

**CHAF  
ANNUAL  
REPORT  
2014**

**CANADIAN HUMANITARIAN  
ASSISTANCE FUND**  
The Humanitarian Coalition and DFATD  
Respond Quickly to Smaller Emergencies

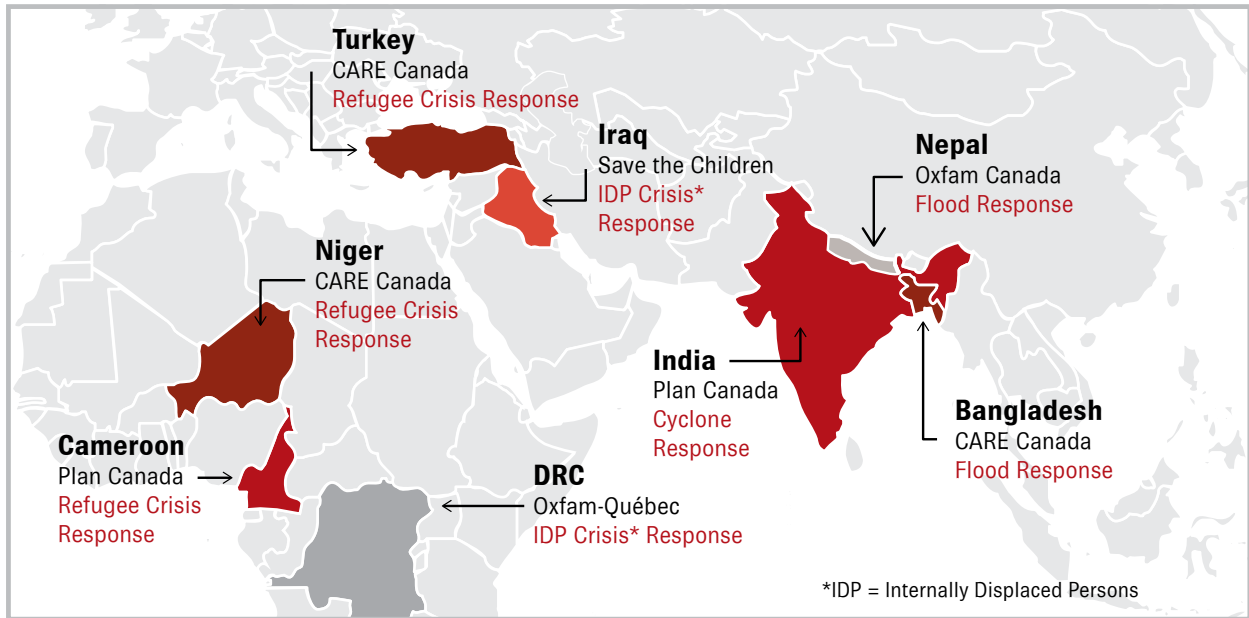
# INTRODUCTION

With more than 350 annual disasters reported globally over the last 10 years, there has been an unprecedented rise in the need for international humanitarian aid. Although large crises are generally well publicized, the majority of disasters are highly localized and affect comparatively smaller populations. Unfortunately, these smaller scale disasters receive much less attention – both in terms of media coverage and funding. As a result, the humanitarian needs of those affected by smaller-scale disasters often go unmet. With their collective presence in more than 120 countries, the Humanitarian Coalition (HC) member agencies are often already present in disaster areas and are well placed to respond quickly if resources can be mobilized. Recognizing this, the Department of Foreign Affairs, Trade and Development (DFATD) and the HC worked together to develop an innovative funding mechanism where the HC member agencies are able to leverage their local knowledge, community-level relationships, and program capacity to provide humanitarian assistance to those affected by smaller scale disasters.

In 2014, the Canadian Humanitarian Assistance Fund (CHAF) was launched for an 18-month pilot phase. The money in the CHAF's pool was allocated by DFATD's International Humanitarian Assistance Directorate to member agencies of the Humanitarian Coalition following an established, project-based application process. The CHAF has successfully increased the speed and effectiveness of needs-based humanitarian funding to agencies best-placed to respond with existing capacity at or near the location of disasters. As the 2014 pilot period has demonstrated, the CHAF is a hugely effective tool for addressing the needs of people affected by smaller-scale disasters. In the first 8 months of the pilot project all project funds were disbursed in support of eight emergency relief interventions in Iraq, Democratic Republic of Congo, Cameroon, Niger, Nepal, Bangladesh, Turkey and India.

