

# **SOMALIA: REAL TIME EVALUATION OF THE 2006 EMERGENCY RESPONSE**

Final report

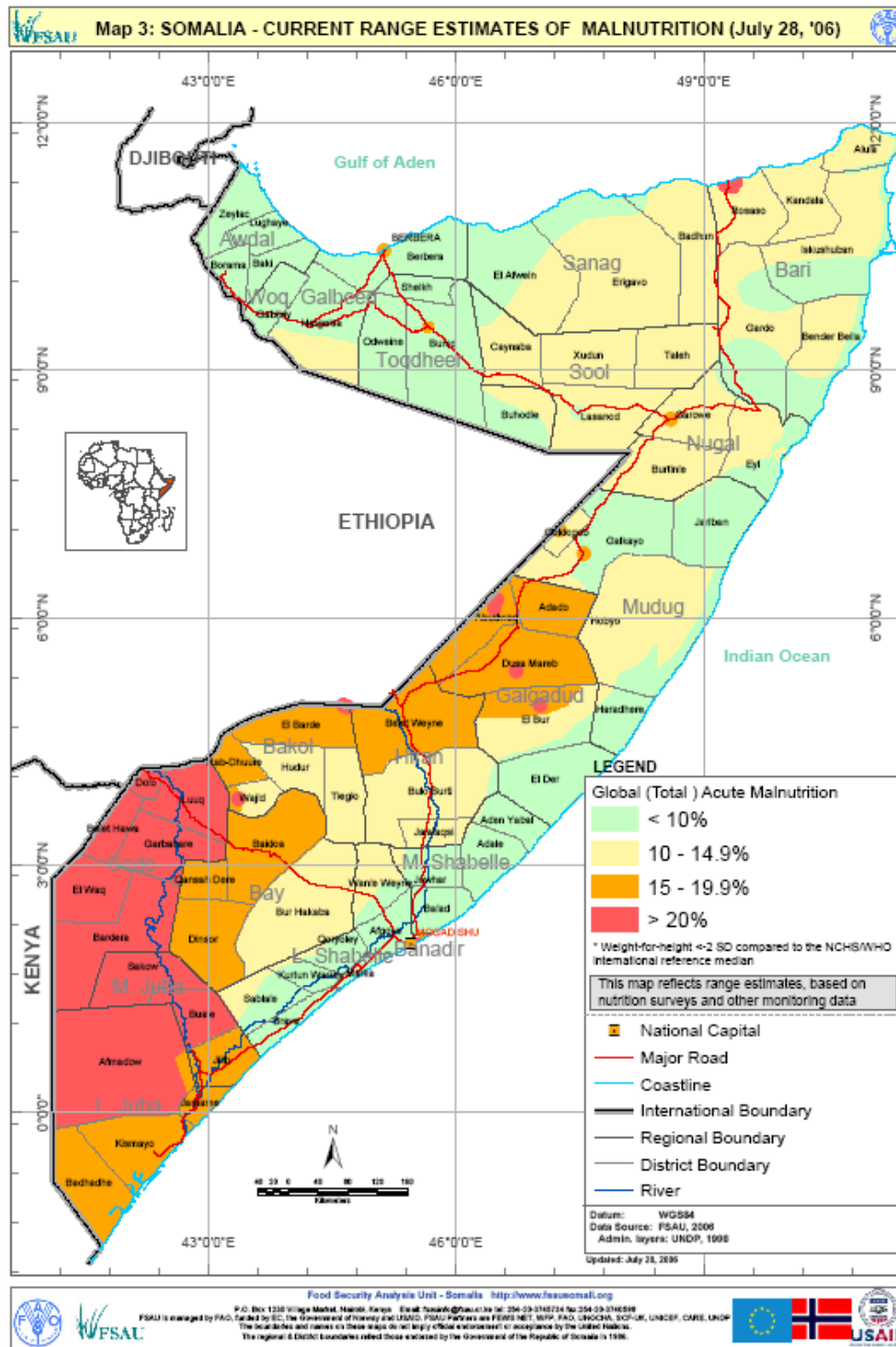
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## List of Acronyms and Definition of Local Terms

CAHW	Community Animal Health Worker
CAP	Consolidated Appeal Process
CARE	Cooperative for Assistance and Relief Everywhere
CERF	Central Emergency Relief Fund
CSA	Central Statistical Authority
CTC	Community Therapeutic Care
DPPA	Disaster Prevention and Preparedness Agency
DPPB	Disaster Prevention and Preparedness Bureau
DFID	Department for International Development
EWS	Early Warning System
FSAU	Food Security Analysis Unit
EOS	Enhanced Outreach Strategy
EWD	Early Warning Department
EWVG	Early Warning Working Group
FAO	Food and Agriculture Organisation of the UN
FEG	Food Economy Group
FSCB	Food Security Coordination Bureau
GAM	Global Acute Malnutrition
HEA	Household Economy Approach
HRF	Humanitarian Response Fund
IASC	Interagency Standing Committee for Humanitarian Aid
ICRC	International Committee of the Red Cross
IDP	Internally Displaced People
INGO	International Non-Government Organisations
JHA	Joint Humanitarian Appeal
LIU	Livelihoods Integration Unit
MUAC	Mid-Upper Arm Circumference
NCA	Norwegian Church Aid
NFCS	Non-food Contingency Stock
NFI	Non-food Items
OCHA	Office for Coordination of Humanitarian Assistance
OFDA	Office for Foreign Disaster Assistance
OTP	Outpatient Therapeutic Programme
PWA	Post War Average
RTE	Real Time Evaluation
RTI	Respiratory Tract Infection
SAM	Severe Acute Malnutrition
SRCS	Somali Red Crescent Society
SC-US	Save the Children – United States
SC-UK	Save the Children -United Kingdom
SFP	Supplementary Feeding Programme
TFC	Therapeutic Feeding Centre
TFP	Therapeutic Feeding Programme
TOR	Terms of Reference
UNCT	United Nations Country Team
UNICEF	UN Fund for Children
UNIFEM	UN Development Fund for Women
UNFPA	UN Fund for Population Activities
WFP	World Food Programme
WHO	World Health Organisation

### Definition of Local Terms

Gu	long rainy season in Somalia between April-June.
Deyr	Short, heavy rainy season in Somalia lasting from Oct-Dec
Birkads	cemented water reservoir where pasture is available but no water which is managed by community.
Zakat	Religious gift from the rich to the poor
Ghee	local cheese preserved/stored for use during dry season/food shortage by the better off households.

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## EXECUTIVE SUMMARY

### i. INTRODUCTION

The Real Time Evaluation (RTE) of the humanitarian response in the Horn<sup>1</sup> offers a mechanism for system-wide lessons learning on the humanitarian response in the context of the 2005-2006 drought with a rapid and concrete feed back on the ongoing operations.

*A series of key issues are central to the Terms of Reference (TOR) for this evaluation:*

- Status of the preparedness and effectiveness of early warning systems*
- Effectiveness of resource mobilisation activities, including the newly established Central Emergency Relief Fund (CERF)*
- Quality, effectiveness and efficiency of the coordination mechanisms, including the new Cluster approach*
- Appropriateness of the response in term of timeliness, relevance, effectiveness, efficiency*
- Identification of additional in-depth evaluation and research issues*

To respond to its TOR, the RTE team undertook a review of the extensive documentation on disasters in Somalia, carried out a series of consultations in Nairobi with UN agencies, NGOs and donors and made field visits in Somalia to sites in Bay, Bakol, Middle Juba and Gedo Regions. The main findings and recommendations were presented at the CAP workshop on 30 August 2006.

### ii. BACKGROUND

A serious water deficit over consecutive seasons in a fragile environment has created significant humanitarian needs in the context of a protracted political crisis where a combination of conflicts, collapse of basic services and climatic events have eroded traditional coping mechanisms and increased the burden on women and suffering of children. Water resources and rangeland pastures have been depleted and consequently herds have been seriously affected, with major livestock losses. Constant high levels of child malnutrition are the result not only of scarcity of food, but of other factors, including child feeding practices and lack of basic health services.

In southern areas of Somalia, the 2006 revised CAP, issued in March 2006, following the failed Deyr rainy season, indicated that an estimated 2.1 million people were in urgent need of humanitarian assistance.

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<sup>1</sup> a multi-agency process under the Interagency Standing Committee (IASC) and a small group of UN agencies OCHA, UNICEF, FAO, WHO, and UNFPA

### iii. FINDINGS AND RECOMMENDATIONS

Findings	Recommendations
<b>Disaster preparedness and Early Warning Systems</b>	
FSAU early warning system is well informed, operated effectively and timely and the introduction of IPC as a tool for food security & humanitarian classification is a useful framework for analysis and response	EWS function of FSAU should continue to receive required financial support as they represent a key element of the understanding the evolution of the humanitarian situation in Somalia
Over reliance on some statistics in the FSAU documentation in a country where they are unreliable	It should be made clear in documentation that estimated populations in need are just planning figures rather than real numbers.
Still considerable reliance on EWS analysis at Nairobi level	It would be appropriate to support/link with community based information systems in the field and develop analytical capacity at zonal level.
Limited inclusion of gender perspective in the FSAU data analysis.	Information should where feasible be disaggregated and reported by gender collected and disseminated.
Early warning signals were delivered early, but in most instances were not followed by early reaction	More efforts should be done to educate donors and agencies on the importance of early warning signal.
<b>Resource mobilization</b>	
Resource mobilisation from the Diaspora and business community was significant, but is not taken into account in the calculation of mobilised assistance	More research should be done in this area.
Early warnings were not followed up by sufficient resource mobilisation to engage in mitigation interventions, despite the clear recognition of the efficiency of mitigation	Identify and disseminate success stories of early mitigation interventions that had a positive effect on the course of events
CAPs prepared in August to be launched in December often have to be revised just after their launch, due to changed situations – this is resource consuming	When a situation is changing rapidly during the last semester of the year, this should be immediately reflected in the CAP
In view of the relatively low funding of the non food activities, food remains the largest sector of the humanitarian action in Somalia	Donors should be convinced of the importance of the non food sector in this type of situation
E-CERF came late in the picture and has been affected by administrative difficulties within certain agencies	As it is a new mechanism, addition trials are needed to fine tune procedures.
Articulation between the use of the CERF and the use of the CAP is unclear, especially by donors who see that these two mechanisms are funded by them.	The “rapid intervention” side and the “gap filling” aspect of the CERF have to be better communicated to the different stakeholders
NGOs and other non UN humanitarian actors have no access to the CERF and are concerned that this may become the only mechanism to fund humanitarian action	Mechanisms to rapidly fund non UN actors have to be further developed, such as the “primary emergency decisions” from ECHO
HRF proved to be a useful mechanism to fill some gaps and support local initiatives	Still requires a much stronger monitoring
Women are key actors in the survival of families and require specific attention, especially in a context like Somalia, where GFM are so frequent and post-delivery mortality reportedly so high.	Specific allocation of resources for women and gender related activities should be done
<b>Coordination</b>	
The SACB, a strong coordination mechanism among aid agencies, has been in place for several years. It has shown both strengths and weaknesses, especially in ensuring active coordination in emergency and proper Somali ownership	Existing coordination mechanisms should be protected and improved rather than weakened or replaced by others.

Findings	Recommendations
The cluster approach has been courageously piloted in Somalia. It showed some of its potentials, and some of its limits, as TOR for the different positions (Cluster lead, etc) and specific roles (agency of last resort) were unclear and even challengeable. The issue of accountability to the HC is a strong deterrent for proper inclusiveness	Cluster approach should be revised and put more clearly in line with what it was aimed at: proper gap identification and action on gaps.
General and sectoral coordination at Nairobi is very active but time consuming	The accountability clause should be strictly limited to the UN agencies.
<b>Quality of implementation</b>	Streamlining and avoidance of duplication should receive more attention
Timeliness has often not been optimal. Lack of resources, high transaction costs and important risks play a strong deterrent role in further engagements.	In case the operational capacity cannot be expanded on the basis of the existing presence, donors should facilitate the engagement of new NGO with proven capacity.
Access to the population is often limited both by the security situation itself, and for the UN agencies, by the security regulations.	Revision of the security regulations and the way to appraise, negotiate and inter-act with the different local actors might be required. Working more on the acceptance strategy rather than on the defensive (bunkerization) and protective (heavy procedures) might be required.
Women are key actors in the daily survival of the family. Current response activities fail to recognise their needs and their role in the household.	Ensuring the recruitment of strong Somali women in the teams
Food aid remains the most significant intervention, but fraught with high distribution costs, logistical constraints, security/access issues and the impact of food aid on those who are targeted is not well understood	More independent post-distribution monitoring would be required
Livelihood interventions benefited from better recognition and enhanced sectoral coordination of agriculture, livestock & cash interventions. Operations were undertaken on a larger scale to previous years, but timing of some de-stocking interventions and seed distributions was too late	Contingency planning linked to the EWS and committed donor resources is essential for livelihood interventions to be introduced early in the drought cycle and have the desired impact
In health and nutrition: Programming, while responsive to nutritional assessment data, and generally technically sound, may not be achieving maximum impact due to the absence of linkages with health activities and with food aid programming. Lack of access to maternal reproductive health and child preventive care probably contribute more to maternal and child deaths than does food insecurity.	All nutrition interventions should follow 'best practices', including linkages with commodity programmes where appropriate, and linkages between SFPs and TFPs. Wherever feasible the CTC approach to implementing therapeutic feeding should be adopted. Programming linkages between health and nutrition should be made in all nutritional rehabilitation programmes. Significant resources should be made available by donors for health services.
In the WES, various types of programmes have been implemented by UNICEF and NGOs, from simple shallow well chlorination to very expensive water tinkering. Hygiene education is often done, but it takes time to see an impact	The early signals in October should have triggered more early water interventions
<b>Linking emergency and vulnerability reduction</b>	
Linking the emergency response and longer term vulnerability reduction is important, but difficult to implement. Ensuring that emergency assistance does not create more harm than good has not always been seen as a priority.	There is a need to better understand a series of parameters of the vulnerability, especially of the high level of malnutrition rates recorded in South and Central Somalia. Links between feeding practices, birth spacing, pastoral livelihoods, etc.
Operations are still too often operating in a vacuum of knowledge	Additional evaluative studies would be very useful on relations between food interventions, nutrition, water and sanitation and health, survival strategies of pastoral communities, cross border flows across the Horn of Africa, including migrations, the role of the Somali Diaspora, traditional child feeding and care practices, etc.



# FULL REPORT

## 1 INTRODUCTION

### 1.1 Terms of reference

The Real Time Evaluation in Somalia is a multi-agency process in which the IASC acts as the overarching umbrella and a more restricted number of agencies (OCHA, UNICEF, FAO, WHO, UNIFEM and at time WFP) act as the evaluation steering committee providing the institutional frame. The RTE aims at providing a mechanism for system-wide lessons learning on the humanitarian response in the context of the 2005-2006 drought.

