OCHA, 09/11/2015](#)).

## PROTECTION

The protracted conflict results in continual, and severe, protection needs. From 2013–2015, 1.1 million people were thought to be in need of protection. In 2014 and 2015, needs were mainly due to physical insecurity resulting from the SNAF-AMISOM offensive and inter-clan fighting, sexual and gender-based violence, child protection violations and separation of children, and forced or secondary eviction ([OCHA, 09/11/2015](#); [UNFPA, 31/08/2015](#)). AMISOM forces have been accused of human rights violations, including killing of civilians and rape and sexual exploitation of girls and women ([HRW, 14/08/2015](#); [08/09/2014](#)). Somali national armed forces and Al Shabaab are both listed for recruiting and killing children ([WCAC, 01/09/2015](#)).

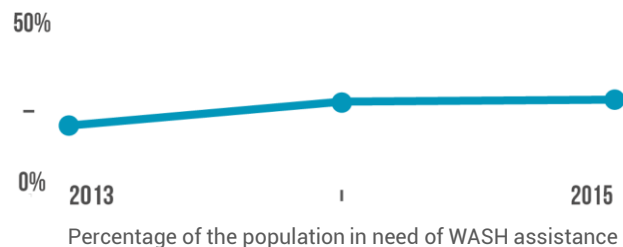
Forced evictions of IDPs surged in 2015. So far, 116,000 people have been forcibly evicted in 2015, compared to 32,500 in the whole of 2014, mainly in Kismayo, Mogadishu, Bosaso, Baidoa, and Luuq ([OCHA, 09/11/2015](#)).

## NUTRITION

As of October 2015, over 300,000 children were estimated to be malnourished, including 56,000 severely malnourished, compared to 218,000 and 44,000 in 2014. The increase is mainly due to a revision of population estimates. Nationwide, global acute malnutrition (GAM) is at 13.6%, and over 85% of livelihood areas in south-central and northeast Somalia have over 15% GAM. Urban parts of Bari region, and parts of Gedo, Hiraan, and Lower Shabelle, have had high GAM levels for the past two years, as have IDP populations in Dolow, Garowe, and Galkayo ([FSNAU, 16/10/2015](#); [10/10/2014](#)).

## FOOD SECURITY AND LIVELIHOODS

Food security worsened in 2014 and 2015 as a result of below-average harvests and poor rainfall, with over 1 million people facing Crisis and Emergency (IPC Phase 3 and 4) outcomes, compared to 870,000 in 2013. The number of people facing moderate food insecurity increased to 3.9 people as of October 2015, due to below-average production in July and August and intensified conflict, as well as a revision of population figures. IDPs make up 62% of the severely food insecure. Priorities are pastoral zones in Awdal and Woqooyi Galbeed, riverine areas in Middle Shabelle, agropastoral zones in Middle Juba and Hiraan, Raddhure district in Bakool, and IDPs in Banadir ([FSNAU, 04/11/2015](#); [17/10/2014](#); [15/11/2013](#); [08/09/2015](#)).



**There is no functioning education system in south-central Somalia**

## WASH

Overall WASH needs have been stable since 2014, with 2.8 million people estimated in need of assistance. There is a need for maintenance of WASH infrastructure, particularly in displacement settlements and areas affected by drought. Newly displaced people, including those who have been evicted in Banadir and Lower Shabelle, are in need of access to water and sanitation services ([OCHA, 27/08/2015](#); [12/2014](#); [09/2013](#)).

Flooding in southern Somalia in October-November damaged wells and pit latrines in areas of Gedo and Banadir. Further flooding is likely to exacerbate WASH needs ([OCHA, 27/10/2015](#)).

## EDUCATION

Education needs show no change since 2013. 1.7 million children are out of school. There is no functioning education system in south-central Somalia. More than 75% of public schools have been destroyed or closed. Displaced children, children in areas under influence of Al Shabaab, or in recently recovered areas, remain most vulnerable and neglected. There is a lack of teachers and learning materials, and facilities are inadequate ([UNICEF, 07/08/2015](#); [OCHA, 09/11/2015](#); [12/2014](#); [09/2013](#)).

## SHELTER AND NFIS

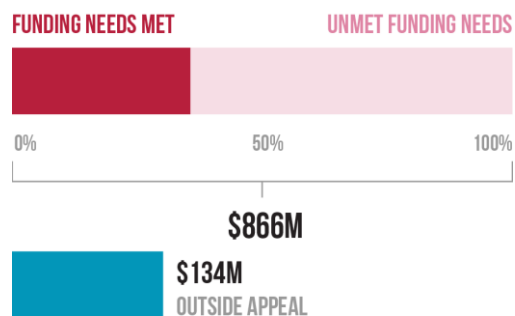
In 2015, shelter needs remain at the same level as in 2014, at 1.1 million people in need. Continued forced evictions, and new and secondary displacement due to conflict and flooding all drive needs. Many IDPs live in makeshift shelters, and floods in October-November destroyed the shelters and belongings of thousands of IDPs in Banadir, Middle Shabelle, and Bay regions ([OCHA, 13/11/2015](#); [09/11/2015](#); [12/2014](#); [09/2013](#)).

## HUMANITARIAN ACCESS

Although 2015 has seen a decrease in reports of violent incidents compared to 2014, humanitarian access in south-central Somalia remains severely constrained by insecurity. Even in areas without active conflict, demands for bribes, illegal checkpoints, and banditry are common ([OCHA, 09/11/2015](#); [19/10/2015](#); [12/2014](#)). Continued military offensives in 2015 have impacted access to areas in Bakool, Bay, Gedo, and Hiraaan. Towns controlled by the government and aligned forces remain difficult to access, as surrounding areas are still affected by violent clashes and supply routes are not secure ([FSNAU, 02/10/2015](#); [OCHA, 20/08/2015](#)).

Violence against humanitarian workers has increased. In the first six months of 2015, there were more than 60 violent incidents against aid workers. So far, at least 10 aid workers have been killed. From January-September 2014, six aid workers were killed ([OCHA, 29/10/2015](#); [12/2014](#)).

## FUNDING





## SCENARIOS

### SCENARIO 1: BASELINE - EL NIÑO FLOODS AND CONFLICT

PROBABILITY 

IMPACT **SLIGHT DETERIORATION**

Military offensives continue in the south. Al Shabaab continues to carry out attacks on government officials and security forces, and insecurity triggers waves of new displacement. Government forces take control over several towns in the south, but there are no substantial advances. Roadblocks and insecurity in surrounding areas prevent significant improvement of the situation. Protection is a priority. Through early 2016, El Niño causes drought in Somaliland and floods along the Juba and Shabelle Rivers, further impeding access in hard-to-reach areas, and increasing food insecurity as crops are damaged and more people are displaced. IDPs in flood-prone areas staying in makeshift shelters are particularly vulnerable. The risk of water-borne and other infectious disease outbreaks increases, making WASH a priority. Preparations for presidential elections in August 2016 do not have a significant impact on humanitarian needs.

### SCENARIO 2: KENYAN TROOPS WITHDRAW

PROBABILITY 

IMPACT **MAJOR DETERIORATION**

Al Shabaab increases violence in Kenya, resulting in over 3,600 Kenyan troops being withdrawn from Somalia, after repeated discussions on Kenya's involvement in the military mission. Decreased military presence presents an opportunity for Al Shabaab to advance further in the south, and to regain control over strategic towns that it had lost in 2014 and 2015, including Barawe in Lower Shabelle, and Bardere in Gedo. Large waves of displacement are triggered in the affected areas and people leave towns taken by the government, but which were previously Al Shabaab strongholds, in anticipation of renewed violence. Many of these areas are affected by flooding in late 2015 and early 2016, exacerbating the situation. Access constraints become more severe, leaving more people without assistance. Needs for shelter and WASH are high, and there is a high risk of waterborne disease outbreaks, including cholera, particularly as the displaced live in poor conditions.

### SCENARIO 3: FRACTIONS WITHIN AL SHABAAB

PROBABILITY 

IMPACT **MAJOR DETERIORATION**

Tensions between Al Shabaab leaders and fighters over allegiance to Islamic State and loyalty to Al Qaeda lead to fragmentation and a loss of coordination within the group. Competition between the two factions leads to a higher level of insecurity and fighting over remaining strongholds, particularly in rural areas and in Middle Juba, and areas that have recently been secured by military forces. Access deteriorates. Civilians are affected by more widespread violence, and public institutions such as health facilities and schools are damaged. This triggers waves of displacement, especially in Middle Juba, increasing shelter needs. Fighting over supply routes and commercial towns increases trade disruptions, resulting in more severe food insecurity and lack of access to basic services.

### SCENARIO 4: SUCCESSFUL MILITARY OFFENSIVES

PROBABILITY 

IMPACT **STATIC**

Military forces continue to fight Al Shabaab for control over major commercial and administrative towns, particularly in Bay, Gedo, Bakool, and Juba. Following intense clashes where Al Shabaab suffers losses, national and AU armed forces manage to take control over strategic towns in Middle Juba. Increased insecurity initially causes new displacement to surrounding areas, but as fighting subsides, the newly displaced return. More supply routes are secured and roadblocks lifted, improving trade and access for humanitarian actors to towns under government control, where the situation improves thanks to aid delivery. However, as large rural areas remain under Al Shabaab control, the majority of IDPs do not return home as they are concerned about security and a lack of livelihood opportunities and public services. Priority needs are shelter, protection, food security, and health.

# SOUTH SUDAN

POPULATION: 12.5 MILLION

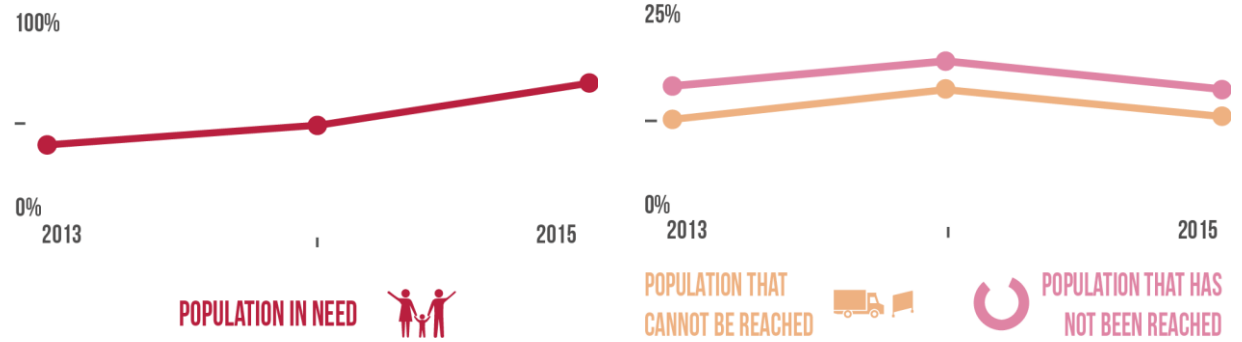


## A fragile ceasefire amid spiking malnutrition and malaria

8.2 million people, two-thirds of the population, are in need of humanitarian assistance (GHO 2015). The civil war, as well as erratic rainfall in some areas, has driven 3.9 million people into severe food insecurity. Severe acute malnutrition (SAM) is over the 2% emergency threshold.

The total number of malaria cases reported each year has increased by 25% from 2014 to 2015 and reached epidemic proportions. Outbreaks of cholera, measles, and hepatitis E have strained an already overwhelmed health system. Access to parts of Greater Upper Nile has deteriorated and large numbers of people are accessible only by air drops.

## SITUATION OVERVIEW AND TRENDS



2015 figure based on the overall number of people in need of humanitarian assistance.

## SCENARIOS FOR 2016

### SCENARIO 1: BASELINE - CONFLICT SIMMERS



### SCENARIO 3: INTENSE CONFLICT RESUMES



### SCENARIO 2: CONFLICT SHIFTS AND EVOLVES



## PRIORITY CONCERNS

**FOOD SECURITY**

**NUTRITION**

**HEALTH**

## KEY EVENTS IN 2015

**Major offensive with little gain** As floods receded a major government offensive began in April in Unity, Upper Nile, and northern Jonglei. Fighting was as intense as in 2014 but geographically more contained, and no significant gains were made. Human right violations were reportedly widespread, and local food stocks and humanitarian supplies were looted ([Protection Cluster, 25/09/2015](#); [UNHCR, 21/10/2015](#)).

**New ceasefire** Violence declined as the rainy season began to restrict movement. In August, a power-sharing agreement and the seventh ceasefire of the civil war were signed, although sporadic clashes continued, most heavily in central Unity ([IRIN, 26/08/2015](#)). In October, the government announced the division of South Sudan's 10 states into 28, keeping most oil-rich areas under government control. The opposition has stated that this decision could jeopardise the peace agreement ([ICG, 02/11/2015](#)).

**Increasingly severe food insecurity** Late October, an 80% increase in severe food insecurity was reported, since the same period in 2014 and, for the first time, a food security deterioration in Greater Equatoria was noted ([IPC, 22/10/2015](#)).