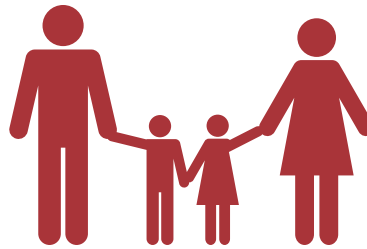
The Humanitarian Coalition's responses to smaller scale disasters are supported by the CHAF (75%), funds from member agencies (15%) and the Humanitarian Coalition's own Emergency Response Fund (10%).





## NUMBER OF PEOPLE AFFECTED

**4.9 million people**



## THE RESPONSE

**\$2.6 million allocated**

## NUMBER OF PEOPLE REACHED

**over 250,000**

## BREAKDOWN OF FUNDS RAISED

\$661,000 Humanitarian Coalition  
+ Member Agencies

**\$1.9 million CHAF**



# 1. IRAQ

Anbar Province Internally Displaced Persons (IDPs)  
April 2014

## RECENT RESPONSES TO SMALLER-SCALE DISASTERS



**BACKGROUND** Conflict broke out in Fallujah and Ramadi, in Anbar Province, west central Iraq in late December 2013. From late February 2014 the violence spread to the South Central and Northern regions, including Ninewa, Salah Al-Din and Diyala governorates. More than 1.2 million people were displaced between January and June. An additional 200,000 to 800,000 people were displaced as armed groups attacked minorities and advanced on Kurdish controlled territory. In total, more than 2.1 million people were directly affected by the crisis, with approximately 50% of that population being children. Furthermore nearly half the students in Anbar province were prevented from attending school due to the ongoing conflict. The most significant gaps and priority needs of the affected populations were non-food items (NFIs) especially consumable hygiene products, child protection and education. This project aimed to respond to the immediate needs of children and their families in Salah Al Din and Kirkuk Governorate, through the distribution of hygiene kits and the running of one Child Friendly Space (CFS).

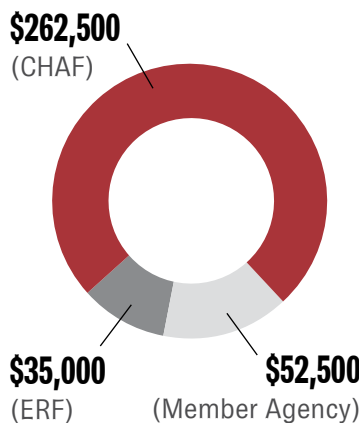
Internally Displaced Persons (IDPs) and their families who fled the violence in Anbar had to leave most of their belongings behind and were left without immediate income sources in the new host locations. Lack of access to basic services and the limited local capacity were an impediment for IDPs to meet their basic needs. Early indications from the multi sector assessments highlighted that the IDPs were lacking access to essential hygiene items, a concern especially in the summer months due to fears of acute watery diarrhea outbreaks.

### ALLOCATIONS

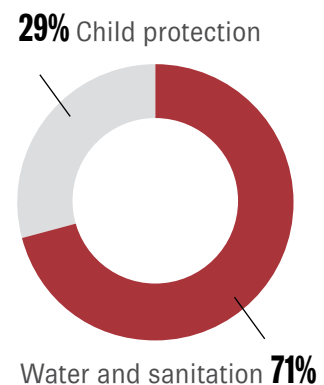
**\$350,000**

was allocated to Save the Children Canada to provide essential non-food items (NFIs) and Child protection services to approximately 28,000 people displaced by the Anbar conflict in Kirkuk and Salah Al-Din.

