



IASC Evaluation of the Humanitarian Response in South Central Somalia 2005-2010

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List of Contents

Acknowledgements.....	4
Glossary of acronyms	6
Foreword by the Humanitarian Coordinator	8
1. Executive Summary	9
2. Situating the evaluation	14
Structure of the report	14
Methodology	14
3. Context	17
4. Effectiveness and Relevance	18
Achievements	18
Appropriateness	24
Needs Assessments	26
Monitoring and evaluation.....	27
Accountability.....	29
5. Coherence	31
Donors	32
Independence and impartiality at stake.....	33
Access and security	34
Protection.....	37
Conflict dynamics	39
6. Coverage.....	40
Geographic	40

	Sector	42
	Targeting	43
	Gender.....	44
7.	Efficiency	45
	Funding mechanisms.....	46
	Timeliness.....	46
	Transaction costs.....	48
	Wastage, diversion, taxation.....	50
	Risk assessment.....	50
	Remote management.....	51
8.	Coordination.....	52
	Coordination alignment.....	53
	Role of the Humanitarian Coordinator.....	53
	Clusters.....	54
	Inter-cluster coordination	55
9.	Connectedness and sustainability	55
	Contingency plans	57
10.	Impact.....	58
11.	Conclusions and recommendations	60
	Strategic level	60
	Operational level	62

12.	Annexes	65
	A) Funding analysis	65
	B) Results overview	65
	C) Timeline of key events	65
	D) Methodology.....	65
	E) Data collection tools.....	65
	F) Itinerary.....	65
	G) Maps of places visited	65
	H) List of people met	65
	I) Map of seasonal food security classification.....	65
	J) Map of IDP settlements in the Afgooye corridor	65
	K) Terms of reference.....	65
	L) Annotated bibliography	65

Boxes

Box 1: Notes on the CAP reporting used on this analysis:.....	22
Box 2: Causes of Global Acute Malnutrition (GAM)	24
Box 3: Lessons and good practice on remote monitoring.....	29
Box 4: Lessons and good practice on how to engage with communities in SCS:	30
Box 5: An example of a gender effective intervention	45

Photos and Maps

Cover photo 1: Internally displaced women in Galmudug, Bole Note settlement, Mudug Province. ..5	
Map 1: Administrative map of Somalia: Source: UN 2007	16
Photo 2: Community leader during group discussion in Dagari, Mudug Province	27
Photo 3: Group discussion with nomadic pastoralist in the Xamurle, Mudug Province, June 2011 ...	28
Map 2: OCHA (2009 small and 2010 big map): Access deteriorated to people in need	35
Photo 4: AMISOM convoy departing from Mogadishu airport	34
Photo 5: Armed escorts during the evaluation field mission in Abudwaq	36
Photo 6: Elderly IDPs in Galmudug in Bole Note settlement, Mudug Province	37
Photo 7: Patients in the Galmudug hospital supported by MSF, Mudug Province	59

Tables, Graphs and Figures

Table 1: CAP 2005-2010 expected outcomes versus results by cluster	19
Graph 1: Evolution of top five donors' funding to Somalia (source FTS).	32
Graph 2 Funding for South Central Somalia by sector 2005 – 2010 (Source FTS).....	42
Graph 3: Timeliness of funding 2005-2010 period (Source Financial Tracking Service).....	48
Figure 1: Transaction costs of humanitarian assistance to Somalia (adapted from OECD DAC 1999)	49

Acknowledgements

The team gratefully acknowledges all of those whose help has made this evaluation possible. Particular thanks are due to Mandy Woodhouse for supporting the mission in South Central Somalia by arranging interviews and travel clearances. We thank all Nairobi and field-based staff of the Danish Refugee Council (DRC) and the UN Office for the Coordination of Humanitarian Affairs (OCHA). Special thanks to Abdullahi Warsame Abdi for his help during our field visits to South Central Somalia as well as to Faith Awino, Mark Bowden, Kiki Ghebo and Nicolas Rost for assistance during the final workshop and for improving the usefulness of this evaluation. We also would like to thank Covadonga Cantinelli for supporting our financial analysis, Belén Diaz for backstopping the evaluation and Tim Morris and Lucy Perkins for contributions in the editing process. We also would like to thank both Ross Mountain and Juliet Pierce for their input in the quality assurance of the report.

This evaluation would not have been possible without the many people from the humanitarian community, local administrations and donors who met with the team and shared their views on humanitarian assistance to Somalia from 2005 - 2010. We are especially thankful to the escorts who ensured our safety during our field trips. We thank the many beneficiaries who took the time to share their experience. The team also thanks those who made detailed comments on drafts of this report. Finally we would like to thank the donors whose financial support has made this evaluation possible: Danish International Development Agency (Danida), the UK Department for International Development (DFID), the Swiss Agency for Development and Cooperation (SDC) and the Swedish International Development Cooperation Agency (SIDA).

Cover photo 1: Internally displaced women in Galmudug, Bole Note settlement, Mudug Province.

All photos included in this report were taken in June 2011 in Somalia © Riccardo Polastro.

Glossary of acronyms

ACF	Action Contre la Faim (Action against Hunger)
AMISOM	African Union Mission in Somalia
AS	Al Shabaab
CAP	Consolidated Appeals Process
CERF	(UN) Central Emergency Response Fund
CHF	Common Humanitarian Fund
COOPI	Cooperazione Internazionale
DAC	Development Assistance Committee
DFID	Department for International Development (United Kingdom)
DPKO	Department of Peace Keeping Operations
DRC	Danish Refugee Council
DRR	Disaster Risk Reduction
ECHO	European Commission humanitarian aid and civil protection
ERF	Emergency Response Fund
FAO	Food and Agriculture Organisation of the UN
FEWSNET	Famine Early Warning Systems Network
FSNAU	Food Security and Nutrition Analysis Unit
FTS	Financial Tracking System
GAM	Global Acute Malnutrition
HCT	Humanitarian Country Team
HIF	Humanitarian Innovation Fund
HRF	Humanitarian Response Fund
HRW	Human Rights Watch
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
ICU	Islamic Courts Union
IDP	internally displaced person
IHL	international humanitarian law
IP	implementing partner
JOPs	Joint Operating Principles
MAM	Moderate Acute Malnutrition
MICS	Multiple Indicator Cluster Surveys
MSF	Médecins Sans Frontières
NCA	Norwegian Church Aid
NFIs	Non- food items
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs (UN)
ODA	Official Development Assistance
OECD	Organisation for Economic Cooperation and Development
SCF	Save the Children Fund
SCS	South and Central Somalia
SDC	Swiss Agency for Development and Cooperation
SGBV	Sexual and Gender Based Violence
SIDA	Swedish International Development Cooperation Agency

SOSCENSA	Somalia South-Central Non-State Actors
SPU	Special Protection Unit
TFG	Transitional Federal Government
UNDP	United Nations Development Programme
UNDSS	UN Department of Safety and Security
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNITAR	United Nations Institute for Training & Research
UNPOS	United Nations Political Office for Somalia
UNSAS	United Nations Somalia Assistance Strategy
USAID	US Agency for International Development
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation
WV	World Vision

Foreword by the Humanitarian Coordinator

This independent report presented by DARA confirms that humanitarian aid in Somalia has saved thousands of lives between the years 2005 to 2010. The report is based on an evaluation of the humanitarian response in south-central Somalia and is one of the most comprehensive evaluations of aid in Somalia ever conducted. In 2011, a massive scale-up in humanitarian assistance meant that half a million people and three out of six areas in Somalia are no longer affected by famine, although they are still in a state of humanitarian emergency.

Despite these achievements, there remains much to be learned and to be improved in the humanitarian response. The evaluation recommends a more principled approach to providing assistance in Somalia, both from aid agencies and donors. It recommends that we coordinate better and that we make sure that recovery is appropriately funded. Many of the recommendations have already been taken into account in the Consolidated Appeal, the humanitarian strategy for Somalia in 2012. The clusters for food assistance, agriculture and livelihoods, for instance, have been combined into one Food Security Cluster, and the appeal emphasizes the need to build the resilience of Somali people in crisis.

Implementing these recommendations will not be easy. Somalia is one of the most difficult and complex working environments. Many programmes are managed remotely. Many aid workers have been killed or kidnapped. Yet, implementing the recommendations will improve our efforts to alleviate the effects of famine,

drought and conflict on the lives of four million people in Somalia.

Hundreds of people have contributed to the evaluation. I would like to thank: DARA for conducting this evaluation; the members of a Steering Committee for guiding it; the Danish Refugee Council for hosting it; and the Office for the Coordination of Humanitarian Affairs for organizing many of the meetings and workshops and for collecting comments on the draft report. Most of all I would like to thank the donors whose contributions made the evaluation possible: the Danish development cooperation, Danida; the Swedish International Development Cooperation Agency, SIDA; the Swiss Agency for Development and Cooperation, SDC; and the United Kingdom's Department for International Development (DFID). I would also like to thank all those who were available for interviews, provided information and comments during the evaluation.

The humanitarian community in Somalia is committed to improving the efficiency, effectiveness and coordination of its response to what remains the world's largest humanitarian crisis. The conclusions and recommendations from this report will help us do so.



Mark Bowden

Humanitarian Coordinator for Somalia

1. Executive Summary

This is the report of the Inter-Agency Standing Committee¹ Evaluation of the Humanitarian Response to South Central Somalia (SCS) from 2005 to 2010. The Inter-Agency Standing Committee (IASC) commissioned the evaluation which was undertaken by a team of seven evaluators between March and November 2011.

The humanitarian response was set against the backdrop of a very complex environment as Somalia experienced one of the world's most protracted emergencies. More than two decades of conflict, combined with cyclical, slow and fast-onset disasters, have caused displacements of millions of Somalis. In the absence of central government, basic social services have reached only few; hunger and famine are recurrent.

Despite critical access and security constraints the overall response was successful in some key areas such as food distributions, health, nutrition, water and sanitation. In the period under review there was no large-scale disease outbreak even though millions of people fled from their homes in a very short period. There were a number of innovative features in the response, especially around remote management. The Somali diaspora and the population in the IDP influx areas and in the region as a whole played a major role in the response.

During the period under review there was an overall increase in the number of Somalis affected by drought and conflict. Most assistance has focused on responding to short-term emergency relief needs of the affected populations and to a lesser extent, on recovery and mitigating interventions, such as sustainable livelihood programmes and disaster risk reduction. Consolidated appeals (CAPs) and other key documents referred to the need for addressing root causes of recurrent vulnerabilities, but very little evidence exists that this has been done. The response in SCS has often been reactive, utilising supply-driven approaches that have most often focused on short-term humanitarian objectives. Comprehensive recovery responses have generally been sidelined and insufficiently prioritised, even during situations when security was stable and access possible. Despite isolated attempts, overall measures to mitigate the consequences of recurrent droughts have not been addressed sufficiently.

Political and security agendas have negatively affected humanitarian organisations' perceptions of capacity and their ability to operate in SCS. Conditionality imposed on humanitarian aid has led to a compromised response and limited humanitarian actors' ability to respond impartially and proportionately. The humanitarian response was often curtailed by security and access constraints, particularly after 2006. With some exceptions, needs-based response has largely been compromised as some aid organisations have been perceived as taking sides in the emergency. Neutral and independent organisations with long-standing presence and mutual trust with local leaders or communities largely maintained access to affected populations and reduced risks for their staff.

Individual clusters grew in size and have progressively been the meeting ground for an increasing number of organisations seeking funding opportunities. While this is positive in the sense that more organisations

¹ NB: it should be noted that the report refers to the IASC both on the cover page and in the introduction, (in accordance with the Terms of Reference). Findings and recommendations refer to the Humanitarian Country Team (HCT) that formally replaced the IASC in 2011

participate in coordination mechanisms and humanitarian assistance, cluster leads have generally been confronted with overwhelming coordination tasks with limited opportunities to use clusters for more strategic discussions, standard setting and joint (multi-cluster) prioritisation. Progressively (and specially in 2010) security and funding constraints have forced most United Nations (UN) organisations and International Non Governmental Organisations (NGOs) out of SCS, thus diminishing their capacity to plan, implement and oversee the delivery of assistance. There are indications that the humanitarian response in SCS has mainly focused on those in camps and accessible locations. Uneven aid has become a regular pull factor, leading affected people into urban areas, where assistance has been more stable and in sufficient quantities. While there have been some attempts to bridge the gap between humanitarian and development assistance, the divide has remained too wide and impeded effective interventions. Despite attempts, the private sector and diaspora have been insufficiently involved in coordinated development and relief initiatives.

Existing funding cycles for UN agencies and NGOs are too short-term, thus generally preventing organisations from implementing activities beyond relief efforts, i.e. such as addressing oft-discussed root causes of the conflict. Short-termism has affected impact and allowed insufficient focus on outcomes. While pooled funding mechanisms have allowed more organisations to access financial resources, the screening and approval procedures were too slow and prevented organisations from providing more timely assistance.

Data on transaction costs were not made available to the evaluation team, but there are systemic indications that organisations' presence in Nairobi and sub-partnerships have led to higher transaction costs for humanitarian organisations. While diversion of humanitarian assistance cannot be excluded the evaluation team did not find any new evidence on it. The international community is taking systemic steps in order to increase organisations' risk management and reduce inefficient use of resources. In the period under review limited monitoring and accountability mechanisms were in place to provide the necessary transparency of assistance intended for the Somali population. There are positive local experiences highlighting the importance of involving local population in assessments, planning and distribution, as well as accountability.

Coordination mechanisms improved over time, but were constrained by the fact that they were often detached from local dynamics inside Somalia. Coordination effectiveness was also hampered by the fact that too little decision-making competences were placed inside SCS – especially as security concerns arose – meaning that often operational decision-making was taken in Nairobi for (dis)approval. Limited accountability mechanisms were in place that would otherwise provide the necessary transparency of assistance intended for the Somali population. Monitoring was hampered by organisations' lack of access and presence on the ground. Nonetheless, some organisations managed to use relatively successful alternative means to monitor the implementation of assistance. In terms of good practice, joint monitoring and reporting mechanisms were generally missing across the humanitarian response. There were positive local accountability experiences which highlight the importance of involving local populations in assessments, planning and distribution.

Conclusions:

From 2005 to 2010 control over SCS was consistently disputed and humanitarian space shrank dramatically. Some key donors blended security and humanitarian agendas while striving for political gains in Somalia.

This affected humanitarian actors' ability to ensure needs-based and impartial responses. Parties to the conflict have repeatedly violated international humanitarian law (IHL) by conducting indiscriminate attacks against civilians and impeding humanitarian access. As a result, neutral and independent humanitarian action has lost ground in SCS and humanitarian organisations have faced increasing difficulties in gaining access to populations in need. There is a need to identify ways – through dialogue – to ensure that combatants are distinguished from civilians and that warring parties accept and facilitate humanitarian assistance which is impartial in character and delivered without any adverse distinction.²

Humanitarian assistance to SCS has focused on relief activities, particularly food aid, with disproportionately limited support to recovery activities. Insufficient investment in recovery, such as livelihood schemes and disaster risk reduction measures, has contributed to a cyclical relief effect where Somalis have been unable to break out of the aid dependency cycle. Joint efforts have been more effective than individual cluster activities: an example was immunisation campaigns, involving both health and education activities, which led to a polio-free country. Similar activities should be expanded to other areas, such as livelihoods, agriculture and disaster risk reduction. Successful joint approaches may also contribute to a reduction of internal displacement if provided equally and in places of origin. Geographically unequal aid distribution has meant that humanitarian assistance has, in some areas, been a pull factor conducive to increased displacements, such as in Mogadishu and the Afgooye corridor. Limited humanitarian space has contributed significantly to this pull-factor.

Few organisations have managed to differentiate assistance in communities hosting IDPs (specifically for IDPs and host families). This is particularly important in areas where coping mechanisms are already stressed. The diaspora has played a significant role in upholding communities' capacity to cope with otherwise unsustainable stresses. While there have been initiatives taken to foster stronger linkages between the humanitarian community and private stakeholders, further steps are needed to ensure that humanitarian efforts are more closely coordinated and implemented in coherence with support from members of the diaspora and other private actors.

Funding decisions, including the Common Humanitarian Fund (CHF), are still too slow despite efforts to expedite them. It is urgent to find ways to make the process more efficient, to ensure that assistance reaches affected populations in a timely manner. This particularly goes for assistance that aims at saving lives or preventing possible life-threatening situations from worsening. Funding cycles were also too short, giving OCHA and cluster leads a significant extra workload. Many organisations have seen the effects of their projects curtailed by short funding cycles. Longer and more flexible funding would permit quicker responses adapted to changing needs. If funding cycles were expanded opportunities to increase the Somali population's resilience capacities would be strengthened. Unfortunately, donor rules often do not allow humanitarian funding to be used for recovery and development.

The humanitarian response to Somalia has been largely managed from Nairobi. Thus decisions made, and those who have made them, have been removed from the field. This adds to transaction costs of humanitarian operations as intermediary levels have been introduced to channel or administer funding and projects. To overcome access challenges some NGOs have gained valuable experience in remote management. Although most agree that this is far-from-ideal, some organisations have accumulated

² Article 3 of the Geneva Conventions.

knowledge and experience that would be useful for others to learn from given that remote management appears to have come to stay.

One important challenge of remote management in SCS is heightened exposure of national staff to risks. There is considerable scope for humanitarian organisations to better address inequities between international and national aid workers by providing adequate security resources, support and capacity building.

Lack of access meant that humanitarian organisations were not always able to conduct assessments, nor could they implement and monitor their assistance safely and effectively. There has been an increasing and positive tendency to undertake more joint (or coordinated) assessments. This is positive as they can reduce costs for humanitarian organisations as well as burdens on affected populations. Despite the progress, organisations still carried out individual assessments with the result that affected populations often felt over-assessed and too much data has been produced at cluster levels. Assessments have been also characterised by a general absence of predefined standards of what type of information needs to be gathered by whom and where. The many assessments also created distrust among the population as relatively little assistance arrived and very few organisations informed affected populations of what they could expect to receive.

Overall, accountability towards beneficiaries has been very limited. Most innovative monitoring was part of remote management approaches and was a valuable alternative to having limited or no data. Generally, monitoring can be improved substantially. More rigorous use of indicators is needed, particularly for those measuring activities beyond output level.

Recommendations:

- I) Donors should always ensure the provision of unconditional funding that is independent from political objectives and coherent with *Good Humanitarian Donorship Principles*.³
- II) At times, humanitarian access to civilian populations is denied by parties to the conflict for political or security reasons. Humanitarian agencies must maintain their ability to obtain and sustain access to all vulnerable populations and to negotiate such access with all parties to the conflict through sustained dialogue and principled approaches. To do so:
 - a) The Humanitarian Country Team (HCT) should immediately foster dialogue to address fundamental challenges related to humanitarian assistance, with special emphasis on access, protection of civilians and impartiality.
 - b) By June 2012 the Humanitarian Coordinator (HC), OCHA and cluster leads should ensure that eligible activities in all clusters are aligned to Do No Harm principles: those which are not in conformance should not be eligible for funding.
- III) The HCT, cluster leads and heads of agencies should immediately strategise and actively promote more timely integrated inter-cluster responses adapted to local realities on the ground.

³ For information on GHD principles, see: <http://www.goodhumanitarianandonorship.org/gns/home.aspx>

- IV) Based on the 2012 CAP the HCT, in collaboration with, cluster leads should by April 2012 implement a plan to improve multi-cluster humanitarian response. The strategy should prioritise areas of origin in order to proactively prevent further displacement, promote the return of displaced populations and target both host communities and IDPs. It is important to include contingency planning for various likely scenarios (such as changes in lines of confrontation).
- V) By February 2012 the HC should ensure, together with OCHA, that funding decisions (e.g. for the CHF) together with cluster leads' project screening is done swiftly within pre-defined and mutually agreed deadlines. The CHF procedures should be reviewed before the next standard allocation.
- VI) During the first trimester of 2012, the HCT members should ensure documentation of experience of remote management (e.g. through a workshop) and good practice for protecting national staff. Once distilled lessons could be shared with other HCTs' using similar management modalities in places such as Afghanistan, Iraq, Pakistan, Sudan and Yemen.
- VII) By mid-2012 humanitarian organisations should ensure deployment of senior managers in the field and provide them with sufficient decision-making responsibilities to ensure smooth and flexible running of operations. If not possible, humanitarian organisations should put in place a capacity building strategy for field managers to enhance their decision-making capacity.
- VIII) Humanitarian organisations should seek to lower transaction costs by reducing the number of intermediary levels of administration and by using more direct implementation mechanisms (e.g. more light modalities such as cash transfers and local procurement based on market analysis).
- IX) At the Inter Cluster Working Group level, cluster leads and members should, together with OCHA, by March 2012 develop common assessment tools to carry out joint needs assessments - prioritising food, nutrition, water sanitation and hygiene (WASH), health, shelter/non food items (NFIs). These should ensure that essential data (shared and available on a common platform such as the OCHA website) is disaggregated in terms of vulnerability, gender and age. When areas are not accessible local enumerators, mobile phone technology and satellite imagery should be used.
- X) In 2012 cluster leads should ensure that their member organisations regularly inform affected communities of their rights and duties (in a culturally appropriate and participatory manner for empowerment). They should monitor whether beneficiaries receive the assistance that they are entitled to. All agreements with implementing partners should make this compulsory. In those areas of SCS where access is limited, mobile phone technology could be used (see good practice outlined in section 4).

