

EVALUATION REPORT

**INTER-AGENCY
HUMANITARIAN EVALUATION
OF THE RESPONSE TO THE
HUMANITARIAN CRISIS
IN SOMALIA**



March 2025

Management, Funding, and Implementation of the Evaluation

The Inter-Agency Humanitarian Evaluation Steering Group (IAHE SG), an associated body of the Inter-Agency Standing Committee (IASC) commissioned the evaluation. IOM, OCHA, UNICEF, UN Women and WFP funded it. Global Public Policy Institute (GPPi) was contracted to conduct the evaluation, with support from Raagsan.

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Disclaimer

This evaluation report's contents and conclusions reflect the authors' opinions and not necessarily those of the United Nations, OCHA, donors, or other stakeholders.

Acknowledgments

Somalia presents an extraordinarily challenging context for humanitarian workers. Anyone who continues to invest their energy in enhancing the response, saving lives and improving conditions in such a difficult environment deserves our deepest respect. We are very grateful for all the input, discussions and advice we received during this evaluation.

We extend our sincere gratitude to UN OCHA Somalia for their hospitality during our missions and for arranging our travel. The evaluation benefited immensely from the support of the UN OCHA Information Management Unit in interpreting reported response data and calculating inter-cluster reach. Special thanks go to Mohamed Harith and Tsegai Tesfai for their work.

We are also deeply thankful to the NGO Consortium for convening its members and providing a valuable platform for discussing key evaluation questions and findings.

A special thanks goes to Laura Olsen, the Evaluation Manager, for her clear guidance and unwavering support throughout all phases of the evaluation.

Finally, we wish to express our appreciation to Hannah Miles and Susanna Krüger for their thorough peer review of the draft evaluation report and to the GPPi communications team. The responsibility for any errors in this report remains with its authors.

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Who we are

The **Inter-Agency Humanitarian Evaluation Steering Group** (IAHE SG) conducts independent evaluations to promote system-wide learning and accountability in major crises.

As an independent body working closely with the Inter-Agency Standing Committee (IASC), we support the leadership and senior management of humanitarian organizations with evidence-based lessons to improve collective humanitarian action.



Acronyms

AAP	Accountability to Affected Populations
ACLED	The Armed Conflict Location & Event Data Project
AMISOM	African Union Mission in Somalia
ATMIS	African Union Transition Mission in Somalia
CBPF	Country-Based Pooled Fund
CCCM	Camp Coordination and Camp Management
CEA	Community Engagement and Accountability
CERF	Central Emergency Response Fund
CFM	Community Feedback Mechanism
DRC	Danish Refugee Council
DSRSG	Deputy Special Representative of the Secretary-General
ECHO	European Civil Protection and Humanitarian Aid Operations
FAO	Food and Agriculture Organization
FEWSNET	Famine Early Warning Systems Network
FGDs	Focus Group Discussions
FSC	Food Security Cluster
FSNAU	Food Security and Nutrition Analysis Unit
FTS	Financial Tracking Service
GDP	Gross Domestic Product
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IAHE	Inter-Agency Humanitarian Evaluation
IASC	Inter-Agency Standing Committee
ICCG	Inter-Cluster Coordination Group
ICRC	International Committee of the Red Cross
IDPs	Internally Displaced Persons
INGOs	International Non-Governmental Organizations
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
JMCNA	Joint Multi-Cluster Needs Assessment
MAM	Moderate Acute Malnutrition
MSNA	Multi-Sector Needs Assessment
NFIs	Non-Food Items
NGO	Non-Governmental Organization
OHCHR	Office of the High Commissioner for Human Rights
OPA	Operational Priority Area
OPR	Operational Peer Review
PDAD	Post-Delivery Aid Diversion
RC	Resident Coordinator

RTE	Real-Time Evaluation
SAM	Severe Acute Malnutrition
SHF	Somalia Humanitarian Fund
SMS	Short Message System
SoDMA	Somali Disaster Management Agency
SomReP	Somalia Resilience Project
SWALIM	Somalia Water and Land Management Information Management system
UNDP	United National Development Programme
UNDSS	United Nations Department for Safety and Security
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
USD	United States Dollars
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

1. Executive Summary

Context

1. Somalia has received humanitarian assistance for over 30 years due to conflict, regular droughts and floods and other shocks such as the COVID-19 pandemic and locust infestations. Famine was declared twice during this period.
2. Over the last few years, the Somali government significantly reduced its external debt by completing the Heavily Indebted Poor Countries Initiative. Nevertheless, poverty levels remain extremely high: an estimated 73 per cent of the population lives in poverty. Somalia also continues to rank among the last countries on the Gender Equality Index.
3. The worst drought in 40 years hit East Africa between 2021 and 2023. The drought led to a rapid increase in the number of people needing humanitarian assistance in Somalia. The numbers rose from 5.2 million in 2020 to 8.3 million in 2023. The Famine Review Committee projected famine in some areas of Somalia in late 2022.
4. The Inter-Agency Standing Committee (IASC) activated its scale-up protocols in August 2022 that coincided with a significant but short-lived increase in humanitarian funding for Somalia, which more than doubled in 2022 compared to the previous year to over US\$2.3 billion. The United States was the largest donor. The World Food Programme (WFP) received more than half of this total humanitarian funding. Its budget grew from \$270 million in 2021 to almost \$1.27 billion in 2022 before falling back to \$292 million in 2023.

About the evaluation

5. The Emergency Relief Coordinator launched this Inter-Agency Humanitarian Evaluation (IAHE) in November 2023. The evaluation aims to provide an independent assessment of the collective famine prevention response of IASC member agencies between 2021 and 2024 and provide feedback on implementing the Humanitarian Country Team's (HCT's) ongoing reforms. It explores five main questions:
 - To what extent was the collective humanitarian response adapted to the needs of affected people and, particularly the needs of the most vulnerable?
 - To what extent did the collective response of IASC members achieve its objectives and what unintended effects did the response have?
 - To what extent did the IASC members' collective response reach the most vulnerable people?
 - How well-coordinated and led was the response and what other factors influenced its quality and scale?
 - How did the HCT reforms on aid diversion affect the IASC members' collective response?
6. An inter-agency management group chaired by OCHA oversaw the evaluation. It was implemented by a joint, independent team comprised of the Global Public Policy Institute (GPPI) and Raagsan. The evaluation draws on 153 interviews with aid actors at global and country levels, consultations with 381 affected community members and a review of key documents and data. Evaluation findings, conclusions and recommendations were validated and refined in workshops with stakeholders in Mogadishu and globally.

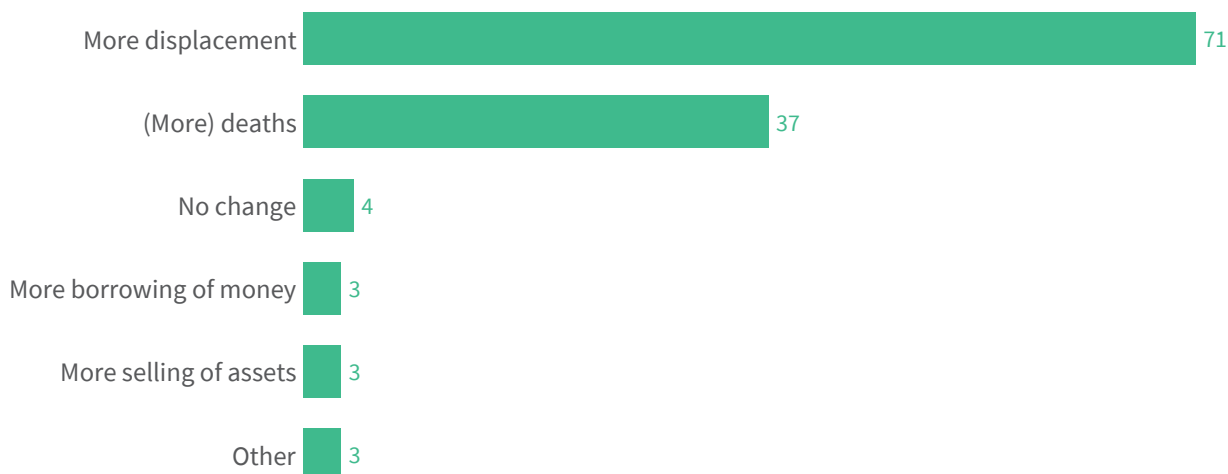
Findings



Humanitarian assistance helped prevent famine and saved many lives.

7. **Preventing Loss of Life:** Somalia provides clear evidence that humanitarian assistance is a matter of life and death. While an estimated 74,700 people (mainly children under five years old) died in 2022 and 2023 due to the extended drought, the death toll would have been tens of thousands, if not hundreds of thousands higher, if not for the massive injection of humanitarian assistance.
 - The Famine Review Committee¹ had projected famine for parts of Somalia and identified scaled-up assistance as one of the key reasons why famine thresholds were not reached.²
8. Out of the estimated 7.1 million people facing acute food insecurity, including 2.1 million in Integrated Phase Classification (IPC) 4 and 213,000 in IPC 5,³ several million people received food assistance (predominantly through cash transfers). However, due to inconsistencies in the data, the precise number is unknown.⁴ Food consumption among beneficiaries improved as a result.⁵
 - An estimated 1.5 million children in Somalia were facing acute malnutrition, including 386,400 with severe acute malnutrition.⁶ In 2022, it was reported that nearly 500,000 children under the age of five received treatment for severe acute malnutrition and more than a million for moderate acute malnutrition. Over 96 per cent of children treated were reported to have recovered.⁷
 - Affected people consulted for this evaluation overwhelmingly believed that many more people would have been displaced or would have died without aid (Figure 1).

Figure 1: What Would Have Happened in Your Community Without Aid? (mentions, n=104)



1. The Famine Review Committee (FRC) is a group of independent, international experts in food security, nutrition, and health who review analyses conducted by the Integrated Food Security Phase Classification (IPC) system to verify the accuracy of potential famine classifications.
2. Famine Review Committee (2022). Somalia: Famine Review of the IPC Analysis Conclusions and Recommendations for Baidoa and Burhakaba Rural Districts, and Baidoa and Mogadishu IDP Sites, Somalia. 2 December 2022.
3. UN OCHA (2022). Drought Response and Famine Prevention Plan Somalia, May-December 2022.
4. 6.2 million in 2022 according to the HRP dashboard and 4.2 million according to food security cluster data from UN OCHA.
5. WFP (2023). Outcome Monitoring Report, Somalia, May 2023.
6. UN OCHA (2022). Drought Response and Famine Prevention Plan Somalia, May-December 2022.
7. See <https://www.nutritioncluster.net/country/somalia>. According to the Sphere standards, a death rate of less than 10 per cent for SAM and less than 3 per cent for MAM is considered acceptable.



The assistance did not prevent the erosion of resilience and had significant unintended effects.

9. **Sustaining Lives and Building Resilience:** As famine loomed, the HCT understandably prioritised a narrow set of life-saving interventions, allocating additional resources to these activities and scaling back or reprogramming livelihood and resilience activities. However, this shift, combined with the extended nature of the drought, contributed to an erosion of the resilience of affected communities. In addition, some methods used to target individuals for short-term aid undermined longer-term resilience. For example, they incentivised displaced people to abandon sites offering durable solutions and re-register as newly displaced persons elsewhere so they could qualify for assistance.
10. **Upholding the Centrality of Protection:** Progress regarding the Centrality of Protection strategy was made. Marginalised clans were excluded less from assistance. However, challenges remained, including access to areas of origin and addressing the risk of indiscriminate attacks on civilians. The delivery of protection services to internally displaced people was also well below target. Affected people generally saw little effect of the humanitarian response on their protection situation, though members of minority and marginalised clans had more positive perceptions.
11. **Unintended Effects:** The additional humanitarian funding injected into the Somali economy can be assumed to have led to some positive spillover effects.⁸ There were also some unintended negative outcomes. These included increasing the existing and well-documented risk of aid diversion in Somalia; with insufficient attention being paid to mitigating this effect.⁹ The response also shaped displacement dynamics. When it reached people in their places of origin, it prevented displacement. Many people, however, still left their places of origin to find aid and services elsewhere. The response served as a pull factor to informal IDP camps in urban and peri-urban locations, leaving many in precarious conditions and with little access to livelihoods and essential infrastructure.



The response understandably focused on prioritised life-saving sectors but had critical gaps in Water, Sanitation and Hygiene (WASH).

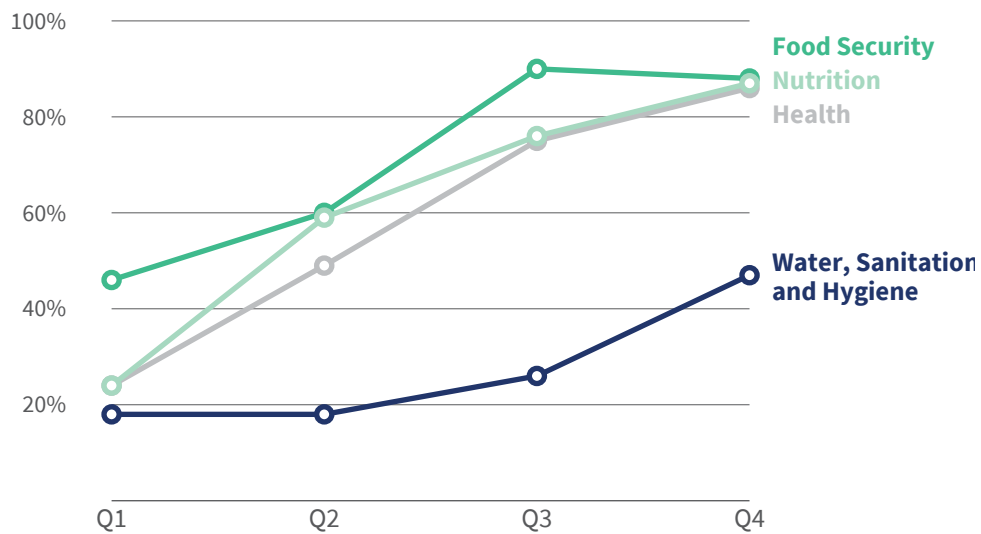
12. **Prioritisation:** The HCT defined clear sectoral priorities for the response: it identified food security, health, nutrition and WASH as central to famine prevention. While some criticised the prioritised package of assistance for being overly narrow, a large majority of affected people saw the aid they received as highly relevant. Since a lot of food assistance (which dominated the response) was provided using cash, affected people could also use the assistance for other pressing needs.
13. However, the response had critical gaps within the prioritised sectors. Data from the clusters on how many people they reached with assistance each month shows that different sectors expanded their coverage at different speeds. The effort to deliver assistance in a more integrated way was thus only partially successful. The WASH cluster lagged behind the other priority sectors throughout 2022. It showed almost no growth in reach in the first half of the year and was only scaled up significantly in the last quarter. The WASH cluster lagging was particularly visible in districts that were consistently classified as a priority in 2022 and 2023 (Figure 2).¹⁰ Seeking to address this imbalance, the Somalia Humanitarian Fund (SHF) made the highest annual allocations to the WASH sector in 2021, 2022 and 2023.

8. Idris, I. (2016). "Economic impacts of humanitarian aid (GSDRC Helpdesk Research Report 1327)." Birmingham, UK: GSDRC, University of Birmingham.

9. UN (2023). Report to the Secretary-General on Post-Delivery Aid Diversion in Somalia.

10. This analysis focuses on the districts that were classified as Operational Priority Area 1 in the 2022 Drought Response and Famine Prevention Plan, the 2023 HRP, and the cluster reporting for 2023. These were: Jariiban, Dhusamareeb, Banadir, Buur Hakaba, Baidoa, Diinsoor, Qanax Dheere, Xudur, and Waajid.

Figure 2: Reported Reach of Priority Clusters in Priority Districts in 2022 (mean %)



Source: Evaluation team, based on data shared by UN OCHA

- These gaps had demonstrable impacts on affected people. Mortality surveillance among vulnerable populations of internally displaced persons (IDP) in Banadir from 2022-2023 shows that among children under five, diarrheal diseases were the leading cause of death, followed by pneumonia and measles.¹¹ While children were likely vulnerable due to displacement and malnutrition, this finding points to a lack of water and sanitation services.



High-quality early warning information was available, but additional funding took too long to come in.

- Early Action/Timeliness:** Humanitarian leadership and key humanitarian organisations used the available, high-quality early warning information early on to advocate for a scaled-up response. It then took too long for significant additional funding to come in – though pooled funds provided early injections, and internal advance financing did speed up parts of the response. Perceptions of timeliness differed: the majority of aid workers interviewed felt that the expansion came too late, while affected people commented that the assistance took a long time to arrive but still found it came at the right time.



The response lacked accountability.

- Accountability to Affected People:** Like other inter-agency humanitarian evaluations, the Somalia evaluation highlights a lack of accountability mechanisms in the humanitarian system for addressing identified recurrent shortcomings. One of the key issues is the inadequate accountability to affected people:

11. Simad University (unpublished), Community-based mortality surveillance among internally displaced vulnerable populations in Banadir region, Somalia, 2022-2023.