### BREAKDOWN OF FUNDING



### PROGRAMS





## TESTIMONY

Muhanad, aged 12, and his family moved to Kirkuk in early April after fleeing the conflict in Fallujah, Anbar. Before they fled Fallujah, Muhanad was unable to sleep at night and was physically aggressive with other children, due to the violence raging around him. When Muhanad first attended Save the Children's Child Friendly Space, his aggressive behavior towards other children continued, at which point Save the Children assigned a facilitator just to help Muhanad work through the stress and trauma that he had experienced. Muhanad has made a drastic improvement and is not only able to play with the other children but he has become a leader amongst his peers, organizing their daily volleyball games at the Child Friendly Space.

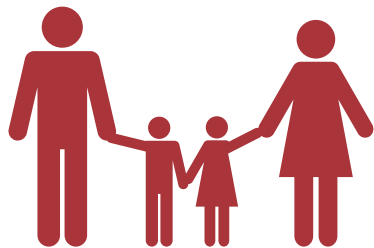


## CHAF VALUE-ADDED

"CHAF funding has been critical in allowing Save the Children to respond at the immediate onset of the large influx of IDPs. The funding was secured in May 2014 at an early stage in the response and the immediate availability of resources allowed Save the Children to respond effectively and efficiently with life-saving humanitarian items. In addition, CHAF funding has been instrumental in leveraging additional funding to cover programs in the same area, allowing Save the Children to continue on the work implemented under CHAF funding."



*Muhanad, centre with yellow ball with his Child Friendly Space peers.*



### POPULATION HELPED

**Total = 26,333 people**  
(including 5,015 children)



# 2. DEMOCRATIC REPUBLIC OF CONGO

Livelihood Support Program to help victims of the armed conflict  
June 2014



**BACKGROUND** Together, the middle and upper plateau of Uvira (South Kivu Province) make up one

of Uvira Territory's most isolated regions, serving as a stronghold for national and foreign armed groups. Over the past few years, the region has been further destabilized by fallout from the FARDC's (armed forces of the Democratic Republic of Congo) military operations against national and foreign armed groups.

Armed confrontations occurred among the self-defence militias and armed groups on the one hand and between these groups and the FARDC on the other. These clashes displaced populations and led to the systematic pillaging of basic necessities and food crops.

Oxfam's needs assessments pre-identified the most vulnerable people among displaced and returned people and the host households from Kasenga, in the middle plateaus of Uvira. In all, 1,078 households—a total of 5,390 people—were given priority status. The following interventions were identified as priorities and focus of Oxfam's response:

- **Food security and nutrition:** there was an urgent need for food to meet the nutritional needs of displaced households that had lost their means of subsistence.
- **Essential household items:** people displaced needed to be given the ability to prepare food in sufficiently hygienic conditions, which meant providing them with essential household items (EHI) such as hygiene kits for women and girls.
- **Protection:** it was essential to provide leaders and populations with advocacy training and to inform local authorities, beneficiary populations and other project stakeholders of the importance of factoring gender and HIV/AIDS issues into agricultural revitalization activities.

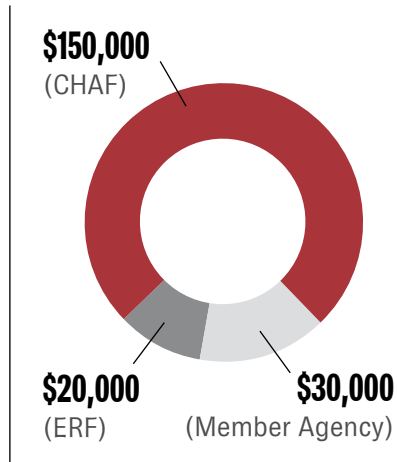


## ALLOCATIONS

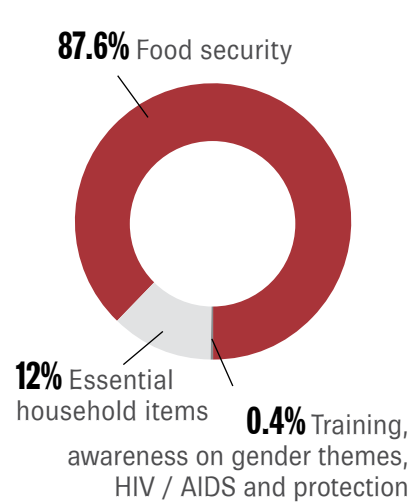
# \$200,000

was allocated to Oxfam-Québec to meet the needs of at least 1,078 households displaced as a result of the fighting between the FNL (Burundian liberation forces) and the FARDC in the middle plateau of Uvira.