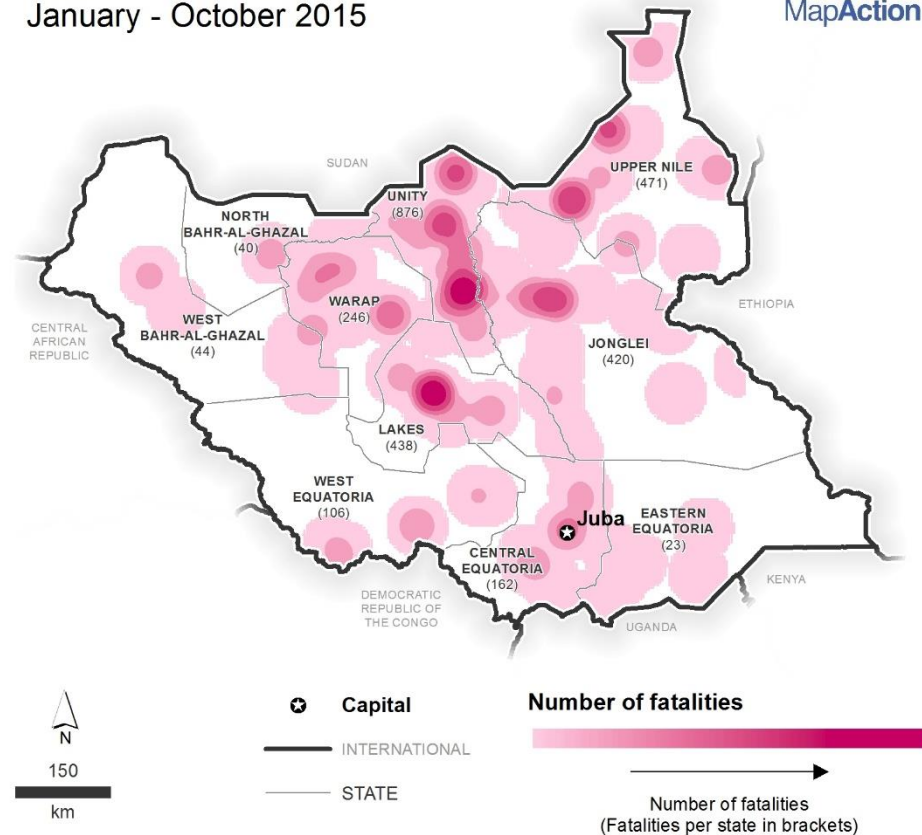
## DISPLACEMENT

There are around nearly 1.7 million IDPs and around 200,000 refugees. An estimated 220,000 people were newly displaced in 2015. This is far less than in 2013-2014, as conflict remains concentrated in the same regions ([OCHA, 14/10/2015](#)). The number of people in Protection of Civilian sites (PoCs) has more than doubled in a year, to 192,500 people by September 2015. IDPs were fleeing violence and seeking better access to assistance ([UNMISS, 18/09/2014](#); [14/09/2015](#); [12/10/2015](#); [IOM, 07/10/2015](#)). 265,700 refugees live in South Sudan, an increase of around 20,000 from 2015.

90,000 South Sudanese have fled the country since the beginning of 2015, mainly into Sudan. 640,400 South Sudanese refugees have arrived in neighbouring countries since December 2013 ([UNHCR, 16/10/2015](#)).

## FATALITIES IN SOUTH SUDAN 2015

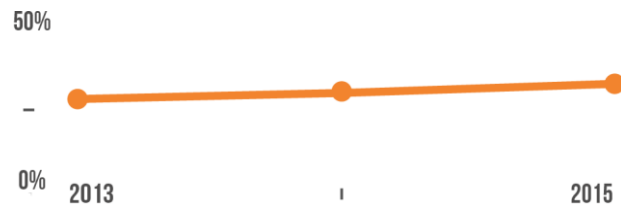
### Fatalities in South Sudan January - October 2015



Data sources: GADM, Natural Earth, ACLED. Map created by MapAction (2015)

Percentage of the population in need per sector

**Over 2.4 million people are estimated to be severely food insecure in the 2015 harvest period, compared to 1.5 million in 2014**



**Malaria has reached epidemic proportions**

## FOOD SECURITY AND LIVELIHOODS

Food security has been deteriorating since the outbreak of conflict in December 2013. 3.9 million people are in severe food insecurity (IPC Phase 3, 4 and 5) as of October 2015. Most are in Greater Upper Nile, which is most affected by civil war. 30,000 in Central Unity are in IPC Phase 5. In October, large deteriorations were also recorded in traditionally more food secure areas, including Northern Bahr el Ghazal, Lakes, and Warrap states, and Greater Equatoria. Over 2.4 million people are expected to remain in Crisis and Emergency (IPC Phases 3 and 4) nationally throughout the harvest period compared to 1.5 million in 2014.

Displacement has reduced planting in the worst-affected areas, and oil production has fallen to one-third of 2011 levels, causing an economic crisis and damaging livelihoods and access to food. Food production has also been impacted by erratic rainfall ([IPC, 22/10/2015](#); [FEWSNET, 26/09/2015](#); [WFP, 30/09/2015](#); [Al Jazeera, 27/06/2015](#)).

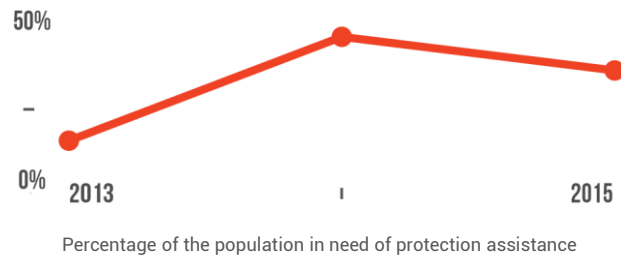
## NUTRITION

The overall number of people in need of nutrition assistance has increased from 3.6 million to 4.1 million, as coping mechanisms deplete and humanitarian access remains restricted. National SAM rates have been above the emergency threshold of 2% since 2014. National GAM is 13%, and many areas exceed the 15% emergency threshold. 250,000 children are severely malnourished, a slight increase from 2014, and over 100,000 more than in 2013 ([WFP, 24/10/2015](#); [30/09/2015](#); [UNICEF, 14/10/2014](#)). Malnutrition is highest in the conflict-affected states of Jonglei, Unity, and Upper Nile. More stable areas like Northern Bahr el Ghazal and Warrap are also reporting high malnutrition ([UNICEF, 22/10/2015](#); [10/09/2015](#); [WFP, 22/10/2015](#)). The displaced are among the most affected ([UNHCR, 02/10/2015](#); [WHO, 04/10/2015](#); [13/09/2015](#); [IPC, 27/08/2015](#)).

## HEALTH

The number of people in need of health assistance fell from 5.8 to 4.6 million people between 2014 and 2015. Conditions have, however, deteriorated since mid-2015: malaria has reached epidemic proportions nationwide. Case numbers in January-August 2015 were 25% higher than in 2014. Overcrowding in PoCs facilitates transmission, and health services are overwhelmed ([MSF, 21/08/2015](#); [WHO, 04/10/2015](#); [OCHA, 31/08/2015](#); [MSF, 21/08/2015](#); [US National Library of Medicine, 27/10/2013](#)).

A cholera outbreak began in May 2015 but has been less widespread than in 2014, with only 1,800 cases nationally in October compared with nearly 6,300 by October 2014. This reduction may be due to the majority of cases being in more easily accessible areas, like Juba, compared to 2014. The first measles and hepatitis outbreaks since 2013 have been reported in 2015. Both outbreaks originated in PoCs and have reported 1,800 and 470 cases, respectively ([WHO, 04/10/2015](#); [OCHA, 31/08/2015](#); [MSF, 21/08/2015](#)).



**Only 6% of 13-year-old girls have completed primary school**

**Fuel shortages have pushed up water prices, resulting in more people in need**

## PROTECTION

4.6 million people are reported to be in need of protection, one million less than in mid-2014 as fewer people are exposed to direct conflict. Rape continues to be used as a weapon of war between government and opposition forces; at least 1,300 women and girls were raped between April and September in Unity state. The abduction and rape of women outside PoCs continues to be reported. Early and forced marriage remain concerns ([UNHCR, Protection Cluster, 25/09/2015](#)).

All parties to the conflict have been accused of grave violations against children. The number of incidents of child rights violations between 2014 and 2015 are comparable ([UNICEF, 22/10/2015; 04/2015](#)). The number of children reportedly recruited by armed groups halved between 2014 and 2015, from 9,000 to around 4,000 children. As of September 2015, there are 8,500 separated or unaccompanied children, an increase from the 5,800 recorded by late 2014. Over half are from Greater Upper Nile ([Protection Cluster, 16/06/2015](#)).

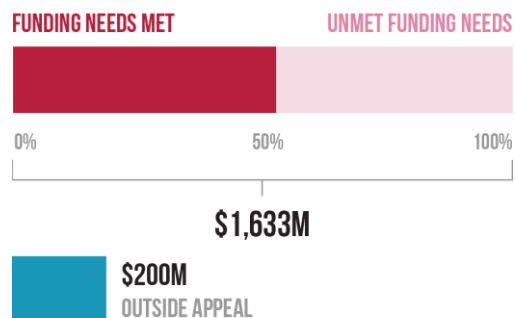
## EDUCATION

An estimated 2 million people were in need of education assistance in October, 300,000 more than in January. Only 6% of 13-year-old girls have completed primary school. The pupil: teacher ratio falls short of the UNHCR standard of 40:1 in Ajuong Thok, Napere, and Makpandu refugee camps, at 72:1, 52:1 and 43:1, respectively ([UNHCR, 15/09/2015; Education Cluster, 16/01/2015](#)). The occupation of schools by IDPs and limited access due to conflict continues ([OCHA, 02/12/2014](#)). As in 2014, delay or failure to pay teachers' salaries has led to intermittent strikes.

## WASH

The number of people in need of assistance grew from 5.9 to 6.4 million between 2014 and 2015. This is mainly due to fuel shortages driving up the price of water, and more people drinking water from unsafe sources. In mid-June, 45% of people did not have access to safe drinking water ([OXFAM, 31/07/2015; OCHA, 15/07/2015](#)). In camps, water and sanitation conditions have remained stable but poor in 2015, with little improvement in water coverage and latrine provision since 2014 ([UNHCR, 16/10/2015; IOM, 23/10/2015](#)).

## FUNDING



## HUMANITARIAN ACCESS

Delivery of aid generally remains as severely restricted by fighting, logistical constraints, seasonal flooding, and administrative impediments as it was in 2014. All roads in Jonglei, Unity, and Upper Nile are closed due to insecurity. Humanitarian organisations have resorted to the regular use of airdrops since early January 2014.

There are reports of attacks on aid workers across South Sudan ([UNHCR, Protection Cluster, 25/09/2015](#)). Throughout the civil war, hospitals have been looted and staff threatened. Incidents in 2015 peaked during the April–June offensive in Greater Upper Nile.

Inter-communal clashes are security risks in Unity, Central Equatoria, Lakes, Warrap, and Western Equatoria. Roads in Western Equatoria, Western and Northern Bahr el Ghazal, and Warrap states are only passable with light vehicles. Transport along the Nile remains possible as of October, but has been restricted at times by the government, allegedly to prevent aid reaching opposition-held areas ([Logistics Cluster, 06/11/2015](#); [Protection Cluster, 23/10/2015](#)).

## SCENARIOS

### SCENARIO 1: BASELINE - CONFLICT SIMMERS

PROBABILITY 

IMPACT **STATIC** 

The fragile ceasefire holds despite opposition to planned reforms to state boundaries. Elements of the power-sharing agreement are implemented over the next six months, but haltingly, as the government is unwilling to relinquish authority. Clashes between armed groups who are aligned with but not directly under the control of the SPLM-IO and SPLM continue in Greater Upper Nile and sporadically in other areas. The decrease in violence, as well as poor conditions inside IDP sites, leads to increased rates of return. Inter-communal violence increases as returnees and local communities contest ownership of land and a reduced number of cattle. Humanitarian needs remain high. Overall access improves as the seasonal floods recede by January.

### SCENARIO 2: CONFLICT SHIFTS AND EVOLVES

PROBABILITY 

IMPACT **SLIGHT IMPROVEMENT** 

The terms of the peace agreement are carried through. The distribution of areas of control to SPLM-IO is renegotiated in light of the reform to state boundaries. Violent incidents fall and oil production increases in a number of areas. However, leaders of armed groups who have not benefited from the power-sharing agreement form a new umbrella group and fighting continues in parts of Unity. Conflict intensifies in Jonglei, as well as Lakes and Warrap, where the dominant armed groups have demonstrated more fluid allegiance. The shift in conflict zones changes the dynamics of displacement, with refugees returning from Sudan, and new refugees leaving Jonglei for Ethiopia. Overall, food security remains stable, but deteriorates in conflict-affected areas as the harvest is interrupted and food stocks are lost. However, access improves generally. Livelihoods and fuel shortages are less severe as the economy improves. Traditionally stable areas recover from the 2015 drop in food security. However, the situation in IDP sites remains dire as most IDPs are still unable to go home.

### SCENARIO 3: INTENSE CONFLICT RESUMES

PROBABILITY 

IMPACT **MAJOR DETERIORATION** 

The government implements the reform to state boundaries despite opposition. Opponents withdraw support for the peace agreement. By January, as floods recede and movement becomes easier, fighting escalates, mainly in Greater Upper Nile. However, without the support of the Ugandan army in the south, the government is unable to launch a major offensive. Clashes increase displacement and disrupt the harvest, leading to a third poor year. The number of severely food insecure increases dramatically during the 2016 lean season to over five million. Food security in usually stable areas such as Greater Equatoria worsens for a second consecutive year as economic recession damages livelihoods and causes fuel shortages, preventing locally produced surpluses from reaching regional markets. Malnutrition rates remain above emergency levels in conflict-affected areas. The population is more vulnerable to infections and disease. Heightened malaria rates and other disease outbreaks continue for a third year. The situation in PoCs remains dire as most IDPs are still unable to return home. All needs are exacerbated by severe restrictions on humanitarian access.

# SUDAN



POPULATION: 40.5 MILLION

## Little sign of deterioration, or improvement

Humanitarian needs remain almost as high as they were a year ago, with 5.2 million people considered to be in need of humanitarian assistance in 2015, compared to 6.1 million in 2014 (SRP, 01/2015; SRP, 12/2013).

3.1 million people are displaced by conflict at the end of 2015 (OCHA, 11/10/2015; OCHA, 7/12/2014). The most severely affected areas of Darfur, Blue Nile and South Kordofan have not changed over the past two years, and humanitarian access in these regions remains very limited.

## SITUATION OVERVIEW AND TRENDS

**5.2 MILLION PEOPLE IN NEED OF HEALTH ASSISTANCE\***

**300,000 IDPS ARE INACCESSIBLE\***

\*Lack of data prevents trend analysis.