2. Situating the evaluation

1. This Inter-Agency Standing Committee (IASC) ex-post evaluation⁴ of the humanitarian response to South Central Somalia (2005-2010) has been managed by the UN Office for the Coordination of Humanitarian Affairs (OCHA), supported by the Danish Refugee Council (DRC) on behalf of the IASC. This evaluation has been funded by Danish International Development Agency (Danida), the United Kingdom Department for International Development (DFID), the Swiss Agency for Development and Cooperation (SDC) and the Swedish International Development Cooperation Agency (SIDA).
2. Between March and November 2011, a team of seven consultants (four internationals and three Somalis) working for DARA, an independent organisation specialised in humanitarian evaluation, were supported by eight national data collectors from the civil society platform known as Somalia South-Central Non-State Actors, (SOSCENSA). It was the second IASC evaluation in Somalia⁵ and the fifth carried out by DARA.
3. An initial briefing in March 2011 was followed by a thorough in-depth documentation review. International consultants due to travel to SCS underwent security training and presented an inception report in May. In June, the team carried out interviews in Nairobi and conducted field visits, both in Somalia and Kenya, to grasp operational response realities on the ground. Several areas such as Gedo, Hiraan and Afgooye could not be directly visited by the international team due to prevailing security constraints, and were instead visited by Somali team members.
4. An initial feedback session was organised in Nairobi at the end of June after the field visit to present preliminary findings. A workshop held in Nairobi in early November to further validate the findings of the report drew up Specific, Measurable, Achievable, Relevant and Time-bound (SMART) recommendations, and agreed on a process action plan (see section on conclusions and recommendations).

Structure of the report

5. This report is structured according to the evaluation criteria outlined in the Terms of Reference (ToR), namely context, effectiveness and relevance, coherence, coverage, efficiency, coordination, connectedness and sustainability, and impact. Each criterion is subdivided into a number of key issues addressing the questions outlined in the ToR.

Methodology

6. Evaluating humanitarian responses provided in uncertain, turbulent, fluid and insecure environments presents challenges beyond those encountered under more stable conditions. This is mainly due to issues of access and security, and the frequent absence of standardised monitoring and comparable datasets on the response to the affected population. To tackle this, the team used various data collection methods through an inclusive and participatory process attempting to get as many stakeholders as possible involved in the evaluation. It should be stressed that stakeholder consultations were carried out at a time when several areas faced great risk of tipping over into famine. Inevitably, this resulted in a primary focus on the most acute needs of the affected population (e.g. food⁶ and water). In addition, to some extent, such

⁴ The ToR is presented as Annex K

⁵ Grunewald (2006) http://ochanet.unocha.org/p/Documents/RTE_Horn_Of_Africa_Regional_Synthesis.pdf

⁶ Food was mentioned explicitly in the ToR who stated it was not to be included. However this is a system-wide evaluation and food provision has been by far the largest sector in terms of the response. During presentation of the inception report donors asked the evaluation team to also touch upon food issues in order to better understand the dimensions and complexity of the humanitarian response.

circumstances limited time to fully engage with respondents who, understandably, were heavily engaged in scaling up the emergency response.

7. The evaluation followed a deductive analytical process where conclusions and recommendations were drawn on the basis of information gathered through the different data collection techniques described below. The findings of the evaluation are based on:

- **Literature review:** The literature review has been key to reconstructing past humanitarian assistance to Somalia and understanding the contextual variables of the response. A desk review of more than 300 key documents, web-pages and other relevant publications was undertaken. For references to these documents see the annotated bibliography in Annex L.
- **Interviews:** The team conducted semi-structured individual and group interviews with some 489 stakeholders. Of these, 189 (112 in Kenya and 77 in Somalia) were carried out with a range of individuals involved in the response, including representatives from UN agencies and programmes, the Red Cross/Crescent Movement, international and national non-governmental organisations (INGOs and NGOs), local government actors and donors. Of these respondents, 24% were women. Annex H gives a full list of people met, by organisation and the type of interview method used. Group interviews were held with over 300 people from the affected population. The interview guides for individual and group interviews are presented in Annex E.
- **Field observations:** Observations during a range of field visits to Somalia and northern Kenya, particularly in IDP and Somali refugee camps, were aimed primarily at assessing the context and conditions in which the response has been delivered as well as the different assistance and protection modalities. Annex F outlines the itinerary of the team, while Annex G presents a map indicating the locations visited.
- **Online Survey:** An online questionnaire was sent to former staff and key informants involved in the humanitarian response in SCS. Unfortunately, response was poor; only ten respondents. See Annex E.

8. In total, the evaluation team gathered more than 3,117 pieces of information. These were inserted into a table, where the columns contained evaluation criteria and sub issues to allow for the cross referencing of findings on the different evaluation topics. This information provided the analytical basis from which to draw conclusions and recommendations. To the extent possible, the evaluators triangulated data and drew on multiple sources to ensure that findings could be generalised and hence were not views of a single agency or a single type of actor (more details on the methodology are provided in Annex D).

9. Constraints specific to this evaluation included:

- **High staff turnover:** Throughout the period under review, with rare exceptions, high levels of staff turnover meant that people who were engaged in the initial years of the response could not be interviewed.
- **Limited time for fieldwork:** To maximise coverage the team divided at several locations. However, the numbers of locations visited was still relatively limited, especially compared to the geographical spread of the crisis.
- **Insecurity:** In Somalia security is understandably a predominant concern of humanitarian actors. The team was required to travel with an armed escort.
- **Consistency of data:** Across clusters as well as programmes and projects consistent data was lacking (see part 4, table on expected outcomes versus results by cluster).
- **Disaggregation gaps:** There was limited data made available to the team specifically disaggregated by age, gender, vulnerabilities and outcomes in the period under review.

10. Most evidence presented here was gathered through literature review and interviews. Security considerations prevented international evaluators from visiting several areas initially proposed in the ToR.

However, field visits provided evaluators with graphic first-hand impressions of the challenges and types of responses in SCS.

Map 1: Administrative map of Somalia: Source: UN 2007



Map No. 3690 Rev. 7 UNITED NATIONS
January 2007

Department of Peacekeeping Operations
Cartographic Section

3. Context

11. Somalia is experiencing one of the world's most complex and protracted emergencies. More than two decades of conflict, combined with cyclical, slow and fast-onset disasters (droughts and floods), have caused displacements of millions of Somalis. In the absence of central government, basic social services have reached only few: hunger and famine are recurrent. Millions were impacted by the 2005-2010 humanitarian crisis as living conditions progressively deteriorated and coping mechanisms were overstretched. Political and economic chaos has increased inequality and inter-clan conflicts, causing the breakdown of lineage-based alliances and increased civil insecurity. A large proportion of the Somali population depended on humanitarian assistance in the period under review. There has been great reliance on family members or clan coping mechanisms. Interviews showed us that many have faced destitution, having been pushed to the edge of survival in recent years.

12. Somalis have been exposed to the cumulative impact of extreme violence, and many have been forced into recurrent and prolonged large-scale exile, both internal and external. During the period under review, approximately 3.4 million of Somalia's estimated 9.9 million citizens were either refugees (primarily in Yemen, Kenya, Eritrea, Djibouti, Ethiopia, Uganda and Tanzania) or internally displaced persons (IDPs).⁷ Somalis fled due to conflict, insecurity and loss of assets following livelihood and food crises caused by recurrent droughts and floods hyperinflation and declining remittances from members of the Somali diaspora (as a result of the global recession).⁸ Often IDPs have moved into areas where already overstressed host communities have been unable to provide support.

13. Somalia has experienced a protracted internal conflict since an uprising at Hargeisa in 1983. Initially confined to the north and the former British colony of Somaliland, warfare has spread throughout the country since 1990. The conflict is essentially over control of power and resources notably land. Clan identity has been manipulated for political and economic ends.

14. After the 1991 fall of President Siad Barre state functions collapsed as the country fragmented and national authority vanished. Somalia, the longest-running example of complete state collapse in post-colonial history, is the archetypal failed state, with all the typical characteristics that this implies: no official international representation; weak human and institutional capacity; absence of effective policies, rules, regulations, laws and domestic revenue base; an inability to protect or provide basic services and the collapse of most public infrastructure due to lack of maintenance.

15. The subsequent autonomy of Somaliland and Puntland severely polarised ancestral ethnic rivalries and had a negative impact on central state functions. Somalia's conflict has been characterised by clan confrontation and martial values in a society in which all men are warriors and by a war economy where grief and grievance prevail.

16. Somalia has two distinct realities within the same country. SCS experienced protracted warfare throughout the period under review and did not have a widely recognised central government. Despite numerous mediation attempts, conflict heightened in recent years as the internationally-recognised Transitional Federal Government (TFG) has proven unable to foster constructive dialogue or political reconciliation with the Islamic Courts Union (ICU), Al Shabaab (AS) or Hizbul Islam. By contrast, Puntland and Somaliland have managed to limit violence and re-establish basic public institutions. In these regions, political structures are in place, economic recovery is underway and there is relative stability.⁹

⁷ According to the last two censuses the Somali population was 4,089,203 in 1975 and 7,114,431 in 1986. In 2003, the UN estimated the population as 9.89 m.... There is no reliable current data.

⁸ CAP (2010) <http://ochaonline.un.org/OchaLinkClick.aspx?link=ocha&docId=1115462> ⁹ <http://www.unhcr.org/refworld/pdfid/4bff7d462.pdf>

⁹ <http://www.unhcr.org/refworld/pdfid/4bff7d462.pdf>

17. Conflict in Somalia has regularly been exacerbated by regional rivalries and international politics. Ethiopia, Eritrea, Kenya, Uganda and the US have been among the proxy protagonists. The events following 9/11, particularly the emergence of the Islamic Courts Union (ICU) and the Ethiopian invasion in December 2006, shifted the premise of international engagement: no longer simply a humanitarian imperative, but an adjunct to the strategic objectives of the Global War on Terror in which humanitarian action tended to be increasingly subordinated to political and security objectives. Somalia became regarded as a breeding ground or safe haven for transnational terrorism. Some donor governments became parties to the conflict, and aid gradually became more politicised. Thus, humanitarian assistance has steadily been subordinated to security agendas due to donor and government restrictions (see section 5).

18. Control over SCS territory was consistently disputed throughout the period under review. The 2006 reconciliation process led by the ICU was disrupted by the Ethiopian invasion in support of the TFG. However, from 2008 Ethiopia progressively disengaged, leading to a full withdrawal of troops in January 2009. Over the same period, AS and Hizbul Islam insurgents widened their control over a large part of southern and central Somalia, while the TFG maintained a fragile hold over parts of Mogadishu. (Annex C provides a detailed timeline).

19. As a consequence of multiple conflicts and extreme exposure to natural disasters, Somalia recorded some of the world's worst social indicators, with over 43% of the population living on less than US\$1/day and 73% on less than US\$2/day. It has some of the worst rates of under-five (180/1,000 – UNICEF 2009¹⁰) and maternal mortality (1,400/100,000). Global acute malnutrition is critically above the 15% emergency threshold. It also had the worst indicators in terms of access to water¹¹ and a high incidence of infectious diseases. Somalia is no longer included in the annual Human Development Index ranking; if it were, according to available indicators, it would be in last place.

4. Effectiveness and Relevance

20. This section assesses the extent to which humanitarian aid has effectively addressed the problems faced by citizens in Somalia through analyses of achievements and appropriateness of the response. Part of this analysis includes an understanding of how needs assessments have been carried out and what measures organisations applied to monitoring the delivery of assistance. Effectiveness of humanitarian assistance to southern and central parts of Somalia has obviously been constrained by multiple factors. These must be borne in mind in order to understand the challenges of delivering aid amidst the vicissitudes of this highly complex protracted emergency.

Achievements

21. While the numbers of people in need in Somalia varied over the period under evaluation, the general tendency was an increase in the numbers needing humanitarian assistance. From 2008 to 2010 this number reached almost three million. In the absence of a consolidated results framework, or joint reporting standards, it has been a challenge for the evaluation team to evaluate achievements across the different clusters. The most objective way to do so has been to summarise the results reported by humanitarian organisations through the CAP process. The evaluation team has developed a matrix that, on the basis of CAPs, summarises results reported from 2005 to 2010.¹²

¹⁰ UNICEF Somalia statistics http://www.unicef.org/infobycountry/somalia_statistics.html

¹¹ *ibid.* In 2008, only 30% of population using improved drinking-water sources.

¹² While most emergency assistance went to SCS in 2005-2010 a challenge using CAP data is that it refers to operations across Somalia and does not have data disaggregated for SCS.

Table 1: CAP 2005-2010 expected outcomes versus results by cluster

	2005		2006		2007		2008		2009		2010	
Agriculture	Households in humanitarian emergency		Number of people in Humanitarian Emergency		No. of households in "Humanitarian Emergency"		Number of households in Humanitarian Emergency and Acute Food and Livelihood Crisis AFLC		Emergency livelihood support – HE beneficiaries		Livelihood support to households in humanitarian emergency –people reached	
	Total	200,000	Total	200,000	2007 start	235 000	Apr-Jun 2008	1,497,000	In need	655,000	Target	91,000
	Supported	Not provided	Supported	Not provided	2007 end	295 000	Jul-Dec 2008	2,100,000	Reached	78,834	Actual	362,754
	Difference	N/A	Difference	N/A	Difference	+ 60 000	Difference	+603,000	Gap	576,166	+/- target	+ 271,754
Education	Total enrolment - no. of students		Gross enrolment ratio - total		Re-activation of flood-damaged school facilities		Gross enrolment ratio – secondary		Emergency education – number of beneficiaries		Emergency schooling – total enrolments	
	2004	285,574	2005	20.2%	Total in need	188	2006-7	5.4% ¹³	Target	100,000	In need	295,607
	2005	348,574 ¹⁴	2006	28%	Total re-activated	181	2007-8	6.1%	Actual	150,000	Reached	110,000
	Difference	+63 000	Difference	6.8%	Gap	(7)	Difference	+0.7%	+/- target	+50,000	Gap	(185, 607)
Food	Food aid distributions – number of beneficiaries		Food distribution – no. of beneficiaries		Food distribution – no. of beneficiaries		Food distribution – no of beneficiaries		Food distribution – no. of beneficiaries reached		Food distribution – no. of beneficiaries reached	
	Target	Not provided	Target	Not provided	Target	850,000	Target	Not provided	Target	3 million	Target	1.95 million
	Actual	1.2 million	Actual	2.3 million ¹⁵	Actual	2,040,976	Actual	3 million	Actual	1.8 million	Reached	1.9 million
	Gap	N/A	Gap	N/A	Gap	+ 1,190,976*	Difference	N/A	Gap	1.2 million	Gap	(50,000)

¹³ UNESCO Survey of Secondary Education in Somalia, 2008, p.27 <http://www.unescopool.org/downloads/secondary%20school%20survey%20for%20somalia%20-%202008.pdf>

¹⁴ Calculated as 2004 figure + 63.000. Source: CAP 2006 p.12 <http://ochaonline.un.org/humanitarianappeal/webpage.asp?Page=1357>

¹⁵ 2007 CAP vol. 1 p.9

Health	Expanded Programme of Vaccination – number of beneficiaries		Percentage of resident population with access to basic health facilities		Provision of basic health care - no. of beneficiaries		Child polio vaccination & Vitamin A supplements – no. of beneficiaries		Child Health Days – number of child beneficiaries		Child Health Days – no. of child beneficiaries	
	Target	Not provided	Target	60%	Target	Not provided	Target	1.8 million ¹⁶	Target	1.5 million	Target	1.56 million
	Actual	15,000	Actual	45%	Actual	500,000 ¹⁷	Actual	1.45 million ¹⁸	Actual	1.2 million	Actual	1.5 million
	Gap	N/A	Difference	15%	Difference	n/a	Difference	350,000	Gap	300 000	Gap	(60,000)
Nutrition	Acutely malnourished children reached – No. Beneficiaries		Acutely malnourished children reached – No. Beneficiaries		Acutely malnourished children reached – No. Beneficiaries		Acutely malnourished children reached – No. Beneficiaries		Acutely malnourished children reached – No. Beneficiaries		Acutely malnourished children reached – No. Beneficiaries	
	Target	30,000	Target	62,000	Target	60,000	Target	90,000	Target	285,000 ¹⁹	Target	224,210 ²⁰
	Actual	14,260	Actual	36,000	Actual	88,000 ²¹	Actual	94,000 ²²	Actual	190,548	Actual	213,000
	Gap	15,740	Gap	26,000	Gap		Gap		Gap	94,452	Gap	11,210
Security, Protection	Disarmament, demobilisation and re-integration of ex-combatants		No numerical targets provided.		% of operational budget spent on safety & security		No. of people with access to basic services in Somalia		Child protection support programme – no. of communities benefited		SGBV victims referred to support services	
	Target	2600	Target	Not provided	Target	25%	Target	N/A	Target	600	Mid-year	10%

¹⁶ CAP 2008 (Vol 2 – Projects) p.94

¹⁷ 2008 UNICEF Humanitarian Action Report, Country chapter: Somalia, p.3 http://www.unicef.org/har08/files/har08_Somalia_countrychapter.pdf

¹⁸ UNICEF annual Report 2008, p.17 http://www.unicef.org/publications/index_49924.html

¹⁹ CAP 2009 end of year report, p.12

²⁰ CAP 2010 end of year report, p.7.

²¹ 'Although these results greatly exceeded initial 2007 targets, the situation deteriorated at a rate with which UNICEF and partners could not keep pace. Based on the best available estimates, we assume humanitarians are still accessing less than half of all malnourished children, despite significantly scaled up coverage in SCS Somalia consolidated emergency thematic report 2007-UNICEF, p.7.

²² 'The number of selective feeding programmes for treating acutely malnourished children nearly doubled; approximately 50% of children suffering from severe acute malnutrition (SAM) (22,000) and 36% of children suffering from moderate acute malnutrition (MAM) (72,000) were reached through the UNICEF-supported programme, exceeding CAP targets Somalia consolidated emergency thematic report 2008, -UNICEF, p.2.

											target	
	Actual	Not provided	Actual	4,000 ex-combatants	Actual	2%	Actual	N/A	Actual	219	Mid-year referrals	48/386 (12%)
	Difference	N/A	Gap	N/A	Gap	(23%)	Difference	-	Gap	381	+/- target	+2% (+8 over target)
Shelter/NFI	No numerical sector-wide indicators provided		No numerical sector-wide indicators provided		No. of IDP families provided with temporary shelter		Shelter provision – total no. Beneficiaries		No. of IDP beneficiaries		Temporary shelter solutions – number of beneficiaries	
	Target		Target	300,000	Target	150,000 ²³	Target	550,000	Target	1,401,306	Target	150 000
	Actual		Actual	Not provided	Actual	150,000 ²⁴	Actual	375,900	Actual	1,345,254	Actual	75,000
	Gap		Gap	N/A	Gap	0	Gap	(171,000)	Gap	56,052	Gap	75 000
WASH	Access to clean drinking water – additional		Access to clean drinking water – additional persons reached		Provision of sanitation to vulnerable populations		Clean water to disaster-affected communities – no. of beneficiaries		Provision of safe water – no. of beneficiaries		No. of beneficiaries with increased access to safe water	
	Target	Not provided	Target	300,000	Target	400,000 ²⁵	Target	1.2 million ²⁶	Target	2,364,062	Target	4,169,681
	Actual	+120,000	Actual	Not provided	Actual	455,538	Actual	1.1 million	Reached	874,703	Actual	1,551,121 ²⁷
	Gap	N/A	Gap	N/A	Gap	+ 55, 538	Gap	(100,000)	Gap	(1,489,359)	Gap	2618559

²³ 2007 CAP <http://ochaonline.un.org/humanitarianappeal/webpage.asp?Page=1497>

²⁴ 2008 CAP p. 8 <http://ochaonline.un.org/humanitarianappeal/webpage.asp?Page=1630>

²⁵ 2007 CAP p.31

²⁶ 2008 CAP p.42

²⁷ Calculated as 37.2% of target. Source: CAP 2011 p.21. <http://ochaonline.un.org/somalia/AppealsFunding/CAP2011/tabid/6760/language/en-US/Default.aspx>

Box 1: Notes on the CAP-reporting used on this analysis:

From the CAP documents reviewed, it is clear that significant improvements have been made in the specification of objectives and indicators. In 2005-2006 objectives set out in CAP proposals were often vague and unquantified. However, clusters have demonstrated an increasing tendency to include clearer and often quantified objectives and indicators. Transparency in CAP proposals improved markedly, particularly in 2009-2010. Targets and objectives were clearly quantified and displayed alongside previous year benchmarks. There was considerable variation between clusters. In 2009 and 2010, some clusters failed to provide any kind of quantified indicators of progress against their stated objectives.

Notwithstanding progress made, there is significant room for improvement in the objectives and indicators provided. Frequently, CAP proposals specified indicators of progress, only to neglect to mention the same indicators in either their end-year review or in the following year's CAP proposal. Thus, in most cases it is virtually impossible to ascertain from available information whether or not key indicators were achieved.