## BREAKDOWN OF FUNDING



## PROGRAMS



## POPULATION HELPED

**Total = 1,078 households  
and 5,390 people**



# 3. CAMEROON

Assistance to refugees from  
Central African Republic  
July 2014



**BACKGROUND** The political and humanitarian crisis in Central African Republic (CAR) started in December 2012 when armed attacks against the central

government intensified leading President Bozize to be deposed and replaced by the Seleka coalition in March 2013. These developments were central

to the crisis and resulted in internal displacement of around 20 per cent of the country's population and an influx of refugees in neighbouring countries. In response to violations by Seleka elements, a traditional community-based militia called the "anti-Balaka" launched attacks against ex-Saleka and Muslim civilians suspected of supporting the Seleka coalition.

Population displacement intensified following attacks by "anti-Balaka" with an outflow of nearly 220,000 refugees. The complex disaster in Central African Republic resulted in refugees, most of them being children and teenage mothers under 18, arriving in Cameroon in December 2013 through 22 border points. Most refugees entering into Cameroon spent weeks living in the bush without access to sufficient water and food and walked great distances to reach safety in eastern Cameroon. Due to displacement, refugees lacked access to sufficient quantity of food and basic dietary diversity, as well as suffered economic hardship preventing the purchase of food sources or medical treatment.

Consequently, nutrition was a key issue for refugees in Cameroon as well as existing Cameroon populations who had to share already scarce resources with new arrivals. Poor nutritional status contributed and exacerbated diseases that affected children under 5 years, specifically malaria, pneumonia and other respiratory illnesses, diarrheal diseases and tuberculosis, which spread with displacement.

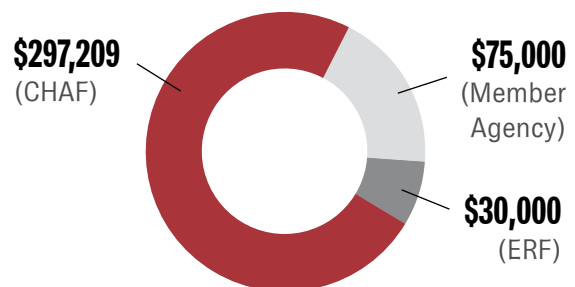
With support from the Humanitarian Coalition and CHAF funding, Plan Canada contributed to improving the nutritional status of the refugees from CAR and vulnerable host communities in east Cameroon. Plan's response was a community-based nutrition response which was developed based on needs assessments and was in line with priorities identified by UNHCR, UNICEF and beneficiaries themselves to combat worsening malnutrition rates amongst both refugee and host communities.

## ALLOCATIONS

**\$402,209**

was allocated to Plan International Canada to respond to the Central African Republic refugee crisis in Cameroon.

## BREAKDOWN OF FUNDING

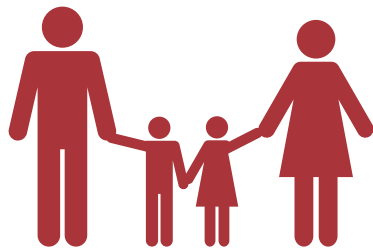






## TESTIMONY

'Since the start of the conflict, we have seen countless people, including lots of children arriving in Cameroon from Central African Republic (CAR) with poor health and with diseases' says community health worker Juliette Bavoura. 'I was very sad to see the hundreds of families crossing the border with Cameroon carrying nothing but a few items that they could salvage from the war. The children were highly malnourished. Some of them were unable to walk on their own.' Juliette is one of 200 community health workers trained by Plan Canada to help improve nutrition systems for malnourished refugee children from CAR.



