

**2010 Consolidated Appeals Process (CAP) Launch  
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### **Interactions of Needs, Interdependence of Sectors**

You can immunize a child against measles, but the child will still die if clean water is not provided, if land mines still plague the fields, if shelters and camps are too cramped, if there is no nutritious food for them to eat. You can spend time and money protecting a child's human rights and safety, but the paradox is these children will still die if they do not receive healthcare, food, hygiene and shelter, children.

And if education has been inadequately provided before, or disrupted during the crisis, then the vulnerable will not be aware of the need for immunization, how to prevent water from being contaminated, and how to recognize/avoid land mines.

Therefore we, as providers of humanitarian services, need to take a holistic approach among all sectors in dealing with humanitarian crises.

Globally we can be proud our achievements in balancing the different sectors, and this is obviously the result of good humanitarian donorship as well as the emergence of pool funds, particularly CERF, Common Humanitarian Fund and others.

But the question is "Is it the role of the pool funds to balance these inequities?"

This reassuring global picture masks the realities on the ground during crises. In Afghanistan, food has been funded up to the level of 94% while the health and nutrition sector has received only 4% in a country where maternal mortality, under-5 mortality and nutrition rates are among the worst in the world.

Coordination received 85% funding: the paradox would be is that there is nothing there to coordinate.

The cherry on the cake is the security sector, which has received no funding at all under the CAP.

Pouring money into one sector and ignoring another does not remedy the humanitarian crisis.

Donors must be equitable in funding all sectors of a given emergency, otherwise if different sectors are weak in terms of funding, it will make the humanitarian objectives of the overall response difficult to achieve.

Today I will highlight two humanitarian settings where, on one hand, equitable funding has improved the overall humanitarian response, and, on the other, where inequitable funding has exacerbated the crisis.

In Zimbabwe, an unprecedented cholera outbreak in 2008-2009 saw almost 100,000 contract the disease and more than 4000 people die. A virtual perfect storm of failures and breakdowns – economic, water, sanitation, education, employment, nutrition, food, health – came together to fan a nationwide crisis.

But it was strong inter-cluster coordination and funding support for multiple sectors that helped make a more robust, holistic response to the crisis.

Inter-cluster coordination, specifically between the Health, WASH, Education and Logistics clusters improved dramatically in January and February this year. The creation of the Cholera Command and Control Centre was significant. The improvement was largely due to concerted efforts of cluster members as well as lead agencies, plus donor preferences to fund a coordinated response that dealt with multiple sectors – not one alone. Critical factors to ensuring good coordination include:

- dedicated senior cluster lead staff
- clear terms of reference for clusters
- clear roles and responsibilities for each cluster – it is worth noting that C4 was created after the joint Health/WASH response plan was developed.
- A strong logistics supply chain was put in place, allowing for the nationwide delivery and pre-positioning of ORS, IV fluids and other supplies.

The tangible results of improved coordination include:

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

With respect to the CAP in Zimbabwe, the process was sufficiently flexible to allow for a cholera related update in January. Cross sector coordination, through the CAP process, was heightened significantly in the September-October preparation of the 2010 CAP and during evaluation of the under-funded round of CERF applications.

In order to transparently divide resources available from the CERF, each cluster developed specific projects, then met to determine the appropriateness and relative priority of projects. This inter-cluster discussion was an inclusive, transparent and effective way of coordinating efforts throughout the humanitarian community.

**The flipside of this scenario can be represented by Somalia, where not just conflict, but also imbalances in funding across many sectors, are fanning the country's humanitarian crisis, which is today at its lowest point in almost 2 decades.**

Almost half of Somalia's population – 3.6 million people – are in humanitarian crisis and need urgent help. 1.55 million of those are displaced. Consider that safe water is accessible to only 29% of population, and this is aggravated by drought in the north and south.

Somalia is also a country where funding coverage varies widely among clusters. Education remains the least funded cluster in the CAP (14%). Similarly, the protection sector was only 34% funded and health 37% funded despite the stark increase in humanitarian needs.

Food Aid, however received upwards of three-quarters funding; Water, Sanitation and Hygiene received 48% and Nutrition 50%. These funding levels do not facilitate sustainable and integrated humanitarian programming.

Here are some stark humanitarian indicators:

- the ratio of children suffering from acute malnutrition declined from 1 in 6 at the start of 2009 to 1 in 5 today.
- measles coverage in central south Somalia is 26%
- primary school enrollment is 30%
- the number continues to rise of children killed and maimed as a result of fighting, increased reports of children recruited or used by armed forces and armed groups, indiscriminate or excessive use of force, widespread insecurity, targeting of schools, availability of small arms and denial of humanitarian access.
- More than 500,000 people are displaced and living in Afgooye Corridor, the 30-kilometre stretch of road west of the Somali capital, Mogadishu, which is the most densely populated settlement in the world.

**Unpredictable, late and short-term CAP funding will also make it impossible to plan appropriately with partners and respond effectively to Somalia's humanitarian crisis.** Early pledges are needed. By late October 2009, donors had provided only half of the CAP funding given in 2008 even though the number of people in need of support had doubled.

**With CAP funds we CAN deliver.** In spite of the challenging operational environment, evidence of this exists. Examples include:

- Measles cases are down from 8,200 in 2003 to 416 in 2008;
- malaria down among net users from 17% to 6.9%;
- over 900,000 people were provided with access to safe water and in 2009,
- WHO, UNICEF and partners reached over 1 million children nationwide and 800,000 women with a package of life-saving health interventions (including immunization, nutritional screening, vitamin supplementation, hygiene and sanitation promotion) during Child Health Days (CHDs).
- WHO is conducting training
- For the first time ever, in October 2009 some 46,000 children under-five and 37,000 women of child-bearing age were reached during Child Health Days in the Afgooye Corridor
- But without funding the 2010 rounds of Child Health Days will be seriously compromised (each Round targets 1.5 children under five and 1 million women of childbearing age). With funding across all sectors the UN can increase and improve coordinated humanitarian responses such as these

Instead of using pooled funds, flexible funding and reducing earmarking offers another way to donors to balance sector needs during crises.

Agencies and humanitarian country teams have made a special effort to harmonize, prioritize and strategise together for better efficacy and cost-effectiveness in humanitarian response.

The humanitarian community would like to see equivalent coordination and investment from the part of the donor community to ensure that they collectively allocate their funds more evenly across humanitarian sectors.