## PRIORITY CONCERNS

 **FOOD SECURITY**

 **HUMANITARIAN ACCESS**

 **NUTRITION**

## SCENARIOS FOR 2016

### SCENARIO 1: BASELINE - VIOLENCE CONTINUES

PROBABILITY 

IMPACT **SLIGHT DETERIORATION**

### SCENARIO 2: PEACE IN BLUE NILE AND SOUTH KORDOFAN

PROBABILITY 

IMPACT **STATIC**

### SCENARIO 3: DISEASE AND EXTREME FOOD INSECURITY

PROBABILITY 

IMPACT **MAJOR DETERIORATION**



## KEY EVENTS IN 2015

**Protracted conflicts** Despite a reported fall in violence in mid-2015, after a period of intense conflict in 2013 and 2014, the longstanding internal wars in South Kordofan, Blue Nile, and Darfur continue to put populations at risk ([Thomson Reuters Foundation, 31/07/2014](#)).

**Sudan Revolutionary Front ceasefire** The fall in violence was due in part to the rainy season and talks between the government and the Sudan Revolutionary Front, the broad opposition alliance in these three regions. In October, the Sudan Revolutionary Front declared a unilateral ceasefire. However, clashes continue and there are indications of a surge in violence ([USAID, 10/2015](#); [Aljazeera, 11/06/2015](#); [Human Rights Watch, 2015](#); [Radio Dabanga, 15/09/2015](#); [Sudan Consortium, 08/2015](#); [Sudan Tribune, 21/10/2015](#); [24/11/2015](#); [29/11/2015](#)).

**Inter-communal violence in Darfur** Reports indicate that conflict between the Rizeigat and Ma'aliya communities in different regions of Darfur, as well as fighting between other groups, has left hundreds of people dead, with no significant improvement compared to last year ([Human Rights Watch, 2015](#); [Radio Dabanga, 27/10/2015](#)).

## DISPLACEMENT

Of 3.1 million internally displaced people in Sudan, 2.5 million are in Darfur and 378,000 are in Blue Nile and South Kordofan ([OCHA, 25/10/2015](#); [ECHO, 07/2015](#)). In 2015, 223,000 people were newly displaced in Darfur, a considerable drop from 430,000 in 2014 ([SRP, 01/2015](#)).

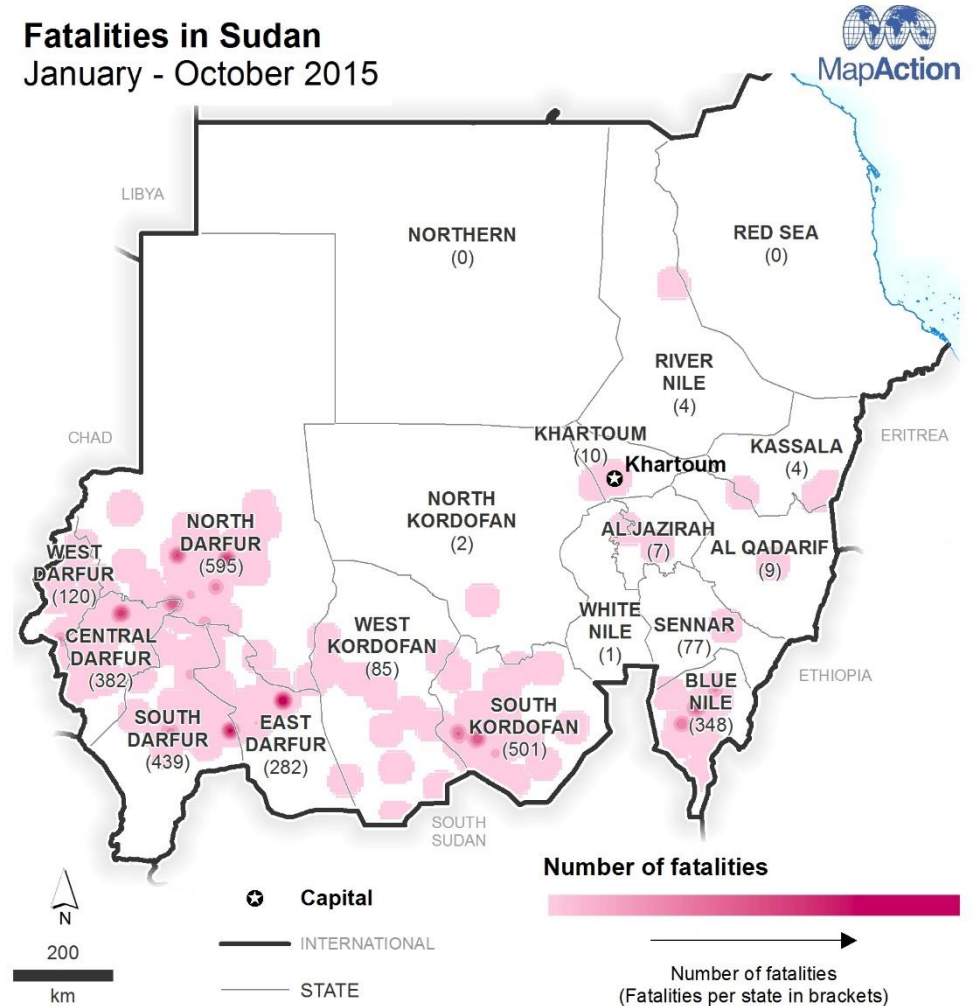
In contrast, the number of South Sudanese refugees in Sudan grew by more than 80% in 2015, from 109,000 to 197,000 ([OCHA, 18/10/2015](#); [UNHCR, 12/2014](#)). Over half are in White Nile state, with the rest spread across six states ([UNHCR, 15/10/2015](#)).

An estimated 3.8 million people are considered in need of recovery, returns and reintegration (RRR) support ([OCHA, 11/10/2015](#)), a slight decrease from 4.3 million in 2014 ([SRP, 12/2013](#)).

Over 626,000 refugees are in neighbouring countries: most are in Chad, and South Sudan, 30,000 more than in 2014 ([HRP, 01/2015](#); [SRP, 12/2013](#)).

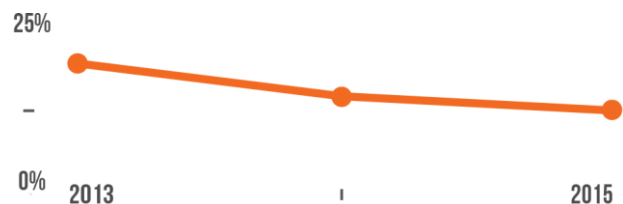
## FATALITIES IN SUDAN 2015

**Fatalities in Sudan**  
January - October 2015

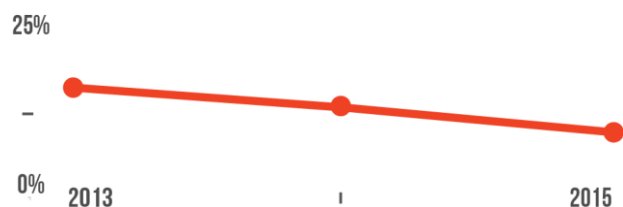
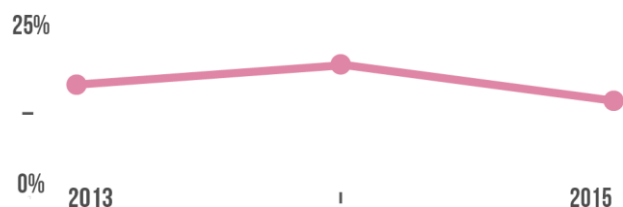


Data sources: GADM, Natural Earth, ACLED. Map created by MapAction (2015)

Percentage of the population in need per sector



At 16.3% GAM, malnutrition levels remain virtually unchanged since 2014



## FOOD SECURITY AND LIVELIHOODS

4.6 million people are in need of food security support, including 1.28 million at Crisis and Emergency levels of food insecurity (OCHA, 11/10/2015; IPC, 08/2015). The improvement from 6.1 million people estimated to be in need in 2014 is due to a favourable 2014-2015 harvest (SRP, 12/2013; FEWSNET, 10/2014). The worst-affected communities are located in conflict zones: Darfur hosts 1.2 million food insecure people (OCHA, 2015; FEWSNET, 09/2015; FEWSNET, 10/2015; FAO, 10/2015).

Going forward, below-average rainfall and reduced planting during the 2015 rainy season is likely to lead to a 30-50% crop loss in North Darfur, South Darfur, and Central Darfur (OCHA, 25/10/2015; USAID, 30/09/2015; FEWSNET, 10/2015).

## NUTRITION

1.2 million children are acutely malnourished, of which over half (550,000) suffer from severe acute malnutrition, yielding 16.3% global acute malnutrition (OCHA, 11/10/2015; OCHA, 09/08/2015; UNICEF, 06/2015). Acute malnutrition levels have remained virtually unchanged since 2014 (UNICEF, 08/2015; OCHA, 21/12/2014).

North Darfur, South Darfur, Red Sea, El Gezira, Khartoum, and Gedaref are the hardest-hit states. In mid-2015, the highest SAM rates were found in three localities of South Darfur and Red Sea states (OCHA, 09/08/2015; IPC, 08/2015).

## HEALTH

Sudan's measles caseload since December 2014 is five times higher than average, at 6,000 suspected cases, including 3,000 confirmed cases and 68 deaths (UNICEF, 09/2015). 71 localities have been affected in all states; the outbreak remains active in 19 (OCHA, 18/10/2015; UNICEF, 09/2015). West Darfur, Red Sea, and Kassala are worst affected (OCHA, 18/10/2015).

An outbreak of what is suspected to be severe dengue has been declared in all five Darfur states. Between late August and 13 November there were 381 suspected cases, and 118 people have died. The worst affected area is West Darfur (Sudan Tribune, 17/11/2015; Radio Dabanga, 03/11/2015; OCHA, 08/11/2015).

## PROTECTION

The number of people in need of protection support has fallen from a planning figure of 4.5 million in 2014 to 3.5 million in 2015 (OCHA, 28/11/2015; SRP, 12/2013). However, human rights abuses continue to be reported on a large scale (Human Rights Watch, 2015). Aerial bombings of civilian settlements by government forces in South Kordofan, especially in the Nuba Mountains began in 2011 and have increased since then (IRIN, 3/08/2015; Sudan Consortium 08/2014). Grave violations against children, including sexual violence, killing, and maiming, have reportedly increased in Darfur, where children make up 1.5 million of the 2.5 million displaced (UNICEF, 09/2015).

## IDP children are most in need of access to education

### EDUCATION

2.5 million school-aged children are in need of education, a slight decrease from 2.7 million in 2014 ([SRP, 12/2013](#); [HRP, 01/2015](#)). Over the last school year (2014-2015), the worst-affected were internally displaced children in South Kordofan and the Jebel Marra region in Darfur. Providing education to the newly displaced in already crowded IDP settlements is a chronic problem ([Education Cluster, 09/2015](#); [SRP, 12/2013](#)).

Children who drop out of school due to school closures in conflict-affected areas constitute a priority protection concern, as they are at higher risk of recruitment into armed groups, family separation, and physical violence ([Education Cluster, 09/2015](#)). Girls and nomadic children are considered at higher risk of losing access to school ([SRP, 12/2013](#)).

## Shelter and NFI needs have grown 65% since 2014

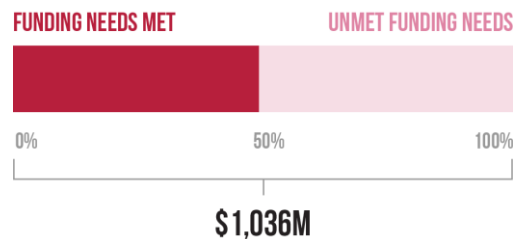
### SHELTER AND NFIS

3 million people are in need of emergency shelter and non-food items in 2015 ([HRP, 01/2015](#)), two-thirds more than in 2014 (1.8 million people in need) ([SRP, 12/2013](#)). Most are newly internally displaced, refugees, or returnees.

### WASH

3.8 million people are in need of WASH assistance ([OCHA, 11/10/2015](#)). As in 2014, the most severe needs are among IDP settlements and host communities.

### FUNDING



### HUMANITARIAN ACCESS

Access remains extremely challenging in numerous areas, especially conflict regions, with no significant improvement over the last few years ([ODI, 07/2013](#)). Obstacles include general insecurity, attacks against humanitarian vehicles, government restrictions and administrative impediments, poor road conditions, and government aerial strikes allegedly targeted at humanitarian organisations ([USAID, 09/2015](#); [MSF, 22/01/2015](#)). During the rainy season, the majority of main roads in all five Darfur states are not practicable ([WFP, 8/10/2015](#)).

## SCENARIOS

### SCENARIO 1: BASELINE - VIOLENCE CONTINUES

PROBABILITY 

IMPACT **SLIGHT DETERIORATION**

Peace talks between SRF and the government stall and no sustainable ceasefire agreement is achieved. Aerial bombings in the Nuba Mountains of South Kordofan and Jebel Marra region of Darfur continue, as do attacks on civilians by armed militias in Darfur.

Internal displacement remains extremely high in Darfur, and continues to slowly increase in other conflict-affected areas. South Sudanese refugees continue to arrive in White Nile state, and as pressure on resources grows, so does tension between refugees and host communities.

Food insecurity increases due to a poor 2015-2016 harvest, and below-average rainfall as a result of El Niño, which negatively impacts upon livestock and agriculture. The number of people in need of emergency healthcare increases as measles and haemorrhagic fever outbreaks persist. Many affected communities in South Kordofan and Blue Nile states still cannot be reached.

### SCENARIO 2: PEACE IN BLUE NILE AND SOUTH KORDOFAN

PROBABILITY 

IMPACT **STATIC**

A ceasefire agreement is reached between opposition groups and government forces in Blue Nile and South Kordofan. Access improves and IDPs and refugees slowly begin to return. While humanitarian needs remain widespread among the population, with more in need of shelter, the severity of need generally decreases.