### POPULATION HELPED

**Total = 53,594 people**  
(including 25,152 males, 28,442 females and 30,503 children)

### PROGRAMS

**100% Health**  
(physical/mental)



# 4. NIGER

Assistance to people displaced by North Nigerian Crisis July 2014



**BACKGROUND** In response to Boko Haram's expansion and increased targeting of the civilian population, the government of Nigeria has increased its counterinsurgency operations and use of force in late 2013/early 2014 which exacerbated violence and displacement in the region. As many as 3.3 million people have been internally displaced in the country

by violence, representing the largest displaced population in Africa and the third largest in the world behind Syria and Colombia. The escalating conflict between the Nigerian government and Boko Haram has attracted a large flow of people into the territory of Niger. In late September 2014, it was estimated that more than 105,000 displaced people were in the Diffa region. Food security was a growing concern along with the scarcity of basic goods, housing, health, access to water, and protection. To these immediate needs have been added those of local host communities.

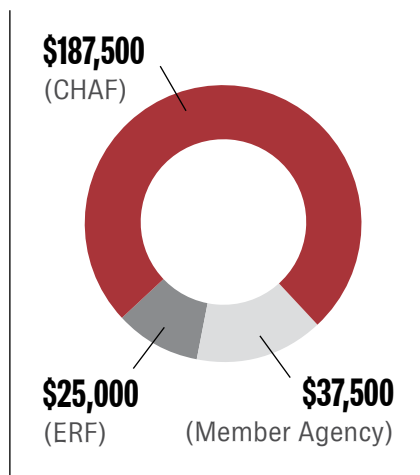
It is in this context that CARE Canada intervened alongside the Nigerian government and its humanitarian partners, to meet the needs in food security and water, sanitation and hygiene (WASH) of some 14,000 people (9,360 nationals, 2,640 refugees and 2,000 members of host families) affected by the North Nigerian crisis and local food insecurity in the Diffa region of Niger. With the CHAF funds, CARE worked to increase household income/livelihood security and improve purchasing power of 1,000 households (most affected host families, refugees and returnees) in Diffa through unconditional cash grants. The hygiene and sanitation of 14,000 affected persons was improved with hygiene kits and access to safe drinking water.

## ALLOCATIONS

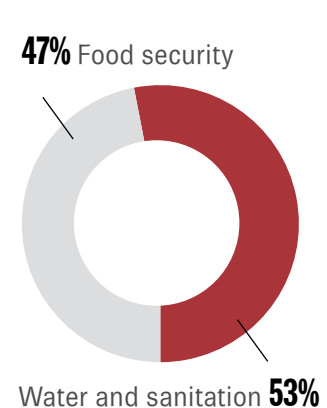
**\$250,000**

was allocated to CARE Canada to meet the food security and WASH needs of approximately 14,000 people affected by the North Nigerian crisis and local food insecurity in the Diffa region of Niger.

## BREAKDOWN OF FUNDING



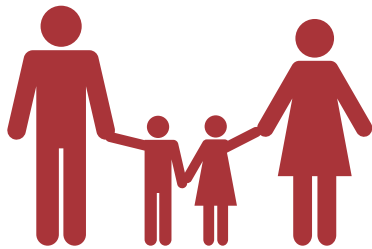
## PROGRAMS





## TESTIMONY

"My name is Nabila. I am 15 years. I have taken refuge in Niger in Diffa for 5 months. My mom and I came to Baga due to events that are taking place in Nigeria with Boko Haram. It all started a Wednesday in July 2013 when, for the first time, the elements of the Nigerian army were looking for activists from Boko Haram in our village. There, the soldiers set fire to the whole village. The men who tried to flee were sent back to the flames with sticks and machetes."



### POPULATION HELPED

**Total = 14,000 people**  
(including 1,563 children)



# 5. NEPAL

Response to the Nepal Mid and Far West Floods and Landslides

Oxfam Canada  
September 2014



**BACKGROUND** Torrential and widespread rainfall from 13 -15 August 2014 caused flash floods and landslides in various parts of the country and affected the Mid-Western districts of Nepal.

According to the Ministry of Home Affairs, at least 256 persons were confirmed dead, 254 went missing and several others were injured throughout the country. Initial UN estimates indicated that around 43,000 families were affected, including 7,428 households that

were fully damaged and 20,723 others that were partially damaged in only four districts.