Similarly, even in the later period, figures often lacked year-to-year comparability, as different indicators were used from one year to another. Many reflected operational priorities at the time, for instance, figures on the coverage of affected population achieved by a particular intervention. Such figures are no doubt useful from the perspective of programme accountability. However, lack of year-on-year comparability makes it very difficult to establish any kind of chronological trend on key indicators, to gauge medium-term performance by the clusters or to contextualise new figures as they are obtained.

There was also a pattern of clusters reporting having met their targets, despite consistent underfunding of the CAP. In many cases, clusters reported having met, or nearly met, their targeted indicators, despite having received only a small fraction of the funds requested. This indicates a problem either in the formulation or in the reporting of indicators, since it is clearly unlikely that the clusters were able to fulfill their objectives given the systematic underfunding to which they were, and, are subjected.

22. From interviews and literature review, those programmes commonly cited by humanitarian actors or beneficiaries as being successful have been²⁸:

- **Food distribution.** Major distributions were carried out throughout SCS from 2005 to 2009 by the World Food Programme (WFP), the International Committee of the Red Cross (ICRC) and CARE, reaching over 11 million people.²⁹ Food distribution has been the single largest humanitarian intervention in SCS. Many interviewees mentioned that food aid has been life-saving.
- **Agriculture.** UN agencies, lead by the Food and Agriculture Organisation (FAO), together with ICRC and numerous NGOs, supported some two million households in emergency situations. While often highlighted as useful interventions by local partners and affected populations, most livelihoods-promoting interventions in southern Somalia were short-lived. They were insufficiently scaled up to meet needs or to build resilience of affected populations. Insufficient focus was also given to capacity development and fostering of local groups with potential to promote some sort of sustainable reconciliation.
- **Health.** Wide-ranging polio immunisation and vitamin A supplementation campaigns led by the World Health Organisation (WHO) and UNICEF successfully kept Somalia polio-free from 2007 to 2010. Remarkably, this also included AS-controlled areas. According to CAP data, an estimated 4.6 million children were assisted from 2008 to 2010.
- **Water/Sanitation.** Water points and boreholes were constructed and rehabilitated jointly by the diaspora actors and the international community. An estimated 4.1 million Somalis were reached through concerted efforts to construct or rehabilitate latrines³⁰ while seeking to raise general awareness of basic hygiene practices, notably public defecation.
- **Nutrition.** Several projects have been implemented by numerous partners within the nutrition cluster, including CONCERN, Médecins Sans Frontières (MSF), WFP, OXFAM NOVIB, Save the Children (SCF), Action Contre la Faim (ACF), UNICEF and FAO, including more than 300 outpatient treatment programmes and stabilisation centres, targeting nearly 200,000 severely and moderately malnourished children throughout Somalia (2010). Despite these high outputs, global acute malnutrition (GAM) in SCS remained persistently high – around the 15% emergency threshold in 2005-2010 (similar rates have been recorded even back to 2001). This pattern was repeatedly observed: 15 of 20 representative nutrition assessments conducted between January and July 2008 recorded a GAM rate above the 15% threshold, and eight figures above the 20% margin. Innovative approaches were developed and launched in December 2008 to augment the efforts of curative responses and effectively prevent acute malnutrition by providing *plumpy doz*, a lipid-based nutrient supplement.³¹ Despite low funding and security concerns, nutrition services are reported to have increased. Despite the challenges, more than 150 outpatient centres were operating in SCS during the first months of 2010.³²

23. Commonly, few organisations or clusters have managed to break the relief cycle during assistance interventions or to build linkages to recovery (see also part 9). Nonetheless, some responses have managed to address needs from a more holistic approach, starting with the provision of water, sanitation, hygiene

²⁸ Figures are from CAP tables above.

²⁹ Total annual figures over the period under review are added up. However, these may be the same people receiving assistance each year.

³⁰ The evaluation team saw several examples where diaspora members had supported drilling of wells without providing the necessary inputs for the population to benefit from the drilling, such as generators, water tanks, distribution pipes and standposts.

³¹ See, <http://www.wfp.org/nutrition/special-nutritional-products>

³² According to a UNICEF 2010 nutrition progress report

recovery. Recovery activities also included livelihood reactivation interventions such as providing farmers with seeds, tools and animal health vouchers, credit or cash for work programmes to rehabilitate canals, clear feeder roads and excavate water pans. The ICRC has independent sources of recovery-promotion funding. However, most organisations have been circumscribed in their recovery efforts because of short-cycle funding (see part 5).³³

25. Achieving successes in shelter and education has been particularly challenging. CAP data indicate that an estimated two million people have benefitted from shelter cluster-provided assistance. However, people living in IDP camps inside SCS were confronted with appalling conditions. Standards of assistance are very low in terms of access to water, sanitation and shelter. People in camps used make-shift shelters made out of clothes, plastic sheets and branches. Security in all camps visited was an issue, with rapes, violence and other abuses often mentioned. Some organisations, such as SCF and UNICEF, reported improvements in education; the CAP reports over 350,000 new enrolments over five years. However, due to absence of baseline data or other education monitoring instruments, education outcomes cannot be assessed.

Appropriateness

26. Practically all assessments covering the period 2005-2010 indicated a worsening humanitarian situation and, since 2008, an overall declining capacity to intervene in SCS. Figures from the Food Security and Nutrition Analysis Unit (FSNAU)³⁴ showed the number of people in need of humanitarian assistance rose dramatically from 1.5 million in 2005 to 3.2 million in 2008 and 3.6 million in 2009 following recurrent droughts and intensified conflict.³⁵ While there might be some uncertainty about the precision of figures the total number of people in need fell several times during the period under review: in 2007 it was down to one million (after a good harvest season). In 2009 it rose to 2.94 million and by the end of 2010 had been reduced to two million – again as a result of a better harvest in late 2009.

27. In terms of funding volume, the humanitarian response to SCS has been among the worlds largest. Per capita net official development assistance (ODA) to Somalia in 2009 amounted to \$US72.4, considerably above the average of other crisis countries (except the Occupied Palestinian Territories).³⁶ This figure excludes remittances or other financing from the diaspora – estimated to be around \$US1.6 billion per annum for the year 2009.³⁷ From 2005-2010 the number of projects funded from the Humanitarian

Box 2: Causes of GAM

Global acute malnutrition (GAM) was widely considered to be a consequence of persistent poverty caused by recurrent crop failure, very scarce rainfall, food price inflation and severe local shortages of supplies. Drought, conflict and displacement also contributed to high malnutrition rates. Droughts in 2006 meant that GAM rose to 30% in some areas (Buluhawa and Dolow).

³³ In 2005, only 7% of the CAP focused on economic recovery activities while in 2007, it nearly doubled and reached 13%.

³⁴ FSNAU seeks to provide evidence-based analysis of Somali food, nutrition and livelihood security to enable both short-term emergency responses and long-term strategic planning to promote food and livelihood security for Somali people. See:

<http://www.fsnau.org/>

³⁵ Following rationalisation of IDP figures by UNHCR to avoid double counting, the FSNAU figures of those in need of humanitarian assistance were revised from 3.2 million at the end of 2009 to 2.94 million (see HRF 2010 report <http://ochaonline.un.org/OchaLinkClick.aspx?link=ocha&docId=1178950>).

³⁶ World Bank, 2011, Africa Development Indicators: Factoids 2011.

http://siteresources.worldbank.org/INTAFRICA/Resources/Africa-factoids_hi-res_FINAL_Sept_9-2011_08.pdf

³⁷ The draft UNDP report (2011) estimated that the total amount of funds remitted for relief and development purposes, based on the total flow of remittances of US\$1.3 – 2 billion per year, at US\$ 130-200 million per year.

<http://www.hiiraan.com/2011/May/Cash-and-Compassion-Draft-for-comments.pdf>

Response Fund (HRF) alone increased on a yearly basis from ten to 52 (as of June 30, 2010), combined with 36 projects under the CHF.³⁸

28. Despite the increasing number of projects and humanitarian partners, the total number of affected Somalis rose over the five-year assessment period. On a simple linear calculation that would mean that combined international efforts have failed to appropriately address those in need. Local factors have constrained the efforts of the international humanitarian community and this failure can thus not be totally ascribed to it alone. However, considering the amount of resources (human and financial) invested in humanitarian assistance, it appears that there is some room for improvement in the overall response. There is evidence showing that humanitarian assistance has not managed to mitigate the negative effects of multiple conflicts and natural hazards. The high GAM rates are an example of how its causes have not been addressed over the years (see box 2). An analysis quoted in a 2007 Nutrition Update found strong associations of diarrhoea with acute malnutrition, caused by poor quality drinking water, poor sanitation and care practices.

29. Wide consultations, including with donors, UN agencies, INGOs, the Red Cross/Crescent, local administrations and organisations, as well as Somalis inside and outside Somalia, have provided a mixed picture of the appropriateness of humanitarian assistance. On the positive side, many interviewees were of the opinion that assistance has either been directly or indirectly life-saving. Food aid, together with WASH and immunisation campaigns were most frequently highlighted as contributing to saving lives and as being most appropriate during the most chronic emergency periods.

30. Experiences with cash transfers were also mentioned by interviewees as an appropriate way to deliver assistance. This can be as relief (provided there is access to food and other items at local markets) and also a means of strengthening resilience among affected populations. Cash transfers were particularly useful as they allowed the affected population to purchase what they needed when the money (or vouchers) arrived. The opportunity to choose and prioritise assistance according to needs was highlighted as one of the advantages of cash transfers, especially when compared to food aid or other in-kind assistance.

31. Interviewees reported that assistance had not been untimely and many affected (particularly in the Gedo area) highlighted the inappropriateness of food aid at times when it was not needed. In 2009 too much food was delivered and people chose to sell food items at local markets. Affected populations consulted in Gedo and Galmudug also stated that there was too little emphasis on assistance that would help people help themselves. Again, cash transfers were highlighted as being useful.

32. Generally, aid organisations, to the extent access and available resources have allowed, responded to the evolving and often fluid emergency during the review period. However, it is commonly recognised that the response has mainly focused on the provision of basic emergency relief activities (food, water and sanitation). While there have been significant efforts to boost livelihoods, and thus reduce Somalis' vulnerabilities to human-made and natural hazards, these efforts have often been disrupted, either by limited access (as a result of internal conflict) or by insufficient funding to enable organisations to engage in more sustainable and effective assistance. This might be explained by the fact that most funding and attention from the international humanitarian community has been devoted to food aid – even during periods where this was not the most urgent need (see also Sector part under section 6).

³⁸ See Annex A for more details.

Needs Assessments

33. Despite efforts to carry out joint assessments, NGOs and UN agencies have still engaged in too many individual assessments. Joint assessments are generally considered good practice as they are more efficient and limit the assessment burden on affected populations and provide data more comprehensively than individual or single agency assessments³⁹. Some examples of joint assessments in Somalia are: UNICEF, FSNAU and the Somalia Red Crescent Society in 2007 and the 2005 Somali Joint Needs Assessment, by the UN and the World Bank. INGOs have also engaged in joint assessments: these have included Mercy Corps, Africa Rescue and Horn Relief's partnership in 2006; Oxfam assessments with local partners such as the Kenyan NGO WASDA and a joint DRC-led interagency assessment in Hiraan in 2008. Other joint assessments took place after the 2005 tsunami and floods in 2007. Assessments carried out by FSNAU can, to some extent, also be characterised as joint given the fact that FSNAU is an initiative that does not belong to one particular agency. Though FSNAU's *raison d'être* is food security, its area of analysis and experience has progressively expanded to include WASH, nutrition and health.

34. Somali stakeholders consulted during the evaluation complained that numerous assessments often failed to lead to provision of assistance and that there was little feedback to communities on what they could or could not expect to receive.⁴⁰ To make matters worse, some local organisations made promises of assistance that then never came. According to interviewees in Gedo and Galgaduud, this raised suspicions about the role of international humanitarian actors and speculation about potential diversion of aid. This is particularly delicate in a fragile situation already characterised by mistrust between clans, militias, government authorities, NGOs and the international community. It further underlines the need for transparency and accountability.

35. Those interviewed expressed resentment that some agencies conducted needs assessments with little input from elders, community leaders or local authorities. Administrators from Mogadishu complained that assessments were carried out without proper consultation with authorities and that the results of surveys were rarely or never communicated back to them. A UN agency is alleged to have provided assistance to an IDP community in central Somalia without consulting the local people, resulting in disproportionate distribution which critically raised tensions between IDPs and their host community. Some communities reportedly organised their own assessments and priority-setting, as was the case in Dhabad and Abudwaq (Galgaduud). However, communities consulted generally felt that few agencies used these mechanisms to inform their activities.

36. Quality of data that was directly collected by humanitarian organisations was generally poor: there was limited age and gender disaggregation and baseline data was practically absent.⁴¹ Ever-changing contextual realities posed challenges to assessments and monitoring. A key limitation is the fact that exact population figures in Somalia are based on estimates and have not been updated for two decades. The last official population census was carried out in 1991.

37. FSNAU assessments, carried out regularly after the two rainy seasons – the *gu* and *deyr* – were generally praised by most actors operational in SCS. One of FSNAU's advantages – in part made possible by the absence of a functioning state – is its independence from political interference and manipulation of

³⁹ See, in particular, the Operational Guidance for Coordinated Assessments in Humanitarian Crises <http://onerresponse.info/resources/NeedsAssessment/publicdocuments/Operational%20Guidance%20for%20Endorsement%20-%20Final%20Version.pdf>

⁴⁰ According to interviewees in Galgaduud, Gaalkacyo, Mandera, Bossaso and Gedo.

⁴¹ However, comparable baseline exist for the 33 FSNAU-designated livelihoods zones in Somalia, in addition to urban areas. See FSNAU updates (<http://www.fsnau.org/downloads/FSNAU-Nutrition-Update-September-October-2010.pdf>) and http://www.fews.net/docs/Publications/SO_Livelihoods.pdf

data. However, few agencies were able to verify or challenge FSNAU data as this is the only institution to regularly produce assessments of the situation inside SCS. While FSNAU's main focus is food security (later expanded to also include livelihoods and nutrition) there have been no mechanisms providing similar level of analysis for other areas, such as education or protection. Their establishment would enhance the analysis of challenges and gaps facing these clusters.



Photo 2: Community leader during group discussion in Dagari, Mudug Province

Monitoring and evaluation

38. Given the extent of humanitarian assistance within the Somali economy, monitoring and evaluation were perceived as vital control functions. However, proper evaluation and monitoring mechanisms, necessary to ensure implementation of planned activities, were often absent due to both limited capacity and field presence.

39. Several organisations (including the ICRC, Oxfam and WFP) regularly monitored activities, flexibly adapted to changing circumstances and maintained a participatory focus and long-term engagement in both their planning and implementation. One of the recurrent reasons for their success was the participation of communities during needs assessments, thus engaging recipients more actively in identifying suitable solutions and appropriate ways to reach beneficiaries. UNICEF, the ICRC and some INGOs – including the Norwegian Refugee Council (NRC) and ACF – demonstrated that such approaches were more effective than those in which recipients were more passive and less involved.

40. Due to inaccuracy of data, the information collected by humanitarian agencies was often not comparable and therefore of limited utility for monitoring and planning. Failure to update data to reflect changing ground realities further added to the challenges. In addition, the lack of access (and, in some locations, acceptance by households being surveyed) has hindered efforts to overcome these deficiencies. For instance, despite efforts to assist Somalia in filling data gaps for monitoring human development (using UNICEF's Multiple Indicator Cluster Surveys (MICS)⁴²) the survey could only be repeated in Somaliland and Puntland, but not in SCS, thus resulting in major data gaps. Data – and information gaps in general – may therefore have affected effectiveness. As noted by the European Commission: “beneficiary figures are very hard to calculate accurately and some of the beneficiaries benefited from one and several of the same sectors, i.e. food security, food aid, nutrition and water and sanitation”⁴³. To some extent, improved coordinating mechanisms have mitigated some of these challenges (see Coordination, part 9).

⁴²UNICEF, 2006 Multiple Indicator Cluster Survey (MICS).

<http://www.childinfo.org/mics/mics3/archives/somalia/survey0/overview.html>

⁴³http://ec.europa.eu/echo/files/funding/decisions/2009/somalia_gp_01000_en.pdf

41. Under these circumstances humanitarian organisations acknowledged difficulties in knowing who benefitted from assistance, how much and when different groups received assistance, whether it was the most appropriate and what impact it had on individuals or groups.

42. Due to lack of access, several agencies had to rely on local organisations to monitor implementation of activities while others such as WFP used international monitoring organisations. Despite innovative practices (see box below), several statements indicated that data from local partners had been manipulated or inflated, possibly to justify continued support to their organisation or geographical area. It was apparent that such inaccurate figures added to already challenged monitoring, evaluation and planning processes.



Photo 3: Group discussion with nomadic pastoralist in the Xamurle, Mudug Province, June 2011

43. Monitoring has mostly been focused on activities (or outputs) rather than on outcomes. Success in meeting needs cannot be measured solely in terms of the amount of assistance provided; only a few organisations considered whether their activities contributed to reduce acute malnutrition. WFP has made efforts to monitor impact of food distributions on food markets (prices and food availability) through third party field monitors. However, there were doubts as to whether food aid at times had had negative effects on local markets and production and if livelihood interventions have reduced vulnerabilities – lack of publically available outcome data means that one can only make qualified assumptions.

44. In order to tackle some of these challenges some INGOs have started to use telephone polling allowing for direct consultations with recipients or community stakeholders. Other organisations have engaged with third-party monitors (see box 3). Although most organisations reported positive experiences, some first lessons learnt pointed to the need for changing monitors regularly as they rapidly learned to adapt monitoring outcomes to what they believed organisations were keen to hear. Some agencies monitored the rotation of third party field monitors to make sure that the same monitor did not participate in more than three consecutive visits to the same food distribution point.

45. Humanitarian actors have made significant attempts to overcome access and data triangulation constraints. Some agencies have designated a regional authority (as well as food management committees and groups bringing together school teachers, women, health centre workers, clan representatives and religious leaders). They can act as focal points to confirm whether all activities have been undertaken. The involvement of regional authorities also contributed to identifying scope for strengthening the capacity of partners.

46. In some organisations, weekly and monthly reports have helped ensure that activities were tracked and adjustments made promptly when necessary. Observation checklists and semi-structured monitoring

sheets were used to collect quantitative information. Such techniques have a number of uses; for instance, WFP has employed such methods before and after food distributions to identify problems and their locations, to uncover hidden needs and to plan action. This contributed to increasing the quality of assistance and the pool of organisational knowledge.

47. Most monitoring during the evaluation period was conducted by a single agency, and was often limited to a single project or programme. Joint monitoring has been lacking as few organisations work in the same geographical areas and sectors. To a certain degree, an exception was post-distribution monitoring of food and non-food items, put in place by WFP, UNHCR and UNICEF and jointly carried out with NGOs. Experience from other chronic protracted emergencies indicates that joint monitoring can contribute to improving humanitarian planning.⁴⁴

Accountability

48. Transparency and accountability towards beneficiaries has been very limited in SCS humanitarian operations. Because of the challenging security environment, there was limited capacity for organisations to verify what assistance was disbursed inside Somalia and how much actually reached entitled target recipients.⁴⁵ The evaluation mission was often asked by local people: “Where is all the money for Somalia? Where has it gone and where is it going?” Several communities reported that organisations often assessed their needs but either did not deliver assistance or sent it in insufficient quantities and, frequently, too late. In Gedo, for instance, some elders reported that people had already left the area by the time assistance arrived. Accountability mechanisms and guidelines at cluster level were frequently missing, although individual agencies performed better, while accountability to beneficiaries and local administrations was not equally developed and was usually absent.

Box 3: Lessons and good practice on remote monitoring

Lessons and good practice indicated that monitoring, including through remote structures, depended on local capacity and establishing the technological means to verify whether work had been done. Those organisations that have managed to continue to monitor activities in Somalia have:

- instituted regular field based reporting (weekly and monthly)
- developed simple action plans and checklists
- maintained regular contact with ground staff by phone, Internet and video (mostly used as part of remote management)
- increased recruitment and training of monitoring staff or use of third party private monitors
- developed standards
- regular dispatched local staff to visit project sites
- strategically made field visits when ‘access windows’ were open (also flying field-based staff to Hargeisa or Nairobi)
- conducted peer-to-peer reviews
- used third party mobile monitors to verify deliveries
- used photographs and videos to supplement written reports
- a process of improved vetting of implementing partners has been initiated with a contractor database under the auspices of the office of the Resident Coordinator/Humanitarian Coordinator (RC/HC). Additionally, more formalised and standardised assessment of partners’ capacities is being introduced at cluster level.

49. Only a few organisations, including DRC, Norwegian Church Aid (NCA), Oxfam and SCF, had beneficiary accountability mechanisms in place. Hardly any organisations had rigorous feedback mechanisms to ensure that beneficiaries understand their entitlements and that aid really reaches them. This was despite the fact that this has become an increasing policy focus for some organisations. None of the beneficiaries interviewed by the evaluation team knew what assistance they were entitled to or how to complain if they did not get it. Beneficiary participation and informed consent were limited. People received little information on what they would receive. Some organisations claim that it was not feasible to provide beneficiaries with information on future assistance as this might have increased the risk of looting

50. Unfortunately, complaints mechanisms are in their infancy in SCS. WFP has succeeded in putting in place a beneficiary hotline allowing aid recipient to voice their concerns. Over the period under review the 21 complaints recorded were followed up either by explanations or action. DRC is about to test an SMS service to receive beneficiary complaints using Humanitarian Innovation Fund (HIF) resources.⁴⁶

51. Generally, while there have been few mechanisms to hold humanitarian organisations accountable, 2010 saw some more system-wide improvements. Henceforth humanitarian organisations' main focus has been on donors, through improved communication and reporting. Nonetheless, in the period under review established processes for taxing and coercing aid agencies had led to long-term and systematic compromises by aid workers in order to deliver assistance. This situation has been widely known, but implicitly accepted by managers and donors, seemingly in the spirit of ensuring adherence to the humanitarian imperative.