A series of key points are prominent in the Terms of Reference (TOR):

- Status of the preparedness and effectiveness of the Early Warning System,
- Effectiveness of the resource mobilisation, including of the newly established CERF, etc.,
- Quality, effectiveness and efficiency of the coordination mechanisms, including the new Cluster approach;
- Appropriateness of the response in term of timeliness and relevance;
- Gender and community participation are emphasized as cross-cutting issues.

The RTE mission was also requested to provide directions for the identification of additional in-depth evaluation and research.

It is important to stress that an RTE is a short, time-bound exercise which is intended to bring a timely and fresh external perspective of the operations whilst they are still going on.

Real Time Evaluation	
What it is	What it is not:
A snapshot of the way the response has developed	An in-depth process
A “fresh look” by outsiders	An impact evaluation
A mechanism to provide rapid and timely feed-back	A formal technical review
A tool to identify issues with a focus on utilisation	A tool to produce detailed statistics
A qualitative focus	A quantitative study

### 1.2 Methodology and itinerary

The RTE team was composed of three international and one locally recruited Kenyan consultant, and was relatively gender balanced (two women, two men). It brought together expertise in disaster management, food security and food aid management; health and nutrition, as well as cross cutting issues, which were gender and community participation.

The methodology for this exercise was based on :

- a review of the large quantity of background documents on famine and drought in Somalia in general (several hundred megabytes) as well as on the existing documents related to the 2005-2006 drought operations,
- a series of interviews and focus groups with national and international aid actors, participation in pre-planned coordination meetings, and follow up interviews
- Field visits with interviews with programme staff and UN staff and beneficiaries and direct observations;

- A feedback process to the various stakeholders of the evaluation - UNICEF, IASC Country Team (UNCT), and overall aid community involved in the Somalia operations- including two meetings with the UNCT

The mission spent ten days in the field visiting Bay (Baidoa), Bakol (Wajid, Hudur and Gorbato), Middle Juba (Buale) and Gedo (Garbahare).

The itinerary of the mission and the list of people met and of consulted documents are presented in the Annex.

### **1.3 Constraints and limitations**

The timeframe of the mission was somewhat subject for controversy: As the bulk of the emergency response to the acute effects of drought was already terminated and the aid community preparing itself for a protracted effort for the preparation of the next phases, was it a real RTE ? Yet, beyond the semantic and sometimes very debated conceptual issues, most people agreed that it was a good ideas to have this process feeding directly into the CAP process.

Security is an overall concerns of all in the Somali context and the DSS procedures to give green lights for field movement somewhat cumbersome The subsequent limitation of road movement is not conducive for proper contact with the field reality and the programmes, although the mission here want to go on record for the fact that it spend a good amount of time in the field and visited quite a number of places and project locations in the time allocated.

Living conditions are known to be very basic in Somalia, and the team was ready for that. Yet the overcrowding of the WFP compound and the very noisy generator are not conducive for proper rest and thinking, two key elements which could have an impact on the quality of the evaluation itself<sup>2</sup>.

In view of the massive literature on Somalia, the mission had to struggle to find time to come back to the documents after visiting the field. You look very differently to this information before and after the field work. The fact that the Ethiopian mission was just back to back to the Somali one did not facilitate neither the proper return to the literature sources to cross check, nor did it allow enough time for the preparation of the feed back exercises (three feed back sessions in the 72 hours after the return from the field).

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<sup>2</sup> The mission is expressing concern that goes far beyond its mandate, in cognisance of the fact that the environment influences a lot how staff performs in the field and impact on staff health. The mission therefore finds it necessary to highlight that UN staff are going through extremely difficult work working environment on a day to day basis.

## 2 BACKGROUND

### 2.1 *Somalia: Between resilience and vulnerability*

The areas located in the arid and semi-arid lands are supporting some of the most complex and resilient human societies: the pastoralists. Large parts of Somalia enter in this category. There are also various other livelihood systems: agro-pastoralism and agriculture in riverine areas and in the brown alluvial soils of Bay and bordering regions. These systems are much less resilient since they depend on erratic rains or irrigation systems requiring costly fuel.

Somalia has been in and out the headlines over the last thirty years. After the Ogaden war in 1977 between and the multiplication of refugee camps in different parts of the country, the presence of one of the smallest country of the Horn culminated at the end of 1991 and 1992, with the civil war and the dramatic famine that ensued. Most basic social services broke down and remained so in most areas since, resulting in overall degradation of the conditions of life for most, especially women and children. This situation brought about high child and maternal mortality rates, disappearance of schools leading to poor enrolment and retention in schools, especially among girls.

Since that, the context has been framed by a series of inter-related factors:

- The de facto partition between the northern parts - northwest, which declare itself a Republic of Somaliland and northeast, or Puntland, who have established independent governmental structures and the South Central Zone (SCZ), the central/southern half which remains engulfed in a high level of conflict
- In this Central and Southern part, the protracted absence of government creates a near total absence of any kind of respect of the basic human rights. The only mechanisms to maintain law and order apart of the law of the gun are the traditional Somali problem solving mechanisms and traditional right (Xeer) under the Ugas (“white beards”) and the Sharia (Islamic Law).
- The almost total lack of basic social services, outside of humanitarian interventions results in an extremely low coverage of the essential needs of the population (in some areas, education is an exception due to the huge progress has been made over the past six years in expanding access to primary education services in Somalia, including madrassas)
- The continuation of various types of confrontations between clans and lawless groups is not only threatening basic human security but also affect, directly and indirectly, food security (from both the production and access angle)
- Historically Somalia has always been importing cereals and cannot be self-sufficient on its own cereal production (but access food through trade of animals and animal products). The hindrance for the trade of livestock products, including the various bans on livestock exports
- Although arid lands have demonstrated an extraordinary capacity to regenerate, the population pressure, the overall climatic changes and the pressure on natural resources resulting from certain coping mechanisms of destitute groups (charcoal making and wood collection) are inducing a general degradation of environmental conditions;
- In addition to the frequent occurrence of armed confrontations, natural calamities are also a regular feature of Central and South Somalia, although floods also play a very important role in certain types of agro-ecosystems (restoration of fertility in law laying areas behind the river banks, creation of dry season pastoral reserves and water receding agricultural land).
- Displacement (cause and consequence) are often linked to either military operations, drought or flood related destitutions and aid related pull and push factors
- Lack of Human Resources in almost all sectors, due to the discontinuation of higher education. In most sectors, the only competent Human Resources remaining are often relatively old and are far from up to date in terms of knowledge.

The break down of economic and social structures in the complex conflict and drought emergency situation strained the survival strategies of families and especially, placed increased burden on women who have the responsibility for finding food, water for domestic use and shelter for their families, for those that were displaced as a result of the drought. Somalia emerged at the beginning of 2006 as a very vulnerable country with no government, limited basic services and with an estimated population of 1.5 million living in the Central and Southern parts are in very difficult situation of livelihoods, water, food and health crisis.

## **2.2 The 2005-2006 crisis**

The failure of the Deyr rains in 2005, following other successive poor seasonal rains, resulted in widespread crop failure<sup>3</sup> and considerable livestock deaths<sup>4</sup> in much of southern Somalia (especially Gedo, Middle & Lower Juba, Bay, Bakool and Hiran). It was Somalia's worst drought for ten years<sup>5</sup>. As a result, water sources dried up, rangelands became depleted, livelihoods were debilitated. Livestock prices dropped considerably and food prices on the other hand increased. As a result the purchasing power of most families affected was eroded significantly. There were abnormal movements of population and livestock within Somalia and cross border to Kenya and Ethiopia in search of other employment opportunities, food, water and pasture.

The revised CAP for Somalia estimated that 2.1 million of Somalia's population were in need of urgent aid and livelihood support for the rest of the year. The figure includes 715,000 people in "acute food and livelihood crisis" and 915,000 experiencing "humanitarian emergency" in the south, centre and north of Somalia<sup>6</sup> and about 30,000 extremely vulnerable people classified as "urban poor" who live in urban centres in the crisis areas of Gedo, Juba, Bay and Bakool. An additional 370,000 to 400,000 existing IDPs were also included in the overall target population.

The Humanitarian Emergency of 2005-2006 in Somalia took place in the context of what may be characterised as a 'chronic crisis' in health and nutrition. No national level data have been collected in Somalia since the UNICEF-sponsored Multi-Indicator Cluster Survey (MICS) carried out in 1999<sup>7</sup>. At that time, Somalia had the highest maternal mortality rate, among the highest infant and child mortality rates and one of the lowest school enrolments in the world. Over 75% of the women interviewed had no formal education and just 21% of the female population were literate. In South Central Zone, there was evidence of both long and short term malnutrition among children under five, with 21% of children measuring < -2 SD weight for height (WfH) - moderate malnutrition- and 4.6% below -3 SD WfH (acute malnutrition). The prevalence of chronic malnutrition, measured through height for age (HfA)- stunting, was 25.7% at <-2 SD and 12.5% at < - 3 SD, was very high. Exclusive breastfeeding rates among children 0 – 3 months were < 25% and few women and children had received Vitamin A supplementation.

Severely limited access to health care was reflected in infant mortality rates of 137, with U5MR of 231. Completed immunization rates for DPT, Polio 3 and measles were 35.6% , 40%, and 37.5% respectively, for 12 23 month olds and only 1.5 % were fully immunized.

<sup>3</sup> FSAU estimated cereal production for the year in Gedo, Juba, Bay and Bakool to range between 7 to 23% of PWA (virtually crop failure)

<sup>4</sup> NCA estimated that in Gedo 70% of cattle, 50% of donkeys, 45% of shoats and 20% of camels died between the Deyr 2005 and the Gu season 2006.

<sup>5</sup> Somalia CAP 2006 (revised)

<sup>6</sup> Based on the FSAU 2005-06 Post Deyr Analysis which refers to the Integrated Food Security & Humanitarian Phase Classification (IPC)

<sup>7</sup> These surveys are carried out in non - DHS countries. The 1999 MICS included 4300 households, with just over half in SCZ, of which just under half were rural. An update MICS has just been completed. See p. XX for a description of the methodology and coverage. See <http://www.childinfo.org/MICS2/newreports/somalia/somalia.htm> for the MICS tables. (accessed Oct. 2006)

Among mothers, only 32% were protected against tetanus, 60% had delivered with a traditional birth attendant (TBA) and only 2.8% of women in SCZ were using modern contraception.<sup>8</sup> UNICEF estimates of maternal mortality range from 1100 to 1600; the lifetime probability of dying in childbirth is 1 in 10. It is thought that over 90% of women have been subjected to some type of female genital mutilation, known to cause severe complications in childbirth.

The effect of the instability in the period since 2000 has been to reduce access to health facilities and to increase nutritional vulnerability. By the end of 2005, when conditions became acute in South Central Zone<sup>9</sup> most health facilities were operated or heavily supported by nongovernmental organizations and their outreach was severely limited. Trend data published by the Food Security Analysis Unit for the period 1999 – 2005 show estimated malnutrition rates over 15% in all regions of SCZ, and over 20% in Gedo Region.

### 3 DESCRIPTION OF THE RESPONSE

#### 3.1 Overall strategy

The Somalia CAP 2006 indicated a two-track approach – providing life-saving assistance as well as supporting livelihoods – in order to discourage relief dependency and prevent those in a state of “acute food and livelihood crisis” from falling into a “humanitarian emergency”. The challenge for the CAP was to attract the same level of donor commitment (although not scale) to support food security and livelihoods as it accords to food aid. There was very limited donor commitment (outlined later in the report) to this sector, but resources were mobilised by FAO (through its regional plan of action and CERF), ICRC and a small number of NGOs. Major constraints are the limited operational capacity of organisations committed to this sector and access to the most affected areas, but significantly, this sector has benefited from very effective collaboration and engagement with Somali NGOs

The following time line has been prepared for easy reference

#### *Time line for the Somalia humanitarian response:*

14 November 2005: FSAU issues early warning in its Monthly Brief
20 November to 5 December 2005: FSAU conducts Northwest Post Harvest Crop Assessment
8 to 16 December 2005: OCHA leads inter-agency assessment in South Gedo and facilitates series of inter-agency meetings in Wajid
12 to 29 December 2005: FSAU conducts Post Deyr Assessment with field partners
20 December 2005: FSAU issues Press Release of deteriorating situation
31 December to 8 January 2006: FSAU conducts Regional Analysis Workshop with partners in Belet Weyne, Wajid, Buale, Jowhar, Garowe and Hargeisa
16 January 2006: FSAU consolidates Somalia and cross-border analysis
18 to 26 January 2006: FSAU release of preliminary results through press release, key findings in monthly brief and presentation to SACB
22 to 30 January 2006: OCHA facilitates joint needs assessment in Bay and Bakool regions of southern Somalia including WFP, Unicef, WVI, ACF, IMC and SRCS

<sup>8</sup> These data include the population of Mogadishu ; access to services /health status are better among urban populations.

<sup>9</sup> This discussion does not include facilities in Mogadishu or Kismayuu. The RTE focused on the impacts of the drought and response in rural and small urban centres in the SCZ.

5 February 2006: First IASC Cluster Meeting : Water & Sanitation led by UNICEF

6 February 2006: First food aid distributions by WFP in Gedo and Middle/Lower Juba

15 February 2006: FSAU releases Technical Series Report of Post-Deyr Analysis

27 June to 22 July 2006: FSAU conducts Post Gu Assessment with field partners

23 July to 9 August 2006 : FSAU completes field analysis and releases preliminary results

30 August 2006 : FSAU plans to release Technical Series Report of Post-Gu Analysis

17 September 2006 : CAP workshop in Baidoa

### **3.2 Food Aid**

83% of the budgetary provision in the revised CAP for Somalia (March 2006) represented food aid and so this intervention was by far the most significant response to southern and central Somalia. The distribution of food aid in Somalia is managed jointly by WFP and CARE, although during the 2006 response, ICRC undertook food aid distribution in central Somalia as well.

Distribution of the current WFP cycle of food aid commenced in the third week of February 2006 after food became available on a significant scale<sup>10</sup>. As of 8 August 2006, WFP had over six months (February to July 2006) distributed 47,896mt (representing three distribution rounds) to 1,098,000 beneficiaries<sup>11</sup> in Gedo, Bay, Bakool, Lower and Middle Juba. However, whilst the coverage was broad, beneficiaries only received between 45% and 70% of the indented food aid quantity over this period due to pipeline, logistics and security difficulties<sup>12</sup>.

CARE is responsible for food distribution in four districts of Gedo and three districts of Lower Shabelle (not covered by WFP) Hiran, Galgaduud and south Mudug regions. CARE distributed 23,079mt between January to August 2006. Food distribution by both WFP and CARE was temporarily suspended during the harvest period (mid-July to end of August) since the crop production potential was good. WFP also supported social support and recovery interventions (including hospital and school feeding) in Somaliland, Puntland, Benadir, Hiran, Lower and Middle Shabelle.

