Humanitarian response in conflict: lessons from South Central Somalia

Riccardo Polastro, DARA

The scale and scope of the humanitarian crisis in South Central Somalia challenges the humanitarian system's capacity to deliver assistance. More than two decades of conflict, combined with cyclical, slow- and fast-onset disasters, have displaced millions of Somalis. In the absence of a central government, the few basic services available are mostly provided by humanitarian aid organisations (mainly through local staff and partners) and food crises are recurrent. Many of the lessons from this crisis can also be applied to other complex emergencies where the humanitarian response capacity has been overstretched, and where security and access constraints make it difficult for agencies to establish a regular presence on the ground.

The humanitarian response

This article highlights the key findings from the report of the Inter-Agency Standing Committee (IASC) evaluation of the humanitarian response in South Central Somalia between 2005 and 2010.[1] These findings and recommendations have been validated by the Humanitarian Country Team, and the evaluation is considered 'one of the most comprehensive evaluations of aid in Somalia ever conducted'.[2]

Despite critical access and security constraints the overall response was successful in key areas such as food distribution, health, nutrition, water and sanitation. From 2005 to 2010 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 (monitoring, participation and accountability). The Somali diaspora and the population in IDP-influx areas and in the region as a whole played a major role in the response.

Despite successful lifesaving efforts, most assistance focused on responding to short-term emergency relief needs, with much less attention to recovery and mitigation, including sustainable livelihood programmes and disaster risk reduction. The response was often reactive, utilising supply-driven approaches focused on short-term humanitarian objectives. Funding cycles were too short-range. While pooled funding mechanisms allowed more organisations to access financial resources, the slow screening and approval procedures prevented them from providing more timely assistance. Insecurity and access constraints were major problems. Conditions imposed on humanitarian aid made it difficult for humanitarian actors to respond impartially and proportionately. By 2010, increasing insecurity and funding constraints had forced most UN and international aid organisations out of South Central Somalia. Data is limited, but there are indications that being based in Nairobi and working remotely through local partners has increased transaction costs for humanitarian organisations. While diversion of humanitarian assistance has been reported in recent years, the international community is taking steps to improve risk management and reduce waste. However, monitoring is hampered by lack of access and presence on the ground, and joint monitoring and reporting mechanisms are generally missing.

Strategic lessons and conclusions

Humanitarian space

From 2005 to 2010 control over South Central Somalia was consistently disputed and humanitarian space shrank dramatically. Some key donors blended security

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1 Neither this article nor the larger report refer to the current crisis in Somalia. The evaluation was funded by Danida, DFID, SDC and SIDA, and managed by the DRC and OCHA on behalf of the IASC/HCT. The full report (*IASC Evaluation of the Humanitarian Response in South Central Somalia 2005–2010*) is here: http://daraint.org/wp-content/uploads/2011/12/HCT-Somalia_Evaluation_2005-2010_DARA_Report.pdf.
2 Foreword by the Humanitarian Coordinator for Somalia, *IASC Evaluation*, p. 8.

Armed escorts during the evaluation field mission in Abudwaq Somalia, June 2011

and humanitarian agendas, and parties to the conflict have repeatedly violated international humanitarian law by conducting indiscriminate attacks against civilians and impeding humanitarian access. As a result, neutral and independent humanitarian action has lost ground and humanitarian organisations have faced increasing difficulties in gaining access to populations in need. Ways need to be found – through dialogue – to ensure that combatants are distinguished from civilians and that warring parties accept and facilitate the provision of humanitarian assistance according to need, regardless of clan or political affiliation.

Needs-based response
Humanitarian assistance to South Central Somalia has focused on relief activities, particularly food aid, with limited support to recovery activities. Insufficient investment in livelihood and disaster risk reduction programmes has contributed to a continuing need for relief aid.

> **Box 1: Causes of GAM**
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> 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.[3]

Joint approaches
Joint efforts, such as health and education activities implemented during a polio immunisation campaigns, have been more effective than individual cluster activi-

3 *IASC Evaluation*, p. 24.

ties. Similar approaches should be used in other sectors, such as livelihoods, agriculture and disaster risk reduction. Successful joint approaches may also help reduce internal displacement if provided equitably and in people's places of origin. Geographically unequal aid distribution and contracting humanitarian space have acted as 'pull factors', increasing the number of displaced people moving to Mogadishu and the Afgooye corridor, as well as other urban areas.

Differentiated assistance
Few organisations adequately analysed the needs of IDPs according to place (urban or rural), cause of displacement (drought – pastoralist; conflict) or length of time displaced. According to local authorities and aid recipients interviewed the specific needs of displaced populations in host families, as well as host family needs, were largely overlooked. The diaspora has played a significant role in helping communities to cope with otherwise unsustainable stresses. While initiatives have been taken to foster stronger links between the humanitarian community and private actors, further steps are needed to ensure that humanitarian efforts are coordinated more closely with the support received from the diaspora and other private sources.