In Darfur, conflict flares as government concentrate on the region. New displacement rates increase slightly. Food insecurity steadily rises during the first quarter of 2016 due to the below-average 2015-2016 harvest and El Niño weather patterns, but does not significantly exceed 2015 levels. Protection needs rise, as do health and nutrition needs, and access gets worse.

### SCENARIO 3: DISEASE AND EXTREME FOOD INSECURITY

PROBABILITY 

IMPACT **SLIGHT DETERIORATION**

The likelihood of severe epidemic in the country increases. The current epidemic of haemorrhagic fever caused by dengue continues to spread in Darfur, most prominently in West Darfur. The disease spreads easily due to poor sanitation, inadequate vector control and a low level of humanitarian access, resulting in severe lack of response, including medical treatment. Mortality rates are high.

The effects of El Niño persist and significantly increase food insecurity. As the dry season sets in, the already depleted water supply and pasture availability is further stretched. Livestock are more prone to disease, which further decreases food availability. The situation is particularly severe in the traditionally rainfed areas of Darfur, West and South Kordofan, Kassala, Red Sea and El Gedaref states. By the second quarter of 2016, food insecurity is further exacerbated by price hikes that are above the seasonal average.

# SYRIA

POPULATION: 17.0 MILLION\*



## Five years of civil war, and needs continue to increase

As the conflict heads into its sixth year, 13.5 million people are in need of humanitarian assistance – four million more than in 2013, and 1.3 million more than a year ago. 8.6 million are in urgent need of assistance.

More than 250,000 people have been killed and more than one million injured since conflict began in 2011. Civilians and civilian infrastructure, including schools and health facilities, continue to be targeted.

Access constraints remain severe, with 4.5 million people living in hard-to-reach areas, and protection remains the highest priority need. WASH and health are not far behind.

### PRIORITY CONCERNS

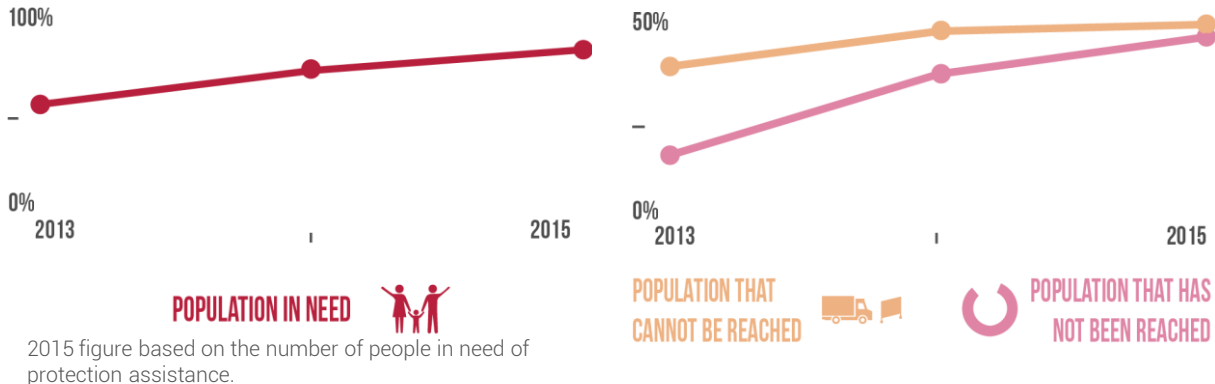
PROTECTION

WASH

HEALTH

\*The total population of Syria is not known. The international community use estimates ranging from 16.6 million to 17.5 million.

## SITUATION OVERVIEW AND TRENDS



## SCENARIOS FOR 2016

### SCENARIO 1: BASELINE – NO SUBSTANTIAL GAINS

PROBABILITY

IMPACT **SLIGHT DETERIORATION**

### SCENARIO 2: GOVERNMENT GAINS IN NORTHWEST

PROBABILITY

IMPACT **MAJOR DETERIORATION**

### SCENARIO 3: GOVERNMENT LOSES M5 HIGHWAY

PROBABILITY

IMPACT **MAJOR DETERIORATION**

### SCENARIO 4: STEPS TOWARDS TRANSITION

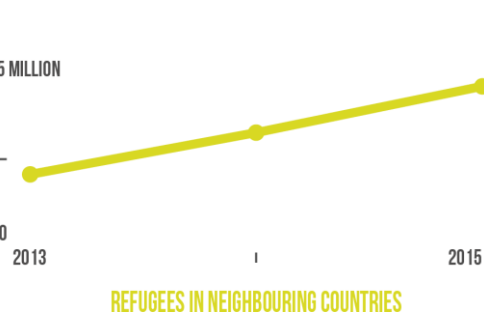
PROBABILITY

IMPACT **MAJOR DETERIORATION**

# KEY EVENTS

- Stalemate** In 2015, the conflict has mostly been at a stalemate, with no parties gaining substantial ground. At the end of 2015, Syrian territory is controlled by four major actors - Syrian government forces, Islamic State (IS), Jabhat al Nusra (JAN, affiliated to Al Qaeda), and Kurdish People's Protection Units (YPG) – as well as numerous smaller armed groups and alliances.
- Kurdish gains in early 2015** Kurdish armed groups made significant gains against IS in northern Syria in early 2015. In May, however, IS took control over Palmyra and desert areas in Homs. Government forces lost control over Idleb governorate to opposition forces in March, and have for most of the year been unable to gain any substantial territory.
- Government offensive** However, in late September government forces launched renewed military offensives in Hama, Homs, Idleb, and Lattakia, supported by Russian airstrikes.

# DISPLACEMENT

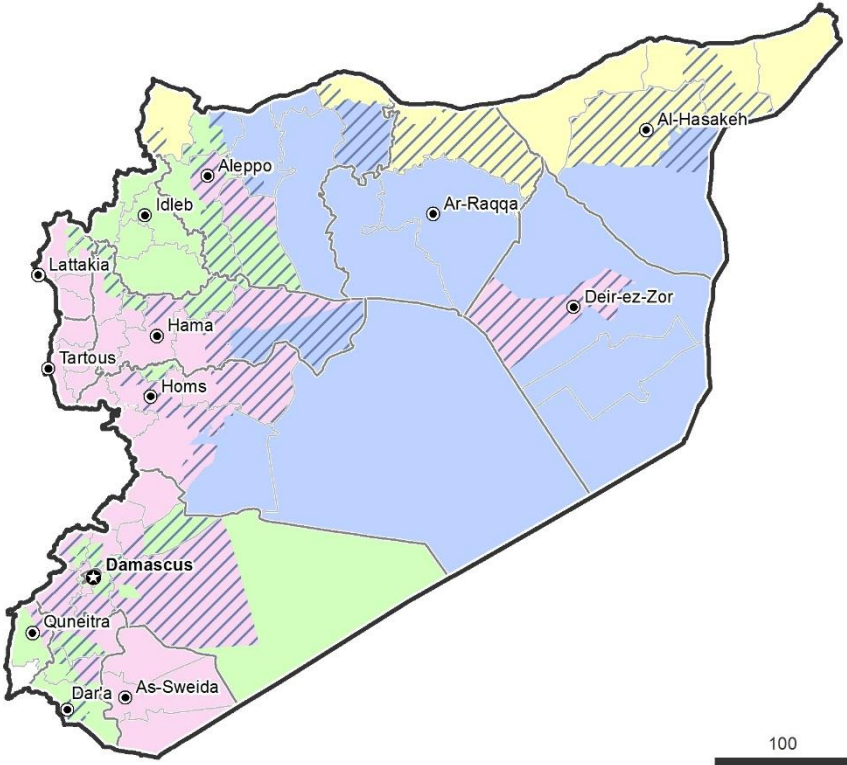


Over half of Syria's population is now displaced. The number of IDPs fell by one million in 2015, explained by changes in data collection combined with the high number of Syrians fleeing the country. More than 500,000 Syrian asylum seekers have been registered in Europe since 2011: almost 300,000 of them arrived in 2015 (HNO 2016, [UNHCR, 19/10/2015](#)).

Despite a fall in the total number of IDPs, an estimated 1.2 million people were newly displaced in 2015. Many had already been displaced several times before. Idleb, Ar-Raqqa, Al Hasakeh, and Dar'a governorates recorded the largest number of newly displaced in 2015 ([OCHA, 22/09/2015](#)).

The 480,000 Palestinian refugees in Syria are particularly vulnerable: 95% are completely dependent on humanitarian assistance to meet their basic needs ([Protection Cluster, 31/08/2015](#)).

# AREAS OF CONTROL, SEPTEMBER 2015



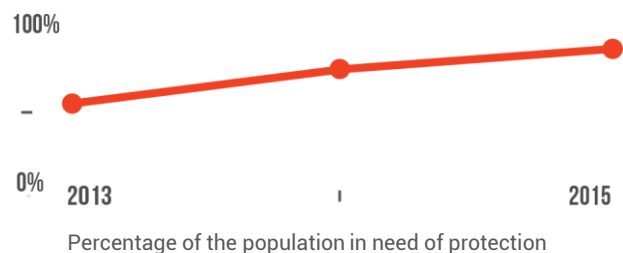
<b>Settlements</b>	<b>Borders</b>	<b>Areas of Control</b>
<ul style="list-style-type: none"> <li>★ National Capital</li> <li>⊙ Governorate Capital</li> </ul>	<ul style="list-style-type: none"> <li>— International</li> <li>— Governorate (Mohafaza)</li> <li>— District (Mantika)</li> </ul>	<ul style="list-style-type: none"> <li>▨ Multiple groups in control</li> <li>■ Syrian Armed Forces</li> <li>■ Armed Opposition Groups</li> <li>■ Islamic State</li> <li>■ YPG</li> </ul>

Map created by MapAction (2015). The depiction and use of boundaries, names and associated data shown here do not imply endorsement or acceptance by MapAction or ACAPS.

\* the colour of sub-district reflects the group in control of most of the population.

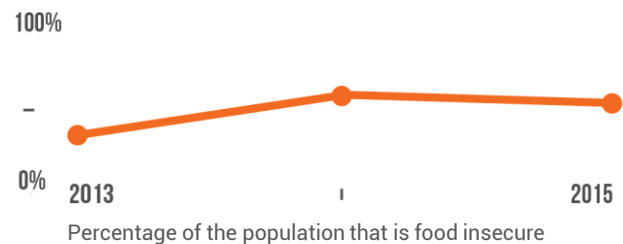


Source: HNO 2016



**Water cuts have been increasingly used as a tactic of war and affected millions of people**

**Immunisation coverage has dropped from 90% to below 60% between 2010 and 2015**



## PROTECTION

Protection needs remain severe : an estimated 13.5 million people, including six million children, need protection (HNO 2016).

The parties to the conflict have committed human rights violations on a wide scale, including unlawful killing, kidnapping, sexual violence, torture, and other inhumane treatment. Civilians and civilian infrastructure, including schools and hospitals, are frequently targeted. More than 12,000 children have been killed since 2011. Children are at increased risk of child labour, child marriage, and recruitment into armed groups as fighting goes on (SOHR, 16/10/2015; HNO 2016).

## WASH

More than half of Syria's population, 12.1 million people, are in need of basic WASH services, an increase of 500,000 since 2014 (HNO 2016).

Water cuts have been increasingly used as a tactic of war, affecting millions over the course of 2015. The population of Aleppo has access to running water for on average only half the month ([Reuters, 15/10/2015](#)). The prices of water and sanitation services continue to increase, to levels that are becoming unaffordable for households with very few coping mechanisms left (HNO 2016; [UNICEF, 25/08/2015](#)).

## HEALTH

Health services have continually declined since the onset of conflict, with attacks on facilities and staff, and the displacement of a large number of staff (HNO 2016; [IRIN, 07/09/2015](#); [WHO, 27/03/2015](#)). Critical shortages of electricity, fuel, and medical supplies and personnel, particularly in hard-to-reach and besieged areas, are the main obstacles to the provision of healthcare ([Health Cluster, 30/09/2015](#)).

11.5 million people need health services (HNO 2016). 26% of health facilities are no longer functioning, while 32% are only partially functioning ([UNICEF, 06/2015](#)). One child in three was not reached by routine vaccination in 2015. Immunisation coverage has dropped from 90% in 2010 to below 60% in 2015 (HNO 2016).

## FOOD SECURITY AND LIVELIHOODS

Food security has improved compared to 2014, when drought conditions combined with the impact of conflict left almost ten million people in need of food assistance. Nonetheless, food production in 2015 was still 40% lower than pre-crisis levels, despite favourable rainfall ([FAO, 30/07/2015](#)).

An estimated 8.7 million people are in need of food assistance, and 9.2 million people are in need of livelihood support (HNO 2016). Food prices have increased drastically since 2011, and Syrians are now spending more than 55% of their income on food. Four in five Syrians are considered to be unable to meet their basic needs. Unemployment has grown from 10% before the crisis, to 49% in early 2014, to almost 60% in 2015 ([FAO, 30/07/2015](#)).



Approximately half of all school-aged children are no longer in school

## EDUCATION

An estimated 2.4 million school-aged children are no longer in school – approximately half of all school-aged children. Another one million is at risk of dropping out ([Education Cluster, 22/09/2015](#)). Total enrolment levels have decreased by 44% since 2010, but have changed little since 2013 (HNO 2016). Displacement, insecurity, and increased rates of child marriage and child labour have all contributed to children dropping out of school.

5,000 schools have been destroyed, damaged, used as shelter by IDPs, or occupied by armed groups (HNO 2016). Schools that are still open are overcrowded and lack teachers and learning material ([Education Cluster, 22/09/2015](#)).

Shelter needs have continuously increased to reach 2.4 million people in need

## SHELTER AND NFIS

An estimated 2.4 million are in need of shelter support, and 5.3 million in need of NFIs. Over 1.2 million homes have been damaged, and more than 400,000 completely destroyed, since 2011 (HNO 2016; [UNHCR, 02/09/2015](#)). Shelter needs have continuously increased since 2011, with 700,000 more in need than in 2014, as a result of more destruction, higher rental prices, and very limited resources ([Shelter Cluster, 30/09/2015](#); [IOM, 31/08/2015](#)).