### **3.3 Water and Environmental Sanitation (WES)**

The water sector received a sizeable response from UNICEF and its NGO partners, other NGOs and ICRC. Activities during the first seven months of 2006 have included a relatively diversified set of activities taking into account the different types of situations prevailing in Somalia:

- Emergency water trucking to supply water to human settlements: during the first months of 2006, up to 3.000 000 litres were delivered by UNICEF and its partners in Bakool, Bay, Gedo and Middle Juba to thousands of beneficiaries;
- Rehabilitation of traditional water reservoirs of different sizes for pastoralists (from the large earth pounds to the smaller sized often cement birkats);
- Rehabilitation of boreholes and supply of essential spare parts and fuel for the functioning of these vital water points;
- Rehabilitation and/or chlorination of shallow wells in the areas where they exist.. The need for this activity was made even more important when floods of the Juba river in April/May aggravated a situation already fragile due to the drought.

<sup>10</sup> Kenya had banned export of cereals in January 2006, but agreed to except Somalia from the ban in February.

<sup>11</sup> A family ration for one month includes 100kg cereal; 10kg pulses; 3.6kg vegetable oil and either 5kg or 10kg of CSB

<sup>12</sup> According to correspondence from WFP to DFID dated 17 .07.2006

Hundred thousands of people benefited from this vital assistance. Yet, sustainability issues and possible “pull factors” were observed in the course of the response and have been regularly reported by the different actors in the sector. In addition to interventions recorded and monitored through inter-agency coordination, there was very significant and timely support through the diaspora and Islamic charities for water trucking (for human and livestock consumption)

Hygiene education has also been an integral part of the WES sector. The time required to get the messages properly elaborated (taking into account cultural and religious sensitivity) and disseminated is a significant constraint in emergency situations.

### **3.4 Livelihoods**

The response comprised seed distribution (sorghum, maize, simsim and legumes), destocking of livestock, fodder supplementation, animal health interventions and cash transfer programming. In total 45,000 households benefited from seed distributions (600mt of cereal and legume seed) in over 25 districts of southern and central Somalia undertaken by ICRC and FAO partners (ACF, AFREC, Agrosphere, ASEP, DRC, SADO, WVI). Oxfam GB, Horn Relief and AFREC initiated cash transfer programming in three districts<sup>13</sup> where livelihoods were particularly affected and only food aid was reaching these areas. In total 18,575 households benefited from cash relief during one month (in the case of 500 households this was extended to four months) and 9,648 households benefited from cash for work during 3 to 4 months between May to October 2006. This was the first time cash transfer programming had been undertaken in southern Somalia. ICRC destocked 30,000 animals in Gedo and Bakool regions (for the equivalent of US\$150,000) between January and June 2006. The meat from the slaughtered animals was given to particularly poor, vulnerable households identified by the Somali Red Crescent Society. FAO, in collaboration with NGOs, had targeted to destock 4,500 non-breeding cattle in Gedo and Hiran regions under CERF funding. Also 25,000 households (in Middle Juba) were to benefit from animal health interventions through the first CERF grant. FAO (in collaboration with VSF Suisse and ASEP) also targeted 170 families in Gedo region to benefit from redistribution of livestock (each family to receive 40 shoats and one pack animal) as part of the recovery programme<sup>14</sup>.

FSAU estimates that 30 to 40% more people received remittances during the drought crisis in early 2006. In a “normal” period remittances in Somalia represent as much as four times the international aid budget which is a huge injection into the Somali economy often through poor households. Much of the resources were channelled through a Drought Response Committee in Mogadishu which have representatives based at district level and identify interventions in consultation with the community leadership<sup>15</sup>.

The emergency response in health and nutrition had several elements: technical and material support to Supplementary and Therapeutic Feeding Programmes, coordination to ensure food aid to affected communities, training of health staff, support to immunization campaigns for measles and polio, malaria control and ongoing support to nutritional monitoring and assessment. In December 2005 UNICEF reported work with 40 health centres, serving an estimated population of 295,000 in Bay, Bakool, Gedo, Lower and Middle Juba Regions. WHO and UNICEF collaborated to ensure participation in two National Immunization Days (NIDs) synchronized with Northern Kenya and Southeastern Ethiopia, in June and September of 2006. Polio prevention, part of the long term polio eradication initiative, was critical given the presence of 213 cases in 2005 and the first six months

<sup>13</sup> Ceel Waaq, Afmadow and Badhadhe

<sup>14</sup> If funding permits 500 to 1,000 households are targeted for redistribution which combined with animal health costs about \$1,200 per household (source: FAO)

<sup>15</sup> Information provided by the community elders in Wajid

of 2006.<sup>16</sup> Over 85 Somali health workers, serving in a wide range of facilities in Southern Somalia, were trained by WHO. Half a million children in SCZ were immunized against measles.

By September it was reported that 18,650 children had been successfully discharged from supplementary feeding in a total of 32 sites. By August, over 5400 had been discharged as cured from 11 therapeutic feeding programmes. Training was provided to 78 staff of 20 SFPs and 7 TFC and CTC on malnutrition management. By June of 2006, UNICEF was supporting 50 supplementary and therapeutic feeding centres in Southern Somalia, including 4 in Mogadishu. UNICEF led the Nutrition, Education and Wat/San clusters from March/ April 2006, bringing in staff to head up Nutrition and Education. In 2005-2006 UNICEF implemented a MICS in all parts of Somalia; while not a part of emergency response, this survey will provide critical data for planning and implementation of nutrition and health services to women and children.

### **3.5 Education and protection**

Some sectors are often left aside in the course of emergency life saving response: education, protection, etc. In Somalia, these sectors could be at least partially addressed by committed agencies: UNICEF set up “emergency schools” in IDP camps. The IDP division of OCHA paid a significant attention to the plight of these populations, including a high level visit from the Geneva-based Head of OCHA’s IDP Division.

The RTE mission wishes to acknowledge the importance of these “soft sectors” as part of the humanitarian response but had difficulties, in view of time constraints, to cover them appropriately. They will be only limited mentions of these sectors in the following chapters.

## **4 EARLY WARNING**

The Food Security Analysis Unit (FSAU) was established in 1994 to provide information to operating agencies and donors relating to current and protracted food security issues in Somalia and an early warning of potential food crises. Since 1995 it has been supported by both the European Commission (EC) and USAID. In 2000 the Food and Agriculture Organisation (FAO) took over the management of the FSAU from the World Food Programme (WFP). Over the years, the FSAU has had close technical collaboration with FEWSNET, SC UK, ACF, CARE, WFP, UNICEF and more recently OCHA. Furthermore, it has been a key informant to the Somalia Aid Coordination Body (SACB) which has, in the absence of a national government, been the main coordinating mechanism for humanitarian assistance to Somalia.

Since 2000 the FSAU has been developing a broader understanding of food security issues through livelihoods analysis in Somalia. In this way the FSAU has begun to provide more relevant information in support of both early response to food insecurity crises and longer term livelihood interventions. Furthermore, through USAID support, the FSAU is operating a Nutrition Surveillance Project, which allows food security and nutrition analysis to be more integrated.

The FSAU has delineated livelihood zones throughout Somalia and is in the process of finalizing the livelihood baseline profiles of each zone. FSAU in collaboration with FEWSNET undertakes regular monitoring in the field of livelihoods using key indicators (including SLIMS<sup>17</sup>) which

<sup>16</sup> The importance of regional collaboration was highlighted in October 2006 when a case of polio was identified among Somali refugees in Garissa District of Kenya

<sup>17</sup> The Somali Livelihoods Indicator Monitoring System (SLIMS) is based on 12 livelihood based indicators to establish an early warning system at the meso (or regional level) operating through 85 sentinel sites



contribute to the Integrated Food Security & Humanitarian Phase Classification (IPC) which has been developed over the past two years to improve overall planning and facilitate effective response. Furthermore, the FSAU with multiple partners conducts seasonal assessments (Gu and Deyr) of food and livelihood security and ad hoc assessments where the situation demands rapid analysis (floods, drought, tsunami, locust infestation etc).

Key linkages for the FSAU are the SACB's Food Security & Rural Development (FSRD) sectoral committee (which includes the main food aid agencies: WFP and CARE) and the Humanitarian Response Group (HRG) which is facilitated by OCHA. The recent addition of OCHA as a technical partner is strategic for linking information to a coordinated response as was demonstrated through the 2006 Consolidated Appeal Process (CAP) which drew on FSAU's livelihoods analysis.

The perception of all the humanitarian actors interviewed was that Somalia has a very well informed and timely early warning system which functioned much more effectively than during previous drought episodes. The introduction of the Integrated Food Security and Humanitarian Phase Classification (IPC) was considered to have provided a very useful framework of analysis and response. However, despite the early warning, the response was still delayed. In 2000, it took 4-6 months before warnings were seen as credible; in 2006 the delays were 3-4 months.

The FSAU operates both a statistical and spatial database for the production and distribution of data sets and maps. FSAU communicates its findings and analysis through press releases, monthly bulletins, technical series and presentations. The FSAU also operates a website through which a digital library is accessible.. There is nevertheless a serious danger in using data and statistics in the Somalia context.

#### Data Reliability in the Context of Somalia

Few, if any, reliable statistics are available on Somalia. Population estimates have varied from 7.5 million, the figure currently used by the United Nations,<sup>18</sup> to 9.5 million, (UN Development Report 2002). For many years Somalia has not been included in worldwide collections of development data, such as the World Development Report, given the issues about completeness and reliability of information. Quantitative data, including numbers of populations in need, are always estimates, based on small samples or 'sentinel sites' representing larger areas with similar agro-ecological and demographic conditions (livelihood zones). These are based on five Phase Classification, ranging in severity from 'Generally Food Secure' to 'Famine/Humanitarian Catastrophe'<sup>19</sup>, and used to estimations of numbers requiring food aid, nutritional rehabilitation, de-stocking or seed provision, for example.

Nutritional data are especially problematic in an environment where 'background' rates of moderate malnutrition often exceed 15%, as is the case in SCZ. FSAU monitoring, based on small samples (50 children) measured at sentinel sites and supplemented by surveys focused on areas of high vulnerability, tries to highlight trends indicative of a deteriorating situation over larger areas. Nutritional data gathered in this way must be used with caution, especially in generalizing from a limited area to a larger population. The presentation of this information by FSAU is done with qualifications, citing co-factors, indicating ranges, and describing data sources, but there remains the risk of numbers 'taking on a life of their own', and being misused, especially in the field. Paradoxically, the availability of these statistics, if repeated over several years, can be encourage 'donor fatigue', a desire to see evidence of more and more acute emergency conditions.

<sup>18</sup> Based on existing census data, adjusted for assumed population growth and migration and for data obtained during WHO's polio immunization activities.

<sup>19</sup> See [www.fsausomali.org](http://www.fsausomali.org) for technical references.

The early warning system for Somalia operated effectively and in a timely manner. As early as October 2005, the Food Security Analysis Unit (FSAU) was alerting the humanitarian community to the potential implications of the a failure of the Deyr short season rains in the context of a combination of civil insecurity and conflict over scarce water and grazing in south central Somalia. By November, it was clear that the Deyr rains would be late in most of this region, and FSAU identified several areas as either at high risk of an acute food and livelihood crisis or already in crisis. Detailed data were presented in various media on rainfall patterns, market conditions, crop production prospects, the national cereal balance sheet and livestock condition, including availability of water and pasture.

The Early Warning System, operated through the FSAU, disseminated credible and detailed information on food security and child nutritional status late in 2005 through both the Monthly Nutrition Updates and Food Security and Nutrition Briefs. Nutritional ‘hot spots’ were mapped using sentinel site and available survey data in Gedo, for example, and additional sentinel sites were established in Bakool, to a total of 68, in Central and Southern Somalia. Riverine areas, subject to flooding, were also being watched. A special inter-agency assessment was undertaken in Gedo, acknowledged to be the Region with worst child nutritional status, in December. The timetable for the post Deyr assessment was accelerated, the fieldwork expanded and analysis completed in early December; results were presented to Nairobi based stakeholders (UN agencies, donors, NGOs) in mid January. On February 1, detailed numerical estimates of groups in need in the Humanitarian Emergency (HE) and Acute Food and Livelihood Crisis (AFLC) categories, including those at high risk, were released to donors

Community participation in the early warning and response planning process was found to be very limited. Responding agencies worked on the assumption that the response, being on fast track mode, had limited time for community participation in a complex operating environment like Somalia where participation involves layers of negotiations and therefore time. Over 75% of respondents in the country felt that the response treated the poor and marginalized people who benefited from the response as the targets of life saving efforts.

The humanitarian community had early notice – at least 2-3 months – to prepare for the possibility of a serious situation of need in Somalia. The response was nevertheless too late to tackle the ongoing destitution of pastoralism which had become a growing concern of early warning systems operated by FSAU and FEWSNET during 2004-2005. If the effect of drought on pastures, livestock condition and cropping had been mitigated earlier, the impact of the drought would not have reached such significant proportions. By the time the humanitarian response had been initiated pastoralist communities had already migrated to areas where water supplies and pastures were less affected (including Lower and Middle Juba where there was virtual crop failure in the Deyr season) adding pressure on limited resources and compounding the situation of food insecurity in these areas. This failure reflects a number of factors: donor conservatism and aversion to risk, the political and economic marginalization of pastoralism and the lack of well understood and easily implemented interventions in the area of pastoral livelihoods. Donors provided a range of explanations for the late response and funding, including lack of viable NGO implementing partners, inability to access resources at home and donor fatigue or scepticism regarding the seriousness of the crisis. This is discussed further in relation to resource mobilization.

## 5 RESOURCE MOBILISATION

### 5.1 UN and NGO level

**Consolidated Appeal:** This is the primary fund raising tool for humanitarian emergencies in the UN system. The CAP funding schedule, uniform worldwide, is, however, not optimum in relation to the agricultural and climactic cycles in Somalia. The preparation of a draft appeal in September, with finalization in October, makes it difficult to ‘capture’ the most recent data on the second rains. This becomes important where the Gu, or long rains have already failed and a reasonable Deyr rainy season is needed to ensure some recovery.

The initial Consolidated Appeal launched at the end of 2005 reflected 3 November 2005 figures for estimated needs and requested a total of \$174,116,815 to meet the needs of 922,000, including 377,000 IDPs. The largest amounts were requested for projects in food, health and agriculture. In March 2006 the Appeal was updated, as the effects of the failure of the Deyr rains became evident, to a revised figure of \$326,718,040. Almost 83% of the increase reflected increased numbers of food aid beneficiaries. The population estimated to be in need rose to 2.1 million. A total of \$168,800,738 had been funded by 21 Sept. 2006. A revised CAP is frequently a necessity, as the magnitude of needs becomes evident. An inherent limitation of the CAP lies in the ability of donors to disregard the priorities – among sectors and within sectors - flagged by the UN in preparing the Appeal. While funding levels are continually updated, and donors are aware of funding gaps, they “pick and choose”. As in other drought-affected countries in the Horn, food aid was easier to access than cash resources.<sup>20</sup> At the time of the revision, in March, agriculture was funded at 5%; health at 2% and food at 39%. By late September, the same sectors were covered at 9%, 12% and 70%. Among non-food activities, only water and sanitation achieved more than 50% of requested funds.