- Efforts to strengthen accountability to affected people in Somalia have focused on creating feedback mechanisms. A 2023 mapping identified 72 hotlines across 58 organisations alongside other communication channels. These systems, however, are not very effective. Among the people consulted for this evaluation, 65 per cent of those who provided feedback or filed a complaint said they did not receive a response. In addition, little progress was made toward establishing a collective feedback mechanism during the scale-up.¹²
- Other key aspects of accountability to affected people have received much less attention. Affected people were not involved in decisions regarding the priorities or modalities of the life-saving response. They have also shown a limited understanding of how decisions are made about starting and ending programs and why certain people are included or excluded from receiving aid. Feedback received through the aggregator model was almost exclusively (97 per cent) related to requests for assistance or information, as opposed to, e.g., complaints about aid received.¹³



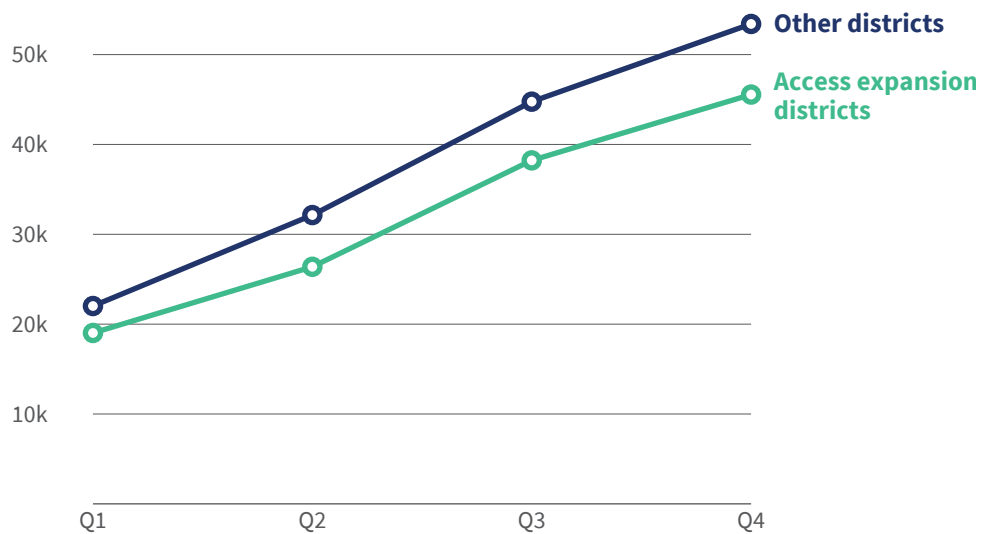
The response made some progress in reaching minorities and people in hard-to-reach areas.

17. **Inclusion:** Clan membership is a defining feature of Somali society, affecting people’s access to humanitarian aid. Humanitarian organisations made significant progress in strengthening the access of minority and marginalised clans to humanitarian assistance, including by working with minority rights groups to identify the locations of such clans and to verify needs assessments. Minority clan members rated the usefulness of the assistance in their communities more positively than informants from majority clans.
18. However, some aid workers interviewed reported that specific clans dominated certain organisations. An initiative encouraging aid organisations to analyse their staff’s clan affiliations has not seen any progress.
19. Other axes of exclusion, primarily gender and disability, received much less attention during the response. The response has been described as “gender blind” for two main reasons: the lack of analysis (and data) on gender and disability and the weakness of the coordination mechanisms for these issues.
20. **Access to hard-to-reach areas:** The evaluation found that the progress made in delivering assistance in hard-to-reach areas was difficult to quantify. The access expansion initiative emerged as the most significant effort. The number of people reached in districts included in the access expansion initiative grew almost on par with the country-wide trend (Figure 3).
21. Fundamental obstacles to improved access remain. First and foremost are overly restrictive security management practices. Most humanitarian actors in Somalia rely on hard security measures like armed escorts and international aid workers have little field presence, even in areas of relative safety. Security measures make operations and field visits very expensive and limit the extent to which humanitarian organisations are perceived as neutral. In addition, collective access analysis has remained weak and there is no engagement between the UN and Al-Shabaab, the non-state armed group controlling many rural areas in Somalia.

12. The latest effort involved setting up and Interoperable Aggregated CFM Model for Somalia.

13. Interoperable Aggregated CFM Model in Somalia, “Humanitarian Country Team Dashboard” (Apr-June 2024).

Figure 3: Inter-Cluster Reach in Districts Included in the Access Expansion Initiative Versus Other Areas, Showing People Reached per Quarter (2022)



Source: Evaluation team based on data provided by UN OCHA



Coordination and leadership have led to innovation, but coordination structures are overly complex and fall short of some basic practices.

22. **Coordination and Leadership:** In response to the challenges involved in working in Somalia, important new approaches were developed or piloted here serving as good practices for other countries. These included new approaches in risk management, third-party monitoring, feedback mechanisms, piloting of the global protection policy benchmarks and reforms to limit aid diversion. In many cases, these result from effective leadership and good coordination. However, humanitarian coordination structures are very complex and involve challenges and gaps that raise questions about the cost-effectiveness of the current setup:
 - The coordination setup in Somalia is extraordinarily complex and involves some parallel and duplicative structures resulting in limited participation by aid organisations in some forums, reducing the setup’s overall effectiveness. For example, there are a large number of task forces, working groups and new area-based coordination meetings set up outside the existing cluster-based structure.
 - Too many coordination meetings have low attendance and no systematic documentation or follow-up. Many strategy and guidance documents are developed, but the level of implementation and follow-up to them is often unclear.
 - The system also remains largely reactive. Strategic, forward-looking issues did not receive enough attention across the response.
23. **Data:** Data on humanitarian needs is based on weak foundations since basic information such as total population size or the number of displaced people is disputed. Essential humanitarian response data in Somalia was difficult to come by and/or was questionable in its reliability. For example, there were critical inconsistencies in the information about the number of people reached per cluster. The available information did not add up to a plausible picture at the inter-cluster level.

24. **Integrated Response:** Clusters and the HCT developed guidance for delivering an integrated response to the 2021-2023 drought. Many NGOs, partly incentivised by the funding criteria used by the Somalia Humanitarian Fund, reported that they prioritised an integrated response. However, available evidence suggests that while there were efforts to deliver an integrated first-line response, the Integrated Response Framework was only partially implemented.
25. **Nexus:** The structural integration and coordination between humanitarian and development actors in Somalia has shown some positive effects: Rights-based analysis influences humanitarian planning and implementation. Previously created adaptive social safety nets and resilience programs made a significant contribution, even though they could not stop the erosion of affected people’s resilience. Beyond that, development interventions have been unable to address the central drivers of emergencies in Somalia, and the humanitarian response did little to contribute to the livelihoods and resilience of affected people. All stakeholders agree that the priority, moving forward, should be longer-term investments in public services and infrastructure.
26. **Localisation:** In recent years, national and local organisations have strengthened their roles in key coordination and decision-making bodies. However, they still face significant challenges in securing direct funding, except through the Somalia Humanitarian Fund, which allocated between 60 per cent and 70 per cent of its budget to local and national NGOs in 2022 and 2023. National and local organisations played a key role, particularly in delivering assistance to people in hard-to-reach areas, although affected people generally trust international actors more.



The HCT’s reforms on aid diversion hold important lessons.

27. Aid diversion is a longstanding challenge in Somalia. In 2023, the UN Secretary-General ordered an investigation of post-delivery aid diversion in Somalia. The Humanitarian Coordinator and the HCT adopted a series of reform measures in response to this request. In June 2024, the Humanitarian Coordinator submitted a progress report on these reforms to the UN Secretary-General.
28. A review of these reform efforts, conducted as part of this evaluation, shows that this process offers important lessons for future reform efforts in Somalia, as well as for other contexts where aid diversion is an issue:
 - The system-wide scale-up did not pay enough attention to mitigating the increased risk of aid diversion. The scale-up happened when existing risk mitigation measures, like the capacity of the Risk Management Unit, were weakened. Nevertheless, the scale-up did not include additional risk mitigation capacities or measures. Moreover, the “no regrets approach” adopted because of the looming famine was misunderstood by many and led to a general acceptance of increased risks.
 - The HCT reform process played a vital role in rebuilding trust and creating a spirit of transparency and cooperation between UN agencies, NGOs and donors. Using a multi-stakeholder task force proved to be an effective approach. However, other actors would have appreciated more transparency, specifically local NGOs and clusters that felt excluded from the reform process.
 - While progress was made on almost all the ten prioritised action points, much of it is related to processes rather than results. More progress is needed, particularly in the core reform areas relating to beneficiary identification, targeting, registration and data sharing.
 - Significant challenges remain to implementing a joint approach to the reforms. Efforts to develop a common humanitarian beneficiary registration system, for example, saw parallel investments by several UN agencies and were not linked to the ongoing efforts to create a Unified Social Registry (led by the Government of Somalia, the World Bank and WFP) or the efforts to create a national ID system.

Recommendations

RECOMMENDATION 1



Strengthen awareness and understanding of how humanitarian aid influences the behaviour of individuals and institutions. Seek to avoid unintended negative consequences and instead create incentives for affected people that support long-term development.

Actions – country level

- Ensure strong vulnerability, political economy, aid economy and conflict sensitivity analyses underpin the response.
- Articulate in humanitarian strategies and response plans what the expected positive and negative effects of short-term, life-saving assistance are. This explanation should include how the response can contribute to the longer-term visions (as detailed, for instance, in national development plans, urbanisation strategies and durable solutions plans, where these are in line with humanitarian principles) as well as potential negative effects and how to mitigate them.
- Where possible, consider delivering aid in locations suitable for longer-term solutions (e.g., on either public or private land with secured land rights) and link site management approaches to urbanisation strategies, for example, relating to infrastructure investments in arrival areas.

Actions – global level

- Collect and disseminate examples of humanitarian interventions that create incentives for positive, longer-term developments.
- Strengthen awareness about incentives and behavioural effects created by humanitarian assistance in policy and strategy discussions.
- Expand internal advance financing mechanisms.
- Advocate with donors to expand support for anticipatory action (especially for implementation), to increase the share of funding for global and country-based pooled funds and provide resources along the humanitarian, development, peace and climate nexus, including for resilience, durable solutions and infrastructure interventions.

RATIONALE

Humanitarian assistance helped prevent famine and saved many lives:

- An estimated 74,700 people died due to the extended drought, but it would have been tens of thousands, if not hundreds of thousands more, without the scaled-up assistance.

However, the humanitarian response also had significant unintended effects:

- Assistance influenced where people were displaced to – often precarious sites in urban or peri-urban locations with little access to livelihoods or essential infrastructure.
- The resilience of affected people was eroded due to the drought, the shift away from livelihoods and resilience activities, and the negative incentives created by the ways some of the aid was targeted.
- The rapid, large-scale influx of additional resources increased the risk of aid diversion.

RECOMMENDATION 2



Conduct a fundamental review of humanitarian security management approaches in Somalia.

Actions – country level

- The Humanitarian Coordinator and a reinvigorated Access Working Group should develop and implement strategies for expanding the humanitarian presence in hard-to-reach areas, including through engagement with relevant parties.
- UN security actors should continue developing more differentiated and agile security management practices to adapt to different and changing context conditions.

Actions – global level

- Increase support to the country operation in Somalia with access and negotiation capacities.
- Ensure that the issues with the security management approach in Somalia outlined in this report are addressed in the High-Level Committee on Management’s planned review of the UN’s Security Management System.
- Create a more flexible HR structure for UNDSS that enables the re-deployment of key staff and focuses more on staff members with mixed security and operational backgrounds.
- Advocate with donors to support the development of a more flexible HR structure for UNDSS.
- Ensure that future IAHEs integrate security expertise throughout the evaluation.

RATIONALE

Security management – and the related lack of international field presence – emerged as recurrent obstacles for an improved humanitarian response in Somalia:

- Current security management makes operations and field visits very expensive and undermines humanitarian principles.
- Progress on extending assistance in hard-to-reach areas was limited.
- The lack of international field presence has inhibited efforts to reduce aid diversion and strengthen accountability to affected people.

RECOMMENDATION 3



Streamline the humanitarian coordination structure in Somalia, reducing the number of coordination forums and meetings by at least half.

Actions – country level

- The HCT should jointly prioritise coordination forums, task forces and meetings, reducing them by at least half.
- Re-integrate area-based coordination mechanisms into the cluster-based structures. Area-based coordination mechanisms should report to clusters and inter-cluster meetings at the next higher geographic level and simultaneously provide information to all interested humanitarian parties. Inter-Cluster Coordination Groups and the HCT should ensure that clusters act on the information provided, for example, by addressing response gaps.

- Ensure that humanitarian organisations in a given location convene either in an area-based meeting or cluster and inter-cluster meetings (but not both).
- Where clusters are activated at the sub-national level, they should simultaneously provide relevant information to UN OCHA and the Inter-Cluster Coordination Group operating at the same level, as well as to clusters at the national level.

Actions – global level

- Provide guidance and good practice examples on how area-based and cluster-based coordination structures can link to each other.
- Slim down the coordination architecture and process requirements.
- Hold OCHA and clusters accountable for delivering “coordination basics” (strategic planning, information products, sector strategies and standards, provider of last resort).
- Advocate with donors not to fund duplicative or overly heavy coordination mechanisms and to support cluster led agencies in exercising their provider of last resort role.

RATIONALE

Coordination and leadership have led to innovation, but coordination structures are overly complex and fall short of some basic practices:

- Important new approaches developed in Somalia served as good practice examples for other countries and are mostly a result of effective leadership and good coordination.
- However, the coordination set-up is complex and involves some duplicative structures and gaps.
- Too many meetings have low attendance and no systematic documentation and follow-up.
- Essential data about the response was difficult to come by and/or lacked plausibility.

RECOMMENDATION 4



Make the humanitarian response more accountable by ensuring systematic follow-up to recurring recommendations at country and global levels, increasing transparency and strengthening the engagement of affected people.

Actions – country level

- Increase general transparency around the response. Clusters should ensure that information management capacity is in place to enable a transparent and evidence-based response, including adequately disaggregated data.
- Invest in a more balanced approach between engagement, participation, information provision and feedback opportunities.
- Improve the provision of information to affected people.
- Streamline community feedback mechanisms.
- Advocate with donors to support collective community feedback mechanisms in contexts where agencies are prepared to reduce individual feedback mechanisms or design them as complementary.

Actions – global level

- Clarify the role of global bodies (ERC, IASC Principals, EDG, OPAG) in ensuring systematic follow-up to recurring IAHE and OPR recommendations at the global level.
- Identify recurring IAHE and OPR recommendations and report regularly and publicly on follow-up to the Emergency Relief Coordinator.
- Request that Humanitarian Coordinators/HCTs report on progress in implementing IAHE and OPR recommendations.
- Allow more flexibility to work through a common or coordinated feedback mechanism instead of organisation-specific ones.

RATIONALE

The response lacked accountability:

- Like other inter-agency humanitarian evaluations, the Somalia evaluation highlights a lack of accountability mechanisms in the humanitarian system for addressing identified recurrent shortcomings.
- A key issue is the inadequate Accountability to Affected People (AAP). Efforts to strengthen AAP have focused on creating feedback mechanisms; these systems proved ineffective.
- Affected people were not involved in key decisions and have shown limited understanding of how these decisions were made.

RECOMMENDATION 5



Continue and expand efforts to provide an integrated response to urgent needs and to reach all population groups.

Actions – country level

- Expand the Somalia Humanitarian Fund's (SHF) practice to support integrated responses and to address gaps in prioritised response sectors strategically.
- Continue the SHF's practice of supporting local organisations and increase that of other donors and operational agencies.
- Improve the understanding of staff members' clan affiliations to continue to broaden minority and marginalised clans' access to humanitarian assistance.
- Increase attention to gender and disability, for example, through more substantial analysis and engagement of respective groups, as outlined in the 2024 IASC Gender Policy.
- Advocate with donors for funding allocations to reflect the strategic priorities adopted by the HCT.

Actions – global level

- Expand and replicate the good practice of using country-based pooled funds to support integrated, localised responses, fill strategic sectoral gaps and advocate with donors to strengthen country-based pooled funds.

RATIONALE

The response understandably prioritised life-saving sectors but had critical gaps in Water, Sanitation and Hygiene (WASH):

- Different sectors expanded their coverage at different speeds, hindering the provision of integrated assistance.
- The WASH cluster lagged behind other priority sectors throughout 2022, with demonstrable impacts on affected people.

The response made some progress in reaching minorities and people in hard-to-reach areas:

- Important progress was made in strengthening the access of marginalised clans to assistance.
- Other axes of exclusion, primarily gender and disability, received less attention.
- National and local organisations played a key role in expanding reach in hard-to-reach areas.

RECOMMENDATION 6



Adopt the lessons from the HCT reforms on aid diversion

Actions – country level

- Continue and replicate the practice of using a multi-stakeholder task force to drive key reforms cooperatively and transparently.
- In cooperation with the government, conditions for regularising the role of gatekeepers and private landowners must be defined.
- Expand the Cash Consortium’s good practice of concluding comprehensive data-sharing agreements among its members.
- Link efforts to improve humanitarian registration to efforts to create a Unified Social Registry and a national ID system, while considering data protection.

Actions – global level

- Ensure that future scale-ups include risk management as a core capacity to be enhanced and advocate for donor support.
- Clarify that a system-wide scale-up does not mean general acceptance of risks (and that this is not what the concept of “no regrets” entails).
- Facilitate data-sharing at the country level, for example, by concluding more global data-sharing framework agreements.
- Agree on common parameters for beneficiary registration.

RATIONALE

The HCT’s reforms on aid diversion hold important lessons:

- The scale-up did not pay enough attention to mitigating the increased risk of aid diversion.
- The reform process played an essential role in rebuilding trust and creating a spirit of transparency and cooperation between UN agencies, NGOs and donors.
- More progress is needed on beneficiary identification, targeting, registration and data sharing.
- Significant challenges remain in implementing a joint approach to the reforms.

2. Introduction

29. The present evaluation is an Inter-Agency Humanitarian Evaluation (IAHE).¹⁴ An IAHE is an independent assessment of the results of the collective humanitarian response by Inter-Agency Standing Committee (IASC) member organisations to a specific crisis or theme. IAHEs evaluate the extent to which planned collective results were achieved and how humanitarian reform efforts have contributed to that achievement. They are not in-depth evaluations of any one sector or agency and thus do not replace agency-specific humanitarian evaluations.
30. This evaluation report presents the results of the IAHE in response to the humanitarian crisis in Somalia. It describes the background and context, details the evaluation's scope, questions, and methods, and provides the evaluation team's findings, conclusions and recommendations.
31. The evaluation report was prepared by Dr. Julia Steets and Dr. Elias Sagmeister of the Global Public Policy Institute, an independent think tank in Germany, and by Noura Mahmoud of Raagsan, a social enterprise in Somalia, that were commissioned by the Inter-Agency Humanitarian Evaluation Management Group to conduct this exercise.
32. The evaluation report builds on a review of documents, 153 interviews (with 60 female and 93 male respondents) conducted in person or remotely with strategically selected aid actors at the global and country levels, and consultations with 381 people from communities affected by the crisis (215 female and 166 male respondents). The team also benefitted from workshops with key stakeholders in Mogadishu and Nairobi during the evaluation inception and data collection phases, as well as from developing and refining recommendations.