52. That said, accountability around provision of humanitarian assistance is high on the agenda of the UN and donors. This is most notably since the UN Monitoring Group on Somalia drew attention to widespread diversion of assistance in a March 2010 report⁴⁷ which was highly criticised by the UN for allegedly questionable use of sources.

Box 4: Lessons and good practice on how to engage with communities in SCS:

Understanding perceptions of affected populations and clearly explaining programme objectives and inputs is vital. People must see that consultations are transparent and aid is distributed fairly between communities without any suggestion of bias. By involving beneficiaries and stakeholders it is possible to achieve this. As the evaluation team was told by a local NGO representative in Mogadishu: "you have to be transparent with the community, telling them what you do and letting them know what the outcome is. You must call the people and explain what you are going to do. Agree on selection criteria". Some NGOs stress the importance of open dialogue with local elders and community leaders. International organisations have managed to include women's groups in consultation processes.

Oxfam GB, together with WASDA, implemented a recovery-focused pilot project in 2008/2009 in Lower Juba in Wajir and Ijara districts which addressed livelihood problems. This could be replicated in other insecure areas. It entails three community-level committees:

- a) a Project Implementation Committees responsible for the implementation of priority projects, including the procurement of supplies and hiring of contractors. The PIC is supported by a local NGO.
- b) a Project Monitoring Committees responsible for monitoring project implementation in collaboration with a local NGO.
- c) a Project Accountability Committees accountable for the proper utilisation of funds and security. PACs are typically chaired by a trusted elder such as the head of the sub-clan (*nabad-doon*) or the district leader (*gudumiye*). If projects do not deliver, or have to stop because of insecurity, the PAC is held responsible.

53. Prior to publication of the Monitoring Group report different organisations had already drawn up risk management systems in order to identify/mitigate diversions and fraudulent practices. Unfortunately, it was not until March 2010 that more coordinated efforts were put in place and donors jointly raised concerns regarding the delivery of assistance.

54. Other NGOs, including Trócaire, have taken similar approaches to engaging with communities: signing community contracts/agreements, clearly outlining the obligations of stakeholders and what can be expected by when. Among UN agencies, UNICEF established village committees for their education, child protection and water programmes.⁴⁸ Both examples are positive and aligned with long-standing good practice that involvement enhances understanding of operations and community commitments (see box 4).

5. Coherence

55. This section addresses the extent to which a principled humanitarian response to SCS has been constrained by other priorities, including the political and security objectives of donor governments as well as field level access and security problems for humanitarian agencies.

56. From 2005 to 2010, the international community responded to the crisis of the Somali state with a mixture of diplomacy, humanitarian assistance and state -building programmes. Since 2007 the response has faced increasing restrictions, imposed both by donors and parties to the conflict (TFG and AS). As a result, humanitarian action became increasingly instrumentalised and subordinated to regional and global security priorities. This security agenda has sharply divided different response actors and, ultimately, led to a lack of sustained dialogue with the parties to the conflict.

57. Significant is the fact that AS was, and is, officially considered by some Western donors as a terrorist organisation because of the threat to security it poses, leading some donors to ban aid distributions in AS-controlled areas lest resources be diverted. In retaliation, AS labelled several organisations as spies, particularly organisations funded by the US such as CARE, Mercy Corps and World Vision which they excluded from areas under their control. Additionally, on some occasions they banned aid distribution when donor funding was available. In most cases these organisations ended up providing assistance to areas controlled by other parties or in other regions, particularly under the control of the TFG in SCS and in the autonomous regions of Puntland and Somaliland. Other organisations, mainly those not operating with US funding, managed to negotiate access to areas under AS control – those engaging in life-saving activities had relatively easier access. In some circumstances AS refused some types of assistance: for example banning immunisation in Kismayo. Long-standing relations with local authorities and pressure from local populations enabled access (see also Access and Security).

58. After the TFG was installed in Mogadishu in early 2007, the UN and foreign governments robustly sought to build its capacity and legitimacy. At the same time, as a whole the international community failed to condemn direct violations of international humanitarian and refugee law, such as the Ethiopian invasion, US airstrikes, the closure of the Kenyan border to Somali refugees, indiscriminate shelling of civilian neighbourhoods in Mogadishu by Ethiopian forces and arbitrary detentions.⁴⁹ It should be noted that UNICEF and a coalition of NGOs repeatedly protested against these violations. Parties to the conflict,

⁴⁸ As reported in Table 1 above the UNICEF child protection support programme reached some 219 communities out of 600 targeted. The Child Education Committees were considered a driving force for enrolment and management in community schools.

⁴⁹ <http://www.amnesty.org/en/library/asset/AFR32/002/2007/en/1447a295-d3a0-11dd-a329-2f46302a8cc6/afr320022007en.html>
<http://www.hrw.org/en/news/2008/03/30/human-rights-crisis-somalia>

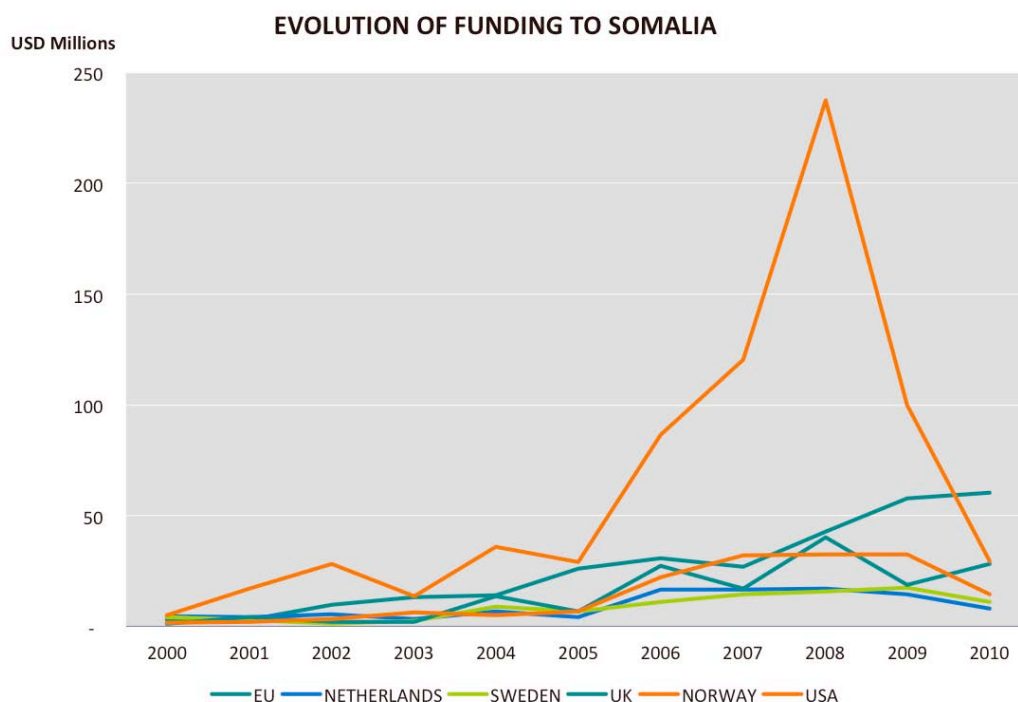
including the TFG, AS and other militant groups have not been held accountable under international humanitarian law.

59. Broad international support to the TFG remained intact despite serious allegations of corruption within the TFG. In May 2010, the UN Secretary-General called on the world to support the TFG as the best chance to stabilise the country, arguing that by reinforcing military gains by the TFG, providing humanitarian relief and achieving political progress, “we can set Somalia on course for greater stability and peace”.⁵⁰ Years of hard-earned experience, in Somalia and elsewhere, seem to demonstrate the need for a more dynamic and decentralised approach to ensure a coherent course towards sustainable stability and peace.

Donors

60. During the evaluation period, Somalia was a top recipient of humanitarian aid. Donor funding for Somalia increased steadily following a turning point in 2006 after which funds more than doubled in response to increased conflict and severe droughts later followed by floods. While funding for Somalia as a whole showed a steadily upward trend, with some instability in recent years, the funding for SCS remained relatively stable from 2007 onwards. The top ten donor countries together with the European Commission and the Central Emergency Response Fund (CERF) provided 81% of all funding for projects inside and outside the CAP. The largest donor, the US, contributed almost 30% of the funding (\$US696.7 million). After 2009, seven of the top ten donors decreased their support to SCS – Canada, Denmark, Germany, the Netherlands, Norway, Sweden and the US. After the US decision to withdraw funding for SCS, the total volume decreased after 2008. Total 2005-2010 funding for Somalia is illustrated in the graphs below:

Graph 1: Evolution of top five donors’ funding to Somalia (source FTS).



⁵⁰ Ban Ki Moon Statement to Security Council Presidential Statement Stresses Need for Comprehensive Strategy to Restore Peace, Stability in Somalia <http://www.un.org/News/Press/docs/2011/sc10193.doc.htm>

61. The extremely volatile security situation, anti-terrorism legislation and politicisation of aid by several donors (notably the suspension of US funding) resulted in increased earmarking. Resultant complex funding and reporting requirements severely hampered relief efforts and implementation of a principled and coherent humanitarian response. The funding gap created has been slightly offset by increased support from other donors, including Australia, ECHO and Japan. Notably, approximately 80% of DFID humanitarian assistance in 2010 was focused on the south, including AS-held areas.

Independence and impartiality at stake

62. Since donors' national legislation listed AS as a terrorist organisation, the delivery of humanitarian aid in AS-controlled areas has been constrained. Legislation opened up the possibility of prosecution of organisations (or individual staff members) suspected of operating in these areas, if governments had well-founded suspicion of diversion of funds to proscribed organisations. Pressures to adhere to political and military objectives as well as increased demands for accountability (see part 7) have led some major bilateral donors to allocate funds to TFG-controlled areas. Thus, neutral and independent humanitarian action and needs-based response lost ground.

63. Maintaining independent and impartial humanitarian action has been a major challenge, particularly following UN Security Council Resolution 1844 (20 08) which stipulated that humanitarian aid cannot be directed to groups that destabilise the country.⁵¹ Staff interviewed in the field considered that it was important to deal with AS, but only if they received full back-up from their organisation: "If you fail you face many problems, if success all applause", noted a UN worker in SCS.

64. In March 2010, the Security Council passed Resolution (SCR) 1916⁵², which granted an exemption to UN Member States, and thereby humanitarian organisations, allowing provision of funds to operations in areas controlled by entities proscribed by the UN Sanctions Committee. This meant that humanitarian aid could be given to areas under AS control and to a certain degree be distributed more impartially. However, SCR 1916 also requires the HC to report to the Security Council every 120 days on politicisation, misuse, and misappropriation of humanitarian assistance—an unprecedented requirement.

65. Most agencies intervened through national staff or local partners who were often unfamiliar with the principles of independence and neutrality and tended to be closely embedded with clans. In 2006, OCHA and a group of NGOs developed Joint Operating Principles (JOPs) which stress the need to follow principles of neutrality and impartiality.⁵³ In practice, however, these principles were not always known to local staff and there was little evidence that clusters actively ensured that the JOPs were applied.

66. Over the period under review, and thanks to the efforts of the HC/RC, the UN did not implement an integrated mission despite pressure from UN HQ. However at field level some donors and humanitarian organisations' representatives noted that the UN simultaneously promoted the integration of

- a political agenda through the Department of Political Affairs (DPA)
- a security agenda led by the Department of Peace Keeping Operations (DPKO)

⁵¹ In March 2011, SC Resolution 1972 decided that "(...) for a period of sixteen months from the date of this resolution, and without prejudice to humanitarian assistance programmes conducted elsewhere, the obligations imposed on Member States in paragraph 3 of resolution 1844 (2008) shall not apply to the payment of funds, other financial assets or economic resources necessary to ensure the timely delivery of urgently needed humanitarian assistance in Somalia, by the United Nations, its specialised agencies or programmes, humanitarian organisations having observer status with the United Nations General Assembly that provide humanitarian assistance, or their implementing partners."

⁵² <http://www.unhcr.org/refworld/country,,,RESOLUTION,ERI,,4bb1bfbb2,0.html>

⁵³ For information and analysis of JOPs, see Reena Ghelani and Zia Choudhury, "Uphold your principles, don't shrug your shoulders", *Humanitarian Exchange Magazine*, October 2008. <http://www.odihpn.org/report.asp?id=2951>

- a humanitarian principled approach promoted by OCHA
- a development one led by UNDP (together with FAO, ILO, UNICEF, WHO and others), which entails involvement in governance, police and security reform as well as humanitarian work, albeit at a modest level. Development work is carried out through the UN Transition Plan where several other UN agencies play leadership or facilitation roles.



Photo 4: AMISOM convoy departing from Mogadishu airport

As a result, the UN has often been considered to support one of the parties to the conflict and has not been perceived as a neutral and independent humanitarian actor.

67. Since its deployment in 2006, the African Union Mission in Somalia (AMISOM)⁵⁴ has seen humanitarian assistance as a tool to win hearts and minds in “liberated areas” under TFG control. Organisations have experienced pressure to work in them despite knowing that this would entail taking sides in the conflict, potentially compromising an independent and neutral humanitarian response, and endangering both the security of humanitarian actors and those benefitting from the assistance.

68. Some organisations – clearly exemplified by the ICRC and Médecins Sans Frontières (MSF) – have followed a principled approach based on the humanitarian imperative to deliver assistance independent of political affiliation. There was some mistrust of UN agencies because of their perceived support to one party to the conflict (the TFG). Other agencies are reluctant to be closely linked to the TFG, as this would compromise their ability to respond in AS-controlled areas. According to local NGOs interviewed in Mogadishu, INGOs on the ground, such as DRC and NRC, were more familiar with the context and have a humanitarian perspective while the UN was perceived to have a bunker mentality and to be more politicised.

Access and security

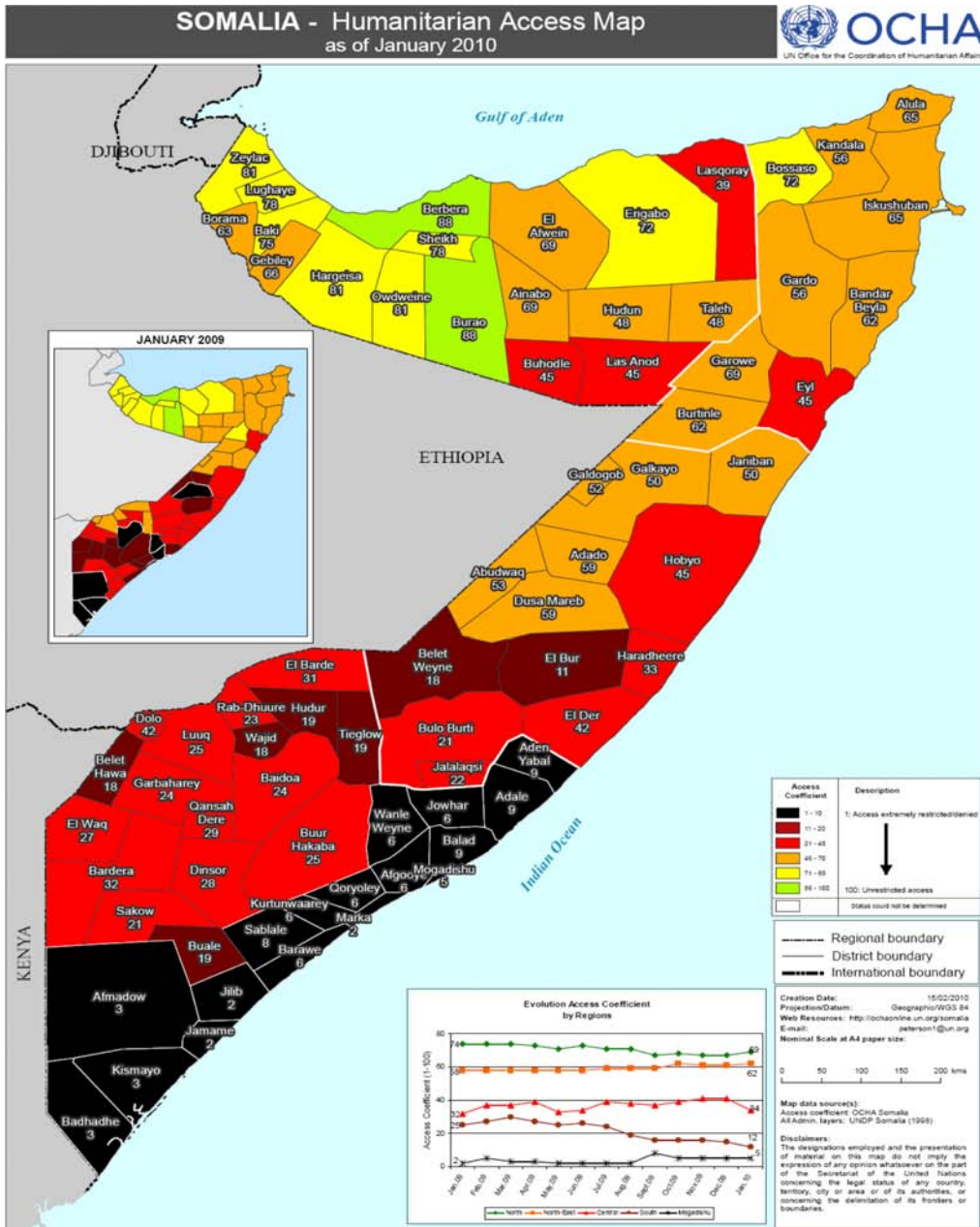
69. Somalia is an extremely dangerous environment for humanitarian operations. In 2008, 35 aid workers were killed, representing two-thirds of all humanitarian workers killed globally.⁵⁵ All warring factions have engaged in indiscriminate attacks on the civilian population and humanitarian organisations, and AS has issued threats of killing, kidnapping and forced recruitment. In 2008, humanitarian space was drastically reduced, following AS expansion in southern and central parts of Somalia and anti-terrorist operations led by the US military. In response, AS declared aid workers to be legitimate targets, and,

⁵⁴ <http://www.africa-union.org/root/au/auc/departments/psc/amisom/amisom.htm>

⁵⁵ Abby Stoddard, Adele Harmer and Victoria DiDomenico, *Providing Aid in Insecure Environments: Trends in violence against aid workers and the operational response (2009 Update)*, HOG Policy Briefs 34, April
<http://www.odi.org.uk/resources/details.asp?id=3250&title=violence-aid-workers-operational-response-2009>

subsequently, international humanitarian workers became the deliberate targets of violence, crime and killings. AS refused humanitarian response activities in some locations despite agencies being prepared, and repeatedly requesting, to be allowed to deliver services.⁵⁶ The number of humanitarian workers killed or injured in violent attacks increased, leading to the withdrawal of almost all international humanitarian workers from SCS.

Map 2: OCHA (2009 small and 2010 big map): Access deteriorated to people in need



⁵⁶ The refusal of AS to respond to any attempt to negotiate access to humanitarian services can be illustrated with the refusal to immunise children in Kismayo after 2009.

70. After 2008, increasingly limited access meant that populations in need in AS-controlled areas became out of reach for most organisations. The majority of international organisations have had no international staff on the ground anywhere in SCS since 2009. (Areas where access deteriorated most in 2009 and 2010 are indicated in black, brown and red on map 2). Most agencies have managed to continue to work through national staff or local partner organisations but moved into remote management to continue to deliver humanitarian assistance from Nairobi (see part 8). Others, such as Trócaire and Solidarités, target the Gedo region through cross border operations out of the north-eastern Kenyan town of Mandera. The few organisations still on the ground had limited capacity to respond according to needs.



Photo 5: Armed escorts during the evaluation field mission in Abudwaq

The few organisations still on the ground had limited capacity to respond according to needs.

Only the ICRC, MSF, ACF, Concern, DRC, NRC, Muslim Aid, Oxfam as well as FAO, UNICEF, WHO and WFP (until the suspension of its activities) have been able to operate (mainly through implementing partners and national staff) in areas under the control of both protagonists (the TFG and AS). Faced with growing access and security constraints, they have often been unable to move beyond areas where they have managed to build up relations with local authorities, even when it comes to extending operations to neighbouring villages.

71. Lack of humanitarian access was the major operational constraint with regard to needs-based delivery of aid. In SCS there were high levels of criminality and banditry, extortion, kidnapping, looting and taxation of aid at the rising number of checkpoints.⁵⁷ TFG actions have further restricted humanitarian space. Administrative interference and hindrances have placed an additional burden upon humanitarians. Mistrust has developed between humanitarian workers and TFG authorities, who, attempting to control aid delivery, have accused aid workers of supporting terrorists. In some instances TFG personnel have even incited crowds to loot relief convoys allegedly supplying terrorists.⁵⁸ In May 2009, an AS attack on UNICEF's Jowhar warehouse destroyed most of the cold chain for SCS.