Operational lessons and conclusions on efficiency and effectiveness
Funding
Funding mechanisms, including the Common Humanitarian Fund (CHF), are still too slow despite efforts to speed them up. There is an urgent need to make the process more efficient to ensure that aid reaches affected populations in time. This is particularly critical for lifesaving assistance and aid intended to prevent life-threatening situations from worsening. Funding cycles are also too short, creating a significant additional workload for OCHA and cluster leads and reducing the time available for project implementation. Longer-term and more flexible funding would permit quicker responses, which could be adapted to changing needs and provide opportunities to strengthen resilience. Unfortunately, donor rules often do not allow humanitarian funding to be used for preparedness, recovery and development.

Management and transaction costs
The humanitarian response to Somalia has largely been managed from Nairobi; decisions made, and those making 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. Although most

agencies agree that remote management is far from ideal, some organisations have accumulated knowledge and experience that others could usefully learn from, given that remote management appears to be here to stay. One important challenge of remote management in South Central Somalia is the heightened exposure of national staff to risks. There is considerable scope for humanitarian organisations to provide national staff with adequate security resources, support and capacity-building.

Box 2: Monitoring – lessons learned

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 monitoring 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;
• regularly dispatched local staff to visit project sites;
• made field visits when 'access windows' were open;
• conducted peer-to-peer reviews;
• used third-party mobile monitors to verify deliveries;
• used photographs and videos to supplement written reports; and
• improved vetting of implementing partners with a contractor database under the auspices of the office of the Resident Coordinator/Humanitarian Coordinator.

Assessments, monitoring and accountability

Lack of access meant that humanitarian organisations were not always able to conduct assessments or implement and monitor their assistance safely and effectively. There has been an increasing (and positive) tendency to undertake more joint (or coordinated) assessments, which can reduce costs for humanitarian organisations as well as easing the burden on affected populations. However, individual assessments were still carried out, with the result that affected populations often felt over-assessed and too much data was produced at cluster levels.

Assessments have been characterised by a general absence of predefined standards governing the type of information to be gathered, by whom and where. The fact that relatively little assistance arrived despite the many assessments carried out created distrust among the population, and very few organisations told people what assistance they should expect. Overall, accountability towards beneficiaries has been very limited. Monitoring could be improved substantially and more rigorous use of indicators is needed, particularly for measuring activities beyond output level.

Box 3: Engaging with communities

Understanding perceptions of affected populations and clearly explaining programme objectives and inputs is vital. People must see that consultations are transparent and that 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 and agree on selection criteria'. Some NGOs stress the importance of open dialogue and consultation with local elders, community leaders and women.

Recommendations[4]

• Donors should always ensure the provision of unconditional funding that is independent from political objectives and consistent with Good Humanitarian Donorship Principles.[5]
• Humanitarian access to civilian populations can be 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. The HCT should immediately foster dialogue to address fundamental challenges related to humanitarian assistance, with special emphasis on access, protection of civilians and impartiality. The Humanitarian Coordinator, OCHA and cluster leads should ensure that only activities aligned with 'Do No Harm' principles are funded.
• The humanitarian community should immediately strategise and actively promote more timely, integrated responses that are adapted to local realities on the ground. The strategy should prioritise areas of origin to prevent further displacement, promote the return of displaced populations, target host communities and IDPs and include contingency planning for likely scenarios (such as changes in lines of confrontation).
• The HCT members should ensure that experience of remote management and good practice for protecting national staff is documented and shared with other HCTs using similar management modalities in places such as Afghanistan, Iraq, Pakistan, Sudan and Yemen.
• Humanitarian organisations should position senior managers in the field and give them sufficient decision-making authority to ensure that operations run smoothly and flexibly. If this is not possible, humanitarian organisations should put in place a capacity-building strategy for field managers to enhance their decision-making capacity.
• Humanitarian organisations should seek to lower transaction costs by reducing the number of intermediary

4 Many of these recommendations have already been implemented and taken into account in the Consolidated Appeal, the humanitarian strategy for Somalia in 2012.
5 See http://www.goodhumanitariandonorship.org.

levels of administration and by using more direct implementation modalities, such as cash transfers and local procurement, based on market analysis.

- Cluster leads and members should, together with OCHA, use common assessment tools to carry out joint needs assessments – prioritising food, nutrition, water sanitation and hygiene, health, shelter/non-food items – and ensure that essential data is disaggregated in terms of vulnerability, gender and age. When areas are not accessible local enumerators, mobile phones and satellite imagery should be used.
- Cluster leads should ensure that member organisations regularly inform affected communities of their rights and duties and monitor whether beneficiaries receive the assistance that they are entitled to. Agreements with implementing partners should make this compulsory. In areas of South Central Somalia where access is limited, mobile phone technology could be used.

Implementing these recommendations will not be easy in Somalia, one of the most difficult and complex working environments in the world. Many of these lessons are not new, and most of these recommendations could be applied to other complex emergencies. Given this, we should ask ourselves: 'when will we ever learn, or rather, why do we never learn?'.

Riccardo Polastro is Head of Evaluation at DARA.