A further factor which may have affected the speed of resource mobilization was the end of OCHA’s biennial funding cycle in December 2005, and the need to clear the books. From November, no new agreements longer than one month could be entered into. The Christmas-New Year’s holiday period, which is observed over 10 days to 2 weeks in East Africa, may have slowed down the funding process further.

One further factor in relation to the CAP is the difficulty in funding key activities not perceived by donors as ‘emergency’ interventions, such as education and reproductive health, which are nevertheless critical to recovery. Where maternal mortality rates and TFR are among the highest in the world, and surgical obstetric services are almost non-existent, maternal health services can be considered an emergency need. It is nevertheless very difficult to raise funds for in the context of Somalia, where government has not functioned for 15 years, these activities fill gaps. It is difficult to over-emphasize the importance of reproductive health in a country having what may be the highest maternal mortality rate

**E-CERF:** The newly establish E-CERF, restricted to UN agencies, is still in its infancy but proved a useful budgetary tool for UN agencies, to rapidly support collective services such as UNCAS, and early deployment of various humanitarian activities, particularly in health and nutrition. A total of \$6,022,213 has been disbursed in Somalia in 2006. If funding decisions were often relatively

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<sup>20</sup> Despite the fact that the US is no longer generating large agricultural surpluses, funding for purchase of US commodities for food aid assistance usually cannot be converted into cash applicable to local purchase or to cash-based programmes. The preference of other donors for providing cash support to the administrative and logistical costs of food aid distribution rather than for non-food needs, reinforces this funding disparity.

rapid, it took some time to work out the agreements, thus incurring delays in several instances<sup>21</sup>. In the Somalia crisis, E-CERF played more a role of gap filling to meet specific needs not adequately funded through the CAP, rather than of “life saving rapid fund”. For WHO and UNICEF, CERF funding supported scaling up of critical ongoing initiatives rather than new activities. These included support to immunization – procurement of cold chain equipment and OPV for polio NIDs – procurement and distribution of Emergency Health Kits, and nutrition support - costs of survey work and supplies and equipment procured by UNICEF and purchase and delivery of fortified foods for SF and TF. Where WHO had emergency kits in stock, these could be quickly distributed against a guarantee of CERF funding in early April to replenish the stocks. One frequently asked question is how the CERF will be articulated with CA requests in future, with a concern that CERF funding may replace other funding mechanisms used by NGOs and the Red Cross. In recent months, the HRF has sought to strengthen the gap filling function by encouraging applications from areas of need or ‘red zones.’<sup>22</sup>

Humanitarian goals are not about social changes, but more about saving lives, and working in a difficult and culturally sensitive environment requires certain caution. It would nevertheless be useful to revisit CERF as a funding mechanism and evaluate its responsiveness to the MDG goal of advancing women’s empowerment and gender equality.<sup>23</sup> It is important to ensure that funding modalities and their corresponding partnerships target more women needs and support women position in the decision making and implementation processes related to the humanitarian response.

**Humanitarian Response Fund (HRF):** This relatively small financial instrument has proved to be a useful mechanism to support activities and agencies which would not otherwise be considered under the CERF, including those of Somali NGOs. Established during a drought crisis in northern Somalia in 2004, the HRF is based on the principles of flexibility, rapid review and disbursement, and priority to filling of ‘gaps’ in available funding. As of September, the HRF had granted \$3,276,416 in 2006, with a balance of over \$1.6 million currently available. The HRF is institutionalized as a project within the CAP, with a ceiling of 7% of the total Appeal. It operates through an Advisory Board, including both UN agencies and an NGO representative, chaired by the HC. The HRF funds both NGOs and UN agencies. In 2005 the Board agreed on funding of local NGOs; audit and programme support functions, including programmatic and financial monitoring, are carried out from Nairobi. Response times are rapid; funding is usually disbursed within 2-3 weeks of application and changes of interventions are permitted, when cleared, so long as target areas and populations remain the same. The establishment of this funding mechanism prior to 2006 enabled the HRF to disburse funds relatively early in the emergency. Activities funded include livelihood support and water rehabilitation. Project durations can be up to 6 months; where situations change, funded agencies can request authorization to use HRF funds in a related intervention with the same target population. Like the CERF, it is important that the HRF be guided by gender sensitivity principles and a clear framework for addressing specific needs of both women and men in the funding framework.

### **Donor response**

The largest part of the food aid used in Somalia – over 121,000 MT, valued at over \$81 million - was mobilised through USAID /Food for Peace and distributed by WFP and CARE. DFID was the largest cash donor, at over \$21 million, while USAID had contributed just under \$5 million. The major part of DFID funding and just over half of USAID funds went to UN agencies. The EC has always been a key donor through the Somali Unit with a long term commitment based on a development perspective. ECHO responded relatively quickly (4 emergency decisions for regional and Somali programmes + one Global Plan decision). Cash resources were mobilised much later

<sup>21</sup> The intervals from approval to disbursement range from 10 to 78 days, with a mean of 21 days for the first tranche and 67 days for the second.

<sup>22</sup> This is a reference to the FSAU coding of ‘Humanitarian Emergency’ areas.

<sup>23</sup> MDG 3 : Promote Gender Equality and Empower Women.

than food aid; with the majority committed only after April. In addition to their direct contributions to UN agencies, many bilateral donors contributed either through NGOs or through ICRC. A total of \$30,443,213 has been provided outside the CAP, including \$13,074,714 to the ICRC. Other bilateral donors (Nordic countries, Netherlands, Ireland and Germany) played a more limited role. A donor mission by the UNCT in late March illustrated the range of donor views, from willingness to mobilize stronger involvement to political caution and scepticism about the seriousness of the situation and the reliability of assessment data.

Representatives of the UN system expressed the view that structural and situational factors heavily influenced the pace of the response. The reluctance of donors to commit quickly was conditioned by the challenges of working in the operational environment of SCZ. Major donors trying to fund through NGOs commented on the initial difficulty of finding organizations ready to develop or extend their programmes; they referred to the need for “knocking on doors” during the first period. NGOs mentioned that the high security risks and transaction costs to start up or scale up operations in Central and South Somalia played a deterrent role in decisions to expand their work.<sup>24</sup> On the side of governments, one donor acknowledged the difficulties of mobilising resources domestically for the whole affected region in a political climate characterised by “Drought in Africa fatigue”. There is also reluctance on the part of donors to work with local NGOs without effective oversight mechanisms. Given the increasing operational challenges of working in Somalia, the experience of the HRF and of INGOs working with local organizations will be important to these relationships.

## **5.2 Somali Diaspora and Islamic community**

Although no comprehensive information is available on the magnitude of the flow of resources from the Somali Diaspora and Islamic charities as part of the humanitarian response to the 2005-06 crisis, most accounts suggest that it is significant.<sup>25</sup> The contributions of these Somali stakeholders are becoming very important in the aid sector, with funds directed to families (remittances) and to communities and projects (donations). The mobilization of these resources was described in two field locations as a spontaneous process, triggered by media accounts (Al Jazeera, radio) of the crisis and needs. While some funds were channelled through a drought response committee based in Mogadishu and established early in 2006 which negotiated over priorities relating to activities on the ground, other resources were donated at community level with local implementation and monitoring. These resources have not been estimated as a proportion of the total flow of humanitarian support to the drought response. The ease and speed with which funds can be transferred from overseas locations using the “hawala” system, facilitate the use of remittances in an emergency situation.

# **6 COORDINATION**

## **6.1 The situation:**

The aid matrix presented below underlines the multiplicity and diversity of the aid actors in the Somali context. Some of them have been present moving in and out of Somalis since the refugee crisis of 1985 or even earlier. Others have engaged in Somalia since the 1992 war onwards, while others are more recent in the field or have a presence concentrated in the more secure Somaliland and Puntland with limited involvement in conflict affected areas in the South and Central parts of the country. The current drought has been seen as an opportunity for new actors to emerge or to engage in the drought affected parts of Somalia. This situation rendered coordination even more needed and important.

<sup>24</sup> It is estimated that 40% of the cost of a programme in Somalia is

<sup>25</sup> Other sources estimate resource flows to the whole country via remittances at \$800 million to \$1 billion. (2005 est.). [US State Dep’t, Bureau of African Affairs.]

Who	Where	What	When	How
UN	Everywhere if DSS OK	Co, F,N, FS FS,W,H, etc.	started late Donor speed	D,I+L IP
INGO	Everywhere	F,N,FS,W,H	Own resources Donor speed	D, LIP
LNGO	Everywhere	F,N,FS,W,H ,etc.	Donor speed	D,
ICRC	Specific areas	F,N,FS,W,H, P	started quicker	D, SRCS
SRCS	Everywhere			D
Diaspora (collective)	Everywhere	F,N,FS,W,H	Quicker	LIP
Diaspora (remittances)	Individual	F,N,FS,W,H	no red tape	D
Local Business	Everywhere	F,N,FS,W,H		D, LIP
Islamic Charities	Everywhere	F,N,FS,W,H, E		D, LIP

F: Food N: Nutrition, S: Sanitation, W: Water, H: Health E: Education FS: Food Security  
D: Direct implementation, LIP : Local Implementing Partner , etc.]

## 6.2 Coordination of the Humanitarian system

Coordination mechanisms have developed in the context of the unique conditions existing in a nation without a viable government where emergency response has dominated interaction of international agencies with Somalia.

### 6.2.1 The Somali Aid Coordination Body (SACB)

The Somali Aid Coordination Body represents a mechanism used by the international community – represented by the UN, NGOs and donors – to coordinate assistance to Somalia in the absence of a government. Established in 1995, the SACB constitutes a number of sectoral committees and working groups which focus on operational issues relating to engagement and programming in Somalia. A Humanitarian Response Group would be convened in the event of an emergency which required a focused, multi-sectoral approach.. The progress of the Nairobi talks in 2004 and the consecutive emergence of the Transition Federal Government (TFG) brought about the perception that the SACB would progressively become redundant when the coordination process would be handed over to the Somali Government. Some donors have questions at that time the relevance to keep the SACB alive. In addition, it has been clear over the years that the SACB had only a limited capacity or even interest in entering in relief response and classical humanitarian assistance, with the argument that relief aid would jeopardise the very fragile achievements if the recovery and development efforts.

### 6.2.2 The Joint Needs Assessment

Working with respective government authorities in Somalia, the United Nations and the World Bank have recently completed a Joint Needs Assessment (JNA). The main objective of the JNA process has been to assess needs and develop a prioritized Reconstruction and Development Programme (RDP) to achieve Somali-led recovery and reinforce peace-building. The JNA team has worked under the guidance and support of a Coordination Support Group (CSG) consisting of the key supporting donors (EC as chair, Italy, Norway, Sweden and the UK), the TFG, IGAD, IFC, NGO Consortium, UN and WB. To organise this assessment work, six cluster teams were established, three led by the UN (Governance, Safety and Rule of Law; Social Services and Protection of Vulnerable Groups; and Livelihoods and Solutions for the Displaced) and three led by the World Bank (Macroeconomic Policy Framework and Data Development; Productive Sectors and the Environment; and Infrastructure).

In addition, three cross-cutting issues were defined which underline analysis in many of the above areas: (i) Peace Building, Reconciliation and Conflict Prevention; (ii) Capacity Building and Institutional Development; and (iii) Gender and Human Rights. The assessment has come up with a three part strategy of: deepening security and establishing good governance; investing in people through social services and actions to address the needs of specific vulnerable groups such as IDPs; and establishing an enabling environment for private sector led growth to expand employment and reduce poverty. The nature of interface between JNA and the CAP is such that the RDP provides a focus on institutional frameworks while the CAP, service delivery. It is seen that CAP will continue to play a large role in South and Central Somalia and a reducing role in Somaliland and Puntland giving room for Reconstruction and Development to kick in early. Considering that CAP funding is predominantly food-related, the RDP provides an interface with CAP by providing the framework for ensuring a major shift to the non-food sector to give CAP the necessary ability to have impact in the sector. Still, a re-alignment and harmonization of CAP and RDP clusters is necessary to ensure effective interface.

#### 6.2.3 4.5.3 OCHA led coordination of the IASC clusters

As the Cluster approach was piloted in a series of contexts (Pakistan, Uganda, DRC), the OCHA Somalia team volunteered to have Somalia included into the experiment. Since the launch of clusters early in 2006 in the context of the response to the humanitarian crisis in Somalia, the coordination function of the clusters seems to have been effective in ensuring a certain level of coherence and to limit large scale duplication of activities in Somalia. But cluster-formatted coordination has been hindered by a number of issues:

- Too many overlapping objectives and meetings have rendered coordination highly time consuming and this has discouraged participation. This was aggravated by the existence of another planning mechanism related to reconstruction, the JNA, itself mobilising quite a lot of energy.
- The issues of ownership, participation and accountability were constantly raised. Many agencies indicated a positive willingness for enhanced coordination, but not for cooptation by nor accountability to the UNHC. Whether the IASC Clusters should be integrated more effectively with other sectoral coordination structures remains an open question, especially given the need to reconcile short term and long term perspectives.
- The whole definition of the roles of Cluster leads, co-leads has raised many questions, in particular in relation to the responsibility of “provider of last resort” included in cluster lead TOR. This became even more critical in the growingly conflictual situation prevailing in Somalia;
- The risk of vested interest has been pointed out by several NGO as UN agencies have both the Cluster lead responsibility, access to the UN restricted CERF and regular difficulties to get their financial needs responded to through the CAP.

The Health and Nutrition Clusters provide a good ‘case study’ in the complexities of merging an old structure and a new one while trying to optimize programme integration under the new system. This example would have to be characterised as a mixed success. Recognizing that the effectiveness of nutritional rehabilitation is heavily dependent on ensuring that children have at least minimal access to health services, these two clusters effectively merged at field level. The role of the health facility, usually an MCH staffed by medical professionals, in therapeutic feeding, ensured that the same actors were involved in design and discussions of health and nutrition programmes.<sup>26</sup>

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<sup>26</sup> TFCs were established within health facilities, while OTPs required the backup of a Stabilization Centre or Nutritional Rehabilitation Unit providing clinical services to malnourished sick children. Most SFPs are based in MCH facilities.

Some activities, such as polio eradication – important in a global context but not a drought specific activity - were led by the health sector, under WHO, rather than nutrition staff. The prior existence of a strong nutrition working group in the SACB encouraged a merger, with a strong role in cluster leadership played by a long serving NGO consortium that had been active in the SACB.

At its best, the cluster mechanism promotes several coordination functions: technical coordination, particularly on standards; strategic coordination – joint programming; operational coordination in the field; joint assessments and more effective donor liaison, advocacy, and resource mobilization, where cluster leads can represent priorities to donors. In practice, the effectiveness of these mechanisms varied widely during the response. WFP, for example, utilized data on malnutrition as a key part of the food aid estimation of needs, but blended/enriched foods utilized in nutrition programmes are not included in WFP procurement and there is reported to be limited coordination to ensure the provision of family rations by WFP to families of children in SFPs or TF. Given the focus of the Food Aid cluster on commodity issues, including logistics, the weakness of joint programming with health and nutrition is not surprising.