⁵⁷ In 2010, 23 August, AS called all aid agencies in Belet Weyne town, Hiraan Region to a meeting to inform that that they should pay US\$10,000 within 15 days, a deadline coinciding with the beginning of Ramadan. This payment would allow agencies to work for six months, after which agencies should pay an additional US\$6,000 for a six-month permit to be renewed every six months. Agencies should pay 20% of the cost of signed contracts and 10% of the cost of rented vehicles. Similar instructions were transmitted to all aid agencies operating in Middle and Lower Shabelle, Bay, Bakool, Middle and Lower Juba regions. The 25 August deadline to comply with these instructions was later postponed to 21 September 2010, for all regions. (OCHA Somalia 2010) <http://ochaonline.un.org/OchaLinkClick.aspx?link=ocha&docId=1175515>

⁵⁸ See "International policies and politics in the humanitarian crisis in Somalia", *Humanitarian Exchange Magazine*, October 2008. <http://www.odihpn.org/report.asp?id=2948>

72. Humanitarian agencies, which have maintained a continuing presence in SCS, have combined two main types of security strategies: acceptance and protection. Acceptance strategies included transparency, community dialogue and communication of agency objectives and mandate. Protection strategies reduced the security risk of organisations, but not the threat, by making them less vulnerable thanks to security procedures and armoured vehicles. For years many agencies – including the ICRC – have felt impelled to employ armed guards despite their reservations.

73. Despite the many challenges, several organisations managed to stay in the field, mainly thanks to long-standing collaboration with communities, clan leaders and elders. Such organisations also performed regular local contextual analysis to avoid security risks. Their key challenge has been to maintain and negotiate access in AS-controlled areas with unclear local chains of command. It may be the case, that direct negotiations with AS conducted by individual agencies might have undermined more strategic negotiations by the HC. Another challenge faced by most international actors has been building the capacity of local organisations to ensure continued access to areas where INGOs and UN could not go.



Photo 6: Elderly IDPs in Galmudug in Bole Note settlement, Mudug Province. The man on the right lost his leg to a landmine explosion in Mogadishu

74. During the field mission the team noted that many organisations remained confined to their compounds while UN agencies had very restricted movements beyond the airport in Mogadishu. National or regional staff members have enjoyed greater freedom of movement compared to their international colleagues whose visits are rapid. Since January 2010 there have been no expatriates in SCS on a permanent basis outside of Mogadishu and Mudug region. As a result, security risks for national staff have increased, particularly when they have been given authority to hire and fire and to contract services. In addition, as national staff based in Somalia could favour their own clan and be exposed to corruption, several INGOs recruited and paid local staff through Nairobi-based staff.

75. In Somalia, as elsewhere, the role of the UN Department of Safety and Security (UNDSS) in influencing humanitarian access has grown. By declaring an area ‘phase V’ UNDSS can prevent all UN travel into areas deemed to be insecure. Since most of SCS has been in security phase IV and V for many years, UN programme implementation has suffered constant security restrictions. However, in recent years, locally improved cohesion of leadership at district level has created a stable security environment allowing greater access to certain areas (e.g. South West of Galgaduud). These areas have, to a certain extent, remained outside the focus of international organisations, with the exception of a few INGOs.

Protection

76. Throughout the period under review, the conflict led to major protection violations including the killing of civilians, massive displacement, gender-based violence (particularly rape, domestic violence and

sexual assault) and the forced recruitment of minors. The major parties to the conflict (AS and TFG) have deliberately targeted civilians, including the indiscriminate shelling of civilians in Mogadishu, hence committing substantial violations of IHL.⁵⁹ The humanitarian community has had little leverage to engage the parties to the conflict with the protection agenda⁶⁰, thus constraining their capacity to enhance protection activities.

77. In Somalia, protection of civilians has been increasingly subordinated to security interests. AMISOM's mandate – to provide support to the TFG, facilitate the provision of humanitarian assistance and create long-term conditions for stabilisation – does not include a clear mandate for the protection of civilians.⁶¹ To a certain extent, AMISOM and the TFG's inability to protect civilians have undermined the TFG's credibility and effectiveness. Traditional ways of protecting the civilian population have been progressively sidelined as the war became asymmetric, the distinction between armed factions and civilians increasingly blurred and the principle of proportionality disregarded by parties to the conflict, including AMISOM. The failure to distinguish between combatants and civilians tended to be particularly noticeable in urban areas of SCS.

78. According to several organisations with a specific protection mandate, effective protection was lacking as expatriates from key humanitarian organisations were not on the ground due to diminishing access and had limited scope to advance the protection agenda with AS and the TFG. Protection was more focused on aid providers through enhanced security measures. However, aid recipients lacked proper access to physical, legal and security measures. Security rules and regulations, while intended to promote an 'enabling' environment for humanitarian assistance and protection, have tended to cut off aid workers from the victims of violence. As a result, protection by presence has often been missing and specific interventions have been scarce. Exceptions are specific child protection support to 219 communities throughout the country initiated by UNICEF in 2009 and the 2010 UNHCR awareness-raising programmes on violence against women and SGBV referral services. In general, however, the civilian population has been subject to violent attacks and seen relief assistance decrease as attacks drove out several humanitarian actors. Enhancing protection through the provision of basic assistance in the form of shelter – most IDPs live in shelters made of scrap material or in abandoned public buildings – as well as hygiene, water and sanitation continue to be the primary needs expressed by beneficiaries.

79. Protecting civilians and guaranteeing their access to humanitarian assistance and protection became increasingly complex as the conflict intensified. Human Rights Watch reported that combatants deployed in heavily populated civilian neighbourhoods and "at times used civilians as 'shields' to fire mortars".⁶² According to several UN agencies reports between 2008 and 2009 the number of official and illegal checkpoints around SCS increased exponentially, imposing restrictions on freedom of movement and triggering associated incidents of looting and sexual and gender based violence (SGBV). The use of children in armed conflict remained widespread.

80. IDPs have increasingly been facing specific protection problems such as the emergence of gatekeepers around IDP sites attempting to control humanitarian assistance. According to UNHCR and

⁵⁹ In situations of armed conflict, the responsibility for the civilian population's well-being lies with all of the parties to conflict. If they are unable or unwilling to meet the basic needs of the affected population within their control, they are obliged to allow and facilitate the impartial provision of assistance. Unimpeded humanitarian access is regulated by IHL and is a fundamental prerequisite to effective humanitarian action in all different types of humanitarian crisis

⁶⁰ As noted in a comment made to the draft report, in conflict situations, a given armed group may have an interest in, for instance, releasing children from its ranks or abiding by IHL because of political expediency or aspirations to political legitimacy. AS has no such interest.

⁶¹ http://www.africa-union.org/root/AU/AUC/Departments/PSC/AMISOM/AMISOM_Mandat.htm

⁶² Human Rights Watch, *Statement to the Human Rights Council on Somalia*, September 29 2010.) <http://www.hrw.org/news/2010/09/29/statement-human-rights-council-somalia>

INGO reports, the presence of IDPs on private land has led to systematic abuses by some landowners, including the kidnapping of children due to non-payment of rent. According to aid recipients interviewed and aid provider reports, IDPs from minority clans in all parts of Somalia faced abuses such as killings, physical assault, theft and rape. They have no legal recourse either through formal justice or customary legal systems: they can be abused with impunity. In urban areas such as Mogadishu, IDPs have progressively been expelled from public buildings where they had settled spontaneously.

81. Since 2008, UNHCR and UNICEF, together with NRC and Oxfam Novib, have extended a people tracking system with protection monitoring networks bringing together over 50 national NGOs from throughout the country to monitor and report (and advocate to end) human rights abuses and forced displacement. This system has allowed the humanitarian community to track violations, conduct advocacy campaigns at international and national levels and plan programmatic assistance for newly displaced persons at cluster level (e.g. agriculture and livelihoods clusters). However, according to the information gathered, proper profiling of displaced populations could not be carried out in most areas of SCS, therefore specific protection and assistance needs could not be properly addressed. Some agencies such as OCHA, UNHCR and UNICEF were in a position to better advocate better on human rights violations. In general, however, a robust causality tracking and investigation unit was missing.

82. Access to land and basic assistance were among the major causes of internal displacement. Access to land was additionally a key problem for IDPs either denied a place to settle or forced to pay rents to landlords without being allowed to access basic services. Land rights represent major concerns during the whole cycle of displacement, including return and resettlement. If left unaddressed, this will force people into long-term displacement.

Conflict dynamics

83. Decades without representative government and with conflicts and recurrent natural disasters have meant that humanitarian assistance (and development assistance) has come to play an increasingly important role in the Somali economy. Humanitarian agencies provide opportunities for people other than those in need of humanitarian assistance. Agencies have continuously risked getting caught up in conflicts over the resources they bring to the country. The mission found some evidence at Nairobi level that agencies, either through clusters or individually, reflected on their potential role in the conflict dynamics and war economy of Somalia.

84. According to local communities interviewed, assistance was not delivered equitably. The key question was how the community understands who was entitled and who was not. As a community leader said in Abudwaq: “when assistance has been reaching only some groups of the affected communities it fuelled conflict. When it was more proportionally distributed it fosters reconciliation and peace”. Clan lineage plays an important role in resource allocation and distribution in Somalia. Project resources follow the same clan lines after the community sits down to plan allocations. Once divided on clan lines, the second level of allocations is based on vulnerability. It is important to note that each sub-clan has to be represented in decision-making. Data from the interviews confirmed that the main equity issues arising from the common practice of distributing humanitarian aid based on clan loyalties, rather than according to needs. As one female respondent noted, “clan is the first thing Somali people worship and practice”. One male respondent noted that “personal support is essential” to benefit from aid, while another remarked that “nepotism is popular at the time of distribution”.

85. The fragile environment surrounding clan dynamics in SCS as well as deep poverty affecting most Somalis means that humanitarian assistance must be delivered with thorough attention to potential conflict drivers – therefore attune to Do No Harm principles. Inappropriate targeting (as well as other

elements of assistance, such as quality and quantities) may trigger violence or even conflict. While there was no evidence of specific guidance in terms of targeting at cluster level, some local organisations follow approaches on how to distribute assistance in ways that are coherent with clan structures. A case in point was from WASDA whose staff respected clan lineages in distribution of assistance by dividing it first according to clan lineages and only thereafter letting communities decide on distribution following vulnerability criteria. FSNAU data was also used in the targeting process.

86. However, such approaches have not always been applied and there are documented examples of assistance that has generated conflict over its distribution and control. Dagueri (Galmudug) provided a good example of providing aid. According to interviews in Dagueri town, food distribution by WFP had triggered violence between host community and IDPs, as only the latter benefitted. Targeting (or selection of beneficiaries) was not carried out in consultation with the authorities, community members and elders, but instead in Abudwaq, the largest town in the area. By contrast, the ICRC provided food assistance in the same area, but distributed food (and other items) to host community members and IDPs upon consultation with the local representatives. The ICRC distribution did not trigger violence.

6. Coverage

87. This section addresses the degree to which humanitarian aid has been distributed to those in need, including an analysis of the geographical and sector distribution of aid as well as a review of targeting and gender.

88. Overall, coverage of needs varied significantly between geographic regions and across different humanitarian sectors. Several factors have limited coverage in SCS. The number of humanitarian organisations operating in SCS has decreased, even though in 2010, there were more organisations in the whole country as compared to 2005. Prior to 2008, most humanitarian assistance was concentrated in SCS but focus then started shifting to Somaliland and Puntland as most international humanitarian actors did not access AS-controlled areas in southern Somalia. Despite being relatively safer, few organisations have included central Somalia, where opportunities for recovery-focused approaches existed. As organisations and their operations moved towards northern parts of Somalia, there seems to have been a tendency for funding to be allocated on the basis of political imperatives and access rather than needs (see Coherence, section 5).

89. Despite efforts to overcome them, since 2008 access and security constraints have driven the response to be increasingly constraints-, (rather than needs-) based. By contrast, from 2005 to 2007, when needs were relatively lower; organisations had a stronger field presence allowing better coverage of needs.

Geographic

90. According to those interviewed some sectors, (such as food, livelihoods, nutrition and WASH) have managed to increase areas of coverage. However, expansion of provision has not kept pace with increasing needs (see Appropriateness, section 4).

91. In general, coverage of humanitarian needs was better in locations where humanitarian space was preserved. However, as most assistance has been provided in safe and accessible areas such as Mogadishu, it became a 'pull factor' for IDPs from other areas, typically those that were less accessible such as those in Southern Somalia under AS control (i.e. Kismayo). As observed during the field visit, assistance was more

likely to reach larger urban locations and areas along the major roads. For these have been easier to access compared to rural areas, where significant parts of the affected population was located.

92. Overall, coverage of humanitarian needs has been increasingly localised and significantly focused on the Afgooye corridor on the outskirts of Mogadishu (see map in Annex J). Assistance concentrated around this area, to the neglect of other areas of SCS. There are several explanatory factors:

- Mogadishu's air and seaports had re-opened, for the first time since 1995. In mid-2006, humanitarian vessels started to arrive, re-establishing the capital as a key entry point for relief goods. In 2007, the response to the influx of IDPs in the Afgooye corridor was prompt and well-covered, due partly to relative ease of physical access and concentration, but also to the initial over-estimation of the caseload.
- The Afgooye corridor was accessible, with displaced people concentrated in a relatively small area, where relief was swiftly flown or shipped in and extending access to basic services such as education could be done.
- Due to the escalation of hostilities and the influx of IDPs in the capital, the corridor quickly turned into the largest IDP camp in the world, thus drawing renewed attention to the humanitarian crisis in Somalia.
- Initially, the caseload was overestimated, which led to an oversupply in the humanitarian response. According to a UN representative interviewed, food aid was even resold in Kenya.

93. When the Afgooye corridor came under AS control, according to national NGOs interviewed in Mogadishu, levels of assistance drastically diminished

94. Aid recipients from the Afgooye corridor gave mixed reports of the coverage. Many respondents reported having received no humanitarian assistance at all in 2005-2010. Of those that had received assistance, by far the most common kind was food aid.⁶³ In particular, many mentioned WFP as their only source of humanitarian assistance in the last few years. Other support in Afgooye included assistance with piped and trucked water and distribution of soap. Health and education assistance were rarely mentioned during interviews carried out by the mission in the Afgooye corridor.⁶⁴

95. According to the SCS IDPs and Somali refugees interviewed, the response in their regions of origin was limited, and the way assistance was distributed continued to fuel displacement. Interviewees indicated that if people received assistance and security was guaranteed in their areas of origin they would go back.

96. In contrast to the Afgooye corridor, up to late 2010, entire regions of SCS, such as Lower Juba, Kismayo (resulting from the 2008 attack on the MSF hospital) as well as the Lower and Middle Shabelles, received limited or no assistance. This was due to the limited presence of organisations in those areas as well as AS refusal of humanitarian assistance (e.g. in Kismayo). Some organisations, mostly those with their own funding arrangements, have managed to maintain their activities on the ground and as a result, there

⁶³ The wet-feeding programme in Mogadishu was introduced in 2007, because of the level of insecurity, to ensure that the most vulnerable people such as IDPs and the urban poor would receive food assistance. In 2009, it catered for up to 80,000 people per day even during times of open conflict: according to agencies, 90% of beneficiaries were women and children.

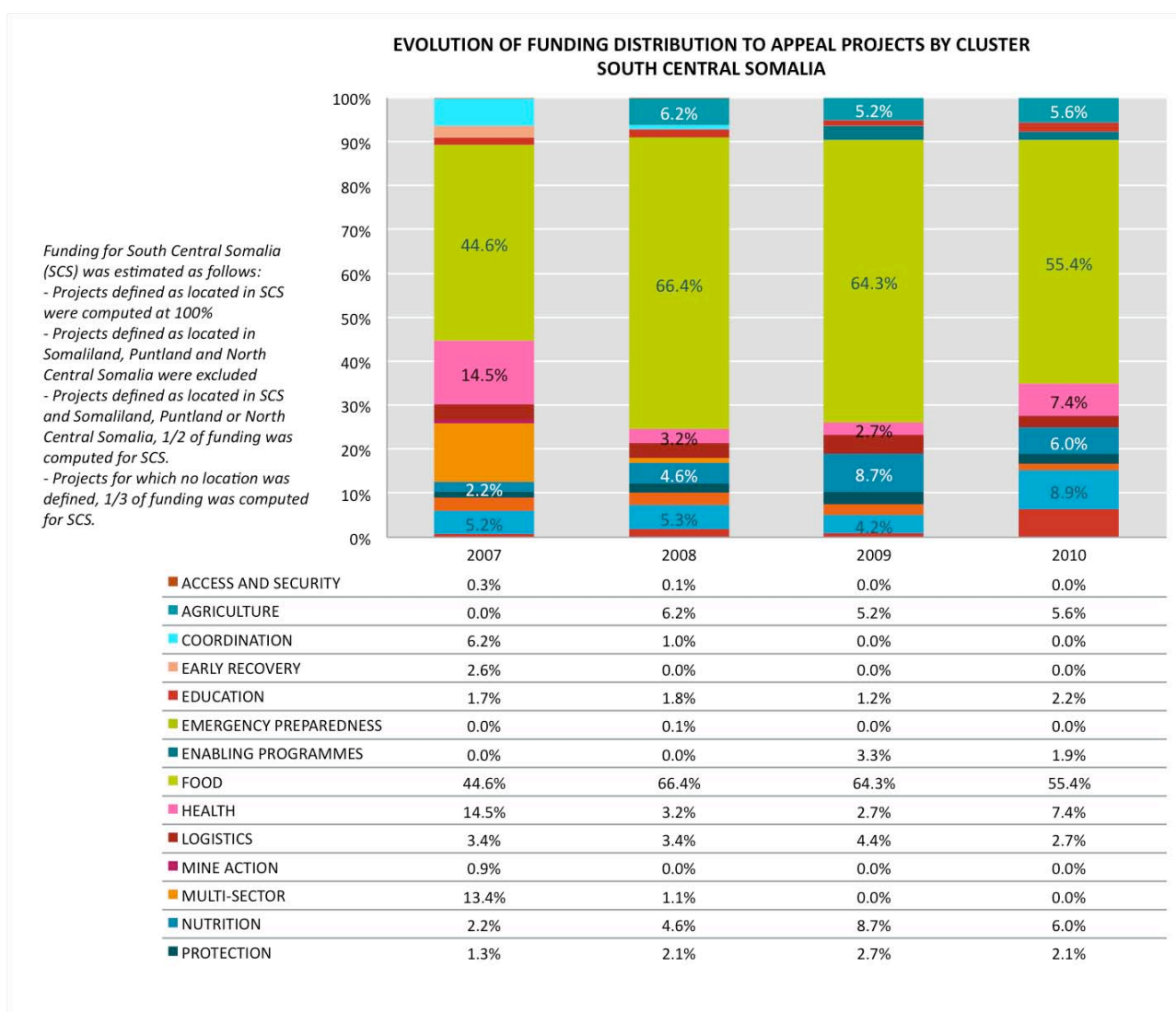
⁶⁴ As noted in comments on the draft report, this may be partially due to the timing of the evaluation field visit in June 2011. At that time initial signs of drought were being reported and beneficiaries might have expressed clear preoccupation with their agricultural and WASH needs, while agencies reported major gains such as access to education.

was a wider need to address needs in the south. Although they have been more accessible in 2009, central regions such as Mudug seem to have been overlooked, particularly remote areas such as Abudwaq, in terms of shelter, health and water and sanitation as compared to more accessible areas such as Galmudug. AS-controlled areas have received less attention as only a few organisations have been able to maintain their presence.

97. Funding availability for national NGOs significantly determined the overall progress on response coverage, particularly in areas of limited access to international organisations.

Sector

Graph 2 Funding for South Central Somalia by sector 2005 – 2010 (Source FTS)



98. The main focus of humanitarian responses in SCS (further demonstrated by Graph 3 which indicates food as among the most pressing needs) has, by far, been food. Food surpassed any other sector in terms of resources, receiving approximately two thirds of funding from 2006 to 2010 (for more details on funding, see: Annexes A and B). The strong prioritisation of food aid, as compared to other sectors, limited funding

for non-food sectors. After implementation of the cluster approach efforts were coordinated in order to provide better targeted aid to combat disproportionate allocation of funding to food. During the 2008 mid-year review of CAP, even with a major budget increase, donor response was very strong for nutrition (94% of the programmable appeal amount was funded by the end of the year) and virtually all implementation targets were exceeded.⁶⁵

99. Prior to its suspension, most WFP food assistance to Somalia was focused on southern-central areas: less than one-third went to Puntland and Somaliland. In the two years prior to the January 2010 suspension of WFP operations in SCS distributions reached an average of 2.5 million people. Food has since then been considered the most outstanding need during emergency peaks.

100. As noted in part 4, immunisation campaigns were very successful, keeping the country polio free from 2007 to 2010. Unfortunately, there have been fears that polio could spread due both to lack of access and refusal to participate in campaigns in some AS-controlled areas. There have been significant results in health and agriculture but affected people still considered that their needs were unmet. Camp management was absent in most IDP settlements visited – only recently has NRC started some camp management initiatives in Bossaso. Interviewed IDPs stressed the need for peace, education for their children, money to restart lives and livelihoods and access to land, especially so as to return to areas of origin. UNICEF positively attempted to link health, WASH, nutrition and education.