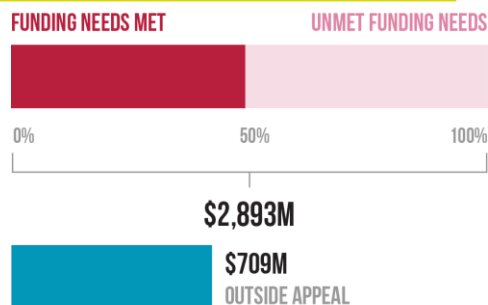
An estimated 1.7 million IDPs live in camps or collective shelters. Shelters are overcrowded, and lack adequate WASH facilities. Many IDPs live in damaged or unfinished buildings. The large number of IDPs in host communities stretch already very limited resources (HNO 2016; [Shelter Cluster, 30/09/2015](#); [IOM, 31/08/2015](#)).

3 million people need nutritional support

## NUTRITION

Malnutrition rates have significantly increased compared to Syria's pre-crisis numbers, and three million people are now in need of nutritional support ([UNICEF, 08/09/2015](#); HNO 2016). Populations in hard-to-reach areas are most vulnerable, as access constraints mean a lack of food and WASH services, and significant gaps in nutrition service coverage ([UNICEF, 10/10/2015](#)).

## FUNDING



## HUMANITARIAN ACCESS

Humanitarian access remains severely restricted in Syria, due to continued insecurity, administrative hurdles, and fuel shortages. Blocking humanitarian access is used a tactic of war by various actors to the conflict. Diplomatic efforts by humanitarian actors have produced limited results in improving access. 4.5 million people live in areas that are not regularly reached by humanitarian actors, while 360,000 people live in besieged areas that cannot be reached at all by humanitarian actors (HNO 2016; [MSF, 10/09/2015](#); [UNHCR, 08/09/2015](#); [UNHCR, 02/09/2015](#); [AFP, 28/08/2015](#)).



# SCENARIOS

## SCENARIO 1: BASELINE - NO SUBSTANTIAL GAINS

PROBABILITY 

IMPACT **SLIGHT DETERIORATION**

The conflict continues into its sixth year. No actors make gains that are substantial enough to impact the relative stalemate that has characterised the conflict in 2015. Diplomatic efforts to find a political solution do not make significant progress within six months. Clashes and airstrikes continue, as do new waves of displacement, causing up to 600,000 to be displaced, many of whom have already been displaced several times before. Shifting frontlines continue to decrease the number of safe areas. Humanitarian needs remain high, and access constraints continue to severely hamper humanitarian assistance. Priority needs are protection, WASH, health, and food security. A significant shortage of available shelter is of concern.

## SCENARIO 2: GOVERNMENT GAINS IN NORTHWEST

PROBABILITY 

IMPACT **MAJOR DETERIORATION**

The government offensives that were launched in Hama, Homs, Idlib, and Lattakia late September, supported by Russian airstrikes and Iranian and Hezbollah forces, lead to the government regaining large areas of opposition-held territory in the northwest, including full government control of Lattakia. Increased clashes and airstrikes in the initial phase of the offensives further hamper humanitarian access and cause mass displacement, with hundreds of thousands of people fleeing – many of whom have already been displaced several times before. Already stretched resources cannot meet the basic needs of the IDPs and host communities. Infrastructure, including WASH and health, is further damaged, and needs remain high. Protection, shelter, and food security are other priority needs.

## SCENARIO 3: GOVERNMENT LOSES M5 HIGHWAY

PROBABILITY 

IMPACT **MAJOR DETERIORATION**

The M5 highway, which runs from Damascus to Aleppo city through Homs and Hama, is the only major route connecting Damascus with government-held areas in the west and north. As government forces mostly focus their operations against other opposition groups, IS forces move closer to the highway in southern Hama governorate, advancing from the IS-held city al Qaryatain. As government forces struggle to regain control, clashes and airstrikes intensify, and hundreds of thousands of people become displaced. Fuel prices increase significantly, affecting all sectors and hampering access. Growing humanitarian needs for both IDPs and host communities go unmet. Protection, WASH, health, and food security are priorities.

## SCENARIO 4: STEPS TOWARDS TRANSITION

PROBABILITY 

IMPACT **MAJOR DETERIORATION**

Steps towards a political solution in the coming months result in an improvement in the humanitarian situation in the long term. However, as negotiations begin, all parties intensify their military campaigns in order to gain more advantageous positions.

While a transitional period is mapped out, including Assad remaining in charge for a limited period of time, violence and mass displacement increase on the ground. Across the country, shelter, WASH, and health needs increase in severity. Russia and the US coordinate airstrikes targeting IS forces, weakening IS in stronghold areas, including Ar-Raqqa. Shifting conflict lines restrict access. However, humanitarian access increases in former IS-held areas, where there has been very little to no humanitarian assistance in the last 18 months.

# UKRAINE



POPULATION: 44.8 MILLION

## Winterisation is a priority in a frozen conflict

Armed conflict in the east of the country started in May 2014, and the number of people in need of humanitarian assistance has been consistently increasing since the beginning of the crisis, mainly due to growing displacement. Clashes between separatists in Luhansk and Donetsk and the Ukrainian army have displaced over 2.6 million people.\* In the separatist regions, humanitarian access is being hampered by administrative constraints, to the point that aid convoys have been suspended. The approach of winter is of a major concern as winterisation assistance has been severely delayed.

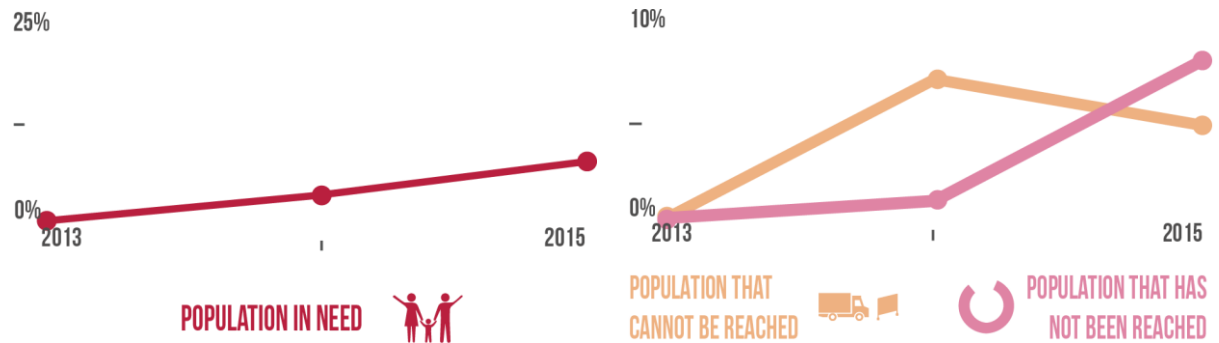
\*Figures were under revision at the time of writing, but were not available in time for publication.

## PRIORITY CONCERNS

 HUMANITARIAN ACCESS

 HEALTH

## SITUATION OVERVIEW AND TRENDS\*



2015 figure based on the number of people in need of protection assistance.

## SCENARIOS FOR 2016

### SCENARIO 1: BASELINE - FROZEN CONFLICT

PROBABILITY 

IMPACT **STATIC** 

### SCENARIO 2: ESCALATION OF VIOLENCE

PROBABILITY 

IMPACT **SLIGHT DETERIORATION** 

### SCENARIO 3: PARTIAL AUTONOMY GRANTED

PROBABILITY 

IMPACT **MAJOR IMPROVEMENT** 

## KEY EVENTS IN 2015

### Ceasefire agreed, and renewed

A ceasefire was agreed between separatists and the Ukrainian government in February 2015 and renewed on 1 September. Both sides established a buffer zone along the frontline. By the end of October, they had withdrawn tanks and weapons of less than 100mm calibre from the buffer zone. However, since November, ceasefire violations have increased and some equipment has been returned to the buffer zone ([Stratfor, 13/11/2015](#); [BBC, 13/02/2015](#); [AFP, 03/10/2015](#); [International Business Times, 28/10/2015](#)).

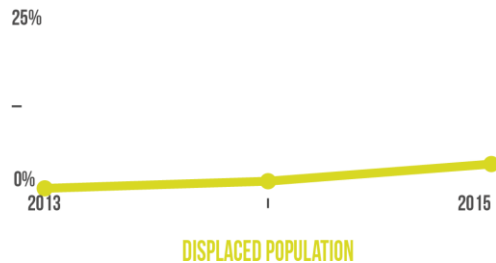
### Vote on autonomy

In July, Ukraine's highest court allowed parliament to vote on constitutional amendments that would give separatists in Donetsk and Luhansk three years of partial autonomy. The decision led to riots in Kiev, with up to 100 injured ([The Guardian, 31/08/2015](#)).

### Reduced access

In Donetsk region, most humanitarian operations have been suspended since the end of July, and on 24 September, separatists in Luhansk region ordered ten foreign aid organisations to leave. ICRC and UN are allowed to operate in Luhansk; ICRC, Akhmetov and People in Need in Donetsk ([USAID, 30/09/2015](#); [OCHA, 31/10/2015](#); [AFP, 24/09/2015](#)).

## DISPLACEMENT

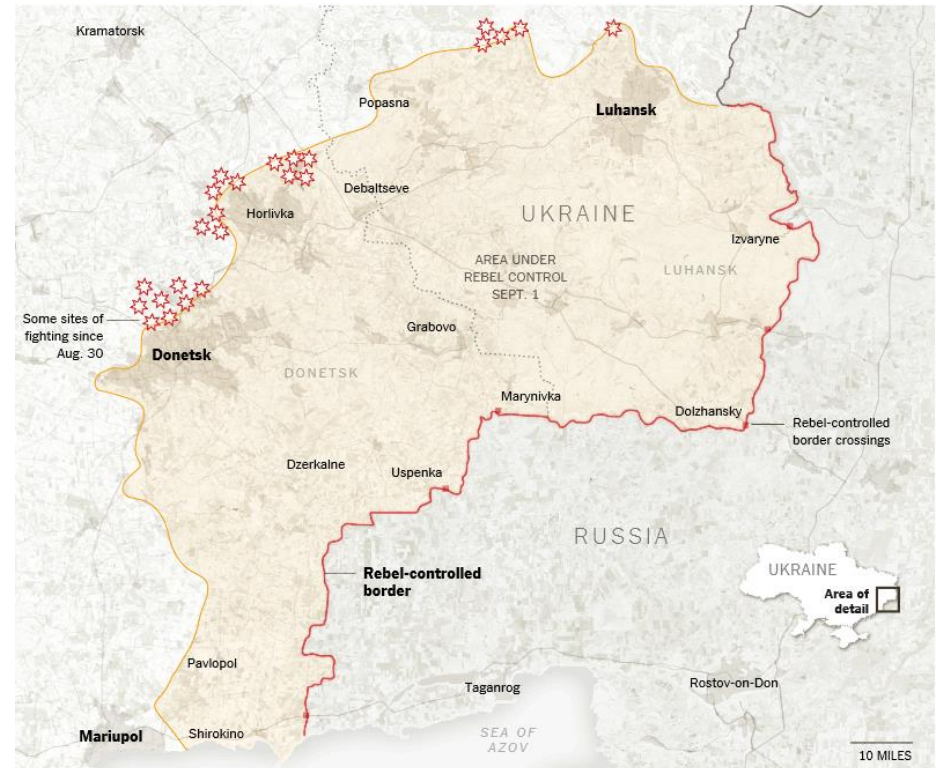


Despite two ceasefires, sporadic fighting continues and people continue to be displaced, though in far lower numbers.

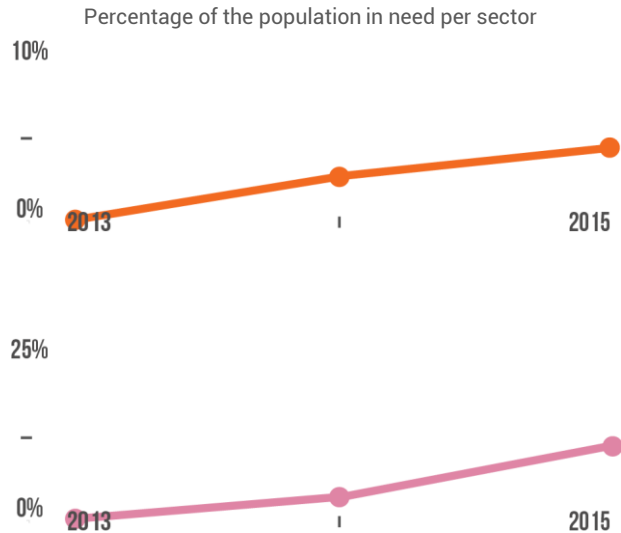
In January, there were nearly 800,000 externally displaced Ukrainians, compared to one million in September. They were mainly in Poland and Belarus.

Nearly 900,000 people had been displaced within Ukraine by January 2015, and another 600,000 have been displaced since then. The vast majority of IDPs have fled eastern Ukraine, although around 20,000 are from Crimea. Most IDPs fled in mid-2014 as fighting intensified in the east ([IDMC, 08/2015](#); [IOM, 01/2015](#); [OCHA, 23/01/2015](#); [21/08/2015](#)).

## AREAS OF CONTROL, SEPTEMBER 2015



Source: [NYTimes 01/09/2015](#)



The number of people in need of WASH has almost doubled

500,000 more people need emergency shelter and NFIs for winter 2015 compared to winter 2014

## FOOD SECURITY AND LIVELIHOODS

The number of people in need of food assistance has increased by 700,000 compared to December 2014, when 1.1 million people were in need of food support ([OCHA, 12/2014](#); [OCHA, 15/08/2015](#)). The deterioration is due to a lack of humanitarian assistance, which is a consequence of the ban on humanitarian organisations in non-government-controlled areas. Continued displacement within Luhansk and Donetsk region is a contributing factor. In October 2015, nearly 1.8 million people were in need of food assistance, including 670,000 in conflict areas ([OCHA, 12/2014](#); [OCHA, 15/08/2015](#)). Food prices are 70% higher than the national average in non-government-controlled areas ([UNDP, 02/07/2015](#)).