2.1. Evaluation Background

33. **Launch of the Somalia IAHE:** Following a mission of the Emergency Directors Group to Somalia in July 2022, the IASC Principals activated the scale-up protocols in Somalia in August 2022 to support the ongoing drought response and famine prevention efforts in the country. The scale-up was deactivated in September 2023. The Emergency Relief Coordinator officially launched the IAHE for Somalia in November 2023.
34. **Purpose:** IAHEs generally aim to both promote learning and strengthen accountability. This evaluation mirrors this dual purpose. Its objectives are twofold: first, to provide an independent assessment of the collective response of IASC member agencies in 2022–2024, and second, to provide feedback on the implementation of the Humanitarian Country Team's ongoing reforms.
35. **Thematic focus:** The evaluation covers the collective response of IASC member organisations as laid out in the Somalia Humanitarian Response Plans for 2022 and 2023. The evaluation seeks to inform humanitarian policies and practices at both the country and the global level. Since the most salient issues regarding the humanitarian response in Somalia had already been identified, the evaluation focused on identifying where and why progress in addressing these issues had or had not been made. These findings were the basis for the evaluation team to develop recommendations, together with key stakeholders, that take both enablers and obstacles for change into account.

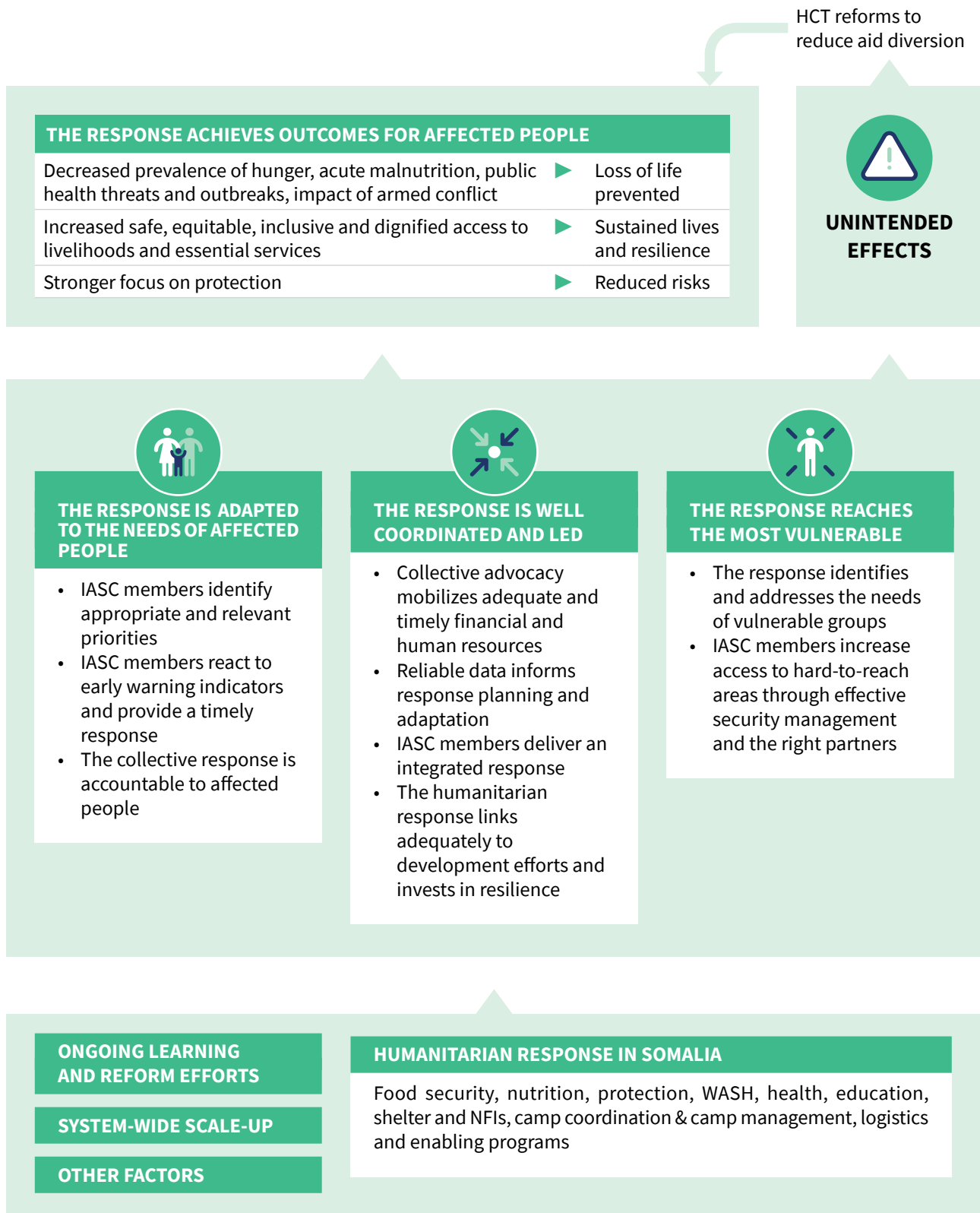
14. This section draws on the IAHE Steering Group's 2018 "Inter-Agency Humanitarian Evaluations: Process Guidelines". The team notes that the guidelines are currently under revision.

36. **Geographic and temporal scope:** This evaluation covers the collective response from the run-up to the scale-up activation in 2022 until the finalisation of data collection in July 2024. It covers the whole of Somalia, including the areas most affected by the recent drought and those less affected by the drought.
37. The **intended users** of this IAHE include:
 - The Humanitarian Coordinator and Country Team to guide decisions on course corrections, new priorities, and recovery plans;
 - IASC leadership, including the Principals and working groups, to shape future humanitarian actions and policies;
 - Somali federal and state governments to refine the crisis response policies;
 - Affected communities, to update them on response outcomes;
 - NGOs, donors, and evaluation networks to support accountability and learning through evidence of the collective response;
 - Development and peace actors should improve coordination with humanitarians for durable solutions.

2.2. Intervention Logic

38. **Intervention logic:** The team reconstructed an intervention logic during the inception phase, which guided the evaluation process (Figure 4). The evaluation questions refer to the different components of the intervention logic and aim to assess performance at the different results levels. The evaluation matrix, which describes the criteria, indicators, sources, and means of verification for each evaluation question and sub-question, is available in Annex D.

Figure 4: Reconstructed Intervention Logic



Source: Evaluation Team

2.3. Evaluation Questions

39. Based on the evaluation criteria, questions included in the terms of reference for this evaluation, the reconstructed intervention logic, and key issues that were already identified in previous evaluations and studies (see Annex E), the evaluation explored the following questions and sub-questions that are all addressed in this report:

EQ 1: To what extent was the collective humanitarian response adapted to the needs of affected people and, in particular, the needs of the most vulnerable?

Criterion: Relevance

- 1.1. Relevance: To what extent did IASC members identify appropriate and relevant priorities for the scaled-up response?
- 1.2. Early action: How well did the IASC members react to early warning indicators, and how timely was the response?
- 1.3. AAP: To what extent was the collective response accountable to affected people?

EQ 2: To what extent did the IASC members' collective response achieve its objectives and what unintended effects did the response have?

Criterion: Effectiveness

- 2.1. To what extent did the response contribute to preventing the loss of life?
- 2.2. To what extent did the response support people in sustaining their lives and building resilience?
- 2.3. To what extent did the response address critical protection needs?
- 2.4. What unintended effects did the response have?

EQ 3: To what extent did the IASC members' collective response reach the most vulnerable?

Criterion: Coverage

- 3.1. Inclusion: To what extent did the response identify and address the needs of vulnerable groups (for example, of members of minority or marginalised clans, different gender groups and people with disabilities), and how did this affect the principle of impartiality?
- 3.2. Access: To what extent did IASC members manage to increase access to hard-to-reach areas with effective security management and the right partners, and how did this affect the principles of humanity, neutrality and operational independence?

EQ 4: How well coordinated and led was the response and what other factors influenced its quality and scale?

Criteria: Coordination, connectedness

- 4.1. Advocacy and resource mobilisation: How effective were collective efforts to mobilise adequate and timely financial and human resources for the drought response?
- 4.2. Data: How reliable the data collection and analysis?
- 4.3. Integrated response: How effective was the implementation of an integrated response?
- 4.4. Nexus: How well did the humanitarian response link to development efforts and invest in resilience?
- 4.5. Other factors: What other factors influenced efforts to strengthen the quality of the response?

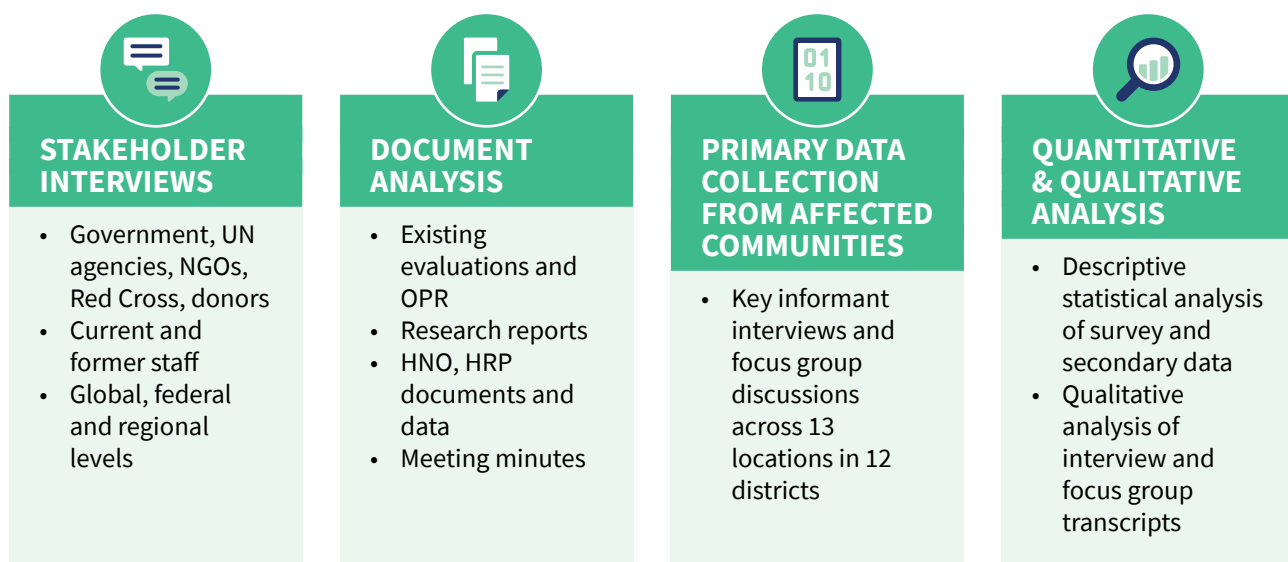
EQ 5: How did the HCT reforms on aid diversion affect the IASC members' collective response?

- 5.1. How relevant and appropriate was the HCT action plan to address aid diversion?
- 5.2. To what extent are agreed-upon measures being implemented?
- 5.3. What factors support and hinder reform efforts addressing aid diversion?

2.4. Methodology and Design

40. **Utilisation-focused design:** The evaluation team used an evaluation design focused on maximising the use of the evaluation results. Due to this utilisation-focused approach, the evaluation team emphasised consultation with key stakeholders at the global and country levels during the design phase to identify their interests and potential use cases. In addition, the research questions focused on identifying factors that have enabled or inhibited reform efforts in the past to enable recommendations addressing these factors. Key stakeholders were also involved in the formulation and refinement of recommendations.
41. **Method mix:** The team relied on a mix of quantitative and qualitative methods (see Figure 5). Details about the different methods used are included in Annex A. Readers can also find more details on ethical, gender and inclusion considerations there.

Figure 5: Overview of Method Mix



Source: Evaluation team

42. **Ethical considerations.** The United Nations Evaluation Group (UNEG) [Ethical Guidelines for Evaluation](#) guided the evaluation team. An Independent Review Board reviewed the inception report, data collection instruments and protocols. During the inception phase, the evaluation team identified several ethical risks, which were mitigated through targeted measures.
43. **Gender and inclusion.** The team applied a gender-sensitive approach throughout all evaluation phases, guided by UNEG standards. Secondary data analysis was disaggregated by gender and other vulnerability factors as much as possible.
44. **Triangulation:** The evaluation team triangulated information generated through different data gathering and analysis methods, comparing, for example, interview findings with secondary data analysis. The team also triangulated information drawn from different sources, such as UN staff, NGOs and donors, or male and female community members belonging to marginalised and majority clans.

2.5. Context

45. **Population:** The 2024 Humanitarian Needs and Response Plan for Somalia puts the total population at 18.7 million. As section 3.4 shows, population figures remain disputed and can diverge substantially between sources. About half of the population has settled in urban areas, making Somalia one of the countries with the highest urbanisation rates in the region.¹⁵ At the same time, pastoralism remains a crucial livelihood for the majority of households in Somalia, especially outside major urban centres and around large cities and peri-urban areas. Many individuals may also transition between rural and urban areas, blurring the lines between these population categories.
46. **Economic development:** Over the past years, the Somali government implemented structural reforms and strengthened macroeconomic management, culminating in the recent completion of the Heavily Indebted Poor Countries Initiative. These reforms brought down Somalia's external debt from 64 per cent of Gross Domestic Product (GDP) in 2018 to less than 6 per cent of GDP in 2023. In the same year, Somalia also joined the East African Community, that provided the country with opportunities for regional trade integration. Building on opportunities created by rapid urbanisation, the growing use of digital technologies, and planned investments in energy, ports, education, and health, Somalia aims to gradually transition from a reliance on humanitarian aid to sustainable development approaches.¹⁶
47. However, severe droughts, floods, locust infestation, the COVID-19 pandemic, volatile global prices, as well as insecurity, conflict and governance challenges in Somalia, including tensions between the federal level and federal member states, have all slowed this transition. Real GDP growth has been low and volatile, averaging at only 2 per cent per year between 2019 and 2023, with real GDP per capita falling by 0.8 per cent per year. Projections based on GDP per capita growth suggest that poverty increased from 71 per cent in 2017 to 73 per cent in 2023 (based on the 2017 poverty line). Poverty rates are highest amongst the nomadic population, but due to the country's high rate of urbanisation, the majority of the poor now live in urban areas. Only one-third of men and 12 per cent of women participate in the formal labor market. Almost half of those employed are living below the poverty line. Building resilience to shocks is thus a priority in supporting Somalia's economic growth and job creation.¹⁷
48. **Past droughts and famines:** Over the past 25 years, Somalia experienced several extended droughts and two declared famines, as well as repeated floods. The famine of 1992 resulted in nearly 300,000 deaths and displaced 20 per cent of the population. Reports indicate that up to one-third of Somali children may have perished during that period and many of those who survived suffer from the longer-term consequences of hunger and malnutrition.¹⁸ The 2011 East Africa drought was also severe for Somalia, leading to famine and the deaths of over 250,000 people, including many children under five years old. In addition, this crisis forced more than 950,000 Somalis to seek refuge in neighbouring countries and inflicted substantial damage on the nation's agricultural and livestock sectors. In 2017, another significant drought occurred, leaving more than half the population food-insecure (IPC phases 2, 3 and 4) and needing humanitarian assistance. The estimated death toll of around 45,000 people was lower than during the 2011-2012 crisis, but again more than 900,000 people were displaced.¹⁹ A subsequent report found that the "more proactive and far-reaching humanitarian response" compared to 2011-2012 was an important factor in averting a higher number of deaths but also called for even earlier and more targeted engagement by humanitarian actors during future droughts.²⁰

15. <https://unhabitat.org/somalia>

16. See World Bank Country Overview, 26 February 2024, <https://www.worldbank.org/en/country/somalia/overview>.

17. Ibid.

18. Clark, J. (1992). "Famine in Somalia and the International Response: Collective Failure." US Committee for Refugees Issue Paper, November 1992.

19. Government of Somalia. 2018. Somalia Drought Impact and Needs Assessment.

20. Warsame A., Frison S. & Checchi F. (2023) "Drought, armed conflict and population mortality in Somalia, 2014-2018: A statistical analysis." PLOS Glob Public Health. 12 April 2023.

