



EXECUTIVE SUMMARY

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

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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

Executive Summary

This is the executive summary of 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 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

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

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:

² Article 3 of the Geneva Conventions.

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

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 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.
- 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.

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

- 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).

More information

You can access the complete report at <http://daraint.org/?p=2910>

The Annexes are available online at

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

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