## HEALTH

Nearly 4.5 million people are in need of health support, more than three times the number reported at the end of 2014 ([OCHA, 15/08/2015](#); [MSNA, 30/03/2015](#); [OCHA, 12/2014](#)). The situation has been deteriorating due to access constraints, the approaching winter, and critical shortages of medicines and supplies in the east ([IRIN, 29/09/2015](#)). In August, two cases of polio were reported, and concerns for transmission were high due to low vaccination rates. On 20 October, Ukraine launched a polio vaccination campaign ([WHO, 22/10/2015](#); [21/10/2015](#)).

## WASH

The number of people in need of WASH has almost doubled to more than 1.3 million; nearly 1.2 million in non-government-controlled areas. In December 2014, 750,000 people needed WASH support. Access to safe water in non-government-controlled areas is of particular concern, as more than 2,000km of pipeline have been damaged by fighting ([OCHA, 15/08/2015](#); [OCHA, 12/2014](#)). The lack of piped water is worrying as winter approaches, when it will be required for heating systems ([OSCE, 18/09/2015](#)).

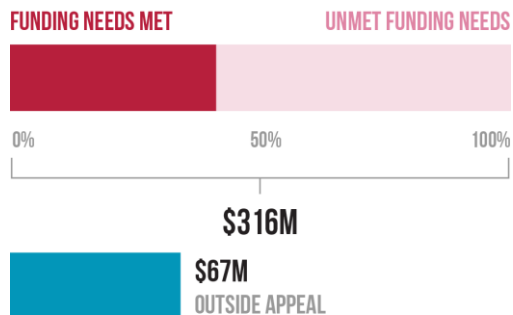
## SHELTER AND NFIS

An estimated 1.4 million people are in need of emergency shelter and NFIs, compared to 600,000 at the end of March. In December 2014, 900,000 people needed assistance. Needs fluctuate according to the season: in winter, needs for fuel, blankets, and clothes increase ([OCHA, 15/08/2015](#); [OCHA, 12/2014](#), [MSNA, 30/03/2015](#)). Government and non-government areas in Donetsk and Luhansk, as well as high IDP reception areas, are most affected ([OCHA, 15/08/2015](#); [MSNA, 30/03/2015](#)).

Protection needs have increased from 1.2 million in 2014 to 3.1 million in 2015

600,000 children need education

## FUNDING



## PROTECTION

3.1 million people are in need of protection, compared to 1.2 million in December 2014 ([GHO 2015](#); [OCHA, 12/2014](#)). The increase has been caused by continued clashes and increased displacement. An estimated 60% of registered IDPs are older people, who are particularly vulnerable ([IOM, 23/10/2015](#)). Support is lacking for 54,000 disabled people ([UNHCR, 21/05/2015](#)).

Mines and unexploded ordnance are of particular concern as they cause 80% of civilian casualties ([Protection Cluster, 30/09/2015](#)). Between May 2014 and 13 October 2015 there were 287 ERW accidents, killing 212 and injuring 412 people ([Norwegian People's Aid, 11/2015](#)).

## EDUCATION

600,000 children are in need of education – this is equivalent to the number of school-aged children living in Luhansk and Donetsk before the crisis began, and has remained stable since violence erupted. Their access to education has been affected by displacement or the damage or destruction of schools ([OCHA, 28/08/2015](#); [OCHA, 12/2014](#)).

## HUMANITARIAN ACCESS

In Donetsk region, most humanitarian relief operations have been suspended since August, with no indication of when the authorities will make a final determination on agencies' accreditation. Only ICRC, Akhmetov and People in Need can operate ([USAID, 30/09/2015](#)).

In Luhansk region, administrative authorities ordered ten foreign aid organisations to leave in September. Only ICRC remained. Since the end of October, UN agencies have been allowed to resume operations in Luhansk. ([AFP, 24/09/2015](#); [UN, 24/09/2015](#); [International Business Times, 28/10/2015](#)). Restrictions have also been imposed on civilians' movement, who have to wait for hours at checkpoints to cross the contact line between government and non-government-controlled areas, with no access to basic services. The freezing temperatures in winter will worsen the situation ([OCHA, 14/08/2015](#)).

## SCENARIOS

### SCENARIO 1: BASELINE - FROZEN CONFLICT

PROBABILITY 

IMPACT **STATIC** 

The ceasefire renewed on 1 September is upheld, with sporadic fighting along the contact line between the government and non-government areas. Peace negotiations continue but agreement cannot be reached. Insurgents in Luhansk and Donetsk ask for autonomy but the Ukrainian government does not grant it on principles of state unity and sovereignty. The crisis is frozen.

The situation remains serious but is more stable. The number of IDPs increases only slightly because the majority of people in the affected areas are older people who do not want to move. Humanitarian access remains limited in the non-government-controlled areas. Foreign aid organisations wait months for permission to operate and the majority do not receive it. Needs for shelter and NFIs increase over the winter. Food security and WASH remain stable. Protection and health needs are of particular concern, given the high proportion of older people who generally require more medical assistance.

### SCENARIO 2: ESCALATION OF VIOLENCE

PROBABILITY 

IMPACT **SLIGHT DETERIORATION** 

Peace talks continue but separatists in eastern Ukraine, frustrated by long and slow negotiations, decide to launch a new offensive. The deals agreed in 2015 are not fully implemented by the end of the year and EU economic sanctions against Russia, set to expire in January 2016, are extended. Russia supports the separatists' offensive. Fighting is mainly around Shyrokyne town and spreads to the economically important town of Mariupol. The Ukrainian army fights hard to keep the area. Displacement increases as people flee, but difficulties crossing the contact line mean most remain in the non-government areas. For the same reason, humanitarian organisations' access to non-government areas is very difficult. The humanitarian situation worsens rapidly, with growing needs mainly for shelter and NFIs and protection, as well as for food assistance, health, and WASH.

### SCENARIO 3: PARTIAL AUTONOMY GRANTED TO SEPARATISTS

PROBABILITY 

IMPACT **MAJOR IMPROVEMENT** 

The Ukrainian parliament passes a vote on the partial autonomy of the separatist regions, which leads to violent protests in Kiev and across the country, but the police manage to get the situation under control, as they did in August 2015. Withdrawal of all weapons from the contact line takes place and no fighting is reported. As the conflict de-escalates, the authorities of the autonomous regions lift their ban on foreign aid organisations. Ukraine renews public transport between government- and non-government-controlled areas.

Humanitarian needs decrease as aid organisations are allowed to operate and the conflict subsides. Shelter and NFI assistance remain crucial during the winter months. Displaced families start returning to Luhansk and Donetsk, and public services, including medical care, schools, and running water, are repaired and resume.

# YEMEN

POPULATION: 27.0 MILLION



## 8 in 10 are in need after rapid descent into all-out war

Escalation of conflict in 2015 has increased the number of people in need by 33%– 21 million people now need aid. 10% of the population is now internally displaced.

Yemen is dependent on imports to meet its population's basic needs, but severe access constraints have had a critical effect on the importing and transporting of food and other essential supplies, including fuel.

Access to WASH and health services has dropped, as a result of the escalation of conflict. Protection and food security, with more than half of the population moderately or severely food insecure, are also priority needs.

## PRIORITY CONCERNS



WASH

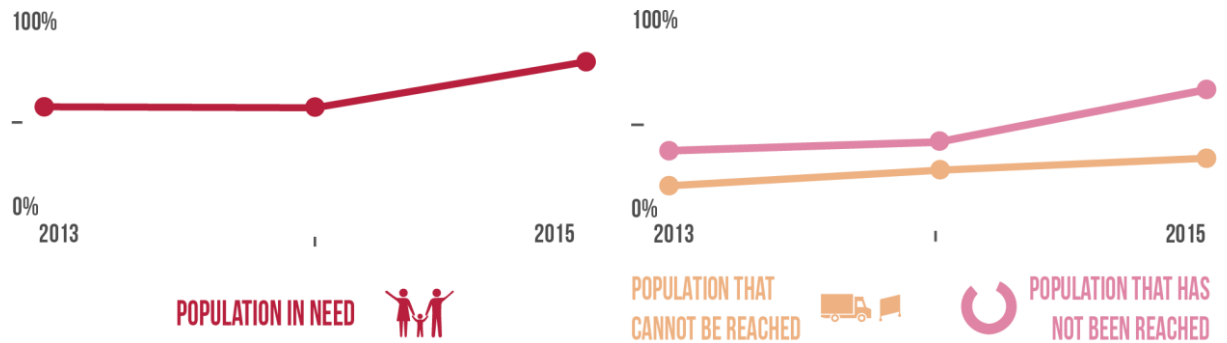


HEALTH



PROTECTION

## SITUATION OVERVIEW AND TRENDS



2015 figure based on the number of people in need of WASH assistance.

## SCENARIOS FOR 2016

### SCENARIO 1: BASELINE - GROUND FIGHTING, AIRSTRIKES



### SCENARIO 2: BATTLE FOR SANAA



### SCENARIO 3: HOUTHİ WITHDRAWAL



### SCENARIO 4: AQAPS SEIZES ADEN



## KEY EVENTS IN 2015

- Escalation of conflict** The humanitarian situation in Yemen has deteriorated quickly and significantly since the conflict between government forces and Houthis from the north escalated in March 2015. Houthi forces had taken control of the capital Sanaa in September 2014, and by April 2015 they had seized all of Yemen's western governorates, from Sa'ada to Aden.
- Saudi-led airstrikes** In late March, a Saudi-led coalition began airstrikes in support of government forces, and by August government forces had regained control over most of the southern governorates lost earlier in the year.
- 21 out of 22 governorates directly affected** Yemen was classified as a level 3 humanitarian emergency in July. 21 out of Yemen's 22 governorates have been directly affected by airstrikes, armed clashes, and shelling. More than 5,000 people have been killed and more than 26,000 people injured, although underreporting means these numbers are likely to be much higher. Several rounds of peace talks have failed to bring any agreement, but in October both parties declared their willingness to participate in UN-led talks, due to begin before the end of 2015.

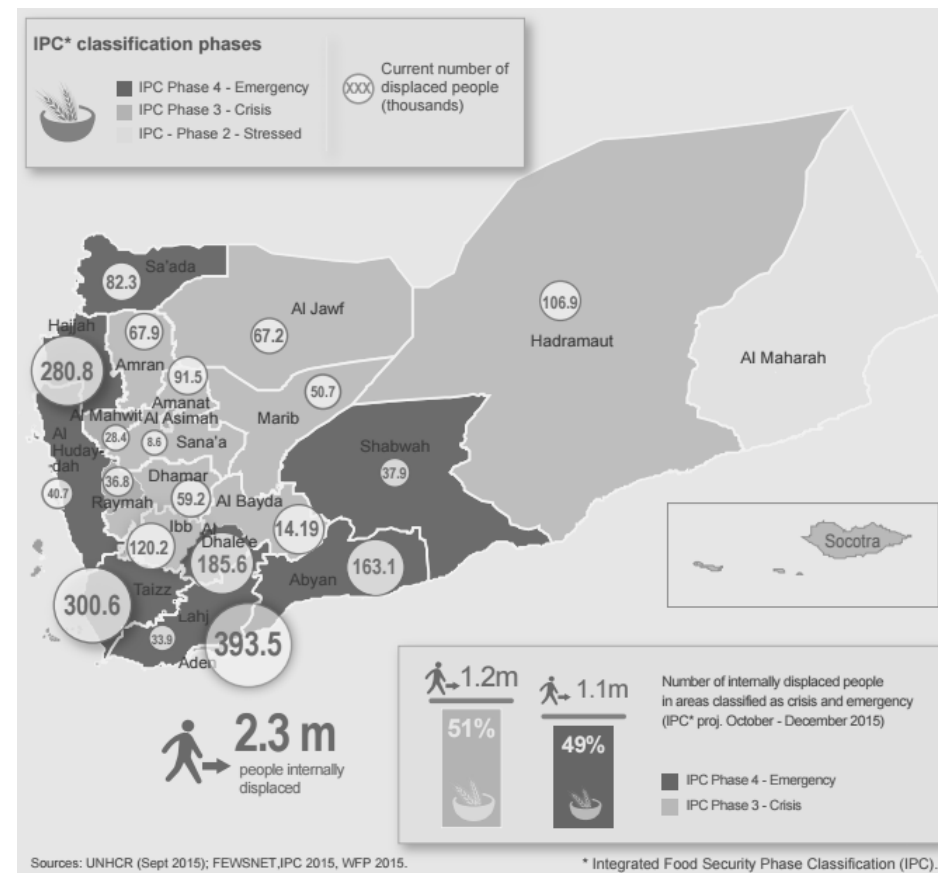
## DISPLACEMENT

More than two million people have become internally displaced since March; 80,000 were newly displaced in 2014 ([Task Force on Population Movement, 14/10/2015](#); [HNO, 2015](#)). Aden, Taizz, and Hajjah governorates have recorded the highest number of IDPs ([Task Force on Population Movement, 14/10/2015](#)).

More than 120,000 people (including Yemenis, returnees, and third-country nationals) have fled Yemen since March ([UNHCR, 20/10/2015](#)).