- The Agriculture and Livelihoods Cluster has provided a forum to review FSAU and other sources of field analysis, develop joint programming strategies, compile an overview of response coverage, and mobilize resources which the SACB FSRD never fulfilled. Significantly, it comprises a number of Somali NGOs as well as INGOs and the UN (FAO) and it links livelihoods with agriculture and livestock which is critical in the Somali context.
- The Food Aid Cluster cannot operate as a dynamic in isolation, it should be closely linked to health, nutrition, agriculture and livelihoods, but this linkage is not effective.
- Gap in terms of logistics (minimal standards for the UN bases inside Somalia) and telecommunications raised a set of questions, in view of the importance these two issues bear in relation to security.

#### The experience of the logistic cluster

*The Logistics Cluster was activated in March of 2006 in response to the Horn of Africa drought. Its activities were driven by the recommendations and expressed needs of its members. During the last eight months it carried out information consolidation and exchange via regular minuted meetings, a website, and email circulars. Information exchanged ranged from regular road condition updates, to transporter shortlists, indicative rates, warehousing capacity, and logistics contingency plans. Furthermore, WFP, as Cluster lead, organised a number of joint shipments for CARE, UNICEF, and UNHCR on WFP chartered vessels. Joint logistical contingency planning and gap analysis were carried out by the Cluster.*

*The issue of minimal standards at UN bases inside Somalia was not discussed by the Logistics Cluster. UN premises are either maintained by the agency to whom it belongs (WFP have recently upgraded their compound in Wajid), or by a lead agency when the premises is a common UN one. With these structures in place, the Logistics Cluster members decided to concentrate on those logistical issues that directly affected operations rather than upon support services, minimum standards for UN bases inside Somalia not being within the core mandate of the Logistics Cluster.*

*By September the Logistics Cluster members felt that the Cluster had successfully addressed those issues of key logistical concern, while the dynamics of operations were felt to no longer warrant such regular meetings. As such, it was agreed that meetings would be held when a Cluster member requested a meeting, or a specific logistical issue arose which warranted a common approach. With the onset of floods in Somalia in November it was decided by the Cluster members to reinstate weekly meetings of the Logistics Cluster. These now take place each Tuesday, include a wide range of NGOs, UN Agencies, and the Donor Community, and are currently addressing issues such as common NFI flights into Somalia from Kenya, common shipments, and information exchange.*

*Therefore, the Logistics Cluster has ensured over its period of activation that both its structure and activities have been driven by the needs of its members. It continues to respond to the changing needs of the Logistics community, and is currently in the process of expanding to meet the needs of the flood response, a full time Cluster chairman currently being recruited.*



- Even wider gaps on gender as a cross-cutting issue. The overall structure fails to provide for a focal point on gender. It is however expected that gender be addressed at cluster levels. However, the clusters seem to lack clear and common operational guidelines on how to go about mainstreaming gender in the programmes and operations. There seems to be some level of commitment on the cross-cutting issues and capacity as well as tools for mainstreaming will need to be provided towards this end.
- The suspension of the Education Cluster, following the phasing out of the emergency education response has been cited as evidence of the flexibility of the cluster approach taken in Somalia.

While some positive impacts of the cluster approach have been recorded, a number of NGOs respondents said that the creation of clusters had to some degree driven a wedge between the longer term agenda and the humanitarian response (whereas SACB combined the two). The creation of a “early recovery cluster is seem more as a quick-fix rather than a real solution to this problem. Furthermore, that multi-sectoral coordination at field level within defined “operational” areas working towards a common strategy, would be much more effective than clusters at field level, which for practical reasons include only a small number of organisations (and not so much Somali organisations).

### **6.3 Coordination with local Authorities**

Coordination with national authorities is extremely difficult in South and Central Somalia in view of the complex political, clanic and military situation. The absence of credible and widely accepted line ministries is of course a significant constraint as the normal norm setting, policy elaboration and guidance role national authorities should play is not existing. In some areas, local health boards or local councils of elders serve to coordinate with NGO/ UN activities. In the absence of a central government, these bodies fill a coordination role. In conflict situation, the relationship between humanitarian action requiring an independent and neutral humanitarian space and political processes requiring a high level of engagement with the different stakeholders has always been a contentious issue. Although the aid response is supposed to address the needs resulting from a “natural disaster” (i.e. the drought), it is implemented in a very instable, if not explosive politico-military environment with the TFG more and more challenged and the Islamic Court Union a increasingly important stakeholder. The engagement of the UN in the Somali peace negotiations with its Political Affairs Office is by no doubt useful and in line wit the UN Charter. Yet, the process itself is not exempt of risk, and the way the UN political role is perceived (in relation with the position of several Member States) potentially increasing risks for humanitarian actors. How to keep links without compromising the humanitarian agenda has to remain a systematically reassessed question.

### **6.4 Regional Coordination**

As the epicentre of the drought was in Kenya and affected areas covering Kenya, Somalia and Ethiopia, operational coordination of the EWS between these three countries would have improved the effectiveness of the response. While this was not possible in 2005 – 2006 except on a limited scale – primarily through sharing of information – donors have acknowledged the need for this. Donor led initiatives toward regional coordination have focused on two areas: expansion of the livelihood zone approach developed in FSAU to assessment in drought prone neighbouring countries, to allow for a more consistent comparative approach<sup>27</sup> and development of joint or related mitigation approaches. A donor group has been meeting for several years with local experts to try to develop regional initiatives but political considerations limit the scope for this. One funding stream is now being utilized in countries of the Horn for flexible mitigation programmes.

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<sup>27</sup> The most widely circulated map of the emergency showed Somalia, Ethiopia and Kenya as a zone, and clearly indicated the contiguous nature of the most affected areas, as well as the extent of drought impacts in each country.

## 6.5 Donor coordination

The coordination of donors is as important as the coordination of the aid actors themselves. In the context of the Somalia response, there are several mechanisms in place:

- a more political one, linked to the new international Contact Group on Somalia composed mainly by the governments of UK, US, Norway, Sweden, Italy, and Tanzania, with a strong involvement of the European Union;
- a very pragmatic and informal coordination system involving the key donors agencies (ECHO, USAID/OFDA and DFID)
- A strategic level linked to overall policy elaboration: the Good Humanitarian Donorship Initiative, which puts emphasis on predictability, proactivity and support to principled assistance.

## 7 QUALITY OF THE RESPONSE

### 7.1 Timeliness

#### 7.1.1 Food Aid

Although WFP was able to borrow 12,500mt sorghum and 600mt of oil from Sudan, and Kenya agreed to exclude Somalia from its cereal export ban imposed in January 2006, WFP still faced significant pipeline constraints at the start of the food aid operation in February. WFP had insufficient food pipeline during the months of February, March and April and consequently during the first four months of the operation, 70% of WFP deliveries fell below the requirement. During April and May, WFP was unable to deliver any food to many locations in Lower and Middle Juba due to impassable roads because of heavy rains because of the onset of the Gu rains. WFP had prepared and approved a Special Operation (SO) for food air-drops in case of such logistical or security problems, but never convinced the donors that funding should be provided for such an intervention.

#### 7.1.2 Food Security and Livelihoods

Urgent action in support of agro-pastoral and pastoral livelihoods has to be taken early in the drought cycle to mitigate the effects of the drought and the need for a large scale emergency response to save lives. Despite Somalia having one of the best informed early warning systems in sub-Saharan Africa, there is still an inadequate preparedness and response in the agriculture and livestock sectors to protect livelihoods at the right time.

A review of the matrix of drought response in the agriculture and livelihoods sector<sup>28</sup> indicates that an ambitious and concerted effort was launched by the collective partners to intervene in most of the drought affected areas. However, most responses took place from April at the onset of the Gu rains, more than five months after the alert that the Deyr rains might fail, and at the peak of livestock deaths. ICRC destocking activities which began in January 2006, and initiatives supported through the diaspora, are very much the exception. Other destocking activities, although much more limited, were very late to be effective<sup>29</sup>. Whilst some seed distribution was timely, there were many reports in the field of seed being distributed too late for the Gu rains. One agency responsible for seed distribution estimated that about 40% of the sorghum and cowpea seed distributed to 18,000 households in Bakool, Gedo and northern areas of Bay were planted; the remaining 60% was either stored, sold or consumed.

<sup>28</sup> Matrix of Drought Response in South-Central Somalia: Agriculture & Livelihoods (May 2006)

<sup>29</sup> ASEP used funding secured for destocking to redistribute livestock in the recovery phase because funds arrived too late to be effective.

After a high level of death of livestock, especially in Gedo and Middle Juba (from where dramatic reports underlined the tragic level of destitution of pastoral people), agencies tried to engage in mitigating actions through destocking. This unfortunately started a bit late in the whole livestock destitution cycle. As large scale herds movements entails the risk of epidemic, FAO and its partners, as well as ICRC, tried to implement rapidly vaccination campaigns. But the mobilisation of funds, teams, equipment and vaccines limited the speed of the intervention.

As a response to the drought in 2005, agencies tried their best to ensure that farmers would have seeds on time for the 2006 Gu season: in A significant distribution of 600mt<sup>30</sup> of cereal seeds (primarily locally produced sorghum – drought resistant – as well as maize & simsim distributed by ICRC) and legume seed was undertaken to 45,000 households<sup>31</sup> facilitated by FAO and ICRC with widespread coverage<sup>32</sup> of some 25 districts in southern and central Somalia. Delays in procurement and dispatch have been reported, and it is not certain that all the crops planted benefited of the early rains of the 2006 Gu season. Unfortunately, the second part of the season was reportedly extremely erratic and late planted seeds have been under a high level of hydric stress, resulting in several places visited into a very limited yield.

The reasons for poor timing appear to be a lack of contingency planning, limited operational capacity in livelihoods programming, lack of commitment from donors and inflexible funding mechanisms. The latter was particularly critical since in many cases funding for interventions was not made available until April 2006 and the time-frame allowed very little flexibility.

### 7.1.3 Health and Nutrition:

Given the emphasis in both health and nutrition responses on the scaling up of ongoing activities, timeliness depended largely on availability of additional funds, staff and partners. UNICEF moved early to convene a health/ nutrition coordination meeting in Dec. 2005, and in January raised food aid pipeline issues with WFP in an effort to ensure that household rations be coordinated with SF programmes. Other early activities included follow up to measles outbreaks in Gedo Region, in an area thought to have been covered by campaigns the previous year, and in Baidoa. UNICEF participated in inter-agency assessment missions in Bay/Bakool and Lower/Middle Juba early in 2006. UNICEF was also involved in efforts to expand the range of programmes by working with existing partners and negotiating with potential new ones in the establishment of additional SF and TF programmes. In mid-March a expatriate field nutritionist was seconded from Hargeisa to meet emergency needs in SCZ and posted to Wajid, the UN base in Bakool. This appointment, initially for 4 months, was extended. In April nutrition and education Cluster Leads were recruited UNICEF and liaison with the Health Cluster initiated. UNICEF's requirement in the Revised CAP were increased from \$18 million to \$32 million. Throughout the remaining 4 months, UNICEF continued to support ongoing programmes, assessment, MCH activities, training and oversight. WHO's activity supported ongoing programmes for immunization, Vit A supplementation and provision of emergency and diarrhoeal disease kits.

While the scale of operations of nutritional programming did not reach the level of need, the response cannot be characterised as 'late'. Constraints in the operating environment were largely responsible for delays. On the part of NGOs, factors critical to rapid start up included having an established funding base and mobile technical officers. One agency was able to establish a TFC over a period of about six weeks from the initial field visit by a senior headquarters officer to receipt of equipment and therapeutic food. A proposal was prepared quickly and verbally approved by the donor, allowing for rapid procurement with existing funds under "simplified procedures".

<sup>30</sup> Based on seed deficit estimates generated by FAO, FSAU and ICRC

<sup>31</sup> This was 50% of the target for the season, due to limited donor funding of the sector

<sup>32</sup> FAO aimed at 60% coverage where funding would allow.

The TFC has now been converted to a Stabilization Center with 8 outposts for Community Based Therapeutic Feeding. The link with SF was established through another NGO already service the same target communities.

#### 7.1.4 Water and sanitation

In most instances, water interventions were late, and some times implemented during the resumption of the Gu rain in 2006. Many agencies did not have the means to intervene at the end of 2005, when the needs became obvious. Rapid Early mobilisation of UNICEF WES team is to be noted. UNICEF could work with some of its partners already in place (such as COOPI and ACF) on water trucking, dam des-silting and birkat rehabilitation (important to be carried out before the resumption of the Gu rain to have water storage capacity in place on time), well rehabilitation and chlorination. Early assessments could be carried out in January and February. Deepening and rehabilitation of shallow wells and supply of spare parts and fuel for borehole rehabilitation, maintenance and operations was also carried out during the first months of the years.

## **7.2 Appropriateness**

### 7.2.1 Food Aid

Somalia presents one of the toughest environments for food aid delivery and consequently one of the most costly. Since Somalia normally only produces between 30 to 40% of the cereals and legumes that it consumes<sup>33</sup>, it is never self-sufficient (unlike its neighbouring countries) and food commodities have to be imported. The cost of shipping food aid from Mombasa to Somali ports (such as Kismayo) and then distribute by road to southern and central Somalia costs as much as \$238 per metric ton<sup>34</sup> including distribution and storage cost. Insecurity and poor roads contribute significantly to the transport costs and make food aid a very inefficient method of transferring resources. WFP had proposed air-drops of food to overcome difficult water logged road conditions between April-May, but the cost of US\$703 per metric ton was not acceptable to donors.

Food aid, can itself be a catalyst to insecurity in Somalia and displacement as people congregate around distribution centres for aid and/or employment. There has been insecurity (and loss of life<sup>35</sup>) related to the movement of food convoys this year. Recent distributions in areas under ICU controlled have gone surprisingly peacefully with the ICU greatly assisting in ensuring fair distribution amongst clan. There have been tensions between WFP partners and communities over food distribution, making some NGOs very reluctant to enter contractual agreements with WFP. CARE on the other hand registers beneficiaries and distributes through local partner NGOs. The RTE witnessed for itself the “artificial” displacement camps established around Wajid, one of the main distribution points for food aid in the south-west of the country. Displacement towards Wajid started in January – IDPs were assisted only after the finding of assessment lead by OCHA. It would appear that food aid is more accessible to such communities as these, as well as to settled farming and agro-pastoralist communities, but less accessible to more isolated, nomadic pastoralist communities.

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<sup>33</sup> Source: World Food Programme Somalia

<sup>34</sup> Source: World Food Programme Somalia

<sup>35</sup> It was reported that so far this year 20 people have lost lives because of insecurity related to food aid transportation and distribution

Cereal and food prices in the markets of Baidoa, Hudur and Buale have decreased by as much as 50% in the last three months, but do still remain “seasonally high” due to the poor Gu agricultural production<sup>36</sup>. Much of the maize, sorghum, pulses, beans and oils available in the markets are food aid commodities as opposed to locally produced cereals. In Hudur, the RTE team witnessed the family rations distributed by the supplementary feeding programme, enter the local market directly by donkey cart for resale. There are reports that food aid is in some cases purchased by traders and transported out of the region to major trading centres (including Mogadishu). There are also credible reports that local charities purchase food aid from beneficiaries at the distribution sites for redistribution (since the cost of importing food is much higher).