Targeting

101. Targeting was well informed by analysis but less so by adequate assessment at village and household level. IDPs represented the largest proportion of the affected population in need of humanitarian assistance and received most attention. However, both reports and interviews with agency staff highlighted that IDPs in settlements in TFG-controlled areas tended to be better assisted than 'invisible' IDPs in remote areas under AS control, or in host families whose needs were often neglected. In addition, the fact that host communities and families were often left out of assistance caused deep tensions – as in 2008, when IDP settlements in Galkacyo were set on fire by the host community. Limited assistance reached nomadic and agro-pastoralist communities, whose members were forced into short-term displacement by recurrent droughts. Most vulnerable women, children and elders interviewed during the mission reported never having been provided assistance specific to their needs. Distinguishing displaced persons from local populations has proven difficult due to the prevailing nomadic culture and the complex nature of the humanitarian crisis. Since 2007 there has been limited overall systematic IDP profiling. Distinctions between fresh and old displaced populations as well as those that had experienced secondary and tertiary displacement were limited. Long-term IDPs met were often living in similar conditions as the urban poor and did not foresee return, having lost their land and networks in their areas of origin. The specific needs of these people have been often overlooked.

102. Relative 'safe areas' within Somalia (such as Bossaso, Galkacyo, Galgaduud, Afgooye and, to some extent, also Mogadishu) provided a pull factor for increasing numbers of IDPs. In 2007, the *ECHO Global Plan* noted that "the sheer concentration and size of displaced communities is putting untold pressure on basic amenities such as shelter, clean water, sanitation, health care, and food and means are insufficient to meet the needs of both host communities and the displaced populations".⁶⁶ Most interviewees noted that host communities are generally excluded from humanitarian assistance. This is critical as increases in food prices have added to the challenges facing host families and the Somali population in general. In 2008, food

⁶⁵ In 2009, even with major CAP funding constraints, most of UNICEF's nutrition targets were met or exceeded, thanks to carry-over supplies and cash from 2008 and several non-CAP contributions supporting selective and blanket feeding.

⁶⁶ http://ec.europa.eu/echo/files/funding/decisions/2007/somalia_gp_02000_en.pdf

prices rose 300% and the population could not buy sufficient food, even if enrolled in cash-for-work programmes.⁶⁷

103. Another problem with the provision of aid to IDP communities was the scarcity of supplies. This appeared to be complicated by sudden influxes of new arrivals to the settlements. Newly displaced people generally had insufficient access to food and non-food items including shelter, clothing and blankets. As stated by one displaced person interviewed by the team in Afgooye corridor, “new people arriving at the camp” was one of the biggest problems facing his community, as his camp was already facing the “problem of hunger”. Many respondents reported dramatic shortfalls in aid distribution. One recalled an incident in which his camp of 60 people was provided with a two-person portion of food supplies. Sometimes, this scarcity of aid supplies became a source of conflict within IDP settlements. One respondent remarked that toilets provided in insufficient numbers by an NGO “created conflict among the camp’s people and committee as well as the organisation that donated the aid”.

104. Blanket coverage, as practised by NRC in Mogadishu, was a solution to manage delivery in a fair manner whereby all IDPs in a settlement can benefit from aid. This also made beneficiary identification and selection easier, as aid organisations did not need to discriminate between IDPs to determine who was or was not entitled to aid. However, blanket coverage could only be implemented in circumscribed environments and at small scale.

105. Strategies to determine protection priorities as well as how and when to intervene or not intervene, were generally absent aside from overarching strategies discussed at cluster level in Nairobi. These were broadly defined in the CAPs, in terms of community-based protection, such as agriculture and livelihood clusters that used the Population Movement Tracking used for programmatic response (see paragraph 79). Distant discussions did not always translate into action on the ground. The differentiated needs of IDPs according to place (urban/rural), length of displacement (new/old)⁶⁸ and cause of displacement (drought – pastoralist; conflict urban and rural population) were often analysed without sufficient thought. According to local authorities and aid recipients interviewed, the specific needs of displaced populations in host families were overlooked most of the time.

Gender

106. Gender in Somalia is a sensitive issue. Until there is greater gender awareness agencies focus on gender issues can fuel conflict, potentially ending up doing more harm than good.

107. Women have been disproportionately affected by the emergency due to pre-existing gender inequalities. They have been often excluded from assistance or involvement in the process of aid distribution. There have been dramatic setbacks for networks seeking to promote women’s rights and questioning their taken-for-granted role in traditional Somali culture. In AS-controlled areas, women performing income-generation activities or travelling have not been accepted.⁶⁹

⁶⁷ Joseph Githinji and Abdi Osman, , 2008, *Evaluation of Water and Sanitation Response for Vulnerable Populations in Lower Juba, Southern Somalia*, Oxfam. <http://policy-practice.oxfam.org.uk/publications/evaluation-of-water-and-sanitation-response-for-vulnerable-populations-in-lower-119436>

⁶⁸ At the end of 2010 an ‘old’ IDP caseload of about 400,000 people were caught in protracted displacement. Most such IDPs are thought to belong to ethnic minorities or otherwise socially marginalised groups. Many IDPs in rural areas have been there for 15 years or more. Those in protracted displacement tend to have no clan-based protection and are, thus, particularly vulnerable, not hosted by the local community and forced to live in settlements or decrepit public buildings.

⁶⁹ According to Human Rights Watch (2010) “in many areas, women have been barred from engaging in any activity that leads them to mix with men—even small-scale commercial enterprises that many of them depend on for a living. Al-Shabaab authorities have arrested, threatened, or whipped countless women for trying to support their families by selling cups of tea.”

108. Clusters have made significant progress in mainstreaming gender equality over the period under review, especially impacting the 2010 Consolidated Appeal. In 2009, only four of the eight clusters (Agriculture & Livelihoods, Education, Health and Protection) referred to gender or gender-related issues such as SGBV or paid attention to the specific needs of women and girls (the Education Cluster). The 2010 CAP was a welcome affirmation of the high priority the HCT has placed on gender equality. Three of the four Strategic Objectives relating to livelihoods, basic services and protection needs of women and youth signalled clearly the HCT's determination to promote gender equality. Nevertheless, in 2010 most of the projects contained in the CAP were still gender blind and there was limited sex disaggregation in terms of outcomes and gender analysis. Aside from education projects, the specific needs of women and girls were poorly reflected in objectives and indicators. Furthermore, clear monitoring and evaluation data showing delivery of gender sensitive objectives and indicators were generally absent. As a result, the humanitarian response had limited disaggregated humanitarian outcomes showing access to services and resources for men and women, boys and girls. Although many humanitarian aid projects specifically targeted vulnerable women, issues of gender equity were rarely mentioned by survey respondents. One female interviewed said she had seen only one instance of females being given consideration and receiving aid first. Not a single male respondent interviewed mentioned gender equity issues in their responses.

109. Most effective interventions managed to integrate female programme managers and community workers, encouraging women among the affected community to be more involved throughout the programme cycle. When properly consulted, these projects showed that women's groups could speak openly about a wide range of subjects, allowing aid projects to capture specific needs and address them appropriately (see effective intervention in the box below). However, despite having developed gender equality programme strategies many interventions have failed to change engrained social and cultural constraints on female participation.

Box 5: Example of a gender effective intervention example

After the initial massive influx of populations fleeing the conflict in Mogadishu and the resulting chaos IDP settlements in the Afgooye corridor were fenced. Gender-segregated latrines have been built and women provided with torches. According to a local NGO representative interviewed in Mogadishu introduction of these measures in 2009 helped contribute to a drop in reported SGBV cases.

7. Efficiency

110. This section addresses the extent to which aid is delivered in an efficient manner, with particular attention to transaction costs, wastage, risk management, and issues associated with remote management of aid. Overall, transaction costs remained high, partly as a result of onerous administrative requirements. In addition, because of security and access constraints, there was a heavy reliance on local implementing partners and increasingly remote management systems.

111. Providing humanitarian aid under the conditions of limited access and insecurity, through remote management or local partners was considered successful by most interviewees. There is recognition of the important role played by national staff of international agencies. Nonetheless, practically all stakeholders

acknowledged that the quality of assistance, the timeliness and the strategic directions humanitarian aid has taken can be improved significantly at all levels. Furthermore, most interviewees agreed that the limited access and remote management arrangements made it difficult to provide an efficient response.

Funding mechanisms

112. The three main pooled funding mechanisms for Somalia have been the CERF, the HRF and the CHF. These pooled funding mechanisms allowed both international and national agencies to respond swiftly to surging needs with life-saving activities and represented a positive step towards providing more coherent and strategic assistance.

113. Somalia was the third largest recipient of the CERF after the Democratic Republic of the Congo (DRC) and Sudan, receiving \$US104.5 million from 2006 to 2010 (90% from the Rapid Response window). Following conflict and drought in 2009 Somalia received a CERF pledge of \$US60.5 million, the largest ever allocated to a crisis in a single year. CERF allocations from the Rapid Response window were *ad hoc*, responding to sudden onset or changing emergencies, and thus did not enable predictable funding.

114. The HRF, which was established in 2004 and changed to a CHF in July 2010, responded to emergency needs and supported under-funded projects. By June 2010, to better resource unmet needs and emergencies, HRF had disbursed \$US44.3 million and supported 219 projects. Some 90% (190 projects funded to a value of \$US37.3 million) were located in SCS as most funding was allocated for emergency activities. By increasing support to local partners, HRF was also instrumental in bringing the aid delivery system closer to rather inaccessible communities in need.

115. The difference between the two funding mechanisms was that the HRF could allocate funding throughout the year, while the CHF allocated funding twice a year in envelopes to clusters for high priority under-funded CAP projects. However, through its 20% window for emergency response, CHF also provides funding for non-CAP activities on a more *ad-hoc* basis. It should be noted that in principle some donors to the CHF did not support the idea that the Fund should strengthen local capacity. Furthermore, while UNDP manages the CHF in other countries in Somalia OCHA now does so. This is in response to NGO scepticism about receiving CHF funding through UNDP whose priorities were perceived as being linked to those of the TFG. However, it was felt that the OCHA HQ did not have the necessary capacity to disburse funds in a timely manner. The CHF has empowered OCHA beyond what was originally expected as bilateral funding to the CAP is increasingly being channelled through the CHF⁷⁰

Timeliness

116. Timely delivery of assistance has frequently suffered from disconnect between activities and decision-making, as organisations on the ground often have to wait for decisions from Nairobi. There is consensus that NGOs can work faster and more flexibly than the UN system (although UNICEF and WFP have been notable exceptions in some areas such as WASH and food distribution). NGO decision-making was more flexible, and NGOs were less constrained than the UN by security restrictions on staff movement.

117. In general, however, responses were often delayed by threats, insecurity and costly special protection units (SPUs). The evaluation mission additionally heard that the lack of existing technical standards in some clusters led to delayed responses. Time was often spent on deciding what to deliver.

118. While donor's increasing demands for accountability and transparency might have slowed down the mobilisation of resources, other factors also slowed use of funds. Unlike HRF funds, which could be

⁷⁰ In 2010 funding through CHF reached 5% of bilateral funding.

allocated throughout the year, most funds from the CHF, as noted above, are disbursed on a twice-yearly basis, with the exception of funds from the CHF's emergency reserve that can be disbursed throughout the year. In addition, the prioritisation process used by the CHF, and OCHA's limited capacity to review multiple applications have both slowed responses and allocation of funding. The process of submitting funding proposals places a heavy administrative burden on cluster coordinators. Final funding transfers were made by OCHA Geneva, adding a further administrative layer to the funding process. A HRF donor representative interviewed noted that "OCHA's selection process was very slow and they don't have the necessary capacity to screen projects and risks assessments seem not to be carried out thoroughly".

119. Although it was acknowledged that CERF funds for emergency projects were generally disbursed in a timely manner, emergency funding was for short-term projects only, typically between 6-12 months. Thus, agencies were compelled to spend disproportionate time on developing funding applications, and it was challenging for organisations to engage in longer-term recovery assistance. These complexities in the pooled funding system had a considerable effect on the timeliness of programme implementation in the field. The evaluation team learned that the organisations known to be fastest at mobilising responses were those with their own funding sources or able to mobilise them bilaterally, such as the ICRC, WFP, UNICEF as well as NGOs such as DRC, MSF and DRC.

120. Nevertheless, it should be noted that the CHF halved the time needed to disburse funding compared to the previously existing pooled funding mechanism. This was an achievement which may have contributed to improvements in operational timeliness in 2010.

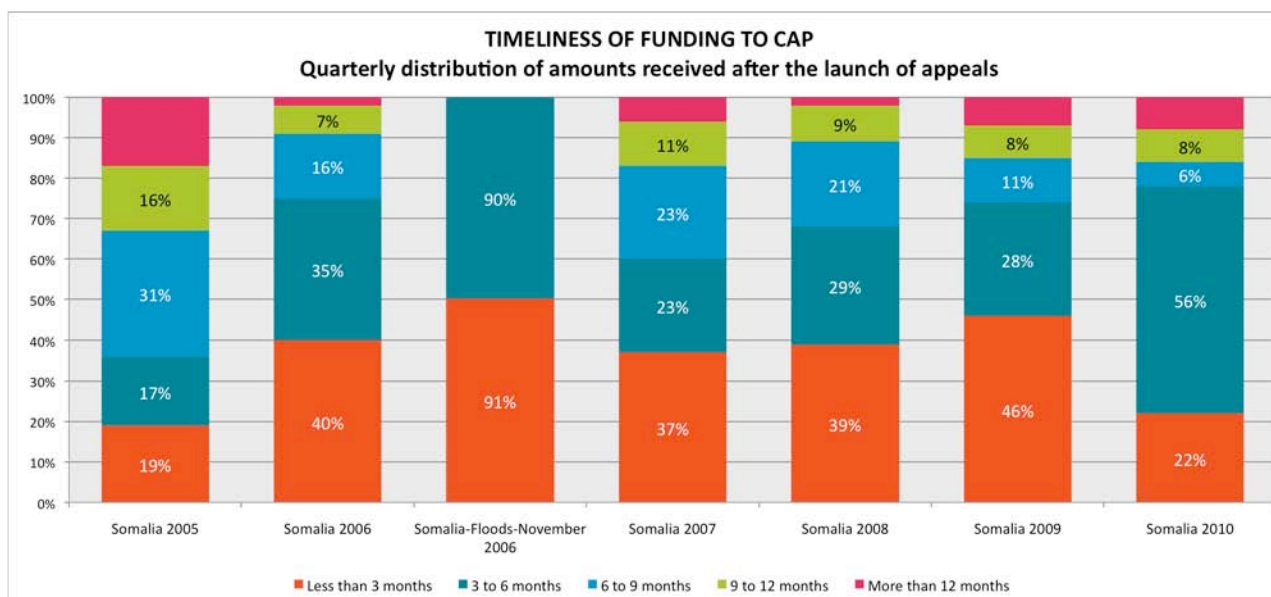
Examination of earlier evaluations indicates that timeliness of funding has been a long-standing concern. A 2007 CERF evaluation found that the processing time between submissions of proposals and grant receipts was six months. The analysis of CAP funding undertaken by the evaluation team, based on FTS data, indicates that funding timeliness has improved over time – especially from 2007 to 2009. Overall, however, between one-third and one-half of all CAP funding took at least three months to be processed. In 2010 timeliness saw another setback as only 22% of funding was channelled through within the first three months. Implementing partners, primarily INGOs, have emphasised that the late arrival of funding affects their programming and ability to provide timely responses to changing needs in SCS.⁷¹

121. It should be noted that an impressive 91% of funding for the late 2006 floods was disbursed within three months. This pattern is however well known to sudden on-set disasters, while slow on-set or 'hidden'⁷² disasters were less visible and therefore also more difficult to attract the attention of public and private donors.

⁷¹ While outside the time-scope of the evaluation, several NGOs, including those based within Nairobi HRF, reported that CHF funding for 2011 activities was still to be disbursed in June 2011. This prevented them from implementing planned activities unless they had alternative sources or could carry forward 2010 unspent funds.

⁷² Hidden disasters is a term used by the International Strategy for Disaster Reduction (see *Global assessment report on disaster risk reduction 2011* (<http://www.unisdr.org/we/inform/publications/19846>) to describe events such as droughts in the Horn of Africa.

Graph 3: Timeliness of funding 2005-2010 period (Source Financial Tracking Service).



Transaction costs

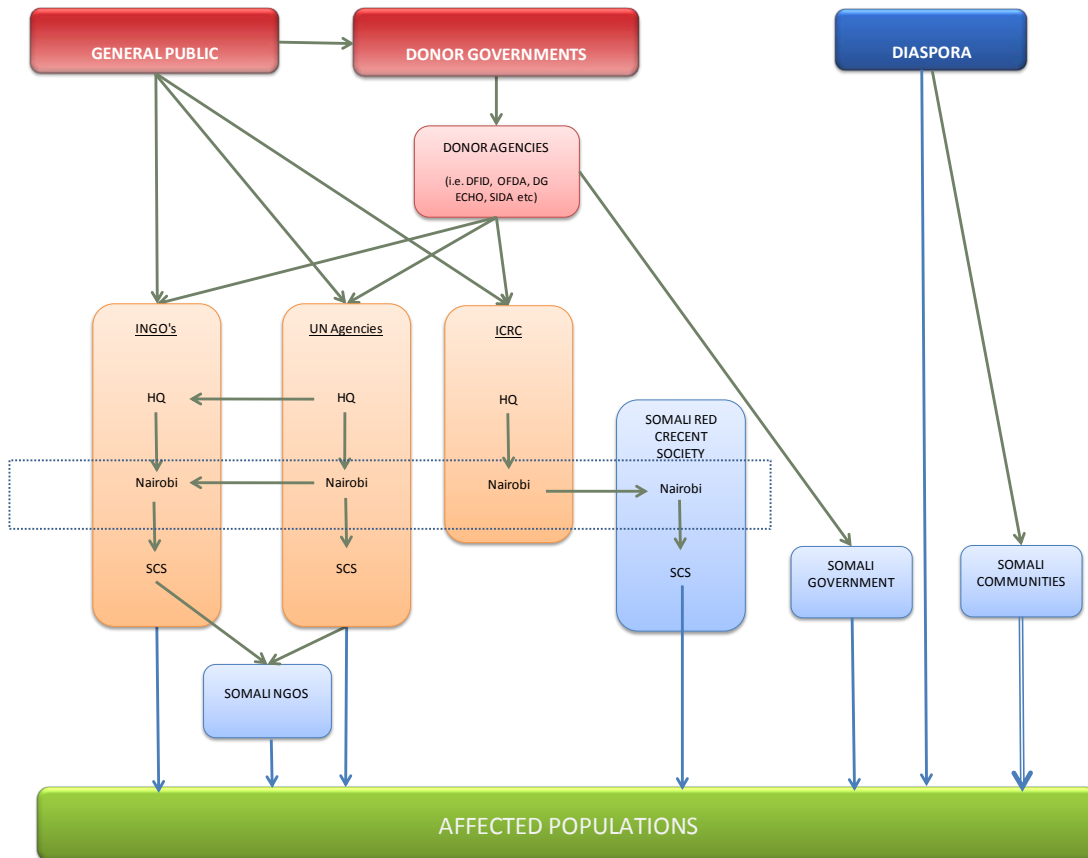
122. It is widely agreed that transaction costs for providing humanitarian assistance to SCS were high, mainly due to the fact that funding has to go through several administrative layers and implementing partners before it reaches the affected population. One of the most prominent explanations was the lack of access in SCS which has led to the steady build-up of coordinating structures between UN and implementing partners in Nairobi as well as institutional relations with donors. There was a general acknowledgement that this setup has grown out of necessity and that it was not the ideal way to provide humanitarian assistance in Somalia. This is because it raises organisational costs.

123. One of the main challenges in determining the efficiency of humanitarian response to SCS is the fact that none of the actors consulted, whether UN, NGOs or donors, had precise data or even estimates of the share of humanitarian assistance that actually reached the affected Somali population (see part 4). The tendency of respondents to provide a seemingly rather loose estimate of how much actually reached the beneficiaries (answers ranged between 30 and 70 per cent) highlights this information and accountability challenge. The evaluation further found that there were no specific or systemic accountability requirements (e.g. unit costs or expenditure monitoring) and that only in very few cases (with the exception of ECHO), were implementing partners requested to present unit costs in their funding proposals. Furthermore, there was no agreement either among NGOs and UN agencies or among donors to identify (or demand) mechanisms that would provide more transparency on transaction issues and the costs of providing humanitarian assistance to SCS.⁷³ It should be noted that this problem is not only related to the emergency operations in Somalia. Other recent evaluations have pointed to the same systemic accountability challenges.⁷⁴

⁷³ In 2010, when DFID introduced the concept of value for money (VFM), partners, including cluster leads, participated in a process to develop costs ranges for key inputs and outputs. Partners now have to provide proposals and reporting lines indicating this.