49. The extended 2021-2023 drought facing East Africa, including Somalia, was considered the worst in four decades. The Federal Government of Somalia declared a drought in April 2021 and a drought emergency in November 2021. The disaster affected millions, coinciding with global price hikes, ongoing insecurity, and the aftermath of the COVID-19 pandemic. The international community activated the humanitarian system-wide Scale Up protocols in August 2022. By the end of 2022, the cumulative impact of five consecutive failed or poor rainy seasons had severely strained the resilience of communities, especially those relying on agriculture and livestock as livelihoods. Rainfall deficits during the March-May 2022 rainy season were the most severe on record and subsequent poor rains in the October-December 2022 season worsened the humanitarian crisis further.
50. **Political situation:** Somalia's tumultuous history over the last decades set the stage for its current political and security challenges. The collapse of Siad Barre's regime in 1991 plunged the country into a state of civil war, leading to the emergence of various clan-based factions vying for control. Somalia is a federal state composed of two levels of government: the federal government and federal member states. Federal member states also have their own constitutions and armed forces and tensions between the federal member states and the federal government can be intense. Following a heavily contested electoral process, May 2022 saw the peaceful transition of presidential power from Mohamed Abdullahi Mohamed "Farmaajo" to Hassan Sheikh Mohamud and the formation of a new federal government, which has brought some political stability. Nevertheless, the security situation remained dire throughout the period relevant to this evaluation.
51. Political power in Somalia has historically been shared along clan lines and clans have critically influenced the relationship between people and external actors in Somalia, including humanitarians. In the Federal Republic of Somalia, dominant clans share power, with the presidency and premiership rotating between the Hawiye and Darood clans. The parliament speakership and the supreme court leadership are allocated to the Rahanweyn and Dir clans. The administrations of the federal member states are also influenced by clan affiliations, with dominant clans in those regions typically controlling pivotal governmental roles.²¹
52. **Conflict:** Somalia has experienced more than three decades of conflict, insecurity and political fragility. Al-Shabaab, which the UN lists as a terrorist organisation, controls broad stretches of Somalia, particularly in the southern and western parts of the country. In March 2022, the African Union Mission in Somalia (AMISOM) was replaced by the African Union Transition Mission in Somalia (ATMIS), the largest African Union mission at the time. A drawdown of ATMIS was ongoing during this evaluation and is expected to halve the force's strength from 19,000 to 9,600 personnel by the end of 2024. There were open questions about the mission's replacement and potential funding of alternative options amidst a rise in political tensions between Somalia and Ethiopia.²² In August 2022, President Hassan Sheikh Mohamud declared a nationwide mobilisation against Al-Shabaab. The government launched offensive operations against Al-Shabaab in Hiiraan, Middle Shabelle, Mudug, and Galgaduud regions with support from Hawadle, Abgal and Habar Gedir clan militias.²³ This offensive resulted in the highest number of conflict-related fatalities since at least 2018, with over 6,500 reported victims.²⁴
53. **Displacement:** To cope with droughts, conflict and other shocks, Somalis commonly opt for internal and international migration in search of safety and access to safe shelter, food, health care, and water as well as livestock pasture²⁵. Somalia is also an important country of origin and transit for migration, primarily to the Arab peninsula and hosts a relatively small number of refugees and asylum seekers.²⁶

21. EUAA (2023). "Country Guidance Somalia, 2023: The role of clans in Somalia."

22. See <https://amaniafrica-et.org/briefing-on-the-situation-in-somalia-atmis/>.

23. Dhaysane, M. (2022). "Somalia's President Vows 'Total War' Against al-Shabaab." Voice of America, 24 August 2022.

24. ACLED, "Heightened Political Violence in Somalia." 2 March 2023.

25. For more information about mobility as a resilience strategy in Somalia, please see Humanitarian Outcomes (2023). "Somali capacities to respond to crisis are changing; how are humanitarian actors responding?" United Kingdom Humanitarian Innovation Hub.

26. See <https://www.migrationdataportal.org/regional-data-overview/eastern-africa>.

Shortly before the activation of the system-wide Scale-Up in mid-2022, the UN estimated that over 800,000 people were newly displaced due to the drought, with women and children constituting 82 per cent of those displaced since October 2021.²⁷ The overall number of people displaced in Somalia is disputed. By contrast, the International Organization for Migration’s (IOM) displacement tracking matrix, recorded approximately 1.7 million IDPs in 2021, 4.6 million in 2022, and 3.5 million in 2023. The top regions of origin are Lower Shabelle, Bay and Bakool, while the regions of Banadir (31 per cent), Bay (17 per cent) and Gedo (10 per cent) host most IDPs. The vast majority of IDPs (84 per cent) live in urban areas. Of these, almost 90 per cent stay in the country’s approximately 4,000 often informal IDP sites, and around 10 per cent stay in host communities.^{28, 29}

54. Banadir and Bay exemplify the complex displacement dynamics to urban centres caused by droughts, floods and conflict. Most IDP settlements are informal and located on privately owned land. Land tenure is, therefore, often insecure and IDPs risk eviction. In what has become known as the “IDP economy”, researchers and aid actors increasingly recognise humanitarian aid as part of Somalia’s (political) economy.³⁰ Business interests entwined with Somalia’s IDP camps include a system of “gatekeepers” or “informal settlement managers” who control camps.³¹ On the one hand, gatekeepers can provide services to displaced populations where formal settlement management is lacking. On the other hand, many have been shown to be abusive, criminal and/or corrupt.³² In any case, gatekeepers have positioned themselves as intermediaries between IDPs and external actors, including aid agencies and municipalities.³³ They are part of a complex urbanisation and migration dynamic, which at times clashes with the more static categorisations used by aid agencies and donors.³⁴
55. **Gender:** Gender inequality and a lack of women’s empowerment are critical challenges for Somalia.³⁵ The country is ranked among the worst countries to be a woman or girl³⁶ and ranks fourth to last on the Gender Inequality Index.³⁷ Somalia regularly records the highest prevalence of female genital mutilation, with 99 per cent of girls and women aged 15 to 49 having undergone female genital mutilation, mainly in its severest forms.³⁸ Protracted conflict, structural gender inequality, and successive humanitarian crises continue to expose Somali women and girls to heightened levels of insecurity, including conflict-related sexual violence as well as early marriage.³⁹ Women and girls are disproportionately affected by humanitarian crises, with maternal and infant mortality rates among the highest in the world, and illiteracy rates among women are significantly higher than for men.⁴⁰
56. **Global context and reforms:** The humanitarian response to the extended 2021-2023 drought in Somalia took place against the backdrop of a series of challenging crises and events and humanitarian reform efforts at the global level. One of the objectives of Inter-Agency Humanitarian Evaluations is to inform future reform efforts. The most recent effort from the Emergency Relief Coordinator and UN OCHA is the so-called Flagship Initiative, which seeks to strengthen community engagement, decentralise coordination, empower local initiatives, provide direct funding to local actors, and adapt planning and programming in a set of pilot countries, not including Somalia.⁴¹

27. Somalia Drought Response and Famine Prevention Plan (2022), p. 5.

28. IOM (2024). Displacement Tracking Matrix, Somalia.

29. Internal Displacement Monitoring Centre (IDMC) (2024). Country Profile, Somalia.

30. “Powerful networks impose taxes on aid in Somalia. It’s time for this to end.” The New Humanitarian. 26 October 2023.

31. Bakonyi, J. & Chonka, P. (2023). “Precarious Urbanism: Displacement, Belonging and the Reconstruction of Somali Cities.”

32. “Somalia’s displacement camp ‘gatekeepers’ – ‘parasites’ or aid partners?” The New Humanitarian. 18 July 2019.

33. Tana (2017). “Informal Settlement Managers: Perception and reality in informal IDP camps in Mogadishu.”

34. Bakonyi, J. & Chonka, P. (2023). “Precarious Urbanism: Displacement, Belonging and the Reconstruction of Somali Cities.”

35. UN WOMEN (2023). Somalia Country Overview.

36. Georgetown Institute for Women, Peace and Security & Peace Research Institute Oslo (2023). “Women, Peace, and Security Index 2023/24: Tracking sustainable peace through inclusion, justice, and security for women.” Washington, DC: GIWPS and PRIO.

37. UNDP (2023). Gender Equality and Social Inclusion. Somalia.

38. UNICEF (2024). Female Genital Mutilation: A global concern.

39. OCHA (2022). Somalia Humanitarian Needs Overview 2022, p.23.

40. UN WOMEN & UNFPA (2020). Funding for Gender Equality and the Empowerment of Women and Girls in Humanitarian Programming. Case Study: Somalia.

41. See <https://www.unocha.org/flagship-initiative>.

57. **HCT reforms in Somalia:** Based on an Operational Peer Review as well as on the results of a report on post-distribution aid diversion in Somalia, the Somalia Humanitarian Country Team adopted an action plan to address critical issues such as the management of gatekeepers,⁴² the exploitation of aid distribution by local power networks⁴³ as well as beneficiary duplication and the presence of so-called ghost beneficiaries in relief programs. Workstreams on research, targeting and identification, registration, data sharing, minority inclusion, reporting, hiring practices, camp coordination and camp management, as well as monitoring and evaluation were created to drive the reforms. See Chapter 3.5 for an assessment of the implementation and effects of these reforms.

2.6. The Humanitarian Response in Somalia

58. The IASC system has been responding to humanitarian crises in Somalia for over 30 years. For an overview of common issues identified in past evaluative reports and studies, which have informed the final questions for this evaluation, see Annex E. This section provides an overview of the response's more recent trajectory in terms of planning, funding and coordination.

Planning

59. Somalia has been part of the humanitarian appeal system since its inception in 1991.⁴⁴ In December 2021, the Humanitarian Country Team published a 2022 Drought Response Plan to address the needs of 3.2 million people facing severe shortages of water, food, health care, and pasture.⁴⁵ All interventions outlined in this plan were incorporated into the 2022 Humanitarian Response Plan. Over the past five years, the strategic objectives of the humanitarian response plans have remained largely unchanged.
- The top priority is to reduce the loss of life for the most severely vulnerable people, including children under five, by decreasing the prevalence of hunger, acute malnutrition, public health threats and disease outbreaks, and abuse, violence and exposure to explosive ordinances.
 - The second objective is to sustain the lives of people requiring humanitarian assistance and to contribute to their resilience by ensuring safe, equitable, inclusive, and dignified access to livelihoods and essential services.
 - Thirdly, response plans aim to uphold commitments to the Centrality of Protection across the humanitarian response.⁴⁶
60. Due to the consecutive poor rainy seasons, the estimated number of people in need increased significantly in 2022 and 2023. As outlined in section 3.3, several aid workers interviewed during the evaluation questioned the reliability of needs data, which plays an important role in planning processes. **Figure 6** provides an overview of key humanitarian planning figures as indicated in the response plans.

42. Update on the Collective Action to Improve the Impact of Humanitarian Response in Somalia. 11 July 2023.

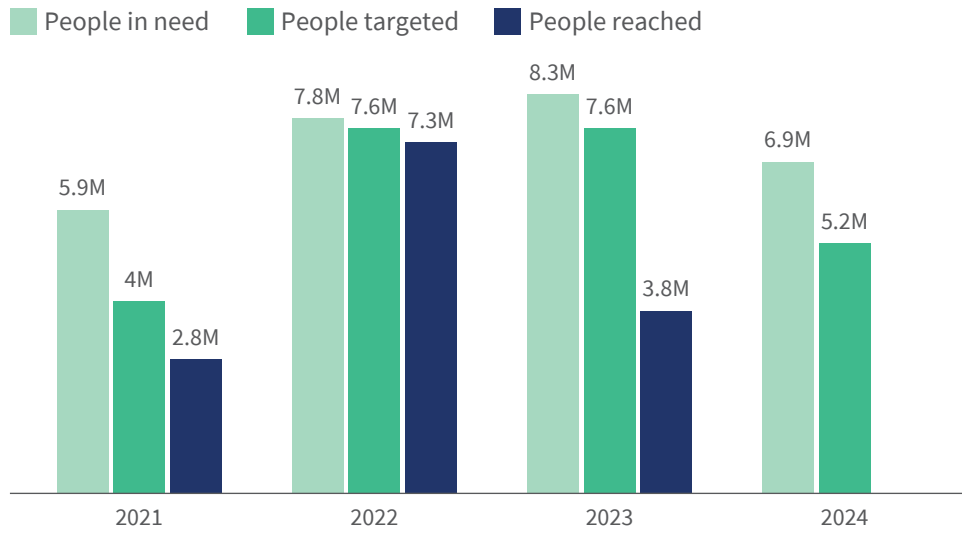
43. Thomas, C. & Majid, N. (2023), "Powerful networks impose taxes on aid in Somalia. It's time for this to end." The New Humanitarian, 26. October 2023, <https://www.thenewhumanitarian.org/opinion/2023/10/26/powerful-networks-impose-taxes-aid-somalia-its-time-end>.

44. Sida, L., Mooney, E., Lough, O. & Fouad, L. et al. (2024) "Independent review of the humanitarian response to internal displacement." HPG report. London: ODI, www.odi.org/en/publications/independent-review-of-the-humanitarian-response-to-internal-displacement.

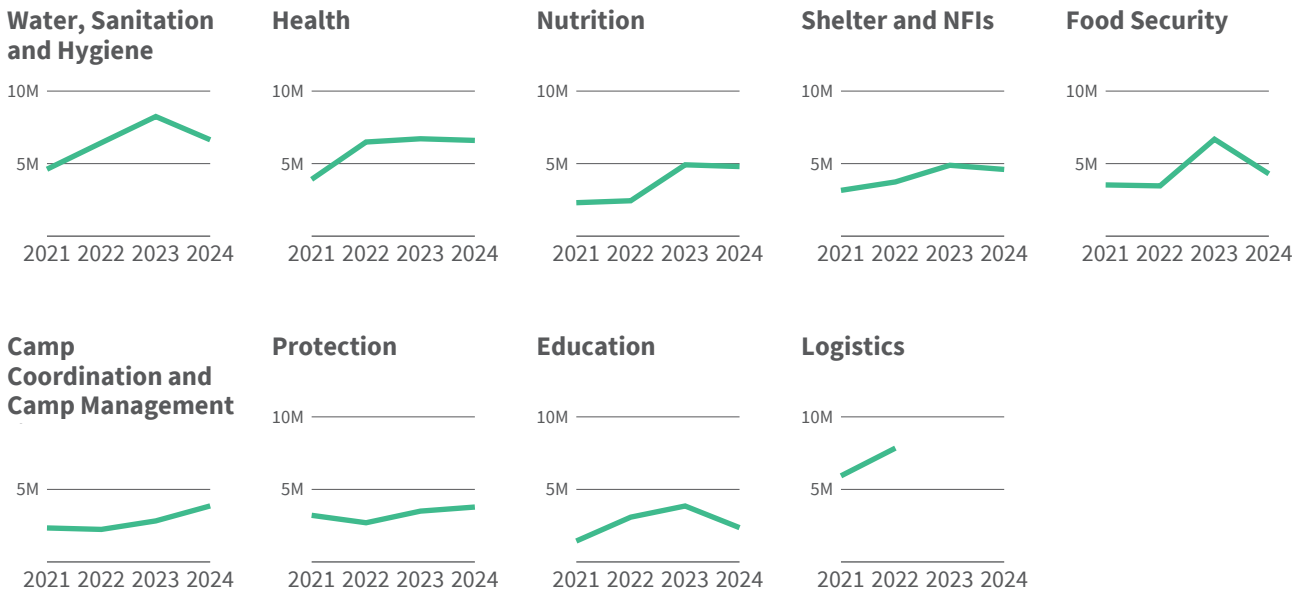
45. OCHA (2021). Somalia: 2022 Drought Response Plan.

46. See <https://humanitarianaction.info/plan/644>.

Figure 6: Key Humanitarian Planning Figures 2021-2024



Number of people in need



Source: Data from Humanitarianaction.info

61. **Other planning frameworks** relevant for the time covered by this evaluation include: the Somalia National Development Plan 9, 2020-2024;⁴⁷ the UN Sustainable Development Cooperation Framework 2021-2025,⁴⁸ including the Collective Outcomes 2019-2022; and the National Durable Solutions Strategy 2020-2024, which serve as a roadmap for durable solutions for displaced communities.⁴⁹

47. See <https://mop.gov.so/national-development-plan/>.

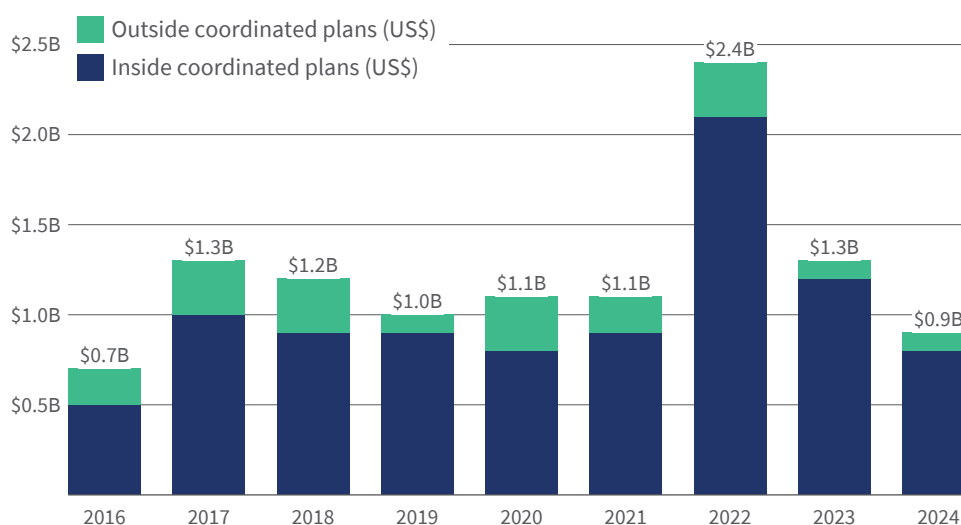
48. See <https://somalia.un.org/en/96542-un-sustainable-development-cooperation-framework-somalia-2021-2025>.

49. See https://mop.gov.so/wp-content/uploads/2022/07/The-National-Durable-Solutions-Strategy-2020-2024_English.pdf.

Funding

62. Information about the humanitarian response’s funding situation in Somalia is inconsistent across different sources, for instance, when comparing UN OCHA’s Financial Tracking Service (FTS) data and reports for pooled funds. Moreover, as previous reviews and evaluations have emphasised, these reports do not cover the significant resources provided through remittances and businesses.
63. **Figure 7** shows the trends in funding reported in UN OCHA’s FTS. **Table 1** seeks to provide an approximate overview of relevant figures relating to the IASC system. According to these figures, the 2022-2023 crisis saw a significant but short-lived increase in funding, roughly doubling what was available in each of the previous six years. Along with the funding growth came a shift in funding distribution across sectors (see Chapter 3.1 for details) and a broadening of the response’s donor base.