The real challenge for the humanitarian community in Somalia is to shift from a “food first” emergency culture, to a more timely, broader-based emergency response which accords as much priority to the provision of basic services (health, water, sanitation and education) and livelihood support as it does to food aid. Food aid is essential in the current context of Somalia, but there is too much dependency upon it providing the solutions, and in some cases it undermines local strategies and coping mechanisms. More needs to be understood about the utilization and impact of food aid<sup>37</sup> and much more emphasis should be placed on post distribution monitoring which has yet to be undertaken.

- Supplementary Food aid may be diverted or sold: This phenomenon, observed at one large SF distribution centre,<sup>38</sup> has been reported frequently and is often associated with the provision of unpopular commodities and with the cost of transporting these back to a distant location. Purchases often include tea and sugar. This raises the issue of substituting cash for food. Somalia is one of the few countries where the transaction cost of moving money is minimal and transactions are safe, due to the *hawala* banking system. Cash based responses, possible tied to conditionality around the nutritional status of the child in the programme, could be piloted as an alternative to food distributions.
- Food aid linked to participation in a SFP may become an incentive to maintain one or more children in marginal nutritional condition: This problem is acknowledged, but there was no evidence of it seen during the field visit, and it was not reported at any field sites visited. Repeat admissions to SFPs were rare across SCZ, at about 4%.
- Food aid may not be adequate to ensure that other family members do not share the take home ration provided to a malnourished child (or a pregnant/ lactating woman). WFP now provides family ration (123.6 kg of mixed commodities to the family of a child in a SFP) : This is the easiest to deal with in a programme context; close coordination between distribution and SF/TF programmes is needed. In the 2005-2006 drought response it was reported that this coordination had room for improvement. While numbers on malnourished children and those in programmes were provided to WFP, they did not procure CSB and monitors in the field reported that family rations to households of children in SF were not always adequate in size or commodity types. One of the distributing partners did not report any information to UNICEF on coordination of GD and SF or TF.

<sup>36</sup> Sorghum and maize were between Ssh1,300 and 1,500 per kg in Baidoa market ; Ssh2,000 in Buale and Hudur (over twice the price of a “normal” Gu season).

<sup>37</sup> NCA have undertaken a household impact study of food aid in Garbahare (but this was not available to the RTE team)

<sup>38</sup> Two evaluation team members had gone on to the market where they observed the loaded carts arriving more or less directly from the SF distribution site where the other team members were . It was estimated that the market value of the grain sold was about \$7 per sack while the cost of providing it at the distribution point was \$25.

### 7.2.2 Food Security & Livelihoods

The challenges facing the food security and livelihoods sector in a drought emergency are enormous. Programme responses require very good understanding of local livelihood strategies, integration with relevant community mechanisms and access to nomadic pastoralist communities and other vulnerable communities in areas which might be very insecure. Furthermore, they depend on knowledge of proven traditional practices combined with innovative approaches that can work in the current context of Somalia. The biggest challenge however, is to convince the international community that livelihood interventions are as much applicable to an emergency context as they are to longer term development programming, but they have to be resourced timely if they are to be appropriate.

The capacity of organisations working in the food security and livelihoods sector in Somalia is still limited, but the agriculture and livelihoods cluster has been very strategic in drawing in the expertise of some very competent Somali NGOs, to the extent that FAO co-chairs the cluster with ASEP, a well established local NGO. Furthermore, it is significant that livelihoods, agriculture and the livestock sector are planned and monitored together. Considerably more emphasis has been placed on interventions relating to food security and livelihoods in 2006 than during previous emergency responses.

Some interesting and innovative livelihood initiatives have been undertaken including destocking (of weaker, non-breeding animals), redistribution of livestock (to families with small, existing herds in pastoral areas and women headed households in riverine areas), expanded animal health coverage<sup>39</sup> and cash transfer programming. It will be very important to evaluate the impact of these interventions in relation to the benefits that food aid provides. However, these interventions are still on a relatively small scale<sup>40</sup> and tend to be more supportive of settled agro-pastoralist communities than pastoralists themselves. Furthermore, the interventions are limited to more accessible areas of southern and central Somalia where organisations are able to operate through established community networks.

The Oxfam GB, Horn Relief and AFREC cash transfer initiative was significant in as much as it targeted an areas in Lower and Middle Juba where there were virtually no other livelihood interventions. Cash interventions are applicable where food and other essential commodities are readily available in local markets and are undertaken in collaboration with the food aid programme, as was the case in southern Somalia. It is important however to recognise however, that there are growing sedentary populations in south and central Somalia who are forced to explore alternative livelihoods. It will be critical that opportunities for employment generation are provided to these communities in future.

### 7.2.3 Health and Nutrition:

The related components of appropriateness: relevance, effectiveness and efficiency will be discussed together.

#### Nutrition Interventions:

The nutrition interventions implemented in response to the 2005-2006 drought were targeted appropriately and the technical quality of their design and implementation followed accepted principles. UNICEF has provided guidance to field programmes on the establishment and

<sup>39</sup> At the CAP workshop in Baidoa (August 2006) it was indicated that 500,000 animals have so far been treated)

<sup>40</sup> There was for example no animal health coverage in Hiran and Bakool, and elsewhere between 10 to 20% of the estimated livestock population was covered; only 1,500 cattle were slaughtered of the estimated 42,000 that should have been destocked.

management of both SFPs<sup>41</sup> and community therapeutic care programmes.<sup>42</sup> Many agencies active on the ground in Somalia have very strong track records in the establishment and operation of nutritional programmes in difficult operating environments. UNICEF has now recruited five Somali nutrition monitors to work with programmes needing technical oversight. With the current limitations on international presence in the country, this is a timely and important move. Only one instance of an inappropriate programme was seen in the field; this agency is now in negotiation with UNICEF on modification of its programme activities.

Coverage, while lower than needs, has increased greatly during the life of the response. At 12% in April, SF programmes are now reaching 30% of the children estimated to be in need. Between January and September 2006, over 40,000 children were treated in SFPs; through August, 5940 were treated in therapeutic programmes. Recovery rates, at 88% in September, are well above the SPHERE and UNICEF standards.

The introduction of community based therapeutic care (CTCs or CBTCs) in several locations has greatly expanded the outreach of these programmes. With an appropriate level of supervision, including referral facilities – the SU/SC or NRU - reliable supplies of RUTF and backup home visiting of defaulters, these programmes are probably not significantly less expensive to operate than TFCs.<sup>43</sup> However, the reduced opportunity costs for mothers/fathers<sup>44</sup> in caring for a severely malnourished child at home are significant, and building of maternal and community capacity and awareness of nutritional rehabilitation is a key function, particularly in Somalia.

Of greater concern in Somalia are program issues around the other contributory factors in child malnutrition. Taking the UNICEF conceptual model (Attachment XX), we can see that several key underlying causes of malnutrition have not been adequately addressed in the drought response of 2005-2006. Very limited access to health facilities, particularly for maternal and child health care, together with poor or absent sanitation and limited access to improved water supplies, create an environment in which disease and inadequate food intake reinforce each other. This effect is made worse by poor maternal and child feeding practices. While all therapeutic feeding programmes and almost all supplementary feeding programmes are operated in the context of MCH facilities, health education is limited, technically weak<sup>45</sup>.

The restriction of maternal diet during pregnancy and the combination of poor breastfeeding practices<sup>46</sup> and limited dietary diversity, with few suitable weaning foods, put infants and young children at risk of low birth-weight and retarded growth. During delivery women are at elevated risk of death. Emergency obstetric facilities in Bay, Bakool and Gedo Regions are limited to 3-4 hospitals. An experienced midwife in an MCH facility located in a Baidoa, a major town, reported that in the month of January they had referred six women for emergency care; two were able to reach Mogadishu for treatment; four returned home and three of them died. While maternal mortality is not a drought related issue, the death of an infant's mother is known to put the child at greatly increased risk of morbidity or mortality.

<sup>41</sup> *Operational Guidelines for Supplementary Feeding Programmes*, Nutrition Working Group of the Somalia Aid Coordination Body, January 2005.

<sup>42</sup> They recommend the use of the handbook prepared by Valid International and Concern Worldwide, *Community-based Therapeutic Care (CTC) A Field Manual*, First Edition, 2006.

<sup>43</sup> Data are not available on comparative costs. For a brief discussion, see Caroline Grobler-Tanner and Steve Collins, *Community Therapeutic Care (CTC) : A new approach to managing acute malnutrition in emergencies and beyond*, Technical Note No. 8, June 2004, FANTA Project for USAID.

<sup>44</sup> In one in-patient stabilization unit visited, several fathers were staying with sick children.

<sup>45</sup> Health education is typically provided by talking over a loud hailer to the mothers waiting to receive rations at a SF centre.

<sup>46</sup> MICS data on this are reinforced by anecdotal data : initiation is late ; mixed feeding and use of breastmilk substituted are introduced at 3 months or earlier, and there are few appropriate weaning foods. One group of mothers described providing infants with sorghum porridge and sugared tea. When money allowed, powdered milk was added.

### UNICEF Multi-Indicator Cluster Survey in Somalia (MICS)

In 2005-2006, the UNICEF Somalia office carried out a MICS in Somalia. Data are now being analyzed. These surveys form a staple of UNICEF's information base in countries where programmes are implemented. Normally they are conducted in collaboration with government; in Somalia, a range of operational partners were involved. The MICS illustrates innovative ways of working in this environment.

➤ Sample size: 130 clusters : stratified urban/ non-urban
<ul style="list-style-type: none"> <li>○ over 3000 households</li> <li>○ 4500 women of child bearing age</li> <li>○ 5000 children 6 – 59 months</li> </ul>
➤ Data collected on a wide range of variables
<ul style="list-style-type: none"> <li>○ Child health and nutrition, incl. infant/ child mortality</li> <li>○ Maternal health and mortality</li> <li>○ Ante natal care</li> </ul>
➤ Local partners carried out enumeration
<ul style="list-style-type: none"> <li>○ Government ministry + local organizations</li> <li>○ Research group</li> <li>○ 10 local NGOs trained by MICS staff</li> </ul>
<ul style="list-style-type: none"> <li>➤ Interviewers &amp; supervisors trained on site for 3 weeks</li> <li>➤ Questionnaires pre-tested in 600 households</li> <li>➤ Innovative methods:</li> </ul>
<ul style="list-style-type: none"> <li>○ GPS mapping of one district ➔ revision of settlement data</li> </ul>

Issues around food aid and nutrition should be considered in the context of appropriateness. In particular, the relationship between provision of food at household level and the nutritional status of a child under five is a complex one. There are three concerns here:

#### Health Activities:

The long term impact of the health response may be somewhat limited, although the short term impact has been critical in relation to control of measles and polio, the main foci of immunization activities. Neither the health or nutrition programmes has been able to reach a significant number of mothers with health education linked to changes in child feeding and care. The access afforded to a large group of mothers on commodity distribution days would provide an opportunity to develop more effective messages through a more participatory methodology. Such issues as substitution of other commodities for grain, pulses and oil through sales could be discussed; infant feeding beliefs and practices examined and changes proposed by mothers themselves.

Matching prioritized needs, funded priorities and articulated needs are key to the relevance and effectiveness of the response. Focusing on food aid, water and health, the response succeeded to a great extent (among the population reached by the response) in addressing the immediate needs of women, who bear the responsibility of providing food and water to their households. By responding to the food and water crisis, the response succeeded in the short-term, alleviate girls and women from some of their reproductive roles as well as save lives. However, since the planning process was weak in its consultation with girls and women, it was not possible to tell whether the response responded to the perspectives and priorities of girls and women and importantly, whether the items supplied were appropriate to their immediate needs and preference of the communities.



### **7.3 Addressing the root causes**

Traditional Somali society accords its female a subordinate status to males and retains public decision-making to the males. The structural organization of property and land ownership is either communal or through individual males in the family, with the females having only rights of usufruct. The subordinate status of women is closely associated with lack of property ownership. Women's lack of control of land and other productive resources, particularly cattle, camels and shoats in this highly pastoral and agro-pastoral county implies that credit, marketing facilities, their decision-making power over productive dividends is very restricted; yet, the overall responsibility for food security has overtime shifted into the hands of Somali women. This has a bearing on the productive capacity of women and their ability to sustain household food security as well as influence livelihoods security. Humanitarian response should link with on-going recovery and development initiatives that aim to place access and control over productive resources in the hands of Somali women. The low status accorded women has resulted not only in their discrimination from access, control and ownership over land and productive resources, but also, from decision-making positions at community and national levels<sup>47</sup>.

Negative traditional practices that promote female genital cutting, rape of women and young girls, early marriage and non-participation of women in public decision-making exists in Somalia. The absence of a functioning central government for 15 years has made women more vulnerable to sexual and gender based violence. Prolonged drought may worsen the situation by placing excess pressure on poor families to enter into early-marriage arrangements with better off families in exchange for food and other economic gains. The loss of livelihoods as a result of the drought may also cause strain family relations, leading to violence on women. Many people fail to recognize female genital cutting and other forms of violence on women as violations of women's rights, making their eradication more difficult. Female-friendly health infrastructure continues to limit women's access to reproductive health related services. Investing in recruitment of female health staff, female friendly health facilities and targeting community health workers, including TBAs on training and linkage with formal health systems is essential to reducing the high MMR.

Several changes are essential to address the root causes of the health and nutrition impacts of emergencies. In the absence of a functioning national health system, training is critical to health system support, both in the short and long terms. The scaling up of training activities, including a WHO-led national initiative to update the nursing training curriculum, are steps on the way, but more is needed. The withdrawal of international aid workers from the field in recent weeks has highlighted the weakness of a health system dependent on foreign staff. The disruption of educational activities since 1991 has greatly reduced the pool of candidates for training as health professionals and para-professionals; those currently employed in the health services were recruited among pre-1991 personnel. International agencies report that there are few if any suitable new candidates for training due to the weakness of the educational system. While livelihood issues are discussed elsewhere, the complex relationship between food aid and child/ maternal nutrition suggests that a more regular or more plentiful flow of food aid may have little impact on rates of malnutrition. Other causes, including poor maternal health, poor child feeding practices, lack of family planning and weak health services, may be equally important in putting children at risk. The recent outbreak of kala azar (visceral leishmaniasis) among children and some adolescents in several parts of SCZ, closely associated with malnutrition<sup>48</sup>, highlights one such relationship. More effective nutrition education, and improved access to emergency obstetric services are obvious long term needs.

<sup>47</sup> Article 29 of TFG charter provides for at least 12% representation of women in the transitional parliament, while in reality, the current number of female legislators is a paltry 8%.

<sup>48</sup> At the time of the fieldwork, half the children under 5 in one TFC were under treatment for kala azar.