⁷⁴ See, for example, Riccardo Polastro et. al. *Inter Agency Real Time Evaluation of the Humanitarian Response to 2010 floods in Pakistan*. March 2011 http://ochanet.unocha.org/p/Documents/Final%20report%20of%20the%20Inter_Agency%20Real-Time%20Evaluation%20of%20the%20Humanitarian%20Response%20to%20the%20Pakistan%20Floods.pdf

Figure 1: Transaction costs of humanitarian assistance to Somalia (adapted from OECD DAC 1999)⁷⁵



124. Figure 4 illustrates how humanitarian assistance is channelled to SCS. From the model it becomes clear that Nairobi adds an additional layer of an already heavy administrative structure, hence impacting transaction costs and timeliness. Funding from a donor agency will typically go through four or five different layers before reaching beneficiaries. En route through these different levels, each organisation charges their share of overheads for administrating the funds ‘passing’ through their organisation. Despite enhanced coordination, monitoring and standards, the UN also administers funding that is then passed on to INGOs, but sometimes with no, or very limited, added value.

125. There are different alternatives to this model in which transaction costs are assumedly reducible. Either if the implementing organisation receives funding directly from donors (hence avoiding an additional administrative layer), or if (like the ICRC, MSF, NRC, DRC and Concern) they have their own funding and thus are able to bypass some of the layers illustrated in figure 4. Some donors are promoting framework agreements with humanitarian partners which allow them to mobilise more timely and durable responses. However, funding through bilateral mechanisms may not reduce overall transaction costs, as these are simply moved to other levels, i.e. within donor administrations or, in some cases, specific implementing units. In terms of efficiency, such solutions may also imply less coverage. Organisations that were implementing directly in SCS, such as NRC and DRC, were found to have less coverage as they need to focus their operations. There were cases where a UN agency received funding which was then transferred to an INGO, which channelled the funding through a local partner. Interviewees questioned the added value of these levels and some even saw it as a way of transferring – or dumping – risks on local partners. Donors

⁷⁵ <http://www.oecd.org/dataoecd/9/50/2667294.pdf>

are also committed to accountability. While joint funding mechanisms may reduce some transaction costs, they should not be used as means to transfer risks.

126. The most recurrent suggestion for programmatic changes to reduce transaction costs was to introduce simpler assistance modalities, such as cash transfers. A recent policy paper highlighted the potentials (and risks) of cash transfer programmes⁷⁶ and among stakeholders there is wide acknowledgement of the potential for cash programmes. NGOs were the strongest advocates for this approach. A group of NGOs, including Horn Relief, have joined forces to promote expansion of cash approaches; many NGOs have already had experience with cash programmes within SCS, either conditional or non-conditional. So far, all evaluations carried out (or, at least, those made available to the evaluation team) report positive experiences. However, none of these programmes were implemented on a large scale and over longer periods. It therefore, remains to be seen how larger cash programmes may affect local markets, the war economy or militant groups.

Wastage, diversion, taxation

127. The 2010 UN Monitoring Group report concluded that there were several indications of considerable diversion of humanitarian aid, linked to subcontracts with transporters or other service suppliers and gatekeeper taxation. While the evaluation team did not directly observe concrete evidence of diversion of aid there were clear indications from many interviewees that despite significant improvements within the last year (i.e. through more focused risk management), there were still reasons to believe that part of humanitarian assistance did not reach those it was intended to benefit. During interviews with local NGOs clear indications were received that it was an accepted practice to pay for access to different areas, both those that were controlled by AS and by the TFG. Few international organisations, especially, but not only, INGOs working in areas that were traditionally more difficult to access, took this for granted. They consider such imposts to be part of the operational environment where local administrations otherwise would have no resources at all, further limiting their ability to act as the local partner they are supposed to be. However, it is important to note that many organisations reiterated that they refused to pay 'taxes' in areas controlled by AS. Those with more stable presences had concrete mechanisms to negotiate access without payment, including by temporarily moving operations to other areas as a means of putting pressure on local 'gatekeepers'.

Risk assessment

128. Since 2009 a risk management system has progressively been introduced by the HC/RC's office with the clear purpose of reducing operational risks. The system will enhance cross-referencing of service providers and help agencies to avoid signing contracts with private companies with dubious track-records. It would also inform contractors whether there are potential overlaps, and possible conflict of interest, amongst private or public partners. This may well be the case, as implementing partners are often also businessmen and have relations to local authorities and even local militias.

129. The main focus of risk assessment of the humanitarian assistance to SCS has traditionally been related to security and safety. Various training modules and measures to secure personnel, property and equipment have been promoted. Triggered by the 2010 International Monitoring Group and Security Council resolutions requiring reporting on measures to ensure resources do not fall into the hands of AS (see part 5), increased attention has been paid to reducing risk, especially fiduciary risk. As a consequence,

⁷⁶ [Policy Note for the IASC Principals: Humanitarian Cash and Voucher-based Programming in the Horn of Africa, September 2011.](http://www.icva.ch/doc00003159.html)
International Council of Voluntary Agencies <http://www.icva.ch/doc00003159.html>

the UN has employed a risk manager tasked with improving risk assessment (to also include fiduciary risks). The UN has adopted the ISO 31000 approach to risk management and is in the process of establishing a database with information on contractors, including NGOs.⁷⁷

130. Donors have also increasingly paid more attention to risk management. Several were in the process of developing risk management tools for decision-making and monitoring of not only institutional risks (such as fiduciary or political) but also programmatic risks such as doing harm in a climate of increased politicisation of assistance.

Remote management

131. Limited access to SCS has meant that many organisations have had to find alternative ways to implement humanitarian assistance. They have turned to remote management mechanisms as a way of managing assistance. Remote Nairobi management of aid to Somalia has been used since 1993 and has spawned a mix of different approaches and terminologies ('remote management', 'remote control' 'shared management' or 'adaptive remote management'). Fully aware that remote management was not the ideal way of managing humanitarian assistance, agencies and donors generally accepted that standards and quality of programme activities slipped.

132. One of the main disadvantages of remote management has been transfer of risks from international staff to local or national staff whose risks in hostile environments have not been sufficiently acknowledged by organisations employing them. This was a recurrent element from interviews conducted during the evaluation. It was also an issue highlighted in a recent OCHA study which found that most national aid workers believe that overall security management and the balance between nationals and internationals was improving, but also feel that they are still more exposed and under a greater burden of risk than their international counterparts.⁷⁸ Some organisations (e.g. ACF and NRC) explicitly address this issue and apply strict security rules for all staff. Not surprisingly, the study also found that humanitarian principles played a role in addressing the security of national staff: "While their perceptions on risk and threat differ from internationals, national aid workers strongly agreed on the effectiveness of humanitarian principles as operational tools to enhance their own security".⁷⁹ Remote management was often based on the assumption that international staff was less exposed than national staff. This is strongly confirmed by statistical data indicating that for each international staff member killed, seven national staff members lose their lives.⁸⁰

133. Another disadvantage of remote management was the lack of presence of senior staff in the field and their consequent distance between field and decision-making processes; as a result most decisions were taken at Nairobi level, preventing first hand contextual analysis and direct contact with beneficiaries and local partners.

134. Access to information from the field is another major challenge of remote management, especially in terms of getting precise contextual data and real time information. Encouragingly, more organisations are working on ways to improve information management, such as using video-conference facilities with field staff on the ground, and the ongoing implementation of a comprehensive risk management system.

⁷⁷ Much work on risk assessment initiated in 2010 is still being developed, and thus falls outside the scope of the current evaluation.

⁷⁸ "To Stay and Deliver - Good Practice for Humanitarians in Complex Security Environments", OCHA 2011 <http://reliefweb.int/node/390824>. The same issue was highlighted in "New Issues in Refugee Research, 2009"

⁷⁹ OCHA, 2011

⁸⁰ Stoddard (2010) and Abild (2009).

135. An advantage of remote management is that many consider it a good alternative to the 'bunkerisation' of the international community commonly seen in capital cities of countries in crisis. When organisations, by necessity, withdraw to highly protected facilities or 'bunkers' (i.e. as currently happens in Galkacyo or Mogadishu), they can be viewed as detached from the local community. Remote management maintains a certain presence and visibility, which was favourable in terms of building confidence and enhancing vital links to aid recipients, communities and local authorities. In some instances, another advantage was that remote management supports the capacity building of national staff. There might be short-term challenges of insufficient capacities to implement programmes but medium-term perspectives are promising as more Somalis are running humanitarian field programmes. Thus, it will be easier for agencies that have conducted remote management to return to the field once conditions are in place compared to agencies that have suspended operations.⁸¹

136. Recently-established initiatives are in place to address remote management in a more structured way among organisations operating out of Nairobi. An important discussion that needs to take place at Nairobi level is whether remote management has come to stay: many organisations seemed to be working on the (probably incorrect) assumption it was only a temporary arrangement.

8. Coordination

137. This section focuses on coordination of aid activities between different humanitarian sectors, including consideration of the extent to which the cluster system⁸² has improved the cohesiveness of aid delivery.

138. There have been some improvements since the introduction of the cluster system on a pilot basis in 2006-7. Some clusters have improved guidance and standard-setting (such as in WASH through the Cluster Strategic Advisory Group⁸³). However, the general picture is that of a disconnect between Nairobi and the field. There is also considerable room for improvement in coordination between clusters.

139. Coordination has been going on for some time and most interviewees agreed that it had improved since clusters were rolled out. Coordination of humanitarian assistance to SCS was structured around the HCT whose push for improved coordination mechanisms has had positive effects bringing together NGOs

⁸¹ *ibid*

⁸² The responsibility of cluster leads at country level is set out in the *Guidance Note on the Cluster Approach* (IASC, 2006b http://www.who.int/hac/network/interagency/news/cluster_approach/en/index.html) and the *Generic Terms of Reference for Sector/Cluster Leads at the Country Level* (IASC, 2009)

<http://oneresponse.info/Coordination/ClusterApproach/publicdocuments/Forms/DispForm.aspx?ID=39>): Responsibilities are 1. inclusion of key humanitarian partners; 2. establishment and maintenance of appropriate humanitarian coordination mechanisms; 3. coordination with national/local authorities, state institutions, local civil society and other relevant actors; 4. participatory and community-based approaches; 5. attention to priority cross-cutting issues such as age, diversity, environment, gender, HIV/AIDS and human rights; 6. needs assessment and analysis; 7. emergency preparedness; 8. planning and strategy development; 9. application of standards; 10 monitoring and reporting; 11. advocacy and resource mobilisation; 12. training and capacity building and 13. provision of assistance or services as a last resort.

⁸³ The objective of the Strategic Advisory Group (SAG) is to improve humanitarian WASH response to best meet needs of vulnerable people in Somalia, in strategic way over a five years period. The SAG is composed by (i) Nairobi based: 1 UN (technical expert, 3 INGOs, 3 LNGOs 1 Red Crescent/ICRC, Cluster Co-ord. (ii) Somalia based: 3-4 I/NGOs ideally covering each region – technical experts (iii) Special invitees: Zonal CI. Focal points, Regional Focal points, Donors, Gvt Auth, OCHA, SWALIM. Members provide advice when requested (monthly meetings, phone, emails). For more information, see: <http://ochaonline.un.org/OchaLinkClick.aspx?link=ocha&docId=1246540>)

and the UN while also improving access to donor funding. A recurrent concern among stakeholders, however, was that existing coordination mechanisms have been too cumbersome and time consuming, and that little outcome has been visible on the ground. On their side, donors have informally set up a coordinating mechanism to strengthen their position and provide a more coherent response to humanitarian needs in Somalia. While this coordination has united some donors around humanitarian issues, some major donors' funding has been strongly bound by political agendas (see part on Coherence).

140. Despite some innovative remote management plans, presence on the ground was a prerequisite for efficient and relevant decision-making, including efficient assessment, coordination and implementation, and monitoring of activities. Recognising the need to coordinate on the ground, agencies introduced field focal points in different locations as a means to ensure more cluster presence inside Somalia.⁸⁴ Nonetheless, many interviewees consider that the coordination-footprint diminishes as one moves outside Nairobi, mainly because access to SCS has diminished since 2008. There were attempts to setup WASH coordination in Mogadishu during 2009, but limited presence of cluster leads has made coordination at this level a real challenge. Across clusters the general picture is that coordination has never been embedded sufficiently inside Somalia.

Coordination alignment

141. All interviewees agreed that coordination alignment with activities in the field was either inadequate or non-existent, but there was an increased focus on ensuring more presence on the ground as more and more areas, predominantly in Central Somalia, were considered safe for international staff. The challenge facing coordination in hubs such as Galmudug was that assigned focal points lack sufficient seniority and experience to push forward coordination. Backing from Nairobi was insufficient. Decision-making competences were centralised in the Kenyan capital

142. However, there have been some examples of successful coordination at a regional level. In Mandera (Gedo region) coordination has reportedly worked and avoided overlap of operations. In the Gedo region organisations have succeeded in coordinating around disease outbreaks.

143. Organisations operating inside Somalia request OCHA to play a stronger coordinating role at local level. OCHA has pushed agencies for a stronger cluster presence inside Somalia. In Mogadishu, the strong presence of TFG and AMISOM represents a challenge in terms of identifying a neutral partner for coordination of activities. INGOs were reluctant to use coordination mechanisms requiring meetings too close to government premises.

Role of the Humanitarian Coordinator

144. There were different views regarding the twin-role of the humanitarian coordinator also being the resident coordinator. Many actors have seen the "doubled-hatted" HC/RC play a significant role in strengthening coordination in and around the humanitarian assistance to SCS. A central UN agency argues that dividing the HC/RC role would not provide any advantages, but would instead just add an additional layer of coordination. There were also organisations and agencies (mostly UN who consider that the combined HC/RC function has managed to promote non-politicised delivery of humanitarian aid. This view was however contrasted, at times rather sharply, by most INGOs who believe the dual function compromises humanitarian agencies' ability to provide impartial and neutral humanitarian assistance.

⁸⁴ Establishment of field focal points, however, was not straightforward. Mistrust amongst NGOs was not conducive to allowing agencies to allow another NGO to, in effect, coordinate them. Some bigger INGOs had also foreseen this complication and/or did not want to risk being seen as an extended arm of the UN, thus did not want to take on the role of field focal points.

Nevertheless the HC with OCHA provided a wide range of coordination support, security guidance, advocacy, stewardship of resources, protection of humanitarian space and negotiations with the UN Political Office for Somalia (UNPOS)⁸⁵ and the DPA.

Clusters

145. Agencies' growing commitment to the cluster approach was reflected in the upgrading of cluster coordinators to full-time senior staff members. While inter-cluster guidance has improved there is still room for more multi-sectoral approaches. However, the cluster system was generally considered to be too large, bureaucratic and detached from field realities. The clusters have been able to bring together an increasing number of actors and have overall gradually improved coordination of activities, both at Nairobi level and to some extent also on the ground. Reporting and data collection have also seen some improvements, though decisions were still based on inaccurate or incomplete data according to some INGOs. The clusters have also succeeded in introducing 3W (who, what, where) mapping which has further improved coordination and contributed to the avoidance of overlaps and duplications, which partly characterised earlier humanitarian efforts in Somalia. The 3W mapping initiative was restricted by insufficient information sharing, which was partly caused by mistrust among agencies and organisations. This prevents the necessary information sharing for enhanced analysis and mapping of projects and has also undermined attempts to add the needed 4 W – (including When) to the 3W mapping, which would enhance its utility. There was consensus that coordination works better in some clusters, such as WASH, while others, especially the protection cluster, need to find ways of improving it.

146. Leadership has improved in most clusters and some clusters have managed to set specific standards for humanitarian assistance. For example, the health cluster has adopted a clear set of standards, thresholds and minimum standards. The nutrition cluster has also been applauded for its standards on ration composition and size. However, cluster coordinators devote more and more time to funding related issues such as screening of proposals. In general, interviewees consider that funding issues have taken prominence at cluster meetings where an increasing number of Somali NGOs, facilitated by the CHF, seek funding for their activities. The typical number of participating organisations in cluster meetings varies between 40 and 100. This has created fatigue among INGOs, with the result that some have chosen no longer to attend, especially if they have funding from alternative non-CHF resources.

147. The consequent challenge facing the clusters was that they have become less focused on their primary functions – namely coordination, strategic guidance and prioritisation and standard setting (e.g. for latrines and shelter). It is worth noting that some work is in progress in order to facilitate more joint cluster strategies (for instance, a livelihood/WASH strategy for provision of water sources) but much more needs to be done in order to promote more multi-sector approaches. Inter-cluster-coordination plays a key role in promoting such efforts (see below). However, these initiatives still need to be formally agreed upon and subsequently implemented. As previously mentioned, aside from food, resource mobilisation was not always proportional to need and several cluster leads could not act as providers of last resort.

148. While integration of clusters has not been on the agenda among agencies, Inter-Cluster Responsibilities Matrices for Health/Nutrition/WASH and Education/WASH have been developed to ensure convergence of activities. Within Somalia, representatives from some UN agencies mentioned ongoing discussions about integrating or merging clusters to enhance more integrated approaches. While both tendencies points in the right direction of more integrated approaches (that have been successfully

⁸⁵ <http://unpos.unmissions.org/>

implemented in other emergencies or protracted situations), far more can still be done among cluster leads to pave the way for more inter-cluster coordinated action (see below).

Inter-cluster coordination

149. Most stakeholders interviewed agree that inter-cluster coordination has room for improvement due to its potential for enhancing strategic decision-making, guidance and analysis. The UN agencies lack a common vision of the humanitarian response and a 'joint voice'. There was more pressure on agencies from headquarters levels to introduce necessary changes that would benefit inter-cluster coordination. The still limited information sharing at cluster level (despite existence of 3W-mapping), combined with insufficient strategic guidance, has led the inter-cluster coordination to become less articulate on strategic issues within and in-between the clusters.

150. The general humanitarian response is characterised by limited alignment of the clusters between the Nairobi and field levels. Virtually all international humanitarian agencies are based in Nairobi with limited presence in the field. While inter-cluster cluster coordination has progressively lost ground in the field, its role in strengthening the CAP processes has nonetheless meant that appeals have become more strategically oriented.

9. Connectedness and sustainability

151. In SCS the need to respond to immediate humanitarian imperatives has often prevailed and allowed scant room for medium- or long-term solutions. Some organisations have pushed forward agendas focusing on capacity building and governance, yet at a slow pace with few apparent results. This means that interventions have been limited to addressing immediate humanitarian needs without being able break out of the 'relief-cycle'.

152. The cycle of natural and human-made crises has meant that the aid community has mainly focused on recurrent emergencies, rather than the development of local resilience. The ongoing crises have led the humanitarian system to primarily provide only basic services, maintaining people just above the survival line without developing local capacities.

153. Humanitarian assistance has been constrained by multiple factors. The length of the conflict, the recurrence of droughts and floods and the conditions imposed on humanitarian actors have all confounded the traditional divide between humanitarian and development actors. All this has added to the complexity of doing much more than responding to immediate needs. This has been compounded by the lack of functioning government institutions, the almost complete destruction and deterioration of physical infrastructure and public social services, the breakdown in lineage- based alliances and resultant social fragmentation. In recent years, the divide between the humanitarian and long-term development programmes has grown as the political process increasingly collided with the humanitarian agenda and thus limited humanitarian space.

154. For different reasons, especially funding and access/security constraints, most humanitarian projects focused on short-term immediate needs. While efforts have been made to rehabilitate, construct or maintain boreholes, irrigation canals and water-pumps – combined with some capacity building interventions – there have been several cases where agencies had to have recourse to inefficient and expensive water trucking because there has not been a more holistic approach to solving WASH challenges. Humanitarian actors have been forced into providing patchwork solutions. For example, according to

interviews carried out in Abudwaq, UNICEF's rehabilitation of boreholes depended on funds generated by the diaspora and many remained incomplete, hence not handed over to local populations. An almost total absence of development partners that could take over and ensure sustainable solutions of potable water sources has further added to the pattern of patchy and non-sustainable solutions.

155. Despite such challenges there have been successful interventions, even if localised, that have managed to focus on reactivating the productivity of drought-impacted agro-pastoralists and riverside farmers. Rather than focusing on delivering food aid, these interventions improved farmer's food production capacity through provision of cereal/pulse seed-stock. A stronger focus on livelihood assistance and building productive assets and capacities would undoubtedly have had more sustained effects than distributing food items. Unfortunately, such interventions were only carried out on a limited scale as donor funding and humanitarian assistance have prioritised differently.

156. Somalia is a market economy and not a subsistence economy. Despite 20 years of war, markets work. Community structures to identify and evaluate response priorities were frequently left undefined. Often they have no responsibility beyond making the request for assistance. Assets provided free of charge have often hindered local markets and the private sector. According to the projects reviewed, the private sector and the diaspora have been insufficiently involved in the overall response, even though they are key stakeholders who can contribute to increase the linkages between humanitarian, recovery and development activities.⁸⁶ Informal support systems in trade, the informal value transfer system (*hawala*) and a rich lineage-based system of governance and traditional justice (*xeer*) not only empower and give voice, ownership and responsibility but also foster cross-group cooperation for common goals.⁸⁷

157. Livelihood support in places of origin has the potential to increase household's coping mechanisms and resilience and hence avoid continued vulnerabilities and displacements. People forced into displacement left behind their livelihoods and assets. The presence of IDPs was increasingly putting pressure on host communities, placing burdens on water and health infrastructure, increasing demand for rental properties, and increasing competition for available employment opportunities. In addition, IDPs and host communities have to cope with record high food and non-food prices. In SCS there were relatively few examples of enabling interventions despite their demonstrated success, mainly due to donors' reluctance to finance livelihood and other sustainable interventions. As the focus of humanitarian strategy and donor money was on short-term projects, humanitarian response entered a cyclical dimension in which resources were repeatedly spent on short-term and unsustainable solutions – both for displaced persons and host communities – to the clear detriment of durable and enabling solutions.