Figure 7: Trends in Reported Funding



Data source: <https://fts.unocha.org/countries/206/summary/2024>

Table 1: Indicative Funding Overview

	2021	2022	2023	2024
Original Requirement	\$1,090 million	\$1,460 million	\$2,300 million	\$1,596 million
Revised Requirement	\$1,123 million	\$2,279 million	\$2,615 million	
Funding Received	\$1,097 million	\$2,357 million	\$1,233 million	
Funding in %	76.8%	91.9%	44.3%	
Largest Contributors⁵⁰	<ul style="list-style-type: none"> • United States • Germany • European Commission • United Kingdom • SHF 	<ul style="list-style-type: none"> • United States • Germany • European Commission • United Kingdom • SHF 	<ul style="list-style-type: none"> • United States • Germany • European Commission • SHF • United Kingdom 	<ul style="list-style-type: none"> • United States • European Commission • United Kingdom • Germany • CERF
Government of Somalia	\$183.9 million	\$186.7 million	\$27.6 million	

50. Financial Tracking Service, accessed in November 2024 from: <https://fts.unocha.org/>.

	2021	2022	2023	2024
Somalia Humanitarian Fund	\$39.9 million (FTS figure) \$46.3 million (CBPF figure)	\$45.9 million (FTS figure) \$71 million (CBPF figure)	\$57.1 million (FTS figure) \$56.6 million (CBPF figure)	
Central Emergency Response Fund	\$30.3 million (FTS figure) \$36.5 million (CERF figure)	\$48 million	\$35 million (FTS figure) \$28 million (CERF figure)	

Source: FTS data and humanitarianaction.info

64. **Distribution of funding:** While the United States has consistently contributed the largest share of total funding to the response, the World Food Programme (WFP) has been the largest recipient of funding. At its peak in 2022, WFP received more than half of all humanitarian funding going to Somalia (see Table 2 and Figure 8). Its growth during the drought response and scale-up was unparalleled, from \$270 million in 2021 to almost \$1.27 billion in 2022 (and down to \$292 million in 2023). The UN’s Food and Agriculture Organization (FAO) saw the second largest year-over-year increase (290 per cent), closely followed by the World Health Organization (WHO, 216 per cent).⁵¹ For a surprisingly large and fast-growing share of the reported funding, the recipient(s) have not been disclosed. In 2023, the second largest recipient is listed as “UN Agencies (Confidential)” in the FTS database. Total funding is projected to decrease further in 2024, in line with global trends.

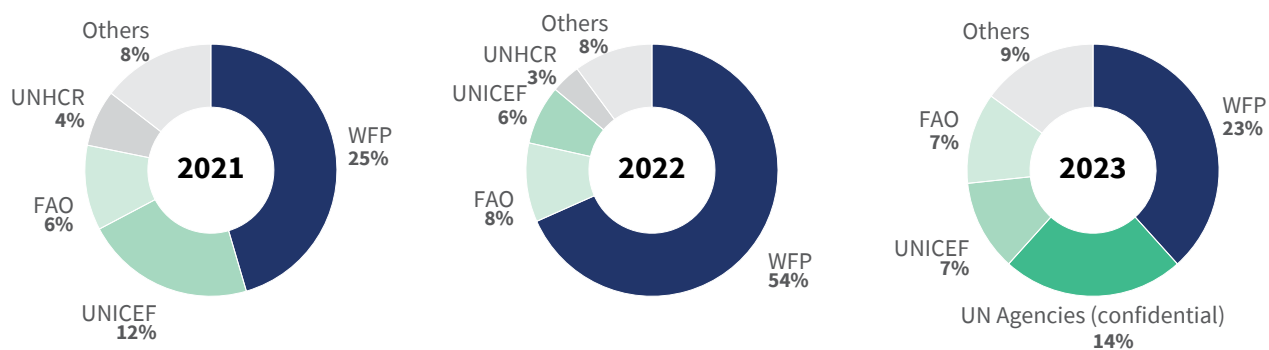
Table 2: The Largest Recipients of Humanitarian Funding in Somalia (2021-2023), USD million

	2021	2022	2023
World Food Programme	\$269.5M	\$1,266M	\$292.4M
United Nations Children’s Fund	\$136.3M	\$143.6M	\$96M
Food and Agriculture Organization of the United Nations	\$67.4M	\$196.3M	\$99.3M
UN Agencies (Confidential)	\$8.1M	\$51.3M	\$186.1M
United Nations High Commissioner for Refugees	\$42.4M	\$58.9M	\$37.5M
International Organization for Migration	\$28.1M	\$47.9M	\$37.6M
World Health Organization	\$27.3M	\$58.9M	\$13.3M
Office for the Coordination of Humanitarian Affairs	\$9.4M	\$11.6M	\$16.8M
United Nations Population Fund	\$4.5M	\$6.8M	\$4.3M
United Nations Development Programme	\$0.3M	\$8.4M	\$0.3M
International Labour Organization	\$0.9M	\$1.7M	\$6.3M

Source: FTS data

51. Ibid.

Figure 8: Share of Funding Received by Largest Recipients (2021-2023)



Source: FTS data

Coordination

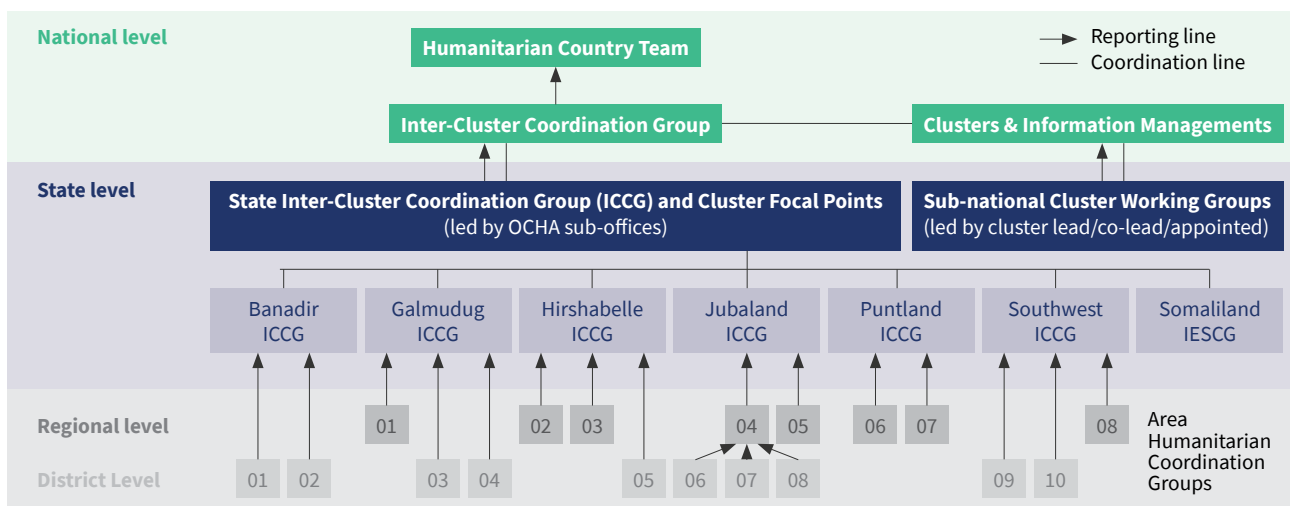
65. **Background and evolution:** Somalia was one of the first countries in which the cluster approach to humanitarian coordination was activated following its global introduction in 2005. Since then, a complex and dense coordination structure has evolved. Somalia’s government structures have also evolved since past crises. They now show a stronger presence in the coordination system than before, notably with the re-establishment of the Somali Disaster Management Agency (SoDMA), the appointment of a drought envoy in 2022, and the government’s Baxnaano Social Protection Program, which is funded by the World Bank and implemented by the Federal Government of Somalia through partnerships with WFP and UNICEF.
66. **Government-led coordination:** The proposal in 2023 at the national level, was that the SoDMA presides over a Humanitarian Coordination Forum in which federal and state government ministers, UN agencies, international and local NGOs, and representatives from donor countries come together every second month to facilitate the coordination of all humanitarian action.⁵² The forum has convened occasionally. A National Emergency and Coordination Center was also activated during the drought response.
67. **International coordination architecture:** The main components of the international coordination architecture are:
 - The function and office of the Resident and Humanitarian Coordinator, who also serves as Deputy Special Representative of the Secretary-General to Somalia and whose office includes, among others, a Risk Management Unit;
 - The UN Office for the Coordination of Humanitarian Affairs (UN OCHA), with offices at the national and sub-national levels;
 - Several forums that bring together humanitarian leadership in Somalia, usually under the lead of the Humanitarian Coordinator and/or UN OCHA: the Humanitarian Country Team, the Heads of Humanitarian Agencies meeting, the Deputy Heads of Agencies meeting, and the Disaster Operational Coordination Center (later Operations Center).
68. **Cluster and thematic coordination** is facilitated through the different clusters (camp coordination and camp management, education, enabling programs, food security, health, logistics, nutrition, protection with different areas of responsibility, shelter, and WASH), which operate at the national

52. Federal Republic of Somalia (2023). “Proposal for a renewed Partnership with the International Community.” April 2023. [draft document reviewed by evaluation team].

and sub-national levels. A broad range of working groups and task forces complements the clusters. These include, for example, a Cash Working Group, an Inter-Agency Risk Management Group, a Gender in Humanitarian Action Working Group, a PDAD Task Force, a Disability Working Group, a Localization Working Group, an Access Working Group, an Information Management and Assessment Working Group, a Government Engagement Task Team, a Community Engagement and Accountability Task Force, a Prevention of Sexual Exploitation and Abuse Network, a Centrality of Protection Task Force, and a Centrality of Protection Implementation Support Group.

69. **Inter-sector coordination** is facilitated by Inter-Cluster Coordination Groups active at the national and state levels, as well as by area-based coordination mechanisms in the form of Area Humanitarian Coordination Groups meeting at either the district or regional level and Area-Based Coordination meetings established for priority districts (Figure 9). In the response scale-up, decentralised coordination played a crucial role: core operational coordination hubs in Southwest, Banadir, Galmudug, Hirshabelle, and Jubaland were established in 2023. UN agencies and NGOs deployed dedicated sub-national cluster coordination capacity in these hubs in the first quarter of 2023. Somaliland has in place a government-led coordination structure that covers four regions. There is a humanitarian coordination forum in each region, that is chaired by the government and supported by an NGO/UN agency focal point.

Figure 9: Humanitarian Coordination Architecture in Somalia



Districts: 01 - Kahda, 02 - Daynille, 03 - Cabudwaaq, 04 - Cadaado, 05 - Balcad, 06 - Baardheere, 07 - Ceel Waq, 08 - Luuq, 09 - Bakool, 10 - Bay; Regions: 01 - S. Gaalkacyo, 02 - Jowhar, 03 - Bulo Burto, 04 - Doolow, 05 - Dhobley, 06 - Bossaso, 07 - N. Gaalkacyo, 08 - L. Shabelle
Source: UN OCHA

70. **NGO coordination** is facilitated through the Somalia NGO Consortium together with more recent region-specific NGO consortia, such as the Puntland NGO Network.
71. **Donor coordination:** The Humanitarian Donor Group is Somalia’s main coordination body for humanitarian donors. Several other forums and working groups exist on a range of topics, such as durable solutions, social safety nets, and health. The COVID-19 response brought an increase in donor coordination, especially in relation to health. Interaction between the Humanitarian Donor Group, the Health Donor Group, and the Somali Donor Group, which focus on development, have reportedly intensified. In other groups, for example, on durable solutions, efforts were made to expand coordination beyond primarily humanitarian donors to include development donors like the World Bank⁵³, which holds an observer status on the IASC.

53. Development Initiatives (2021). “Supporting longer term development in crises at the nexus: Lessons from Somalia.”

3. Evaluation Findings

3.1. Did the Drought Response Achieve Its Objectives?

72. In this chapter, the evaluation team assesses the extent to which the scaled-up response achieved its objectives of (1) reducing the loss of life for the most vulnerable people; (2) sustaining the lives of people requiring humanitarian assistance and contributing to their resilience; and (3) upholding commitments to the Centrality of Protection across the humanitarian response. A discussion of the unintended effects of the humanitarian response is also included in this chapter.

SUMMARY OF FINDINGS

The scaled-up humanitarian response in Somalia helped avert famine and prevented many people from dying, even though the country still faced significantly elevated levels of mortality in 2022 and 2023. As life-saving interventions were prioritised, investments in sustaining lives declined. The response had some positive spillover effects on the Somali economy, but it was not able to prevent a significant erosion of people's resilience. Affected people generally saw little effect of the humanitarian response on their protection situation, although members of minority and marginalised clans perceived this dimension more positively. The positive effects on lives saved came at the cost of higher aid diversion and a dual, at times unintended effect on displacement.



Preventing the loss of life

Partly because of the massive injection of humanitarian assistance, famine thresholds were not reached in Somalia during the extended drought in 2021-2023. Consulted communities reported that more people would have been displaced or died without assistance. Several million children were treated for malnutrition with high recovery rates and food consumption among the many recipients of food assistance improved. Nevertheless, academic research estimates that there were at least 74,700 excess deaths between 2022 and 2023, mainly among children under five years of age. Displaced children weakened by malnutrition mainly died of infectious diseases like measles and cholera or acute watery diarrhea.



Sustaining lives and building resilience

Sustaining lives continued to be an official objective of the scaled-up response. The response, however, understandably focused on a clearly prioritised, narrowly defined set of life-saving activities. Short-term assistance had some positive effects on resilience, for example, by enabling people to repay debt. Its targeting also undermined longer-term efforts, for example by creating incentives for people in more durable sites to move to newly established displacement sites. Livelihoods and resilience activities were scaled back or re-programmed, while the extended nature of the drought eroded people's resilience.



Upholding the centrality of protection

Progress was made during the drought response in defining a Centrality of Protection strategy, operationalising it, and developing ways to monitor it. Marginalised clans were less excluded from assistance. However, access to areas of origin and some sites remained a challenge despite efforts to increase it, and the delivery of protection services to internally displaced people was well below target. Little progress was made in addressing the risk of indiscriminate attacks on civilians, though analysis and civil-military coordination were strengthened in 2023. Affected people generally saw little effect of the humanitarian response on their safety and protection from violence and harm, though members of minority and marginalised clans had more positive perceptions than other people consulted for this evaluation.



Unintended effects

The scaled-up response had some positive spillover effects on the Somali economy, boosting general economic activity and the demand for certain products. Negative unintended effects included a rise in the risk and practice of aid diversion as well as the creation of a strong pull factor for internal displacement, which leaves people living in precarious conditions for the long term.



Preventing or Reducing the Loss of Life

73. **Predictions of famine did not materialise:** In August 2022, the urgency of reducing the loss of life was underlined, when the Integrated Food Security Phase Classification (IPC) analysis projected famine (IPC Phase 5) for Baidoa and Buur Hakaba districts and for IDPs in Baidoa for the period from October to December 2022. The Famine Review Committee checked and endorsed this projection. The famine thresholds were not met and no famine was declared. The available analysis indicates that the significantly scaled-up humanitarian assistance, less severe drought conditions than initially predicted, and stabilising prices for most commodities (except water) in the second half of 2022 were the reasons why famine was averted.⁵⁴
74. That said, the fact that a formal declaration of famine was averted should not be the only focus of the analysis. Much of the excess mortality affects people living in areas classified as IPC 3 and 4, before famine is declared.⁵⁵ Therefore, as the Famine Review Committee noted for Somalia in December 2022, the fact that “famine thresholds have not been passed should not be seen as an improvement in the situation but rather as a continuation of an extremely serious situation.”⁵⁶ Evidence from mortality studies presented below indicates that this continuation did materialise, with mortality remaining at elevated levels after the scale-up in assistance.
75. While it was beyond the scope of this evaluation and its retrospective approach to examine the exact causality and the degree to which the aid response affected mortality,⁵⁷ substantial evidence exists that this evaluation could review:

54. Famine Review Committee (2022). “Somalia: Famine Review of the IPC Analysis Conclusions and Recommendations for Baidoa and Burhakaba Rural Districts, and Baidoa and Mogadishu IDP Sites, Somalia.” 2 December 2022.

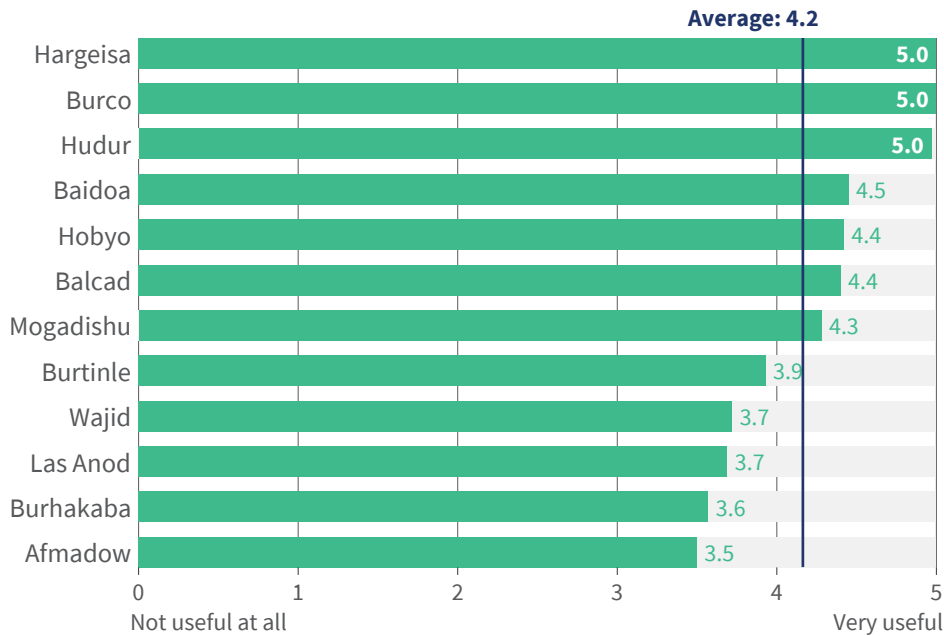
55. <https://www.thenewhumanitarian.org/opinion/2021/2/3/yemen-famine-aid-hunger-crises-south-sudan-malnutrition>

56. Famine Review Committee (2022). “Somalia: Famine Review of the IPC Analysis Conclusions and Recommendations for Baidoa and Burhakaba Rural Districts, and Baidoa and Mogadishu IDP Sites, Somalia.” 2 December 2022, p. 1.

57. For more on how this could be done, see: <https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-023-00516-x>.

76. **Communities found the assistance received very useful:** First, it is important to highlight that those who received aid perceived it very positively. Affected people consulted for this evaluation found the aid received useful or very useful, with an average rating of 4.2 out of 5, as shown in Figure 10. Male and female respondents rated the aid similarly useful.