The vicious cycle linking high fertility, maternal depletion with high rates of anemia and low birth weights, high infant and maternal mortality, inadequate breastfeeding and poor weaning/ feeding practices, and high rates of under five malnutrition and mortality needs to be broken through increased resources, health programming which includes the full IMCI package and increased attention to reproductive health in the short and the long term.

The need for community participation in humanitarian response turn the perception that poor people are mere targets around, and them and their institutions as assets and partners in the search for sustainable solutions to humanitarian challenges. Community participation, if adopted, gives control over planning decisions and investment resources to community groups and local governments. Interventions that take into account community participation operate on the principles of local empowerment, participatory governance, demand-responsiveness, greater downward accountability, and enhanced local capacity, which may provide sustainable solutions to livelihoods recovery, food security and disaster preparedness<sup>49</sup>.

## **8 CONCLUSION: THE CHALLENGES OF SOMALIA**

### ***8.1 Working in an context where transaction cost are high***

To the response “did aid save life?”, the response should probably be “yes”, but it should be seen in a wider context of a “too little, too late” response.

There are unfortunately a series of key reasons for that. Two are treated in the following paragraphs. Their repercussions are largely to be seen in “transaction cost to initiate emergency programmes and to scale up existing interventions. Many NGO are becoming extremely cautious and donors are also inclined to prudence.

In addition, there is no doubt that a certain “aid system fatigue” is affecting the response to Somalia, largely to be seen in the perspective of the regular disillusion of the international community in front of a Somali leadership unable to solve its own problems...

### ***8.2 Working in high insecurity areas***

Working in Somalia has always been a challenge and many national and international aid workers, journalists and other observers paid with their life the price to be there. The absence of an accountable government is one among the many factors affecting security, as the only possible security negotiations have to be made with local factions, traditional leaders and armed militias. There are many factors affecting security in Somalia, with economic issues being at the centre. Aid indeed remains one key channel for resources and is a vital job provider. Negotiation on staff recruitment, car renting and premises utilisation are extremely sensitive and any error can lead to dramatic security incident.

There are questions about the way security is dealt with by the UN system, and the recent evacuation of UN staff from Somalia is largely imputable to this strategy. National Somali DSS staff have been accused of spying for external forces, while they were carrying their normal “intelligence” work. This is one among many indicators that show that the “military approach”, based on staff recruited on the basis of their former military experience, their capacity to carry

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<sup>49</sup> World Bank (2006), Community Driven-Development in the Context of Conflict Affected Countries : Challenges and Opportunities.

quasi-intelligence work, their expertise in defensive strategy) and a highly centralised decision making processes is reaching its limit (in Somalia as in many other situations). In addition, this approach is hindering dramatically the capacity for UN aid workers to access populations in need, making the whole UN humanitarian system fully dependant on NGOs (which by it self questions the principle of last resort agency. The only viable approach is probably to have an approach more based on the development of a full fledged acceptance strategy.

This situation is aggravated by the conditions of living in a compound like Wajid: Overcrowded rooms (while nearby NGO have very simple but comfortable tukuls), a very noisy energy generation system (while solar energy would provide a cost effective and security friendly light) are among the factors creating an atmosphere in the UN compound that could affect behaviours and therefore security. There is no point to have such heavy and time consuming procedures to deliver security clearance if simple measures are not taken. It only creates the impression that the UN system is more caring for its insurance policy than by the wellbeing of its staff and of the affected populations.

### ***8.3. Working in the absence of a government***

In all fields requiring the establishment of basic systems, for instance the health and education sectors, the absence of a central government with a functioning ministries, has had a profound effect on the operational environment, and has made the coordinating roles of UN technical agencies (UNICEF, FAO and WHO for instance) both vital and extremely challenging. In the absence of the steering role of national Authorities (policy guidance, guideline provision and standart setting), dealing with NGOs, local authorities and private services delivery, is complex. In several areas such as health, it is critical. In area where international standards are well understood, such as polio eradication, UN agencies have been able to elicit cooperation and support. In the area of service provision, this has been much more difficult. A health care system which relies on refresher-trained older staff and a handful of physicians recruited externally, with all medical and nutrition supplies sourced outside the country, is not viable in the long term. The pre-war arrangement which required NGOs to provide salary incentives to cooperating MOH staff also imposed constraints. Given the success of privatization of telecommunications, power, transport and internet services, large donors may want to consider modalities for encouraging the private sector to become more involved in service provision in the unstable parts of the country, such as Central and South Somalia.

Privatization in many instances became the norm: in Mogadishu, but also in small towns, an important part of the health delivery is in the hands of privates medical practitioners (traditional or “modern”) with a variable degree of quality in the service. These services are in most instances not free and poorer segments of the population have only limited access to them. In the education sector, the Madrassa system is often the only available option in rural and urban settings.

The protective role of National Authorities in the field of human rights and justice is of course negligible in the South and Central Somalia, although some dedicated District Commissioners, with the assistance of Ugas (traditional leaders) and Sharias, try to play a role in this field. Women are probably the losers in that situation.

## 9 RECOMMENDATIONS

### 9.1 *Early warning system and disaster preparedness*

Recommendations	Remarks
EWS function of FSAU should continue to receive required financial support as they represent a key element of the understanding the evolution of the humanitarian situation in Somalia	
It should be made clear in documentation that estimated populations in need are just planning figures rather than real numbers.	There is real danger in presenting numbers which start to have a life on their own, with no warning on the fact that they are not representing the reality but are working estimates
It would be appropriate to support/link with community based information systems in the field and develop analytical capacity at zonal level.	As EWS works with the aggregation of information coming from different levels, the local level alone is not sufficient
Information should where feasible be disaggregated and reported by gender collected and disseminated.	This essential for gender sensitive planning
More efforts should be done to educate donors and agencies on the importance of early warning signal.	Case studies on early mitigation have to be more deeply analyzed to convince the donors of the importance of this “phase” in the disaster response.

### 9.2 *Resource mobilisation*

Recommendations	Remarks
Identify and disseminate success stories of early mitigation interventions that had a positive effect on the course of events	Donors have shown signs of donor fatigue, but also a certain reluctance to engage in early mitigation
When a situation is changing rapidly during the last semester of the year, this should be immediately reflected in the CAP	
Donors should be convinced of the importance of the non food sector in this type of situation	In addition, food aid is very costly and sometimes the cause of instability with negative side effects
As it is a new mechanism, addition trials are needed to fine tune procedures.	
The “rapid intervention” side and the “gap filling” aspect of the CERF have to be better communicated to the different stakeholders	
Mechanisms to rapidly fund non UN actors have to be further developed, such as the “primary emergency decisions” from ECHO	NGOs and the Red Cross have independent programming approaches and analyses, and high technical competence, and may need funding independent of the UN system rather than as “implementing agencies” to be most effective.
Still requires a much stronger monitoring	The staff assigned to HRF monitoring is relatively junior and inexperienced
Specific allocation of resources for women and gender related activities should be done	A high level of cultural sensitivity is required to support gender perspectives in a context where this is not an obvious elements.

### 9.3 Coordination

Recommendations	Remarks
Existing coordination mechanisms should be protected and improved rather than weakened or replaced by others.	The SACB was created to fill the coordination gap left by the absence of government structures.
Cluster approach should be revised and put more clearly in line with what was aimed at: proper gap identification and action on gaps.  The accountability clause should be strictly limited to the UN agencies.	Part of the Red Cross movement and of the NGO community oppose the cluster system on several grounds; it is important to avoid confrontation among humanitarian actors.
Streamlining and avoidance of duplication should receive more attention	If streamlining is not done, cluster coordination will soon be perceived as a waste of time

### 9.4 Appropriateness of the response

Recommendations	Remarks
In case the operational capacity cannot be expanded on the basis of the existing presence, donors should be ready to facilitate the engagement of new NGO with proven capacity.	
Revision of the security regulations and the way to appraise, negotiate and inter-act with the different local actors might be required. Working more on the acceptance strategy rather than on the defensive (bunkerization) and protective (heavy procedures) might be required.	
Ensuring the recruitment of strong Somali women in the teams	High level of commitment, but also a lot of cultural sensitivity is required.
More independent post-distribution monitoring would be required	
Contingency planning linked to the EWS and committed donor resources is essential for livelihood interventions to be introduced early in the drought cycle and have the desired impact	
All nutrition interventions should follow 'best practices', including linkages with commodity programmes where appropriate, and linkages between SFPs and TFPs. Wherever feasible the CTC approach to implementing therapeutic feeding should be adopted. Programming linkages between health and nutrition should be made in all nutritional rehabilitation programmes. Significant resources should be made available by donors for health services.	
The early signals in October should have triggered more early water interventions	

## **9.5 *The way forwards***

Proper capacity analysis has to be implemented to understand how to increase scope and scale of humanitarian and recovery activities. A strategy should be developed to support the livelihoods of those communities most vulnerable to drought, flood and civil insecurity with a particular emphasis on pastoral, agro-pastoral and marginalised communities.

Additional in-depth evaluative research would be very useful to undertake on the following:

- Relations between food intervention, nutrition activities, the water and sanitation sector and the health programmes
- Survival mechanisms of pastoral community under stress (migrations, animal care and trade priorities, etc.)
- Survival mechanisms of urban IDP (social organisation, labour opportunities in a gender disaggregated way, etc.)
- The role of the Somali Diaspora and its remittances;
- The role of the Islamic Charities
- The Functioning of the money transfer system
- Functioning of traditional restocking processes
- Traditional child feeding and care practices
- Key elements of traditional obstetric practices and what to extract from them
- Kalaazar as a public health issue
- Urban management and urban economy

## **ANNEXES**

ANNEX n°1: TERMS OF REFERENCES  
JOINT REAL-TIME EVALUATION  
RESPONSE TO THE HUMANITARIAN CRISIS IN THE HORN OF AFRICA

1) Background and context

Pastoralist and agro-pastoralist communities in countries of the Horn of Africa (Djibouti, Eritrea, Ethiopia, Kenya and Somalia) experience extreme insecurity in terms of water, food and access to health care as a result of historically poor investment in social services in the most remote areas of all the concerned countries, asset depletion and reduced capacity to cope with drought and restrictions to their movements. The long-term crisis in their livelihoods makes them particularly vulnerable to erratic rainfall and drought as well as to socio-economic marginalisation, political disenfranchisement, poor access to health and education, and violent conflict, and this results in high morbidity and mortality. In 2006, more than 8 million people were identified as in need of immediate humanitarian assistance in the Horn of Africa, of which 1.6 million are children below the age of five years threatened mainly by malnutrition and preventable diseases, which are the main causes of illness and death during drought (CAP 2006).

Since the beginning of 2006, the countries of the Horn of Africa have engaged in broad resource mobilization from the donor community. In countries like Ethiopia and Kenya, the process was led by the respective governments and supported by UN agencies and other partners. The Humanitarian Appeal for Ethiopia has requested USD 166,000,000 in emergency food and non-food assistance. In Kenya, an Appeal for Emergency Assistance was launched whose food requirement was USD 222,000,000. Djibouti, Eritrea, Kenya and Somalia also took part in a separate regional mechanism: the Consolidated Appeal Process (CAP) in early 2006. The CAP was particularly important for Somalia. It focused on urgent life-saving needs of the affected populations while recognizing the challenge to address structural causes of vulnerability due to recurrent drought and food insecurity. The 2006 CAP requested USD 425,747,076 for 2006, of which USD 99,029,036 in support of regional programmes and country-specific projects in Djibouti, Eritrea and Kenya and USD 326,700,000 for the revised Somalia CAP. Humanitarian action in 2006 has made use of the UN Central Emergency Response Fund (CERF), which is a revamped standby fund to enable more timely and reliable humanitarian assistance to victims of natural disasters and armed conflicts. CERF is intended to complement – not substitute – existing humanitarian funding mechanisms such as the UN Appeals. It is mainly geared to life-saving programmes in the earliest moments of disaster with a limit of USD 30,000,000 for any one emergency with an obligation to implement programmes within six months. This maximum amount was made available in the Horn of Africa as a grant, and it funded initiatives in water and sanitation, health and nutrition, as well as food and livelihood security. The CERF Grant had also an added value in focusing the attention of the governments and humanitarian actors in the Horn of Africa on the plight of otherwise chronically underserved minority groups and geographical areas. Country Teams were also encouraged to make use of the cluster approach, where appropriate, to respond and coordinate the response. This approach was agreed upon among humanitarian actors (Inter-Agency Standing Committee) in September 2005. It basically confers cluster (or sector) leadership to specific agencies, e.g. health (WHO), nutrition and feeding (UNICEF), water and sanitation (UNICEF) and different aspects of service provision (logistics WFP, telecommunications OCHA, UNICEF and WFP). It was decided that the cluster approach would be implemented at the global and country levels. The introduction of the new approach needs to take into account existing coordination mechanisms. At the global level, it was to ensure that global cluster leads would be accountable for ensuring predictable and effective inter-agency responses within the respective sectors. At the country level, the cluster leads would provide support to the Humanitarian Coordinator to ensure timely, adequate and effective humanitarian action in their respective sectors or areas of work. In the Horn of Africa, Somalia is a pilot country for the cluster approach.

2) Scope, purpose and timing of the Real-Time Evaluation (RTE)

Real-time evaluations, as currently practised by several UN agencies, NGOs and other partners are meant to provide quick and practical evaluative feedback to country teams and other levels of humanitarian organizations during on-going emergency responses. The emphasis is on consultation with agency staff, other humanitarian actors and, to the extent possible, with beneficiaries; short and action-focused reports; particularly rapid dissemination of conclusions and recommendations; and immediate management responses and action. Their main purpose is to enhance learning and support management primarily at country level in improving the performance of humanitarian action. The purpose of this evaluation is to inform management at country level as to what action needs to be taken in the short and medium term to achieve goals of humanitarian action in the Horn of Africa, e.g. related to early warning systems, emergency preparedness as well as timeliness, adequacy and effectiveness of the response. The proposed timing of the RTE is closely related to the purpose of preparing of a possible emergency in 2007. The RTE should therefore be completed before mid-October 2006. One resource mobilization strategy will be the CAP. The draft document of the regional CAP needs to be finalized by the end of the month of September 2006. This is particularly important for Somalia. In Kenya, the RTE will benefit from the results of the Long-Rains Assessment which will become available in September 2006. To accommodate needs of the different country teams, it is suggested to adopt a phased approach and conduct the evaluation first in Somalia (second half of August), then in Ethiopia (first half of September) and eventually in Kenya (first half of October 2006). A regional workshop will be organized in mid-October 2006.