158. A strong separation of humanitarian and development work prevailed during the period under review. Indeed, the whole aid architecture has been split into humanitarian clusters on the one hand and development sectors on the other. Since 2009, the link between humanitarian aid and development has become a regular topic of strategic discussions between the UNCT and HCT. As a result, the 2010 CAP referred to a two-pillar structure – humanitarian relief and early recovery – in which early recovery activities aimed to restore services, livelihood opportunities and governance capacity; stabilise security; and address underlying risks that trigger conflict, drought and floods. United Nations Somalia Assistance Strategy (UNSAS) outcomes complemented both humanitarian assistance objectives and development

⁸⁶ According to the Bank of Somalia, remittances from the diaspora, averaging about US\$1.6 billion annually (or 714% of estimated GNP), have contributed to substantially offsetting the decline in per person output. Remittances are also reputed to have sustained significant unrecorded private investments in commercial activities such as trade, hotels education, health, transport and telecommunications

⁸⁷ UNDP/WB Reconstruction Framework, 2006-2007

objectives to the extent possible around social services, poverty reduction and livelihoods, good governance and human security.⁸⁸

159. The evaluation team found that this short-term response cycle generally characterised humanitarian efforts throughout SCS in 2005-2010. The prevailing humanitarian response model was reactive and did not foster local capacity building, partly due to short-term funding windows (see section 4 and 6). Contingency plans, where existing, have often been insufficiently grounded in fast changing operational realities. The humanitarian system has tended to respond by repeated emergency interventions, roughly doing the same thing over and over again. This was highlighted by beneficiaries and other local stakeholders interviewed, insisting that instead of feeding people they needed income generating projects and instead of water trucking they needed boreholes. Women, in particular, wanted more education for their children to avoid the risk of them eking a desperate living like their parents. Targeted food aid assistance should have been provided along with livelihood activities in order to avoid generating heavy dependency and, sometimes, depleting existing coping mechanisms. Local purchase, preferably through cash-transfers, should have been boosted in order to allow people to trade and purchase what they needed and to reactivate markets.

160. While many areas of SCS have experienced long-term conflict some areas (such as parts of Galgaduud, Gedo and Mudug) have seen relative stability. These areas represented a window of opportunity for humanitarian and development organisations to engage in recovery and development programming. Missing such opportunities makes it hard to see how international assistance can contribute to long-lasting change. As noted by a local administration representative, “(the) best responses are the ones that find an adapted solution to different realities”.

Contingency plans

161. Despite CAP, FSNAU and Famine Early Warning network (FEWS NET)⁸⁹ progress (2010 CAP), the team observed that the international community in Somalia have been unable to clearly define links between early warning, contingency planning, disaster risk reduction (DRR), response and capacity building. This is the legacy of the reactive emergency response model that has prevailed among the international community.

162. Contingency plans were mainly drawn up at the Nairobi level, where IASC Emergency Preparedness and Response Plans have been developed in close coordination with regional partners in Kenya and Ethiopia. These were designed to complement other organisations’ contingency/emergency preparedness plans. However, local administrations and local organisations interviewed in the field were not aware of any form of contingency planning on the ground.

163. Only a few organisations have well articulated contingency plans. For example, UNICEF’s Somalia Emergency Preparedness and Response Plans (EPRPs) were routinely updated in the three zones focusing on developing scenarios, response strategies and pre-positioning of emergency supplies. Each zone had an Emergency Response Team which regularly followed up and analysed potential hazards in coordination with FSNAU, FEWS NET, OCHA and the clusters.

Organisations intervening through local partners had few contingency plans to use alternative service providers if regular implementing partners faced access or security constraints. On a positive note, the RC’s office was setting up a database of all UN contracts (commercial and NGO partners) with shared

⁸⁸ For more information on UNSAS, see [http://www.so.undp.org/unctsom/documents/Overview of the UNSAS in Somaliland.pdf](http://www.so.undp.org/unctsom/documents/Overview%20of%20the%20UNSAS%20in%20Somaliland.pdf)

⁸⁹ Famine Early Warning Systems Network (FEWS NET), founded in 1985 following famines in Sudan and Ethiopia, is a lead organisation in the field of prediction and response to famines and other forms of food security. For more information, see: <http://www.fews.net/Pages/default.aspx?l=en>

performance assessments that can be used to reduce risk and could potentially be used for future contingencies.

10. Impact

164. This evaluation faced extreme challenges in assessing, or even making sustained assumptions, about potential impact of humanitarian assistance to SCS.⁹⁰ Key factors inhibiting impact assessment are:

- Achieving impact is limited by the external constraints humanitarian organisations are up against in delivering assistance in a highly volatile emergency environment where security issues, lack of government structures and limited, or complete, lack of access condition potential outcomes.
- Organisations and agencies do not possess sufficiently consistent data (monitoring and/or baseline) nor do they report consistently against indicators. Reporting and monitoring mainly focus on outputs and activities. There is little, if any, basis upon which impact can be evaluated (the evaluation's analysis of CAP indicators is an example of the inconsistent use of, and reporting on, indicators).
- The protracted situation driven by conflict and recurrent natural disasters adds to the complexity of assessing impact and underlines the need for longitudinal (tracking) data. Assisted people, whose resilience is already stretched, are prone to fall back into situations where they will need further aid or assistance. This is due to the protracted nature of the emergency, combined with the negative effects of conflict and natural hazards. The longitudinal factor is especially relevant to more protracted complex emergencies including Somalia.
- Many interventions carried out in SCS are short-term due to short funding cycles. Such interventions have limited scope to generate, or contribute to, enabling conditions for change. Impact requires more longitudinal interventions where the wider effect of the causal change becomes visible or tangible (mainly through outcome monitoring).

165. Judging humanitarian response in SCS against the wider effect on individuals, gender- and age-groups, communities and institutions requires focus on the following interventions.

166. First of all, it must be noted that humanitarian assistance provided to SCS since 2005 has either directly or indirectly contributed to saving lives for Somalis affected by decades of conflict and recurrent natural disasters. This includes food assistance to IDPs and people in drought-affected areas. This was primarily before 2009 where agencies had regular access to affected populations – food assistance was given to people displaced from their areas of origin. In such cases it is more difficult to assert impacts, or at least attribute impact to certain assistance, as host communities and/or the diaspora have been significant humanitarian partners. Again, impact here is still relative as many of those benefitting from food aid, especially IDPs, are still vulnerable and in need of external assistance.

167. Immunisation campaigns and disease control have been highlighted as successful activities that have saved lives and prevented large scale disease outbreaks. The fact that Somalia has been kept polio-free for more than three-years is a significant and clear impact of joint efforts. Detailed lessons learned from such

⁹⁰ The Active Learning Network for Accountability and Performance in Humanitarian Action. (ALNAP) defines impact as the wider effects of the project – social, economic, technical, and environmental – on individuals, gender- and age-groups, communities and institutions. See also: http://www.alnap.org/pool/files/eha_2006.pdf. Assessing wider effects requires both longitudinal and consistent data sets.

interventions carried out in complex environments with limited access possibilities would be worth documenting systematically.

168. Conditional transfers, either food- or cash-based, have also been highly appreciated by affected populations as they have allowed them to improve infrastructure and boost livelihoods assets such as livestock. Only a few UN-agencies, but considerably more INGOs and local partners, have been involved in such activities in the southern part of Somalia. These were mainly implemented before 2009 when access was possible. WASH interventions may also have contributed to improved and safer household practices and thus led to improved health.

169. Support to education also has potential to contribute to lasting effects; some regions such as Hiraan reported increased enrolments (from 20% in 2005 to 30% in recent years). However, there is little knowledge of how education shapes the vulnerable Somali child's opportunities, self-esteem or competences.

170. Protection interventions may also have supported vulnerable groups, such as IDPs in previously unguarded settlements, and enabled them to carry on with their lives in a more protected environment. This has enabled women to take more active parts in community or camp affairs and diversified livelihoods of IDP families. Unfortunately, there is no data linking protection to psychological, social or economic benefits. Targeted interventions for groups with high levels of malnutrition also have immediate stabilising effects. The recurrent challenge is that stand-alone interventions seldom have lasting effects and children tend to fall back as soon as treatment is over.⁹¹

171. The wider effect of these interventions is conditioned by the external factors highlighted above as well as short-lived funding opportunities; longer funding time-frames would allow for more integrated approaches to combat malnutrition, increase enrolment, widen access to health services and improve hygiene promotion.

172. Quantifying or attributing the impact to certain interventions or organisations (e.g. through counterfactual analysis) is virtually impossible. This is many due to lack of comparable data across different clusters, geographical areas and population groups. The role diaspora actors play in providing humanitarian assistance through remittances is significant due to amounts regularly transferred. Somalis interviewed generally considered remittances to be crucially important for their daily survival.

173. Disengagement from Somalia would raise moral and ethical dilemmas. If those in need were abandoned there would be higher rates of malnutrition and mortality and additional displacement. Some assert that remittances would compensate for an end to international aid. In certain areas elders report



Photo 7: Patients in the Galmudug hospital supported by MSF, Mudug Province

⁹¹ There is no data available demonstrating that Somali children who have been treated tend to fall back into acute malnutrition but there is plenty of international experience suggesting that it happens.

they had robust coping mechanisms and strong community support thanks to diaspora and clan ties. However, these are tenuous and cannot by themselves be realistically expected to reduce vulnerability and boost resilience.

11. Conclusions and recommendations

Strategic level

Concluding remark and recommendations on humanitarian space

174. From 2005 to 2010 control over SCS was consistently disputed and humanitarian space dramatically shrank. Some key donors have mixed security and humanitarian agendas when pursuing political goals in Somalia, thus inhibiting a needs-based response. Parties to the conflict have violated IHL by conducting indiscriminate attacks against civilians and impeding humanitarian access. As a result, neutral and independent humanitarian action has lost ground in SCS and humanitarian organisations have faced increasing difficulties in gaining access to populations. There is a need for wider dialogue at regional, national and local level among key stakeholders [with regional governments (such as Ethiopia, Eritrea, Kenya and Uganda), representatives from the African Union and the Arab League, donor representatives, AMISOM, the TFG, AS, the newly emerging administrations in SCS, Somaliland and Puntland, Somali civil society representatives, the ICRC, UN agencies and INGOs. This should identify ways to ensure that combatants are distinguished from civilians and that warring parties accept and facilitate humanitarian assistance which is impartial in character and conducted without any adverse distinction.⁹²

To expand humanitarian space and ensure that assistance reaches people in need throughout SCS:

- Recommendation 1. donors should immediately ensure the provision of unconditional funding that is independent and separate from political objectives and coherent with *Good Humanitarian Donorship Principles*.
- Recommendation 2. HCT should immediately foster dialogue to address fundamental challenges related to humanitarian assistance, with special emphasis on access, protection of civilians and impartiality.
- Recommendation 3. during the first trimester of 2012 the HC/RC should, together with the HCT, ensure regular dialogue with donors, SCS representatives of emerging national and local administrations and humanitarian and development-oriented organisations in order to promote a common understanding ensuring that assistance to the Somali population is provided according to fundamental humanitarian principles.
- Recommendation 4. if dialogue fails – and to avoid further deterioration of humanitarian space, humanitarian assistance to areas affected by conflict should *only* be carried out by organisations with clear independent and neutral humanitarian mandates.

⁹² Article 3 of the Geneva Conventions

Recommendation 5. by June 2012 the HC, OCHA and cluster leads should ensure that eligible activities in all clusters are aligned to a principled approach – non-aligned activities should not be eligible for funding under common facilities. Principled approaches such as Do No Harm must be updated on a regular basis and national staff and local partners should be trained to understand how they are applied.

Concluding remarks and recommendations on needs-based responses

Proportionate Assistance

175. Humanitarian assistance to SCS has focused on relief activities, particularly food aid, with disproportionately limited support to recovery activities. Insufficient investment in recovery, livelihood schemes and DRR has helped leave Somalis unable to break out of the aid dependency cycle.

Joint Approaches

176. Experience from Somalia, as well as other emergencies,⁹³ has demonstrated that joint efforts are more effective than individual cluster activities. Somali experience, particularly around health issues, has shown positive impacts. Similar activities should be expanded to other areas, such as livelihoods, agriculture and DRR. Successful joint and approaches may also contribute to a reduction of internal displacement if provided equally and in places of origin. Geographically unequal aid distribution has meant that humanitarian assistance has, in some areas, been a pull factor conducive to increased displacements, such as in Mogadishu and the Afgooye corridor. Limited humanitarian space has contributed significantly to this pull-factor.

Differentiated Assistance

177. Few organisations have managed to differentiate assistance in communities hosting IDPs (specifically for IDPs and host families). This is particularly important in areas where coping mechanisms are already stressed. The diaspora has played a significant role in upholding communities' capacity to cope with otherwise unsustainable stresses. While there have been initiatives taken to foster stronger linkages between humanitarian community and private stakeholders, further steps are still needed to ensure that humanitarian efforts are coordinated closer and implemented in coherence with the support received from diaspora and other private actors.

To improve needs-based responses throughout SCS it is recommended that:

Recommendation 6. by the end of 2011 the HCT, cluster leads and heads of agencies should strategise and actively promote more timely integrated multi-cluster responses adapted to local realities

Recommendation 7. based on CAP 2012, by April 2012 the HCT in collaboration with cluster leads should implement a plan to improve multi-cluster humanitarian response. The strategy should prioritise areas of origin to proactively prevent further displacement and

⁹³ Polastro et. al., *ibid*

promote the return of displaced populations, target host communities and IDPs, and include contingency planning for various likely scenarios.

Recommendation 8. by mid-2012 donors and the HCT should ensure a proportionate balance between relief activities and recovery assistance. This should be done through allocation of resources based on coordinated area-based data analysis instruments (based on joint needs and monitoring assessments) and should promote an increased focus on recovery and the strengthening of Somali communities' resilience. Increased emphasis should also be placed on disaster risk reduction and sustainable livelihood schemes.

Recommendation 9. in 2012, the humanitarian forum and cluster leads should place more emphasis on local markets and existing capacities through the participation and the involvement of the private sector and diaspora when engaging in activities promoting sustainable livelihood schemes.

Operational level

Concluding remarks and recommendation on effectiveness and efficiency

Funding

178. Funding decisions, including CHF, are still too slow despite efforts to speed them up. It is urgent to find ways to make the process more efficient, to ensure that assistance reaches affected populations in a timely manner. This particularly goes for assistance that aims at saving lives or preventing possible life threatening situations to worsen. Funding cycles were also too short, giving OCHA and cluster leads a significant extra workload. Many organisations have seen the effects of their projects curtailed by short funding cycles. Longer and more flexible funding would foster quicker responses adapted to changing needs. If funding cycles were expanded opportunities to increase the Somali population's resilience capacities would be strengthened. Donor rules often do not allow humanitarian funding to be used for recovery and development.

Management and Transaction Costs

179. The humanitarian response to Somalia has been largely managed from Nairobi. Thus decisions made, and those who have made them, have been removed from the field. This adds to the transaction costs of humanitarian operations as intermediary levels have been introduced to channel or administer funding and projects. To overcome access challenges some NGOs have gained valuable experience in remote management. Although most agree that this is a far-from-ideal way to do things, some organisations have accumulated knowledge and experience that would be useful for others to learn from given that remote management might have come to stay. One important challenge of remote management in SCS is heightened exposure of national staff to risks. There is considerable scope for humanitarian organisations to better address inequities between international and national aid workers by providing adequate security resources, support, and capacity building.

Assessments, Monitoring and Accountability

180. Lack of access meant that humanitarian organisations were not always able to conduct adequate needs assessments, nor could they implement and monitor their assistance safely and effectively. There has been an increasing and positive tendency to undertake more joint (or coordinated) assessments. They

can reduce costs for humanitarian organisations as well as burdens on affected populations. Despite this progress, organisations still carried out too many individual assessments with the result that affected populations often felt over-assessed and too much data was generated at cluster levels. Assessments have been also characterised by a general absence of pre-defined standards of what type of information needs to be gathered by whom and where. The many assessments also created distrust among the population as relatively little assistance arrived and very few organisations informed affected populations of what they could expect to receive. Monitoring of humanitarian assistance was a clear challenge for all organisations, especially due to limited access. Most innovative monitoring was part of remote management approaches and was a valuable alternative to having limited or no data at all (see good practice outlined in section 4). Generally, monitoring can be improved substantially. More rigorous use of indicators is vital, particularly for those measuring activities beyond output level. Overall, accountability towards beneficiaries has been very limited.

To improve the effectiveness and efficiency of humanitarian response to the evolving needs it is recommended that:

- Recommendation 10. by mid 2012 HC/RC, together with OCHA, advocate with donors that funding cycles are expanded to cover a minimum 12 month implementation period.
- Recommendation 11. in 2012, donors should also fund those organisations (among UN agencies, INGOs and local NGOs) whose mandates and operations go beyond that of humanitarian assistance to facilitate smoother transition between relief, recovery and development through partnership agreements: this is particularly important for basic services, agriculture and livelihoods.
- Recommendation 12. by February 2012 HC should ensure, together with OCHA, that funding decisions (e.g. for the CHF) and cluster leads' project screening is done swiftly within pre-defined and mutually agreed deadlines. CHF procedures should be evaluated by January 2012 (specific issues to be reviewed include the speed of project review and disbursements, the possibility of pre-screening recipients and the sub-granting of local NGOs).
- Recommendation 13. during the first trimester of 2012, HCT members should ensure documentation of experiences on remote management (e.g. through a workshop) and good practice for protecting national staff. Once distilled lessons could be shared with other HCTs' that are using similar management modalities such as those in Afghanistan, Iraq, Pakistan, Sudan and Yemen.
- Recommendation 14. by mid 2012 humanitarian organisations should ensure the positioning of senior managers in the field and provide them with sufficient decision-making responsibilities to ensure smooth and flexible running of operations. If not possible, humanitarian organisations should put in place a capacity building strategy for field managers to enhance their decision-making capacity and to protect field staff from pressures.
- Recommendation 15. by mid 2012, humanitarian organisations should lower transaction costs by reducing the number of intermediary levels of administration and by using more direct and

efficient implementation mechanisms. This should include more light modalities such as cash transfers and local procurement based on market analysis.

- Recommendation 16. at the Inter Cluster Working Group level, clusters leads and members should, together with OCHA, by March 2012 develop a common assessment tool to carry out joint needs assessments. This should prioritise food, nutrition, WASH, health, shelter/NFI and ensure that essential data (shared and available on a common platform such as the OCHA website) is disaggregated in terms of vulnerability, gender and age. When areas are not accessible local enumerators, mobile phone technology and satellite imagery should be used.
- Recommendation 17. throughout 2012 cluster leads should ensure that their member organisations regularly inform affected communities of their rights and duties in a culturally appropriate and participatory manner which promotes empowerment. They should monitor whether beneficiaries receive the assistance that they are entitled to. All agreements with implementing partners should make this compulsory. In those areas of SCS where access is limited mobile phone technology could be used.
- Recommendation 18. in the first trimester of 2012, cluster leads and members together with OCHA should introduce joint monitoring and reporting systems, strengthen common indicators (output, outcome and longitudinal data), which are differentiated according to vulnerability, gender and age. In order to speed-up informed decision-making (based on monitoring), a web-based system should be introduced that provides real-time information both for implementers and decision-makers.

12. Annexes

The Annexes are available online at

<http://ochaonline.un.org/somalia/MonitoringEvaluation/tabid/7356/language/en-US/Default.aspx>

- A) Funding analysis**
- B) Results overview**
- C) Timeline of key events**
- D) Methodology**
- E) Data collection tools**
- F) Itinerary**
- G) Maps of places visited**
- H) List of people met**
- I) Map of seasonal food security classification**
- J) Map of IDP settlements in the Afgooye corridor**
- K) Terms of reference**
- L) Annotated bibliography**

IASC Evaluation of the Humanitarian Response in South Central Somalia 2005-2010

The humanitarian response in Somalia was set against the backdrop of a very complex environment as the country experienced one of the world's most protracted emergencies. More than two decades of conflict, combined with cyclical, slow and fast-onset disasters, have caused displacements of millions of Somalis. In the absence of central government, basic social services have reached only few; hunger and famine are recurrent.

Despite critical access and security constraints the overall response was successful in some key areas such as food distributions, health, nutrition, water and sanitation. In the period under review there was no large-scale disease outbreak even though millions of people fled from their homes in a very short period. There were a number of innovative features in the response, especially around remote management. The Somali diaspora and the population in the areas that hosted high numbers of displaced people and in the region as a whole played a major role in the response.

This evaluation has been supported by:

MINISTRY OF FOREIGN AFFAIRS OF DENMARK
DANIDA | INTERNATIONAL
DEVELOPMENT COOPERATION



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

**Swiss Agency for Development
and Cooperation SDC**



UKaid
from the Department for
International Development



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