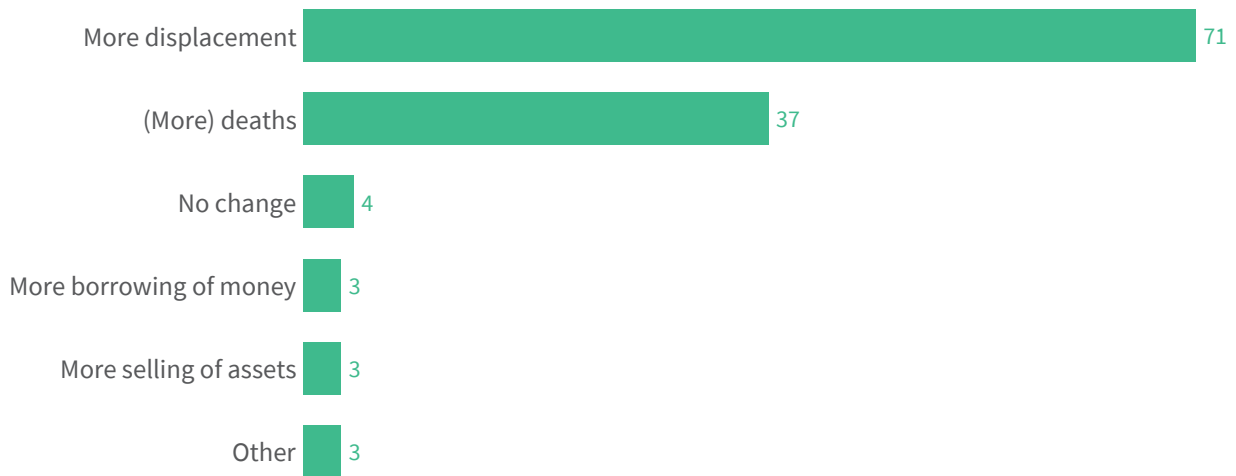
Figure 10: Perceived Usefulness of Assistance Received by District (Average, 1-5 Scale)



Data source: Evaluation team, affected community consultations

77. Female respondents more often reported improvements in their food security (93 per cent of women said this got better, compared to 82 per cent of men). For housing (54 per cent of women saying this got better, compared to 42 per cent of men) and health (86 per cent vs. 68 per cent). Other than that, the quantitative difference between the ratings of male and female respondents across the locations was marginal. Open follow-up questions, however, showed that male respondents often emphasised the broader effects at a community level, for instance, mentioning improvements to community infrastructure and the usefulness of shelter materials. Female respondents tended to focus more on household-level outcomes, such as their ability to feed their children and pay for education, as well as for health-related services for children and maternal care. Both men and women equally reported using (some of) the cash assistance for livelihood opportunities such as starting a small business.
78. **Most people believe that more people would have been displaced or died without aid.** Asked about what would have happened without the aid, the most common perception across communities was that more displacements would have occurred, especially in Baidoa, Hobyo, Wajid, and Balcad, as more people would have been forced to leave their homes in search of food, water and other resources.
79. There was also a strong belief that more people would have died without assistance. This was particularly evident in Baidoa, Burco and Las Anod. People consulted believed there would have been more deaths, particularly among vulnerable groups like children, the elderly, and pregnant women, due to hunger, malnutrition and lack of access to healthcare (Figure 11).

Figure 11: What Would Have Happened in Your Community Without Aid? (mentions, n=104)



Source: Evaluation team, affected community consultations

80. **Malnutrition recovery rates were high:** Data from the different response sectors support the assumption that many more people would have died without the assistance they received. The scaling up of nutrition assistance in the second half of 2022 meant, for example, that the number of outpatient treatment programs and stabilisation centres in Baidoa grew substantially. Blanket supplementary feeding programs were increased from 3 in July to 25 in October. The total acute malnutrition burden for Somalia from July 2022 to June 2023 was estimated at some 1.8 million children under the age of five years, representing more than half of the total population of children. This figure included 500,000 who were likely to be severely malnourished.⁵⁸ For 2022, the nutrition cluster reports that just under 500,000 children under the age of five received treatment for Severe Acute Malnutrition (SAM) and for 2023, the number treated is over 600,000. For Moderate Acute Malnutrition (MAM), a total of over 1 million children were reportedly treated in 2022, and 1.2 million in 2023. More than 96 per cent of them recovered.⁵⁹
81. **Food consumption improved:** In terms of food assistance, the cluster reported several million people reached with life-saving relief in 2022, mostly via cash transfers, which helped affected people cope with the negative impacts of the protracted drought, high price inflation and reduced purchasing power. For example, coverage in the Buur Hakaba district grew from 6 per cent of the target population in the first quarter to over 43 per cent in the third and 105 per cent in the fourth quarter. In Baidoa, it increased from 43 per cent in the second quarter to 94 per cent in the fourth. In Mogadishu, the scale-up was less pronounced, but food assistance coverage still increased from 8 per cent in the second quarter to 35 per cent in the fourth.⁶⁰ Available evidence, such as an outcome monitoring exercise by WFP between May 2022 and May 2023, shows that food consumption among beneficiaries improved, especially among those who benefitted from life-saving relief. Households headed by men had better food consumption scores, indicating a higher vulnerability among female-headed households.⁶¹

58. See <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1155886/?iso3=SOM>.

59. See <https://www.nutritioncluster.net/country/somalia>. According to the Sphere standards, a death rate of less than 10 per cent for SAM and less than 3 per cent for MAM is considered acceptable.

60. Famine Review Committee (2022). "Somalia: Famine Review of the IPC Analysis Conclusions and Recommendations for Baidoa and Burhakaba Rural Districts, and Baidoa and Mogadishu IDP Sites, Somalia." 2 December 2022.

61. WFP (2023). Outcome Monitoring Report, Somalia, May 2023.

82. **There were gaps in WASH, despite some positive effects:** The vast majority of key informants in communities interviewed for this evaluation said that people’s access to safe water, sanitation (toilets) and health services improved due to the aid received. The cluster reported some 2.3 million people were reached with safe water through a sustainable supply and 1.8 million people reached with water trucking in 2022.⁶² Such positive examples notwithstanding, as discussed in Chapter 3.1, funding for WASH remained low — the sector was only 28 per cent funded by the end of 2022.⁶³ Moreover, dropping water levels and increasing costs for water trucking further impeded an expansion in the number of people reached with life-saving WASH assistance.⁶⁴
83. The lack of a timely and adequate WASH response was also flagged by several observers in 2022, especially for IDPs living in informal sites. In December 2022, the Famine Review Committee recommended focusing on IDP sites in Baidoa and Mogadishu as mortality data showed a deteriorating trend in both areas.⁶⁵
84. The evidence available today indicates that the epidemic risk identified in the IPC and Famine Review Committee analyses did indeed materialise. Mortality surveillance among vulnerable IDP populations in Banadir from 2022-2023 shows that among children under five, diarrheal diseases were the leading cause of death, followed by pneumonia and measles.⁶⁶ As one interviewee clarified, it is difficult to classify causes of death among children, as malnutrition is best thought of as an underlying cause. Children who are acutely malnourished are at higher risk of contracting and dying from infectious diseases. Nevertheless, the high mortality linked to cholera and diarrhea points to lacking water and sanitation services among IDPs in Mogadishu. The high mortality related to measles also indicates that vaccination campaigns have not borne sufficient fruit among the affected IDP populations.
85. Other sources of evidence corroborate that even though the response was scaled up, access to drinking water and sanitation facilities was critically lacking during this time in key locations and that this negatively affected morbidity and mortality. A site monitoring presented at the State Inter-Cluster Coordination Group for Baidoa in October 2022 shows that only 43 per cent of sites had access to water and three to four times the number of people per water tap and latrine than outlined by the Sphere standards. Similarly, a report from November 2023 covering five sites in Baidoa and five in Mogadishu with a more qualitative approach found no water allowance reported in Mogadishu and severe hardships in accessing water in Baidoa.⁶⁷ The absence of adequate toilets and handwashing facilities across these sites, combined with the lack of gender-segregated toilets, exacerbated health and hygiene risks. Additionally, many female respondents felt unsafe using the available toilets, particularly at night. A health cluster update from December 2022 confirms this trend, noting a sudden increase in suspected cholera cases compared to the previous years “due to an increasing number of people with limited access to safe water and proper sanitation practices, especially in internally Displaced People (IDP) camps.”⁶⁸
86. **Excess mortality was significant:** Against the background of a scaled-up but uneven and insufficient response, how successful was the response in preventing the loss of life? A research series commissioned by UNICEF and WHO provides some answers.⁶⁹ The series compares mortality patterns observed during the drought response with those during previous crises using so-called SMART retrospective mortality surveys, as well as with the situation expected in the absence of a

62. Somalia: [WASH Cluster Drought Update](#) (as of 10 January 2023).

63. Ibid.

64. Famine Review Committee (2022). “Somalia: Famine Review of the IPC Analysis Conclusions and Recommendations for Baidoa and Burhakaba Rural Districts, and Baidoa and Mogadishu IDP Sites, Somalia.” 2 December 2022.

65. Ibid.

66. Simad University (unpublished), “Community-based mortality surveillance among internally displaced vulnerable populations in Banadir region, Somalia, 2022-2023.”

67. GIST (2022). Somalia Real-Time Evaluation for Drought Emergency Response. Round 2 Report: Distribution.

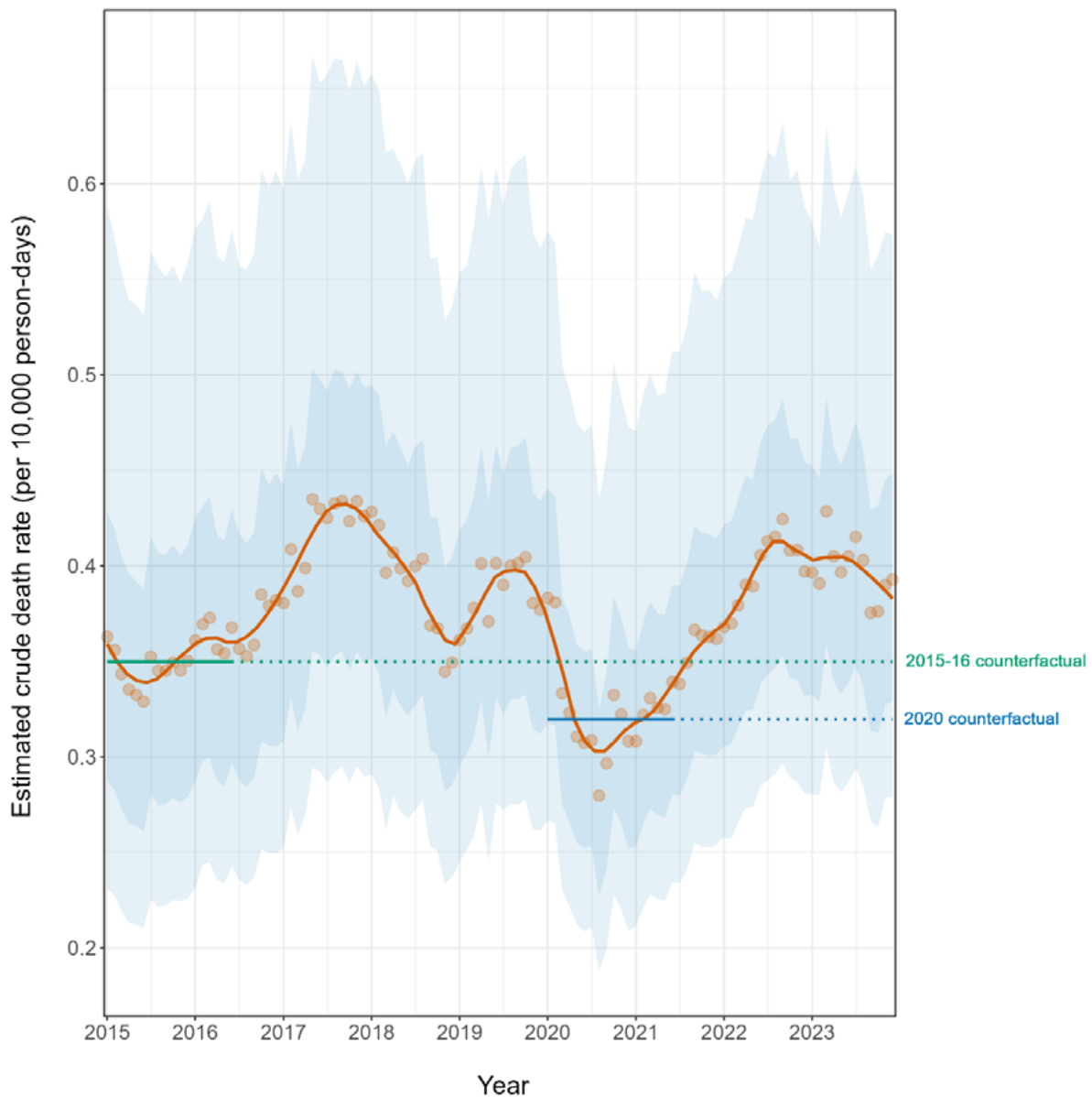
68. Health Cluster Somalia (2022): Health Cluster Bulletin, December 2022.

69. Ouchtar et al. (2024): Mortality patterns in Somalia: Retrospective estimation and scenario-based forecasts. Report 4, March 2024. [unpublished work]

crisis. The research estimates that about 74,700 excess deaths occurred in Somalia during 2022 and 2023, assuming pre-2017 patterns as the counterfactual, 76 per cent of them among children under five years old. An alternative counterfactual, defined based on 2020 patterns, yields an even higher excess death toll (Figure 12). The research also shows a period of elevated crude death rates associated with the drought crisis began in January 2022 and then translated into 24 months of excess mortality until at least December 2023. This suggests that the latest drought crisis exceeded the previous one (2017-2018) in terms of mortality, while it remained below the scale of the 2010-2011 crisis.

Figure 12: Retrospective Estimates of the Crude Death Rate per 10,000 Person-Days for Somalia as a Whole, by Month

Dots show the monthly median estimates and blue-shaded areas at 80 per cent and 95 per cent confidence intervals, with a locally weighted regression trend line shown in orange. Two alternative counterfactual baselines are depicted in blue and green, respectively.



Source: Ouchtar et al., 2024

87. The Nutrition and Mortality Monitoring System by BRCiS confirms that the “duration of elevated mortality was longer than in 2017, the crisis lasted longer, the humanitarian response overall was slower and more lethargic, and the collective mortality burden overall was still very high”⁷⁰ – even if the peak of the crisis did not actually reach the levels observed by the monitoring system in 2017.



Sustaining Lives and Building Resilience

88. **Tensions persisted between the priorities of the scale-up and the strategic objectives of the humanitarian response:** The humanitarian system in Somalia has long been criticised for its under-investment in resilience-type programming, which risks trapping the response in an inefficient cycle of going from one crisis to the next.⁷¹ The scale-up served as an instrument to double down on the life-saving focus of the response, away from longer-term objectives and investments into resilience. As documented in a recent review, this is a common expectation towards scale-ups.⁷² But, the fact that sustaining lives and contributing to resilience continued to be an official objective as per the response plans, with a focus on providing services and assistance as well as livelihood support, created a tension that was palpable in many interviews conducted for this evaluation.
89. Several interviewees recalled that they expected the scale-up activation to reorient the response towards a relatively narrow life-saving focus, which seemed called for given the acute crisis. Others, however, criticised the scale-up for further aggravating a pattern where short-term and life-saving humanitarian activities kept being prioritised, at the cost of increasing future structural vulnerabilities.
90. **There was little funding for livelihoods and resilience:** In terms of funding, the scale-up focused on the shorter term. Livelihoods and resilience were not mentioned in the scale-up benchmarks or strategic priorities. The drought response plan mentions resilience only twice and only in passing. The largest package of interventions was planned as part of the food security cluster’s objective to protect livelihoods. For 2022, however, the cluster reports reaching just over half a million people with livelihood protection activities (60 per cent of the target), compared to 6.2 million reached with interventions to increase access to food (97 per cent of the target). The cluster also reported reduced funding levels for livelihood programs as one of its challenges.⁷³ The share of funding going into other sectors related to resilience also went down. For instance, education went from receiving 2 per cent of funds in 2021 to 1 per cent in 2022 before growing again to 3 per cent in 2023.⁷⁴ Moreover, education-related funding accounted for only 1 per cent of spending on people targeted with SHF funding across 2021-23.⁷⁵
91. **Life-saving assistance can positively affect livelihoods and coping strategies:** Some affected people consulted for this evaluation reported that the life-saving assistance they received, mostly in the form of cash transfers, enabled them to repay their debts as well as protect some of their important livelihood and coping strategies. Having their basic survival needs met allowed them to focus on income-generating activities. Both are relevant as access to credit and borrowing and having multiple sources of income are among the most important capacities when coping with shocks.⁷⁶

70. Findings from 34 IDP sites over six rounds of monitoring between July 2022 and April 2023, see: BRCiS (2024). Feeding Insights: How Nutrition and Mortality Surveillance can Track the Effects of Drought and Inform a Dynamic Response. [Online](#).

71. See <https://dldocs.mercycorps.org/ResilienceInSomaliaMeasurementInnovationRPM.pdf>.

72. IAHE (2024). IASC System-Wide Scale-Up Mechanism. From protocol to reality: lessons for scaling up collective humanitarian responses.

73. See https://fscluster.org/sites/default/files/documents/fsc_meeting_presentations_31st_jan_2023_0.pdf.

74. Financial Tracking Service, accessed at: <https://fts.unocha.org/>.

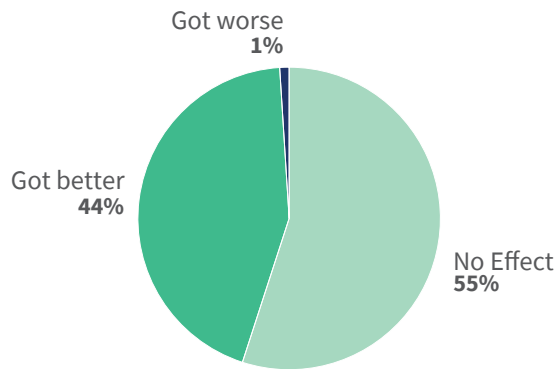
75. Country Based Pooled Funds Data Hub, see: <https://cbpf.data.unocha.org/>.