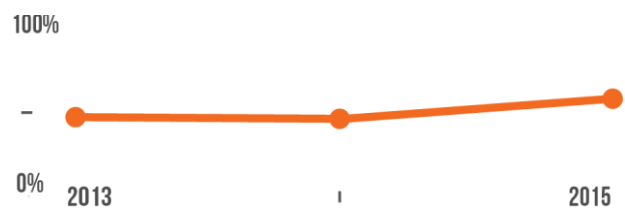
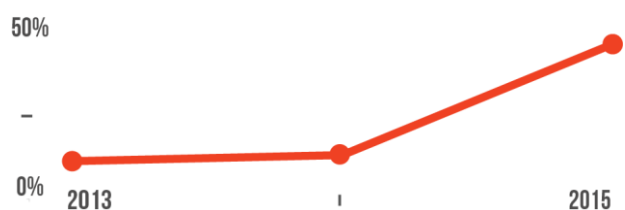
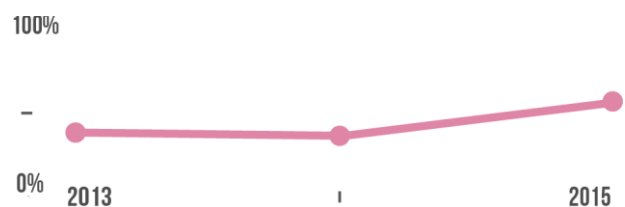
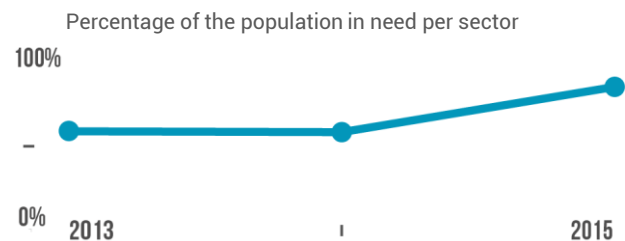
260,000 registered refugees, mostly Somalis, live in Yemen – the figure has remained relatively stable for the last three years ([UNHCR, 15/09/2015](#)). Conflict in areas close to refugee-hosting sites has resulted in further displacement of refugees and asylum seekers, loss of livelihoods, and a breakdown in basic services ([Revised, HNO 06/2015](#)).

## FOOD SECURITY AND IDPS PER GOVERNORATE



Source: [OCHA 15/10/2015](#)





## WASH

Critical fuel shortages coupled with damage to WASH infrastructure have led to a severe lack of safe water and sanitation, and have caused water prices to spike. In Sanaa, the price of water has tripled since the escalation of conflict. Some households now spend one-third of their income on water ([WFP, 19/08/2015](#); [Thomson Reuters Foundation, 12/08/2015](#); [OCHA, 02/09/2015](#)).

Even before the escalation of conflict more than half of Yemen's population lacked access to basic WASH services, with particularly critical gaps in rural areas, due to poverty and weak central governance ([HNO, 2014](#)).

## HEALTH

The conflict has compounded existing healthcare gaps, with more than one-third of the population already lacking access to basic healthcare before March ([HNO, 2014](#)). Since March, the number of people in need of basic healthcare has increased by more than 40% ([Revised HNO, 06/2015](#)).

13% of health facilities are non-operational and 10% only partially operational ([UNICEF, 15/09/2015](#); [WHO, 30/07/2015](#)). Health staff numbers are falling, acute shortages in medical supplies are reported, and ambulances are no longer operating due to lack of fuel and insecurity. A number of health facilities have been damaged by ground fighting and airstrikes ([MSF, 27/10/2015](#); [OCHA, 15/10/2015](#); [WHO, 27/09/2015](#); [Revised HNO, 06/2015](#)).

## PROTECTION

11.4 million people, including seven million children, are in need of protection assistance: this is triple the number for 2014 ([Revised HNO, 06/2015](#); [HNO, 2015](#)).

Protection concerns include the use of explosive weapons in populated areas, attacks on civilian infrastructure, and recruitment of children into armed groups ([HRW, 06/09/2015](#); [Revised HNO, 06/2015](#)). More than 2,500 civilians have been killed since March, including more than 500 children ([OHCHR, 23/10/2015](#); [UNICEF, 01/10/2015](#)).

Gender-based violence, child marriage, and child labour are common, and are longstanding issues in the country ([Revised HNO, 06/2015](#); [Social Institutions and Gender Index, 2014](#)).

## FOOD SECURITY AND LIVELIHOODS

Political instability, unemployment, and water scarcity all contribute to persistent food insecurity, and the escalation of conflict has made the situation worse ([HNO, 2014](#)). 14.4 million people - more than half of the population - are now moderately or severely food insecure. This represents an increase of two million since June, and four million more than in March ([OCHA, 13/11/2015](#)).

Yemen imports 90% of its food, but imports of staple foods, such as cereals, are now severely limited. Food availability has also been affected by the impact of conflict on agriculture and fishing. Since March, staple food prices have increased by 40-160% across the country ([FAO, 01/10/2015](#)).

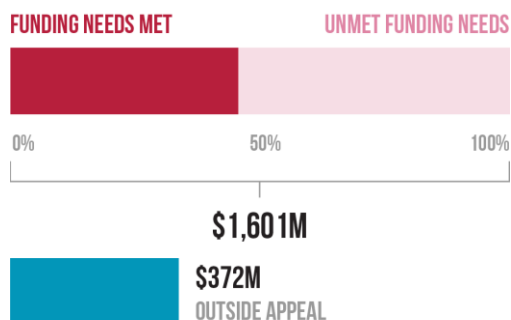
Percentage of the population in need per sector

**Hospital admissions for malnutrition increased 150% between March and June this year**

**IDPs are mainly staying in host communities, stretching already extremely limited resources**

**Half of the school-aged population is now out of school**

## FUNDING



## NUTRITION

Insecurity and shortages of fuel and treatment supplies have exacerbated an already critical malnutrition situation ([Revised HNO, 06/2015](#)). Hospital admissions for malnutrition went up by 150% between March and June ([WHO, 19/06/2015](#)). Global acute malnutrition is above the emergency threshold in Aden, Hodeidah, and Hajjah governorates, and severe acute malnutrition far exceeds the emergency threshold in Hodeidah and Hajjah ([OCHA, 15/10/2015](#)). Almost 1.3 million children under five are moderately malnourished, compared to 690,000 before the escalation of conflict ([OCHA, 15/10/2015](#)).

## SHELTER AND NFIS

In June, 1.2 million people were estimated to be in need of shelter materials and NFIs. This number is likely to be much higher at the end of the year, as new assessments and new waves of displacement put the latest number of IDPs at 2.3 million ([Task Force on Population Movement, 14/10/2015](#); [Revised HNO, 06/2015](#)).

IDPs are mainly staying in host communities, stretching already extremely limited resources. The availability of housing for rent is becoming increasingly limited and costly; in some areas rental prices have tripled ([Shelter Cluster, 31/08/2015](#)). Many IDPs are living in public buildings, such as schools and health facilities, or in open spaces or makeshift shelters ([OCHA, 15/10/2015](#)).

## EDUCATION

A quarter of all schools in Yemen have closed since March. A significant number of schools have been damaged, used as shelter by IDPs, or occupied by armed groups ([UNICEF, 01/10/2015](#); [Revised HNO, 06/2015](#)).

Over 1.8 million children have lost access to school since the escalation of conflict, and an estimated 2.9 million children are in need of assistance to access education. This means that half of the school-aged population is now out of school ([UNICEF, 19/08/2015](#); [Revised HNO, 06/2015](#)). High rates of child marriage and child labour were already obstacles to children accessing education prior to the escalation of conflict ([HNO, 2014](#); [Social Institutions and Gender Index, 2014](#)).

## HUMANITARIAN ACCESS

Humanitarian access was already difficult as a result of years of political unrest and insecurity, but has deteriorated significantly in 2015 ([HNO, 2014](#)).

Insecurity, critical fuel shortages, and the naval blockade put in place by the Saudi-led coalition all hamper the delivery of humanitarian assistance ([OHCHR, 29/09/2015](#)). Yemen imports 70% of its fuel, but current levels of imports are far below pre-crisis levels: in September, they met only 1% of Yemen's monthly fuel needs. Yemen's own fuel production has also been adversely impacted ([OCHA, 11/10/2015](#); [HRW, 10/05/2015](#)).

## SCENARIOS

### SCENARIO 1: BASELINE - GROUND FIGHTING, AIRSTRIKES

PROBABILITY 

IMPACT **SLIGHT DETERIORATION**

Saudi-led coalition airstrikes and ground fighting between government and Houthi forces continue. The worst conflict-affected governorates are Taizz, Sanaa, Sa'ada, Hajjah, Marib, Hodeidah, Al Dhalee, Ibb, and Abyan. Up to 500,000 people become newly displaced as a result of clashes and airstrikes. Conflict is further complicated by the presence of other armed groups, including Al Qaeda in the Arabian Peninsula (AQAP) and the Southern Movement. Fuel shortages continue to adversely impact humanitarian access and the availability of functioning WASH and health infrastructure. Civilian infrastructure, including WASH, health and educational facilities, is further damaged. More than half of the population (14 million) is severely food insecure, with little to no coping mechanisms left.

### SCENARIO 2: BATTLE FOR SANAA

PROBABILITY 

IMPACT **MAJOR DETERIORATION**

Attempts at a peace treaty fail, and government and Saudi-led coalition forces launch a ground offensive in Sanaa, supported by coalition airstrikes. Tens of thousands of people are killed in fighting, but neither actor seizes full control of the city within the coming six months. Up to one million people become displaced in Sanaa and surrounding governorates, where fighting also intensifies, and humanitarian access further deteriorates. Neither IDPs nor host communities are able to meet their basic needs, as all coping mechanisms have been depleted. As a result of clashes and airstrikes, infrastructure, including health and WASH facilities, is severely damaged. Hundreds of thousands of houses are damaged or destroyed, creating massive gaps in the availability of shelter. WASH, health, protection, and food security are priority needs across the country.

### SCENARIO 3: HOUTHİ WITHDRAWAL

PROBABILITY 

IMPACT **SLIGHT DETERIORATION**

In accordance with UN Security Council resolution 2216, Houthi forces begin withdrawing from key cities, including Taizz and Sanaa – a key step towards the signing of a peace treaty. Humanitarian access improves as UN actors are able to negotiate an easing of the Saudi-led coalition blockade as a term of the peace process and conflict become less intense. However, insecurity persists due to presence of other armed groups, including southern separatists, and fighting continues as the Houthis withdraw. Taizz governorate sees a mass influx of IDPs returning home, but communities with little or no resources left are unable to meet their own needs, let alone the needs of the IDP returnees. WASH, health, food security and livelihoods, and shelter are priority needs.

### SCENARIO 4: AQAP SEIZES ADEN

PROBABILITY 

IMPACT **MAJOR DETERIORATION**

As the government forces and Saudi-led coalition focus their operations against Houthi forces in and around Marib governorate, AQAP expands westwards from its stronghold in Hadramaut governorate. The Southern Movement is fractured and unable to launch an effective counter-offensive. Within six months, AQAP seizes the city of Aden. Islamic State exploits the situation and takes control over several towns in Aden governorate. Aden becomes a battlefield yet again, and humanitarian assistance is severely hampered as Aden port becomes inaccessible. Hundreds of thousands of people are displaced and the humanitarian situation in all of Yemen further deteriorates – famine levels of food insecurity are recorded in Aden, Abyan, and Lahj governorates.

# EL NIÑO RISKS

## The current El Niño is likely to be the strongest on record

According to the Climate Prediction Center (CPC) and the Australian Bureau of Meteorology (BoM), El Niño conditions will persist through the remainder of 2015 and gradually weaken through early 2016 ([CPC, 08/10/2015](#); [BoM, 10/11/2015](#)). On 2 November, the CPC reported that the sea surface temperature (SST) in the eastern Pacific Ocean sharply increased to +2.7 °C above normal, which means that the current El Niño is likely to be the strongest on record ([CPC, 09/11/2015](#)).

### Impact 2015/2016

There is an elevated risk of flooding across the Horn of Africa, and a continuation of drought in southern Africa, southeast Asia, and the Pacific Islands (IASC, 10/2015). Droughts and floods, combined with underlying seasonal food insecurity, threaten food security for people living in vulnerable and shock-prone areas ([WFP, 23/10/2015](#)).

Heavy rainfall and floods themselves can cause injury and death, and are often associated with contamination of surface water, leading to an increase in the risk of disease, including increases in malaria incidence, while a reduction in rainfall and drought often lead to food insecurity, malnutrition, and increases in diseases associated with lack of water for hygiene ([WHO, 1999](#)).

## WHAT IS EL NIÑO?

El Niño and La Niña are opposite phases of what is known as the El Niño–Southern Oscillation (ENSO) cycle. The ENSO cycle describes fluctuations in temperature between the ocean and atmosphere in the east-central Equatorial Pacific ([NOAA](#)). El Niño conditions occur when the central and eastern equatorial Pacific sea surface temperatures are substantially warmer than usual ([IRI](#)). El Niño and La Niña episodes tend to develop between April and June, and reach their maximum strength between December and February. They usually persist for 9–12 months, though occasionally for up to two years, and typically recur every two–seven years ([IRI, 15/10/2015](#)). The last truly massive El Niño occurred in 1997/98, and caused 23,000 deaths and an estimated \$35 billion in damage ([VOX, 17/08/2015](#)).

## PRIORITY REGIONS

### EAST AFRICA

Ethiopia, south-central Somalia, Kenya

### SOUTHERN AFRICA

Malawi, Zimbabwe, Madagascar

### CENTRAL AMERICA

Haiti, El Salvador, Honduras, Guatemala, and Nicaragua

### ASIA AND THE PACIFIC

Fiji, Vanuatu, Solomon Islands, and Papua New Guinea

## EAST AFRICA



**WASH**



**HEALTH**



**FOOD SECURITY**

In the Horn of Africa, above-average October to December rains are forecast, which will be generally beneficial for both agricultural and pastoral production, but also come with increased risk for river and lakeshore flooding, as well as flash floods ([FEWSNET, 08/10/2015](#)). Long-range forecasts indicate a high probability of significant above-average rainfall across southern Ethiopia, south-central Somalia, and Kenya, and strong signals of above-average rainfall over the Juba, Shabelle and Rift Valleys. According to the European Centre for Medium Range Forecasting, there is a nearly 70% chance of above-average rainfall over these regions through January and a 40% chance for February (IASC, 10/2015). Northeastern Ethiopia and eastern Sudan are however subject to below-average rain, and there are warnings of serious drought affecting these areas ([FEWSNET, 08/11/2015](#)).