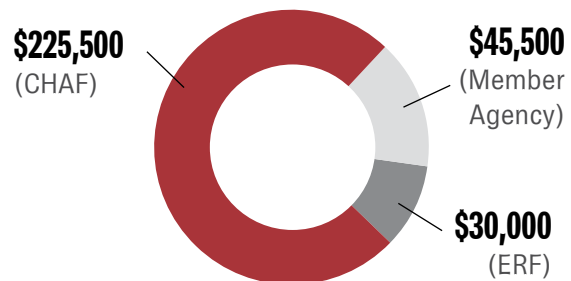
Following an appeal by the Government of Nepal, several national and international humanitarian agencies supported the flood/landslide affected people with humanitarian assistance during the initial phase. Oxfam in Nepal conducted a needs assessment and supported affected people with Water, Sanitation and Hygiene (WASH) and Emergency Food Support and Vulnerable Livelihood (EFSVL) initiatives. Assistance also took the form of in-kind support of essential WASH materials using the contingency stocks as well as livelihood support through cash transfer programs and livelihood input.

## ALLOCATIONS

**\$300,000**

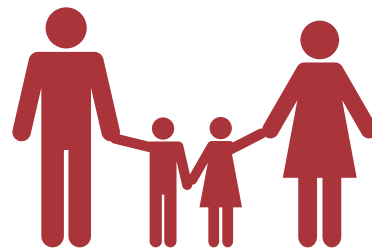
was allocated to Oxfam Canada to reach a total 5,000 families. Response efforts were initially funded through Oxfam's own Catastrophe Funds.

## BREAKDOWN OF FUNDING



## POPULATION HELPED

**Total = 11,877 people  
from 2,241 households  
(including 5,810 males and 6,057 females)**



# 6. BANGLADESH

Emergency Response to Flood affected and Vulnerable Communities September 2014



**BACKGROUND** Bangladesh was affected by severe flooding in September 2014 resulting from heavy monsoon rains that started on August 13, 2014. The worst affected districts were located in north-west Bangladesh and contained many hard to reach areas and populations classified as extreme poor.

According to the Government of Bangladesh, almost 3 million people (approximately 629,243 households) were affected. Over 30,000 hectares of rice crops were inundated and countless educational institutes were flooded and declared closed. Many affected people were forced to take refuge on higher ground, including the roofs of their houses, schools and temporary shelters alongside their poultry and livestock. The flood caused a shortage of safe drinking water and increased susceptibility of water borne diseases, such as diarrhea and skin infections.

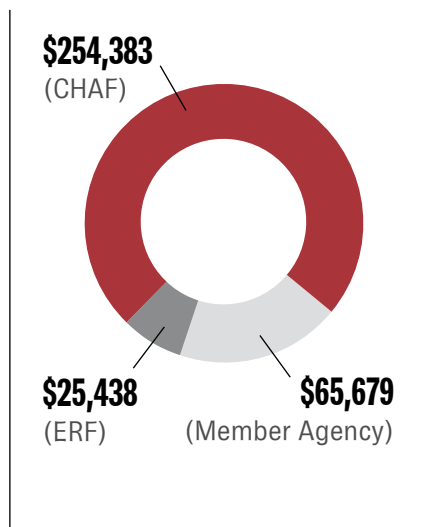
The affected communities included vulnerable, small-scale farmers (almost half of whom were landless) and day laborers earning about BDT 180 (CAD\$ 2.5) a day. In these communities, most women were unable to work outside the house or make decisions regarding their earnings. Without immediate humanitarian aid, these vulnerable communities would have had to resort to negative coping mechanisms, such as distress selling of assets, in order to survive.

## ALLOCATIONS

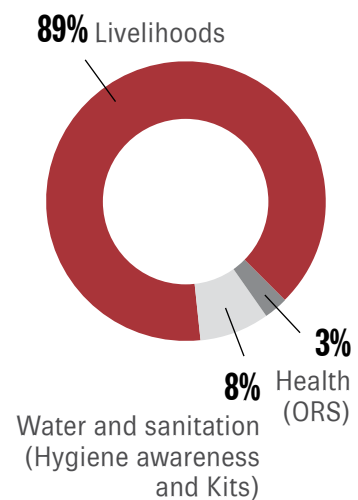
**\$345,500**

was allocated to CARE Canada. Through this project, 7,200 of the most affected and vulnerable households were provided with cash, health & hygiene kits and Non-Food Items in five of the most severely affected districts in Northwest Bangladesh.