### 3) Objective of the Real Time Evaluation (RTE)

The objective of the RTE to be implemented in three countries (Ethiopia, Kenya and Somalia) will be to assess appropriateness and effectiveness of short-term and life-saving activities with a special emphasis on nutrition, health and water. The sub-objectives of the RTE are to assess and to recommend actions for improvement for:

- the timelines, adequacy and effectiveness of the emergency response during the first half of 2006 in terms of the primary stated goal to save lives.
- the resource mobilization during the first half of 2006 (with special emphasis on the role of the CERF) and resource mobilization strategies,
- the performance of early warning systems and the emergency preparedness in the three countries and in the organizations,

A secondary benefit of the RTE is to identify issues that require a more in-depth evaluation after the RTE, notably those that are related to structural causes of vulnerability due to recurrent drought and food insecurity and challenges to strengthen resilience and livelihoods. In the region, food insecurity caused by environmental degradation, drought, conflict and chronic poverty is an increasingly recurrent phenomenon threatening the livelihood of the population. Longer-term trends cannot be evaluated in an adequate manner during an RTE, but should be examined in more in-depth exercises as from October 2006. These evaluations could provide information and analysis to the planned meeting on structural causes of vulnerability scheduled to take place at the end of 2006 or in early 2007.

### 4) Key questions

#### a) Overall appropriateness of the short term response

- What overall results have been achieved through life-saving activities, especially in nutrition and health, water and sanitation as well as food and livelihood security? What were the specific results for girls and women? How were human rights and protection issues taken into account?
- What factors have been conducive to the achievement of results? How effectively were issues related to access and security addressed (including respect of humanitarian principles)?
- What have been major bottlenecks that have impeded on the achievement of results (e.g. lack of funding, human resources, supplies, telecommunications; coordination issues; access problems etc.)?
- To what extent did local capacities play a role in the planning and implementation of the response? To what extent were existing structures and programmes used? Have appropriate downward and upward accountability systems been introduced and how well did these function? Was funding information shared with all respective stakeholder groups (donors, government, affected population)?
- To the extent that the cluster approach was applied, who made that decision? What were the modalities of the decision-making process? How the cluster approach was reconciled with existing coordination mechanisms especially at the sectoral level and in dealing with communities? Did the cluster approach result in clear sectoral leadership? How were inter-cluster issues such as gender addressed? To what extent did the cluster approach result in a more efficient and complete response?
- What recommendations can be made for immediate course correction and what lessons can be learned for responses to similar emergencies? How can the response be made more gender-sensitive and better address challenges related to gender equity and equality?
- What results have been achieved in addressing the more structural causes of poverty and vulnerability, especially in terms of behavioural and institutional changes related to health, education and protection? What were the specific results for girls and women?

#### b) Resource mobilization (with special emphasis on the CERF)

- To what extent did the released CERF funds effectively address early funding requirements and fill critical gaps in the early response?
- How project proposals for CERF funding were prioritized at the field level (within clusters and at the level of the Humanitarian Coordinator and in the in-country IASC)?
- What was the time gap between submission of proposals and disbursement (between CERF and UN agencies and between UN agencies and NGOs)?
- To the extent that CERF provided seed funding during the early response, how successful was fund-raising for the subsequent stages? How was the coordination with CAP and country-specific resource mobilization activities?
- What is the perception of agencies on the ground regarding the suitability of the CERF mechanism, speed of disbursement, value added and local processes?

- To what extent does the overall resource mobilization strategy give adequate attention to both short-term needs and more structural causes of poverty and vulnerability?
  - What has been the response of the aid community?
- c) Early warning systems and emergency preparedness
- To what extent did the early warning systems in the three countries and in the region provide complete, timely and gender-specific information and allow for adequate emergency preparedness and early response that address specific needs of women and men / girls and boys? How were human rights and protection issues taken into account?
  - With hindsight during the early response, how adequate and useful have emergency preparedness plans proved to be? To what extent did EW lead to early and timely action? What facilitated/impeded early action and preparedness initiatives?
  - What were the mechanisms in place to respond adequately and quickly to the emergency? To what extent did coordination and cooperation happen between UN Agencies, Red Cross, NGOs and governments?
  - What lessons can be drawn from this experience for risk-reduction, preparedness and contingency planning in general? How can it be made more gender-sensitive?
- d) Identification of issues related to structural causes of vulnerability and challenges to strengthen resilience and livelihoods
- What are major sources of information and existing studies and evaluations that should be consulted and used when dealing with structural causes of vulnerability and challenges to strengthen resilience, livelihoods, health care, education and protection etc. in the three countries?
  - Which issues in this regard need to be studied and evaluated in the near future to prepare and improve the overall appropriateness and effectiveness of the response to the drought crisis in the Horn of Africa?
  - To what extent are existing institutional mechanisms and arrangements in the inter-agency context adequate to conduct systematic studies and evaluations of the appropriateness and effectiveness of the response in this regard and how could these mechanisms and arrangements being improved?

##### 5) RTE process, outputs and methods

RTEs intervene at a time when field teams are burdened with programmatic and operational activities. They should therefore have a light footprint and draw as much as possible on existing documentation and make use of on-going processes (e.g. meetings, field trips etc.) to the greatest possible extent. This implies a small team of highly qualified evaluators. The evaluation team will be composed of two international consultants and two national consultants in each of the three countries. The profiles of the different members of the team will be:

- The (international) team leader will coordinate the activities of all team members and deal with overall issues related to the appropriateness and effectiveness of the response since early 2006. S/he will notably cover aspects related to early warning systems, emergency preparedness, resource mobilization, access and security and operational activities, as well as to access to drinking water and water use for hygiene and sanitation. S/he will also be primarily responsible for the identification of issues that will require more in-depth studies and evaluations. S/he should have extensive experience in humanitarian action (preferably in the UN, Red Cross and NGOs), have a good record in humanitarian evaluation, and possess proven communication, facilitation and writing skills. S/he should have experience with the pastoralist and agro-pastoralist environment and livelihood, preferably in the Horn of Africa.
- The (international) nutrition and health expert will deal with all issues related to a) food security, nutrition and access to feeding programmes, notably for children, b) health practices and access to preventive and curative health care. S/he will be responsible for the interpretation and analysis of relevant data and other information on nutrition, health and water in the early warning systems and for the identification of possible gaps in these systems. S/he will also contribute to the identification of issues that will require more in-depth studies and evaluations.
- The (international) food security and agro-pastoralist livelihood expert will deal with aspects related to food security, i.e. food production (pastoralist, small-scale agriculture and fisheries), availability and affordability of food on local markets, the role of food aid, the resilience of different strata of the population in terms of securing short-term and long term livelihoods. S/he will be responsible for the interpretation and analysis of relevant data and other information on agro-pastoralism in the early warning systems and for the identification of possible gaps in these systems. S/he will also contribute to the identification of issues that will require more in-depth studies and evaluations.
- In each of the three countries, a (national) gender and community participation expert. S/he will deal with all aspects related to the gender-sensitivity of the early warning systems, the emergency preparedness and the

different aspects of the response, assess the degree to which women and girls / men and boys participated in and had access to delivery of aid at the community level. S/he will contribute to the interpretation and analysis of relevant data and other information in the early warning systems and for the identification of possible gaps in these systems. S/he should also review how information and accountability mechanisms functioned throughout the system, in particular in view of to what extent communities were consulted, involved and informed on the planning and implementation of the response. S/he will also contribute to the identification of issues that will require more in-depth studies and evaluations.

All members of the team should be established experts in their respective fields and have an excellent knowledge of evaluation norms, standards and approaches (especially UNEG Norms and Standards<sup>50</sup>) as well as of quantitative and qualitative methods of evaluation. They should all be highly gender sensitive. They should also have extensive field experience in humanitarian action, preferably with the UN System and / or NGOs. Experience with pastoralist and agro-pastoralist environment and livelihoods (preferably in the Horn of Africa) would be an advantage. Excellent knowledge of English (oral and in writing) is essential and knowledge of any of the national and local languages of the three countries would be an advantage.

The team will work under the supervision of a small Evaluation Management Team composed of evaluation staff of at least two participating agencies (e.g. OCHA and UNICEF). UNICEF's Evaluation Office at New York Headquarters will contract and supervise the evaluation team. The Evaluation Management Team will report to the newly created Regional Directors' Team (RDT) for Eastern Africa that has commissioned this RTE [TO BE CONFIRMED].

The evaluation team will produce the following outputs:

- Brief country-specific RTE reports for Ethiopia, Kenya and Somalia according to a format approved by the management team during the briefing at the beginning of the overall RTE process. The evaluation team will present their draft findings to the IASC country team on the conclusion of the country visit, including provisional recommendations.
- A brief synthesis report on the basis of the country-specific reports as well as a powerpoint presentation for the workshop summarizing main findings, conclusions, recommendations and lessons learned.

Principal conclusions and recommendations of the RTE will in principle be available before the regional workshop that will be organized after completion of the country visits. The final versions of these four reports will be available within 15 days after the workshop. In each country, the Humanitarian Coordinator or a designated member of the IASC Country Team will create a Learning Group composed of interested IASC members who will be briefed and debriefed during entry and exit meetings. At the regional level, there will be a Learning Group composed of representatives of the IASC teams as well as regional and headquarter staff of participating organizations who will attend the final workshop. Methods will include an extensive review of documents before and during the field visits (previous evaluations, CAP, country plans and reports, project documents, sitreps, progress reports, minutes of meetings etc.); direct observations techniques (e.g. attending regular meetings; accompanying scheduled field trips); and key stakeholder group and individual meetings (including interviews and focus group discussions with people affected by the humanitarian crisis, especially vulnerable groups). All information will be triangulated and validated to the greatest possible extent and the analysis will adhere to UNEG Norms and Standards, ethical standards and reporting guidelines of participating organizations.

The in-country IASC teams will produce Management Responses and Action Plans within 15 days after the completion of the four reports. The implementation of accepted recommendations will be monitored through regular reporting mechanisms. At the global level, a Virtual Reference Group will be created composed of representatives of evaluation and research offices of IASC members, which will be involved in the review terms of reference and review draft and final reports.

#### 6) Assumptions and requirements

Although the burden on the country teams will be kept to a strict minimum, it is assumed that the evaluation team will have access to all relevant documentation and can take part in relevant meetings and field trips.

RTE does require interaction between field staff and the evaluation team if it is to meet the challenge of being an opportunity for learning and performance improvement. Entry and exit meetings with the learning groups of the IASC Country Teams are deemed extremely important in this context. Comprehensive briefing and debriefing sessions with the evaluation management team are equally essential as will be the regional workshop.

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<sup>50</sup> <http://www.uneval.org/docs/ACFFC9F.pdf>

## ***ANNEXE N° 2 Itinerary of the mission***

13/08/2006:	Arrival of the team in Nairobi	
14/08/2006:	Meeting	
15/08/2006:	Meetings	
17/08/2006:	Departure to Baidoa Participation to the CAP workshop Visit to Health facilities, water projects Visit to the market Security briefing	
18/08/2006:	Departure to Wajid Briefing by OCHA Security briefing	
19/08/2006:	Visit to sites near Wajid	
20/08/2006:	Visits to site near Wajir	
21/08/2006:	Visit to Buale	
22/08/2006:	Visti to Buale	
23/08/2006:	Visit to Gabaharé (Gedo region)	
24/08/2006:	Departure for Hudur (Bakol region) Visit to the IMC Health Center	
25/08/2006:	Focus groups with education and health staff form South Visit to the SFP program in Hudur Visit to the Market Visit of agricultural and water projects around Hudur Meeting with NGOs working in Hudur Return to Wajid	and Central Somalia
26/08/2006:	Debriefing to the Wajid UN team Return to Nairobi	
27/08/2006:	Presentation of the findings to the UNICEF team Meeting with the ICRC regional delegation Meeting with	
28/08/2006:	Return to Nairobi	
29/08/2006:	Presentation of the findings to the IASC Country Team	
30/08/2006:	Team work Presentation of the finding to the Somali CAP conference Meeting with the ACF Head of Mission for Somalia Meeting with the UNICEF cluster chair	

### **ANNEX N°3/ List of persons met**

Nairobi

<b>Organisation/Office</b>	<b>Name</b>
Humanitarian Coordinator	Eric Laroche
OCHA	Philippe Lazzarini
	Alex Williams
	Amanda Di Lorenzo
	Lilian Nduta
UNICEF	Christian Balslev-Olesen
	Siddhart Chatterjee
	Daniëlle Keulen
	Wendy Carson
	Marcus Betts
	Robert McCarthy
	Chris Print
	James King'ori
FAO	Daniele Donati
	Graham Farmer
	Cyril Ferrand
WFP	Leo Van der Velden
	Yvonne Rademacher
	Mathew Dee
	Tarek Keshavjee
WHO	Namaratta Sha
	Wagar Ahmed Butt
	Namratta Shah
UNFPA	René Desiderio
UNDP	Louise Chamberlain
UNHCR	Marti Romero
UNDSS	
UNCAS	Tarek Keshavjee
ICRC	Pascal Cuttat
	Peers Simpkin
	Olivier Dubois
	Mathias Frese
	Thierry Grobet
	Giorgio Nembrini
FSAU	Cindy Holleman
	Simon Narbeth
	Zainab Jama
OXFAM/NOVIB	Joost van de Lest
OXFAM UK	Parjit Takhar
ACF	Xavier Duboc
ASEP	Abdiwahab Sheik Mohamed
CONCERN	Reiseal Nicheillechair
Gedo Health Consortium	Rosemary Heenan
MSF Holland	Kenny Gluck
COOPI	Emmanuella Olesambu
AFREC	Abdi Ali Raghe
SADO	Abdullahi Anshur
VSF Suisse	Seiffuddin Maloo
Solidarités	Patrice Chataigner
USAID	Georgianna Platt
ECHO	Aadrian Sullivan
DFID	Simon Mansfield

CARE	David Gilmour
	? Kamara
SC UK	Toby Kay

## Somalia

<b>Organisation/Office</b>	<b>Name</b>
OCHA	William K. Debordes
	Matthew Olins
UNICEF	
WFP	
FAO	Hilal Aden
WHO	
UNDSS	
ACF	Romain
ADRA	
WVI	
CARE	John Miskell

### **ANNEX N°4: List of consulted documents**

*Operational Guidelines for Supplementary Feeding Programmes*, Nutrition Working Group of the Somalia Aid Coordination Body, January 2005.

*Community-based Therapeutic Care (CTC) A Field Manual*, Valid International and Concern Worldwide, First Edition, 2006.

*Community Therapeutic Care (CTC) : A new approach to managing acute malnutrition in emergencies and beyond*, Caroline Grobler-Tanner and Steve Collins, Technical Note No. 8, June 2004, FANTA Project for USAID.

Review of Aid Coordination for Somalia: final report; Peter Wiles, Khalif Hassan Farah and Adar Abdisalaam Bakard (October 2004)

Final Report of the Joint Evaluation Mission by the European Commission and FAO: support to the Food Security Analysis Unit (FSAU) Somalia; Rachel Sauvinet-Bedouin, Nigel Nicholson and Carlos Tarazona (October 2005)

2005-2006 Post Deyr Analysis; FSAU Technical Series Report No. IV.8 (22 February 2006)

2006 Post Gu Assessment & Analysis: FSAU presentation to the SACB FSRD Meeting (9 August 2006)

Integrated Food Security and Humanitarian Phase Classification: FSAU Technical Series Report No. IV.11 (11 May 2006)