

CERF IN SOMALIA

Prepared by OCHA Somalia

A. Introduction

CERF has consistently supported Somalia's humanitarian operations since its inception in 2006, contributing a total of US\$104 million, of which an unprecedented \$60.5 million in 2009/10 alone. Somalia is the third largest highest recipient of CERF funding globally since the inception of the Fund, with the bulk of support being received from the Rapid Response Window.

B. CERF accomplishments

Contributes to bridging critical funding gaps – Faced with a deepening humanitarian crisis, the Somalia operation has been grappling with serious challenges, including intermittent and constantly shrinking access to key areas with populations in crisis, security restrictions and considerable funding issues. This dire situation became particularly pronounced in 2010 with humanitarian assistance being delivered under unprecedented reductions in access, and reduced and slow funding flows occasioned by various conditions imposed by key donors. This was particularly evident in south central Somalia where eight agencies were expelled and 23 humanitarian facilities were attacked resulting in a further reduction of UN and INGO presence. Despite the Somalia Consolidated Appeal (CAP) being 67 per cent funded by the end of the year, clusters providing crucial services had not received half their funding by October with consequent serious impact on key programmes. New funding levels dropped dramatically by 26 per cent in 2010 compared to 2009 as some of the key bilateral donors dramatically reduced their funding due to their domestic anti-terror legislation and/ or delayed their funding decisions due to increased focus on accountability of the operation as a whole. Against this backdrop, CERF provided substantial support to the operation in 2010 – some \$33.2 million (allocated in late 2009 and disbursed in January 2010) facilitating critical life-saving activities in Somalia.

Complimentarity with other pooled funds – Both CERF and the country level Humanitarian Response /Common Humanitarian Fund (established in June 2010 as a result of the HRF transformation) supported initial response activities when a new crisis breaks, and as a last resort for underfunded programmes that have not received sufficient support from traditional donors. In 2010, the two funds collectively constituted the second largest funding channel for humanitarian organizations in Somalia. By cluster, CERF allocations to 23 projects in 2009/10 mirrored those through the HRF (with the exception of food). The clusters and the Somalia Inter-agency Standing Committee (IASC) agreed on the priorities, and as a result supported the priorities of the humanitarian community. It also strengthened coordination and the cluster system.

Supports protection of lives and livelihoods – Due to security and access constraints, WFP was forced to suspend operations in most parts of South and Central Somalia on 4 January 2010 and redirected its CERF funding to highly insecure populations in Central Somalia and war-affected beneficiaries in Mogadishu, the epicenter of Somalia's crisis. In an effort to treat and prevent malnutrition in its suspended programme areas, WFP transferred 1,000 MT of corn-soya blend (CSB) and associated costs to UNICEF for nutrition interventions in South-Central Somalia. In addition, through CERF funding, FAO and partners assisted in alleviating the effects of the WFP withdrawal from South Somalia and facilitated revitalisation of rural agricultural production in Gedo, one of the most deprived areas of South Somalia with food aid dependency and minimal income opportunities in a collapsed agricultural production system.

Given the high mortality and morbidity in the current ongoing emergency resulting mainly from malnutrition and public health threats (communicable diseases), Child Health Days (CHDs) have represented an effective life-saving intervention in Somalia as they address the major causes of death at scale. CERF funds received by UNICEF and WHO filled a critical gap by allowing both agencies to accelerate and continue campaigns in 2010 enabling an estimated 800,000 children to benefit from immunization against vaccine preventable diseases. Preliminary results from the 2010 Centre for Disease Control (CDC) evaluation indicate that 10,000 lives have been saved as a result of CHDs. Furthermore, through CHDs, Somalia has achieved 51 per cent DPT-3 coverage for children under one during 2009, for the first time in the last 20 years, underscoring the need for this strategic approach.

Flexibility – No cost extensions and/or budget revisions are frequent occurrence in the Somalia operation mainly due to security and access limitations, as well as the constantly changing operational environment on the ground. In all instances, the CERF Secretariat has been extremely helpful, exhibiting great deal of flexibility and understanding for the complexities of the Somalia operation. Consultations with the CERF Secretariat prior to actual submission proved extremely valuable, as well as sharing advanced copies of draft submissions.