## BREAKDOWN OF FUNDING



## PROGRAMS



## **+** CHAF VALUE-ADDED

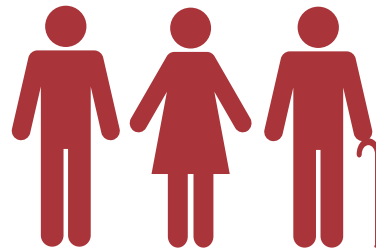
CHAF assistance bridged the emergency and recovery phase which benefited the affected community and allowed communities to receive support packages in a time when they needed it the most. The CHAF funding came at a time when people had very little cash in hand, as their belongings had been washed away or damaged and very little agricultural livelihoods, as vast tracts of crops has been damaged. This situation was further exacerbated due to the lack of access to clean water and safe sanitation, and poor hygiene awareness and practices. This project addressed all these areas by assisting 7,200 poor and extremely poor households.



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### POPULATION HELPED

**Total = 31,163 people**  
(including 253 persons with disabilities)



# 7. TURKEY

Humanitarian Assistance to Syrian Refugees in Southern Turkey  
November 2014



**BACKGROUND** Since the beginning of the Syrian crisis in 2011, large numbers of people have fled the conflict to seek refuge in Turkey. As of early October 2014, approximately one million Syrian refugees

were officially registered in Turkey, with the real number believed to exceed 1.5 million, most of them from the regions of Idlib and Aleppo. The vast majority are living in urban centres. However, in September, a large

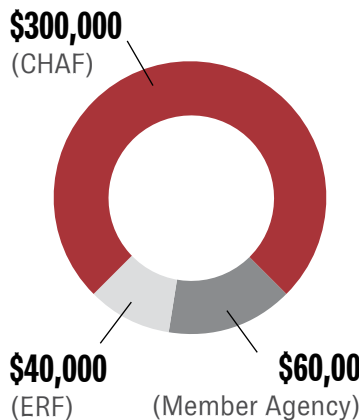
additional influx of new refugees from the Ain al Arab region crossed into Turkey when the Syrian Kurdish enclave of Kobane was overrun by Islamic State (IS) fighters. The IS offensive, which included heavy weaponry, artillery and tanks, forced people in the city of Kobane and surrounding villages to flee into Turkey. The majority of refugees fled with nothing more than the clothes they were wearing. A rapid needs assessment conducted by CARE Turkey of newly-arrived Kobane refugees identified hygiene services, potable water, and dignity supplies as among the most urgent needs.

## ALLOCATIONS

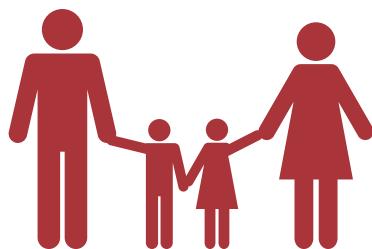
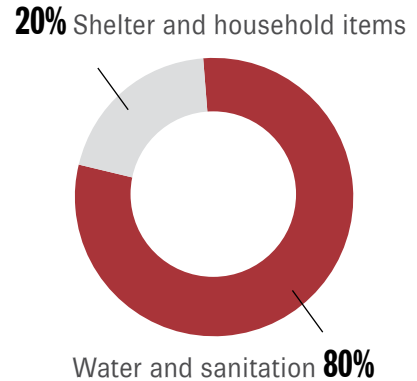
**\$400,000**

was allocated to CARE Canada to meet the needs of newly-arrived Syrian refugees and their hosting communities to reduce vulnerability to weather and water-related diseases and illness as a result of increased access to WASH services and essential NFI items for the winter months.