76. See <https://dldocs.mercycorps.org/CopingwithDroughtCrisisSomaliaRPMresearch.pdf>.

92. Notwithstanding this highly appreciated effect, just under two-thirds of respondents indicated that the humanitarian assistance had no impact on community preparedness (Figure 13)

Figure 13: Community Perceptions of Effects on Preparedness

How did the aid affect your community's preparedness for natural disasters like droughts and floods?
(n=104)



Data source: Evaluation team, affected community consultations

93. **The way short-term assistance is targeted can also undermine resilience:** Less than one in ten respondents (n=368) mentioned the negative effects of the assistance received. But of those who did, most referred to aid undermining the resilience of communities, for example, by raising inter-communal or intra-household tensions and creating aid dependency, e.g., where people are attracted by the prospects of receiving aid to places with few other opportunities to generate income. Similarly, some affected people expressed concerns that social cohesion can be undermined where aid is provided, leaving people more dependent on aid from organisations. Aid actors interviewed also reported the negative effects of targeting life-saving aid on prior investments in resilience. For example, it undercut an effort made by IOM, the Danwadaag Durable Solutions Consortium and the South-West State Government to provide more durable solutions for IDPs in Baidoa. Several thousand people threatened by eviction elsewhere were relocated to live on land donated by the local government and provided with longer-term accommodation and security.⁷⁷ With the scale-up of lifesaving assistance for newly arriving IDPs, many of the site's residents left to register for services at more recently established sites. Host community members described a similar effect when consulted for this evaluation. One example is Burtinle, where many host community members reported coming to IDP sites from nearby towns to access services. Ongoing efforts to shift from status-based to vulnerability-based targeting will reduce the unintended incentives for people to displace if successfully implemented.
94. When asked for their recommendations to aid providers, one of the community members' most widely shared points related to a desire for humanitarian assistance that focuses on sustainable solutions rather than short-term relief, emphasising building local resilience and infrastructure. Examples include:

77. See <https://www.iom.int/news/iom-somalia-relocates-nearly-7000-internally-displaced-persons-facing-eviction-0>.

“ I would say that these people are now dependent on others to live. Previously, they led independent lives. Helping them get back to their lives or create sustainable livelihood means is what I would like to share with NGOs.” (Business person, Burco)

“The emergency relief during the drought was helpful, but what we really need is support that helps us prepare for and withstand these kinds of crises in a more sustainable way. Things like improving agricultural techniques.” (Small business representative, Burhakaba)

“I believe that aid agencies should focus on implementing sustainable assistance initiatives, such as maternal and child health programs, schools, water infrastructure, shelter, and other long-term solutions.” (Male IDP from minority clan, Burtinle)

“I suggest that humanitarian agencies focus on sustainable interventions that provide both short-term assistance and long-term support.” (Local authority, Burtinle)

“I would like to see aid providers build toilets for people who do not have toilets and build road(s) for the community.” (Female member of host community, Hargeisa)

95. **Overall, resilience eroded:** Despite select successful initiatives, the overall response could not prevent or reverse the widespread erosion of the resilience of Somali communities due to the drought. People in cities, where most of Somalia’s poor live, were affected by price increases for food and fuel in 2021 and 2022.⁷⁸ For pastoralists, these coincided with low selling prices for livestock, partially because herd sizes had to be reduced due to the drought but also because the export market for livestock had collapsed during the COVID-19 pandemic and the reduction or cancelling of the Hajj. Cropping households in rural locations were forced to reduce their planting areas because they faced growing challenges due to a lack of rain and irrigation.⁷⁹ Poverty most likely increased, from an already high level of 71 per cent in 2017 to 73 per cent in 2023.⁸⁰
96. **The response did not focus enough on avoiding negative and creating positive incentives:** This evaluation finds that the collective response paid little attention to how to save lives most sustainably and how negative incentives or effects of large-scale aid provision could be mitigated or transformed into positive ones in the longer term. Existing research provides extensive recommendations on how to “shift the focus from flexible response to proactively building infrastructure and delivering relief where it is safe and sustainable for displaced households to move to.”⁸¹ Yet, land ownership issues and the approach to managing displacement continued to be significant barriers to resilience, for instance, when the targeting of assistance pulled people to sites on private land without security of tenure or any formal rent agreements. Adapting this approach would require a greater recognition of the strong behavioural effects created by aid in Somalia (see Recommendation 1).
97. Several interviewees confirmed this finding and pointed to remaining challenges, criticising a siloed approach to achieving short- and long-term objectives. The humanitarian life-saving perspective continues to take precedence when a crisis escalates and durable solutions experts are called in after the fact, primarily to focus on finding solutions for existing IDP caseloads and settlements, who had (or should have) benefitted from humanitarian services already. As one interviewee put it: “The durable solutions people are not talking to the humanitarians and vice versa.”

78. See <https://microdata.worldbank.org/index.php/catalog/4504/get-microdata>.

79. FAO DIEM 2021 (R1, R2), 2022 (R3, R4), 2023 (R5).

80. Based on projections using GDP per capita growth, see <https://thedocs.worldbank.org/en/doc/bae48ff2fefc5a869546775b3f010735-0500062021/related/mpo-som.pdf>.

81. GIST (2023). “Analysing the Effects of Investments in Durable Solutions on Displacement Dynamics in Somalia.”



Upholding the Centrality of Protection

98. The Humanitarian Country Team in Somalia has a long track record of highlighting the importance of upholding the Centrality of Protection and developing strategies to support this goal. To build on this experience, Somalia was selected as one of the countries piloting the global benchmarks for the implementation of the IASC policy on protection in 2023.⁸² The Humanitarian Country Team has been formulating biannual Centrality of Protection strategies since at least 2018. In 2023, this was accompanied by a formal intersectoral risk analysis.⁸³ The priorities identified in these strategies have remained constant since at least 2018, covering the risk of exclusion or discrimination and denial of assistance, protection risks associated with displacement, and risks of indiscriminate attacks on civilians and their assets.⁸⁴ Interviewees confirmed that these priorities are highly relevant for the humanitarian response in Somalia, although they reflect a very broad understanding of protection.
99. **Progress in three areas relating to the Centrality of Protection strategies can be observed over time:**
- **Aligning collective humanitarian planning documents with the Centrality of Protection strategy:** The Humanitarian Response Plan (HRP) 2022 includes a reference to the protection strategy and its priorities. However, the HRP’s objective on Centrality of Protection does not reflect the strategy’s priorities: it focuses on protection mainstreaming, AAP and monitoring of the protection environment instead of the three priority risks of exclusion, displacement and attacks on civilians. The 2022 Somalia IASC Systemwide Scale-Up Benchmarks also include a section on the Centrality of Protection. This section focuses on yet another set of issues: quality programming, capacity mapping for the inclusion of cross-cutting issues, and ways to strengthen the implementation of cross-cutting issues. The HRP 2023, by contrast, is fully aligned with the priorities defined in the Centrality of Protection strategy and includes the strategy’s three priorities as the HRP’s specific objectives. For 2024, the Humanitarian Country Team developed a less detailed Humanitarian Needs and Response Plan, which does not detail the specific objectives.
 - **Operationalising the strategy:** The Centrality of Protection strategy for 2022-2023 was initially not accompanied by a more detailed action or implementation plan. Supported by a Centrality of Protection Implementation Support Group, the Humanitarian Country Team adopted a Centrality of Protection Implementation & Monitoring Framework in 2023. This framework defines specific implementation commitments for different clusters and working groups. The HCT’s 2023 Somalia Accountability Compact also includes a pillar on the Centrality of Protection related to the priorities defined in the strategy. In 2024, the HCT adopted a Centrality of Protection Action Plan for 2024-2025.
 - **Monitoring the strategy implementation:** Since the HRP 2022 had specific objectives that were not aligned with the protection strategy, the HRP indicators could also not serve to monitor the implementation of the strategy. The HRP 2023 includes more meaningful indicators, such as the share of people thinking that aid goes to those who need it most, the percentage of areas of origin and displacement routes that are accessible for humanitarian assistance; or sub-national civil-military coordination groups developing recommendations for duty bearers on emerging protection issues.⁸⁵ However, the Humanitarian Dashboard for 2023, the main collective monitoring tool, does not include any data relating to the objective of upholding the Centrality of Protection. Instead, a separate reporting tool was created for 2023 to track activities related to the commitments made in the implementation and monitoring framework. In 2024, the Humanitarian Dashboard starts

82. IASC (2023), “Benchmarks for HCT collective implementation of the IASC Policy on Protection in Humanitarian Action: a risk-based approach.”

83. See e.g. [Intersectoral Analysis of Protection Risks in Somalia – August 2023](#).

84. HCT Centrality of Protection Strategy 2018-2019, 2020-2021, and [2022-23](#).

85. HRP 2023.

to include figures on how many people were reached.⁸⁶ In 2024, UNHCR also conducted surveys among humanitarian organisations as well as affected communities to monitor the implementation of the Centrality of Protection strategy.⁸⁷

100. For 2022, no monitoring data exists on the implementation of the Centrality of Protection strategy. For 2023, the implementation report predominantly reports following-up on processes such as protection-related trainings, analyses and coordination processes, as well as some concrete actions such as solving an access issue or establishing a consortium to provide frontline response to gender-based violence and child protection cases. Other data points suggest that implementation was limited. Monitoring data included in the Humanitarian Dashboard for January to July 2024 indicates that only two per cent of the people targeted under the strategic objective of Centrality of Protection were reached in that period. Looking back to the drought response, a number of aid workers interviewed commented that the quality of the strategy was not reflected in a similar effort across clusters and agencies to implement the strategy. Interviewees felt that most progress was made on the strategy's first priority to reduce exclusion and denial of assistance. A detailed analysis of the efforts and progress made in strengthening inclusion is provided in Chapter 3.3. Efforts made to address the strategy's second priority (as defined in the 2023 implementation framework) – namely, to mitigate the risks of displacement by increasing access and humanitarian assistance in areas of origin, en route and in areas of settlement – were at the core of the drought response and are discussed in Chapter 3.3 as well as in other sections in this chapter. The focus was on the four core clusters, specific efforts to address the protection needs of internally displaced people, and had limited priority during the drought response. A report on conflict-related sexual violence covering the years 2017-2022, for example, finds that service provision for survivors of sexual violence remained low.⁸⁸ Similarly, over 90 per cent of community members responding to a 2024 survey for monitoring the implementation of the Centrality of Protection strategy reported that they were unaware of any efforts to reduce negative coping strategies such as child marriage, school dropouts and sex for assistance (despite 92 per cent of protection partners reporting related programs).
101. Aid workers interviewed agreed there was the least progress on the strategy's third priority, that is, to prevent and mitigate the risk of indiscriminate attacks on civilians and their objects. They criticised civil-military coordination as ineffective, particularly as civilian contacts with the Somali army were missing and there was no engagement with non-state armed groups.⁸⁹ This issue was confirmed during retreats of the Humanitarian Country Team and the Inter-Cluster Coordination Group in early 2023. As a strategic priority, they proposed establishing, a direct line of contact between the military command and the Humanitarian Coordinator/Humanitarian Country Team to raise protection concerns.⁹⁰ Despite these impressions, the HCR implementation report on the Centrality of Protection for 2023 describes the national Civil-Military Coordination Working Group as “well established and functional”. Interviewees also emphasised that the protection of civilians was becoming a greater concern with the planned drawdown of ATMIS troops and their forward operating bases. In mid-2024, an Operational Transformation Task Team was set up to improve the management of related access, logistics and security issues.

86. UN OCHA (2024). “Somalia: Humanitarian Dashboard January-December 2023”; UN OCHA (2024). “Somalia: Humanitarian Dashboard, January-July 2024.”

87. UNHCR (2024). “Centrality of Protection Monitoring Update – Somalia 2024. Executive Summary.”

88. UNSOM and OHCHR (2023). Tackling sexual violence in Somalia: Prevention and protection.

89. The last formal UN report on the protection of civilians dates back to 2017-2019. It found a reduction in civilian casualties attributed to the Somali National Army and to AMISOM between 2017 and 2019 but also establishes that there was limited accountability for civilian casualties. See: UNSOM and OHCHR (2020). Protection of Civilians Report: Building the Foundation for Peace, Security, and Human Rights in Somalia (1 January 2017-31 December 2019).

90. ICCG IASC Strategic Scale-Up Priorities (15 February 2023).

102. Data from affected people on their protection situation and the effects of humanitarian action on it remain scarce. The [Protection & Return Monitoring Network](#) implemented by the Norwegian Refugee Council on behalf of UNHCR records 7,874 protection cases among displaced people for 2022 and 10,557 cases for 2023. The majority of cases reported are sexual and gender-based violence as well as violence. However, the monitoring tool only reports what type of response was most frequent, not what share of cases received a response. The [Somalia Protection Monitoring Service](#) implemented by the Danish Refugee Council, at the same time, ceased functioning after 2022.
103. **Affected people consulted for this evaluation saw little effect of the humanitarian assistance on their protection situation:** The humanitarian community's efforts to prevent and mitigate the risks of indiscriminate attacks on civilians mainly focused on strengthening analysis and civil-military coordination mechanisms and some progress was reported on these issues for 2023. Among community respondents to a 2024 survey on the Centrality of Protection, 64 per cent of respondents reported civilian casualties in conflict-affected areas and 27 per cent also reported casualties in displacement sites. Among the community key informants interviewed for this evaluation, over 30 per cent said that the assistance had no effect on people's safety from violence and harm. Some 60 per cent saw a positive effect, mainly due to reduced desperation and conflict over resources, while two female respondents found it had a negative effect. Overall, men and women saw the effect on protection similarly. However, minorities stand out as having a much more positive perception of this: In 10 out of 13 locations covered, minority interviewees say the protection situation improved, whereas majority clan members in 7 out of 13 of the locations were more skeptical and reported no effect.
104. In key informant interviews, minorities were also slightly more positive about the usefulness of the aid received, resulting in an average usefulness rating of 4.5. Key informants from the majority clans, on the other hand, were the most negative (average rating of 3.9). Women tended to be slightly more positive than men, with men seeing progress compared to previous crises more critically and saying it has gotten harder to access aid, while women found this has become easier. Men also responded with slightly more negative answers to questions about the trustworthiness of aid agencies over time. This indicates that aid successfully focused on women and minorities in the communities consulted for this evaluation.



Unintended Effects

105. **Positive spillover effects for the Somali economy:** The additional humanitarian funding injected into the Somali economy during 2022 can be assumed to have led to unintended but positive spillover effects.⁹¹ In fact, some interviewees saw this as the main benefit of a scale-up implemented through long chains of middlemen, as opposed to the direct effect of aid on targeted individuals. Our interviews with businesspeople support the assumption that there were positive external effects. Many reported higher demand for their products and a boost of general economic activity that the injection of particularly cash-based aid, contributed to.
106. **Increased aid diversion:** On the other hand, the most frequent response to the question of unintended effects in key informant interviews with aid actors was a rise in the risk and practice of aid diversion. As one interviewee said, “when the scale-up was announced, I expected to see new luxury houses to be built in Gigiri [Nairobi].” No quantitative data is available to analyse aid diversion trends over time.

91 Idris, I. (2016). “Economic impacts of humanitarian aid (GSDRC Helpdesk Research Report 1327.” Birmingham, UK: GSDRC, University of Birmingham.

However, it is well documented that short-term funding cycles and high pressure to spend funds can incentivise diversion. “In rapid scale-ups in particular, aid actors are pressured to quickly expand, hire new staff (who may be inexperienced, requiring mentorship and training to work ethically and effectively), and spend funds according to unrealistically short timelines (which disincentivises pausing operations or reporting issues when problems arise).”⁹²

107. The affected communities interviewed also felt the risk and practice of diversion, and several interviewees expressed resignation when asked about it.

“There will always be some level of corruption at various levels—governmental, NGO, camp committee, and even among beneficiaries if given the chance to claim aid multiple times.”
(Female IDP, Burco)

“Yes, there are such issues, but we as the [minority] community do not have much to say about it. We are simply powerless in these matters.” (Male IDP, Burhakaba)⁹³

108. As a result, they resoundingly called for more direct aid, for cutting middlemen and for more direct verification of community needs by aid providers. In 9 out of the 13 locations sampled, the focus group respondents recommended providing direct aid and monitoring to increase the transparency and accountability of the aid distribution processes.

“Aid agencies should come directly to IDPs without passing through local administration.”
(Male IDP representative, Huddur)

“NGOs need to engage directly with people, as aid currently passes through too many hands.”
(Female IDP, Burco)

“From my experiences, I would like to see aid organisations implementing better monitoring mechanisms during the registration and distribution processes. This would help prevent corruption and foster trust between the drought-affected communities and the aid agencies.”
(Female host community representative, Hobbyo)

“I would like to see the aid organisations focus more on properly selecting the beneficiaries and also closely monitor the community leaders when they are selecting the beneficiaries, to ensure the assistance goes to those with the greatest needs.” (Female host community representative, Baidoa)

109. As further discussed in Chapter 3.5, it is surprising that this risk of increased diversion had not been considered systematically in the scale-up. No common guidelines or minimum standards to mitigate diversion risks were included in its provisions or the scale-up benchmarks. When serious reports of diversion and theft surfaced in mid-2023, the UN conducted an investigation, resulting in a reform process of the Humanitarian Country Team. This process’s results and lessons are analysed further in Chapter 3.5.

110. **Displacement:** Evidence reviewed suggests that the response by IASC members played a dual role both in mitigating and encouraging displacement. It was beyond the scope of this evaluation and may be impossible in general to establish the net effect of this dual dynamic. That said, the following findings can further illuminate the situation:

92. Jackson, A. and Majid, N. (2024). “Time for Change: The Normalization of Corruption and Diversion in the Humanitarian Sector.”

93. The name of the Clan was retracted to protect the interviewees’ identity.

- Research and evaluative studies have become increasingly nuanced in understanding mobility both as a potential source of vulnerability and a key resilience capacity of Somali communities in the face of shocks.⁹⁴ In contrast, humanitarian planning documents and response plans still largely misunderstand mobility and displacement as merely a humanitarian or development “problem” to be solved.⁹⁵
- That said, humanitarian aid and services have been shown to significantly influence displacement in Somalia. When IOM commissioned research in 2022 to better understand and mitigate this dynamic, it found that people typically reached out to their social networks to learn where humanitarian aid was available before deciding where to go. More specifically, “[h]umanitarian assistance is the primary concern, whereas infrastructure, governance, and security are modifiers rather than secondary factors, and all are mediated by kinship.”⁹⁶
- As the examples below illustrate, this dynamic played out in both intended and unintended ways. It is clear that many people left their places of origin to find aid and services elsewhere, mostly in IDP sites, the majority of which are located in urban and peri-urban locations. At the same time, where aid reached people in their places of origin or in sites they had moved to in response to previous shocks, it prevented (additional/further) displacement.