Many areas within Ethiopia, Kenya, and Somalia are prone to flash flooding, mud slides, lightning and waterborne and animal health diseases (IASC 10/2015). In past years, floods and the subsequent reduction of market functioning and income-earning opportunities have led to severe food insecurity. As of August, approximately 19.2 million people in the Greater Horn of Africa were facing crisis and emergency food insecurity and were in urgent need of assistance, according to the Food Security and Nutrition Working Group. This year, the areas of southern Somalia where humanitarian access is most limited are the most vulnerable to acute food insecurity, and Emergency (IPC Phase 4) is possible ([FEWSNET, 27/10/2015](#)). OCHA estimates that 500,000-900,000 people in Somalia could be affected by El Niño ([WFP, 23/10/2015](#)), and latest projections indicate up to 15 million Ethiopians in need of food assistance in early 2016 ([OCHA, 09/2015](#)). An increase of over 20% in severe acute malnutrition has already been reported in Ethiopia ([Government, 19/10/2015](#)). Significant impacts on pasture and crop production are expected for Sudan, Ethiopia, Eritrea, and Djibouti ([VAM, 09/2015](#)).

## SOUTHERN AFRICA



**FOOD SECURITY**



**HEALTH**

Malawi, Zimbabwe, and Madagascar are of greatest concern in southern Africa, where El Niño is associated with reduced October-April rainfall. In addition to the poor seasonal outlook, these regions are already coping with below-average harvests from their previous season due to both drought and floods. Maize supply is already well below the five-year average, and acute food insecurity is more severe than usual, especially in Malawi and Zimbabwe ([FEWSNET, 08/10/2015](#)). Current long-range forecasts are indicating below-average rainfall as exceedingly likely well into March 2016. Current weather model statistics are providing a 70% probability of significant below-average rainfall over the next six months.

Historically, El Niño has little effect on the region's cyclone season, however current guidance is suggesting a below-average cyclone season, which could further reduce seasonal rainfall accumulations (IASC, 10/2015). Estimates of food insecure people during the 2015/16 lean season is 1.5 million people in Zimbabwe, 2.8 million in Malawi, 13,700 in Mozambique, 30,000 in Botswana, 80,000 in Zambia, and 463,000 in Lesotho (IASC citing FNSWG, 10/2015). The increase in food insecurity and deteriorated WASH conditions due to water shortages are expected to deteriorate the nutrition situation. However, a nutrition screening in Madagascar in October suggests the current situation so far has had less negative impact on the nutritional situation than expected ([FNSWG, 11/2015](#)).

## CENTRAL AMERICA



### FOOD SECURITY



### HEALTH

The ongoing El Niño is broadly associated with below-average rainfall in Central America and the Caribbean. In many areas, satellite-derived rainfall estimates indicate that total rainfall between 1 January and 10 September 2015 was the lowest for 35 years, leading to one of the worst droughts in recent decades ([FEWSNET, 16/10/2015](#)). This has affected the *primera* (first) season, which provides more than 60% of annual maize production. There are also pessimistic perspectives for the *postrera* (second) growing season, providing most bean production. The region is likely to suffer two consecutive poor growing seasons. Haiti, El Salvador, Honduras, Guatemala, and Nicaragua are worst affected. Affected countries' maize production may drop by 20% ([VAM, 09/2015](#)). Poor households will be more reliant on non-agricultural sources of income, which are already being used following the below-average *primera* season and reduced coffee sector incomes ([FEWSNET, 16/10/2015](#)). Haiti is particularly affected because the areas affected by the current drought were also affected by poor 2014 crop production ([FEWSNET, 16/10/2015](#)). In the absence of assistance it has been estimated that up to 1.5 million people in Haiti, and 2 million people in Guatemala, Honduras, El Salvador, and Nicaragua will be in Crisis (IPC Phase 3) by March 2016 ([FEWSNET, 16/10/2015](#)).

## ASIA AND THE PACIFIC



### FOOD SECURITY



### HEALTH



### WASH

Tropical central and eastern Pacific sea surface temperatures have warmed significantly in recent months, and are now at levels not seen since the 1997/98 El Niño ([PICOF, 16/10/2015](#)). Historically, El Niño has caused reduced rainfall in the southwest Pacific and enhanced rainfall in the central and eastern Pacific. The number of tropical cyclones and their preferred tracks are usually also affected. There is therefore a risk of extreme rainfall events even where drier-than-normal conditions are forecast ([PICOF, 16/10/2015](#)).

Indonesia and Pacific islands are expected to endure drier than average conditions until early 2016. Strong negative impacts already felt in Papua New Guinea are expected to worsen ([VAM, 09/2015](#)). According to the National Disaster Center in Papua New Guinea, 2.4 million people are already affected by El Niño events ([WFP, 23/10/15](#)). The greatest risk is likely across the South Pacific islands, where, according to the Pacific Humanitarian Team, as many as 4.1 million people are at risk. In the Pacific, as many as eleven countries could be affected but four are of most concern: Fiji, Vanuatu, Solomon Islands and Papua New Guinea ([WFP, 23/10/2015](#)).

Forecasts for the later stages of the season (until end 2015) remain pessimistic for India and southeast Asia. Improvements in the seasonal rainfall deficits are therefore very unlikely. Forecasts also indicate a continuance of drier-than-average conditions across the Philippines ([VAM, 09/2015](#)). Indonesia is expected to face impacts on national crop production, and on livelihoods of poorer communities in eastern province. 11 million people in 16 provinces of Indonesia will potentially be affected ([WFP, 23/10/2015](#)).

# METHODOLOGY

## ANALYSIS FRAMEWORK

The framework used for analysis in this report is based on two dimensions: crisis impact and operational environment.

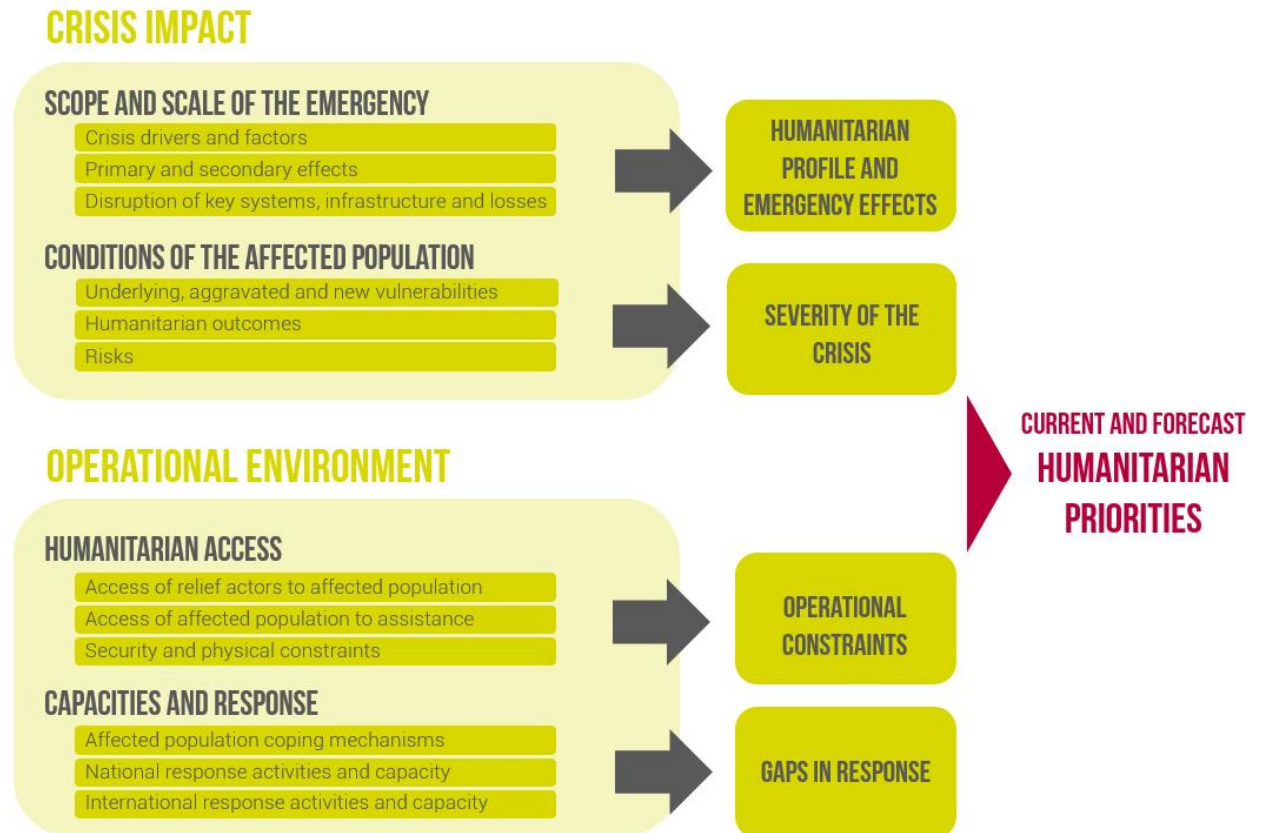
Each dimension is composed of two sets of variables:

**Crisis impact:** the drivers of the crisis and the existing conditions of the affected population.

**Operational environment:** the ongoing level and capacities of response and humanitarian access constraints.

This framework allows the identification of the key issues and risks faced by the population, and their unmet needs. It also enables the determination of factors that have an impact on the planning and design of the response strategy.

**Crisis drivers** are factors that expose human beings to life-threatening dangers or risks. Primary drivers may be floods, which then cause secondary drivers, such as displacement. The physical **disruption** of key infrastructure, as well as direct or indirect losses, are also included here. Analysis of these factors results in the humanitarian profile of the crisis (the number of displaced people, number of affected residents, etc.) and the main effects.



Analysis of the **conditions** of the affected population provides a view of the severity of the crisis. This includes underlying **vulnerabilities** that may exacerbate the crisis, such as pre-existing food insecurity, hazard risk, gender inequality, social discrimination, etc. **Humanitarian outcomes** cover the degree of access to basic goods and services. **Risks** describe the exposure of the population to loss or harm.

**Humanitarian access** to and within the affected areas includes information on relief actors' ability to reach the affected population, the affected population's ability to access assistance, as well as security and physical constraints affecting both humanitarian actors and the affected population. Analysis of these factors provides the number of people in need who are not regularly accessible.

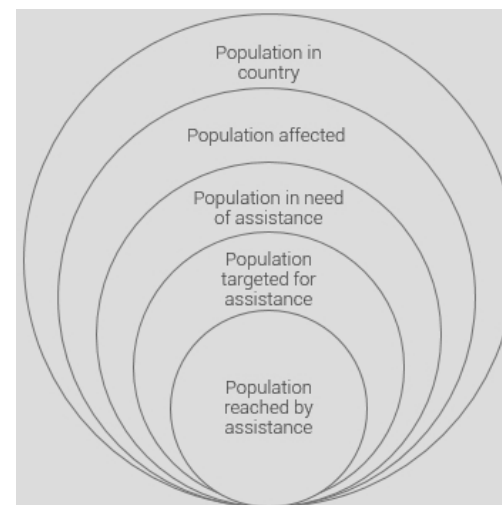
**Capacities and response**, either planned or ongoing, as well as the coping mechanisms of the affected population, help determine the number of people who are in need and not regularly reached by assistance, and so analysis of these factors derives the gaps in response.

## HUMANITARIAN POPULATION MODEL

In order to obtain comparable data across countries, each variable was normalised by the population. We used the humanitarian population model below to ensure each variable was as exclusive as possible. Data was collected for end 2013, end 2014, and end 2015.

Calculations or estimations were based on existing available information such as Common Appeal Processes, Strategic Response Plans, Humanitarian Dashboard, Humanitarian Needs Overview, the Global Emergency Overview database, or other relevant organisations or initiatives such as WFP and the Integrated Phase Classification for food security, etc. Where figures were not available, estimates were established based on expert judgement and always using the most conservative approach, to avoid inflation and double counting: if the number of people in need was not available, the number of the next category up in the humanitarian caseload model was used.

### Humanitarian population categories: the onion model





## LIMITATIONS OF THIS REPORT

Several limitations need to be taken in consideration when using this report.

- In order to produce timely analysis, the report was written under extreme time constraints. It can only provide a snapshot of the situation, and does not go into detail. For highly dynamic and unstable situations, the accuracy of the information in this report will deteriorate over time.
- The most recent information was always used; however, when data was more than a year old and the country situation was highly dynamic, the number was considered as missing.
- The availability of estimates of populations in need who are not covered by regular assistance or subject to humanitarian access constraints was limited, and therefore estimated based on assumptions or inferences from ACAPS analysts and the last monitoring data available.
- Comprehensive geographical coverage is a problem: Agencies/organisations collecting population statistics might only work in specific locations (e.g. camps/settlements) or only have access to certain parts of the country, or irregular access. This makes existing population estimates very weak.
- Definitions and reference models for calculating humanitarian caseload figures vary greatly – as do the way those definitions and models are used and interpreted. Some figures are not documented or explained at all. In some cases, methodologies and definitions have changed, which has had a significant impact on figures.
- Equally, population estimation techniques are often not discussed or agreed. Multiple partners are collecting population data, making coordination, standardisation, harmonisation, and analysis even more complex (e.g. Iraq). In some cases, differences of more than 20% have been found between available estimates. For most countries in this report, we have used the latest projection by Geohive for the overall population figure. There are, however, some exceptions, which are noted within the report.
- There is no agreed procedure or best practice for aggregating sector caseloads and obtaining a total number of people in need. Within this report, the total number of people in need was estimated by using the value from the sector with the highest number of people in need.
- It is not possible to obtain or estimate comparable figures of populations most in need. Only a few countries, sectors, or initiatives differentiate needs by their severity (for example the IPC classification, distinguishing severely or moderately food insecure populations).