## BREAKDOWN OF FUNDING



## PROGRAMS



## POPULATION HELPED

**Total = 10,428 people**  
(including 6,944 children)



# 8. INDIA

## Assistance to the communities affected by Cyclone Hudhud November 2014



**BACKGROUND** On October 12<sup>th</sup>, Cyclone Hudhud (Category 4) pounded the coastal districts of Andhra Pradesh and Odisha with heavy rain and winds of almost 210 kmph followed by relentless

rains until the evening of October 13<sup>th</sup>. The cyclone moved to Odisha, where it damaged approximately 50,000 thatched houses both in Andhra Pradesh and

Odisha while destroying power networks, roads, uprooting trees, electricity poles, and semi-structured buildings before moving onto Chhattisgarh and weakening into a "deep depression" system. Cyclone Hudhud devastated local infrastructure and destroyed the livelihood of many. This disaster impacted the availability of food and water, left individuals homeless or with partially destroyed homes and disrupted the education of thousands of students. Cyclone Hudhud directly impacted 582,156 individuals and 2 million people indirectly overall from five districts in Andhra Pradesh.

The port city, Visakhapatnam, was hit by shortages of essential commodities with people scrambling for food and safe drinking water. The greatest gap witnessed was access to safe drinking water. In the aftermath of Cyclone Hudhud, WASH programming was a critical need in order to provide immediate assistance to the affected population. The support Plan India provided to the local population supplemented the short term interventions by the Government of India.

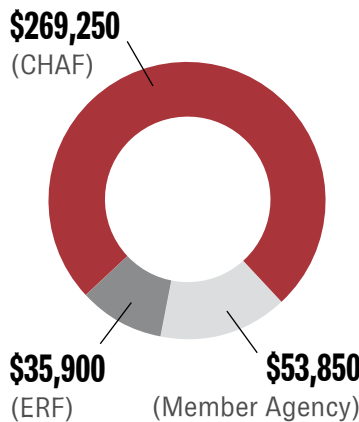
This project reached 98,000 individuals through the provision of safe drinking water and improvement of the sanitation and hygiene environment of affected communities. This project was implemented in coordination with local partners.

### ALLOCATIONS

**\$359,000**

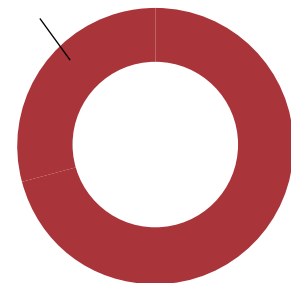
was allocated to Plan Canada for the provision of safe drinking water and sanitation to the communities affected by Cyclone Hudhud in India.

### BREAKDOWN OF FUNDING



### PROGRAMS

100% Water and sanitation







## TESTIMONY

*Vadrapalli is a small village in the Viskhapatnam district where the majority of people are farmers or fishermen. Vadrapalli was severely affected by Cyclone Hudhud and most families in the village lost their entire livelihoods with the loss of crops and fishing boats. After Hudhud touched down in this coastal village there was no electricity for 22 days and residents faced extreme difficulty in procuring safe drinking water and food. Pregnant and lactating women along with children were severely affected in the wake of the disaster.*

"All water sources in our village were contaminated and I was scared to drink any water for fear I would get sick or my baby would get sick from breastfeeding" said Polamarasetty Janaki when asked about the situation in her village in the wake of Cyclone Hudhud. Polamarasetty is a new lactating mother to a 2 month old baby girl residing in Vadrapalli. Her husband is a farmer who lost most of his crops because of the cyclone. "I didn't know how we were going to recover from the cyclone or how we were going to access water but then we were given a water filter and taught how to use it. I am whole heartedly thankful for the support we received when we needed it the most."

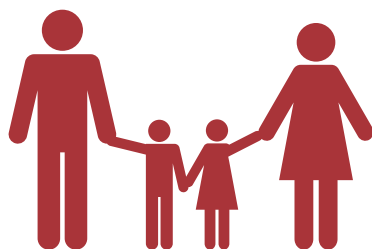


*Sanitation Drive at a school.*



## CHAF VALUE-ADDED

This project was solely funded by CHAF funds and allowed for unmet humanitarian needs and gaps in the response to be addressed. CHAF funding allowed Plan to begin implementation of WASH programming for Cyclone Hudhud affected communities' quickly and effectively thereby reducing suffering and preventing negative coping strategies for the affected population.



## POPULATION HELPED

**Total = 98,000 people**  
(including 29,723 males, 29,077 females and 39,200 children)