111. The response aimed to meet people in rural areas and where they lived before being displaced. Interviews and evidence reviewed in Chapter 3.3 suggest that this push into hard-to-reach areas did not happen at the scale required to significantly dent overall displacement. Nevertheless, our interviews with affected communities indicate that the intended effect materialised for people who received aid, for instance, in Burhakaba, Burtinle, Burco, Hobyo and Wajid. People there saw the aid as a resource for maintaining community stability, preventing displacement, and enabling small-scale economic activities. Asked about what would have happened without the aid provision, the number one concern was that more people would have been forced to leave, especially in and around Baidoa, Hobyo, Wajid, and Balcad.

“More people would have been displaced to Dhobley and other neighbouring areas if people ... didn’t get assistance because there are more vulnerable people who live here; some would have gone into refugee camps in Kenya or other neighbouring countries.” (Minority clan representative, Afmadow)

112. Many also described how aid received in the location they had moved to prevented further displacement:

“Displaced people would migrate to other locations like Mogadishu, which itself is overwhelmed by humanitarian crisis.” (IDP, Balcad)

94. Humanitarian Outcomes (2024). “Somali capacities to respond to crisis are changing; how are humanitarian actors responding?” United Kingdom Humanitarian Innovation Hub.
 95. Bakonyi, J. and Chonka, P. (2023). “Precarious Urbanism: Displacement, Belonging and the Reconstruction of Somali Cities.”
 96. GIST (2022). “Understanding the Key Drivers of Displacement During the 2021/22 Drought.”

113. On the other hand, the way aid was prioritised to (newly) displaced people created incentives for (repeated) migration and less sustainable coping strategies. Evidence suggests that people moved between IDP sites to register for assistance as newly displaced and that when projects in one area ended, many moved on to the next site.⁹⁷ Our consultations with affected communities indicate that several members of the host community relocated to IDP camps in their own towns to access assistance and/or services. The displaced then typically lived in worse conditions than residents, with reduced access to social services and livelihoods even though many benefited from humanitarian assistance such as cash payments.⁹⁸
114. As detailed above, high excess mortality in urban areas due to infectious diseases and insufficient service provision suggests that the response in urban areas was overwhelmed by the scale of displacement.⁹⁹ As one observer noted, “many people were incentivised to move to the cities in the hope of receiving cash transfers, only to find themselves stuck in precarious conditions, often with no land tenure and insufficient service provision.”
115. In summary, the effectiveness of the collective response was constrained by competing narratives and objectives regarding displacement. Responders tried and sometimes managed to avoid displacement but also treated it as the main eligibility criterion thus inadvertently encouraged it. The response served as a pull factor into urban areas but then did not offer people a viable minimum package of services there.
116. **Other negative effects:** Overall, 15 per cent of men and 29 per cent of women in our key informant interviews with affected people reported some negative effects of the response (n=104). The most common examples provided related to tensions in the community due to some people receiving aid while others did not and to an increase in aid dependency due to the short-term nature of the support. For example, respondents in Baidoa saw aid as discouraging farming and other income-generating activities. In Burco, Burtinle and Hudur, too, concerns were raised about aid dependency. Sometimes, what constitutes a negative effect is dependent on culture. In Balcad, for example, women became more “financially independent through aid” as they received humanitarian cash assistance and were less dependent on income generated by their male family members. This was reported as having a negative effect because it led to family and cultural conflicts in the eyes of some male observers. Similarly, in Afmadow, respondents described disagreements that arose over aid allocation after women received funds. The distribution of unfamiliar food (sorghum) reportedly caused health issues in Balcad. In Mogadishu, the end of assistance led to stress, financial strain, and challenges for long-term planning, as the assistance duration was perceived to be too short.

3.2. Was the Drought Response Adapted to Needs?

117. The main planning framework for the collective humanitarian response by IASC member organisations in Somalia is the annual Humanitarian Response Plan, which outlines the planned response to needs for assistance and protection. During the drought period in 2022-2023, these plans were complemented by emergency-specific drought response plans, including the [2022 Drought Response Plan](#) and the May-December 2022 [Drought Response and Famine Prevention Plan](#). To assess whether the response was adapted to the needs of drought-affected people, this chapter explores to what extent IASC members identified and implemented appropriate and relevant priorities for the scaled-up response, how well they reacted to early warning indicators, how timely their response was, and to what extent the response was accountable to affected people.

97. Ibid.

98. World Bank (2022). From Protracted Humanitarian Relief to State-led Social Safety Net System: Somalia Baxnaano Program.

99. Simad University (unpublished). “Community-based mortality surveillance among internally displaced vulnerable populations in Banadir region, Somalia, 2022-2023.”

SUMMARY OF FINDINGS

The response prioritised above all food security interventions and to a lesser degree assistance focusing on nutrition, health and WASH. Affected people considered the humanitarian response to be relevant and very useful for meeting their short-term needs while they were coping with the effects of the drought. While they as well as aid workers and experts considered the response as coming too late to prevent large-scale loss of livestock as well as displacement and malnutrition, it is clear that without the scaled-up aid response, more deaths and even more widespread displacement would have occurred. That said, the collective response remained largely unaccountable to affected people.



Prioritisation

The Humanitarian Country Team defined food security, health, nutrition, and Water, Sanitation and Hygiene (WASH) as critical life-saving priorities for the drought response and famine prevention. In practice, food security and cash-based assistance dominated the expansion while there were critical gaps in WASH. While several aid workers interviewed and some respondents from affected communities criticized the prioritized package of assistance as overly narrow, a large majority of affected people saw the aid they received as highly relevant.

Through Humanitarian Response Plans, responders also started to introduce increasingly well-defined geographic priorities for the response from 2022 onward. In practice, however, how many and which districts were designated as having highest priority shifted a lot, and the response patterns did not clearly reflect this prioritisation.



Early action/Timeliness

Humanitarian leadership and key humanitarian organisations used the available, high-quality early warning information early on to advocate for a scaled-up response. It then took too much time for significant additional funding to come in. Pooled funds provided early injections and internal advance financing sped up parts of the response.

Later additional allocations, particularly by the US government and other donors such as the World Bank, more than doubled the available budget between 2021 and 2022. Most aid workers perceived the scale-up as coming too late to prevent much of the loss of livestock and displacement, which in turn contributed to increased mortality. Affected people agreed that the assistance did not help protect their resilience, but nevertheless predominantly felt that the assistance came at the right time, when needs were critical, and many said it came faster than during previous crises.



Accountability to affected people

Accountability to affected people remains weak in Somalia across several dimensions of the response: While a joint assessment of the needs and preferences of affected people is regularly conducted, affected people were not involved in decisions about the priorities or modalities of the life-saving response. They often felt ill-informed about humanitarian programs. And while a plethora of individual feedback mechanisms exists, there has been little progress in creating a common or collective feedback mechanism. Many affected people do not know how to use the feedback mechanisms, and those who have used them most often do not hear back about their feedback or complaints.



Prioritisation

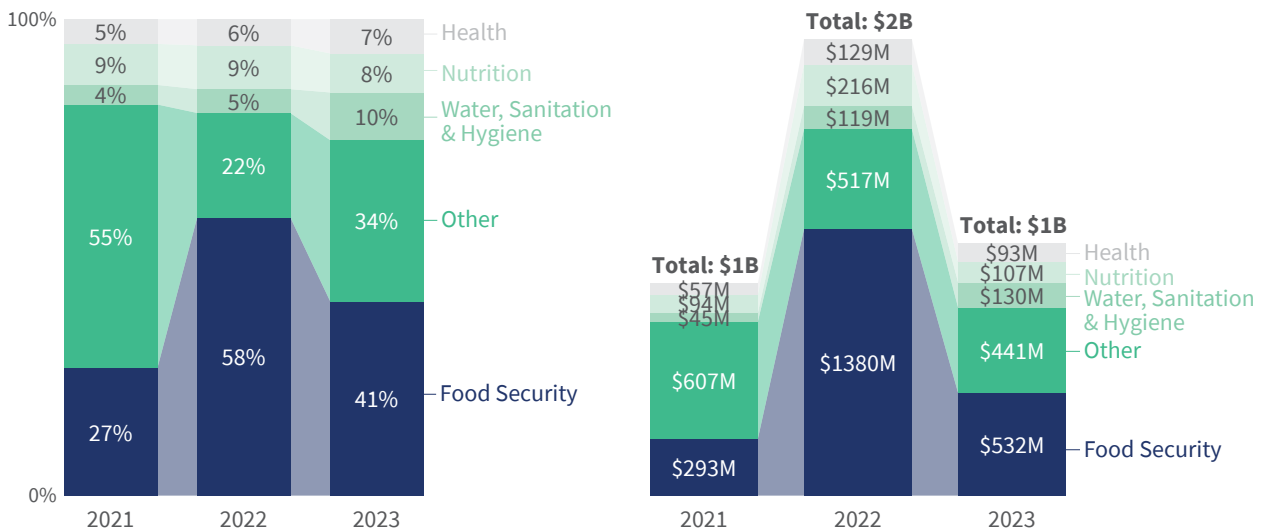
118. Faced with a looming famine, the Humanitarian Country Team in Somalia defined clear sectoral priorities for the response and determined operational priorities at the district level.
119. **Clear sectoral priorities were defined:** The June 2022 Somalia Drought Response and Famine Prevention Plan identified four humanitarian clusters as central to the famine prevention effort: food security, health, nutrition, and WASH.¹⁰⁰ These priorities are also reflected in the Rapid Response Mechanism that is part of the Drought Response and Famine Prevention Plan and in which humanitarian actors agreed to deliver multi-purpose cash assistance, water trucking, non-food items, and hygiene kits to newly displaced people in Somalia within one week of their arrival. The Humanitarian Country Team further specified this approach in its First Line Integrated Response Framework of October 2022, which confirmed the key components of the rapid response package and extended it to cover people living in critically underserved, newly recovered, or hard-to-reach areas. The intention was to follow up on the focused first-line response with a more multi-sectoral, second-line response based on needs.¹⁰¹ Some interviewees criticised the fact that other sectors, such as protection and education, were not considered a priority.
120. **Funding reflected these priorities, focusing on food assistance:** According to UN OCHA's Financial Tracking Service, the allocation of funds across the different response sectors reflected these sectoral priorities. Total humanitarian funding for Somalia increased from an average of \$1.1 billion per year between 2016 and 2021 to \$2.35 billion in 2022 before scaling it back to \$1.3 billion in 2023. During the scale-up in 2022, funding for the non-prioritised sectors ("other" in [Figure 14](#)) decreased not only in relative but also in absolute terms. Funding for food security, by contrast, increased tremendously not only in absolute terms (from \$292 million in 2021 to \$1.4 billion in 2022) but also as a share of total funding, which rose from 27 per cent to 59 per cent of all funding. Since a lot of food assistance provided was in the form of cash, affected people could use the assistance for other pressing needs as well.¹⁰² Nutrition, health and WASH all saw increases in their absolute funding during the scale-up but not in the percentage of total funding received. Funding for all priority sectors (and especially food security) decreased sharply in 2023. The one exception is WASH, which in 2023 saw a rise in both relative and absolute terms.

100. Somalia Drought Response and Famine Prevention Plan (2022), p. 14.

101. Humanitarian Response Plan Somalia 2023, p. 28.

102. Systematic monitoring data showing how affected people spent their cash assistance was not available. Consultations with affected people conducted for this evaluation showed, among others, that people used cash assistance to repay debt, which was critical for their future ability to borrow money.

Figure 14: Trends in Funding per Sector in Somalia, 2021-2023



Source: UN OCHA Financial Tracking Service

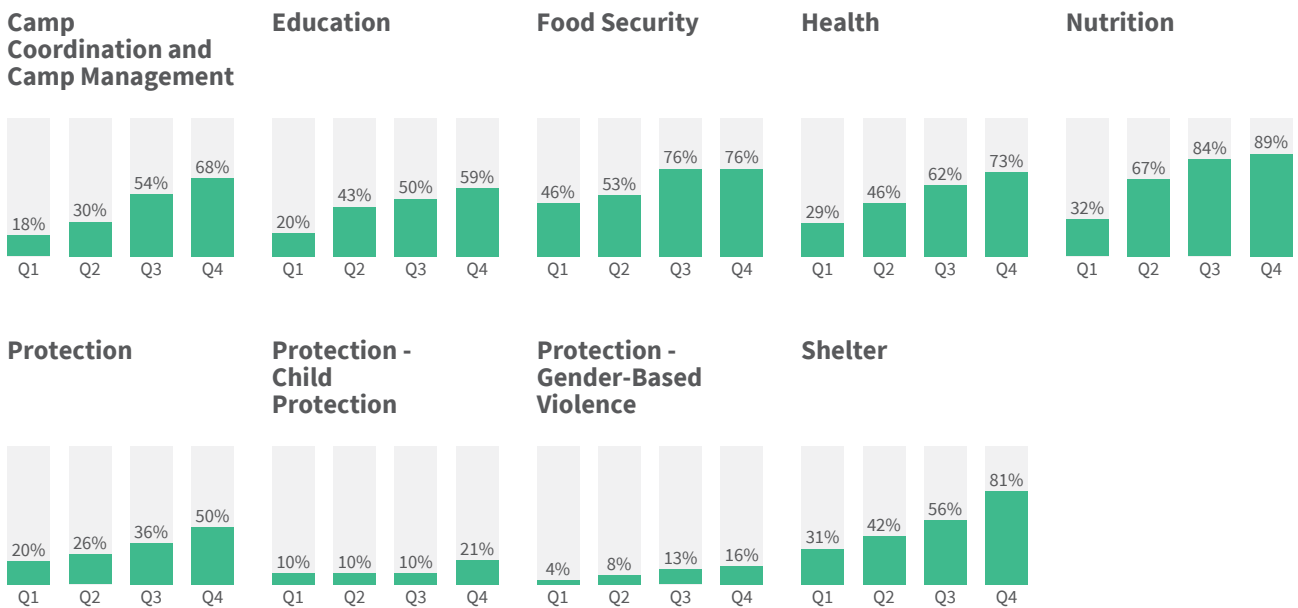
121. The allocation of resources from the Somalia Humanitarian Fund (SHF), which reflects allocation decisions taken at the country level, shows that the WASH sector was given consistent priority. WASH received the highest SHF contributions each year between 2021 and 2023. In 2021 and 2022, this was complemented by the other priority clusters (food security, nutrition and health), whereas 2023 saw greater SHF investments in health, shelter and protection.¹⁰³
122. **Reported cluster reach showed different patterns:** All clusters report monthly and against defined annual targets of how many people they reach with assistance.¹⁰⁴ As explained in the section on data in chapter 3.4, these numbers are fraught with inconsistencies and, thus, are difficult to interpret.¹⁰⁵ That said, data provided to the evaluation team by UN OCHA Somalia shows that nutrition, Camp Coordination and Camp Management (CCCM), shelter, and health saw the highest expansion of reach in 2022. The nutrition cluster already reported a significant increase in its reach against targets between the first and second quarter of 2022, while the reported reach of the Food Security Cluster (FSC) grew fastest between the second and third quarter of 2022, from an already relatively high share of coverage (Figure 15).

103. Somalia Humanitarian Fund Annual Reports [2021](#), [2022](#), [2023](#).

104. Much of this data was reported by clusters in a disaggregated way for gender and age, even if the totals available for the evaluation team's analysis and the results here are not.

105. For this reason, the graph below only shows data for 2022, when reach was generally expanding and one consistent approach was followed to report reach. In 2023, the response contracted, and the approach to reporting changed, meaning e.g. that the FSC and CCCM clusters would appear constant at 72% and 78% cumulative reach throughout 2023 respectively, despite a decrease in actual number of people reached.

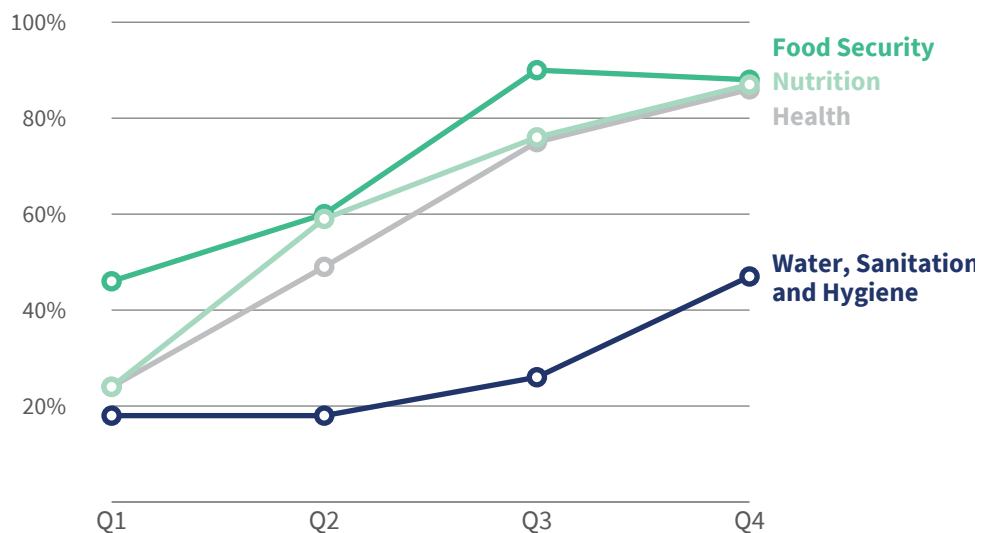
Figure 15: Reported Mean Per centage of Target Reached Per Cluster in 2022



Data source: Evaluation team, based on data shared by UN OCHA

123. **The WASH scale-up lagged:** According to the same data, the WASH cluster lagged behind the other priority sectors throughout 2022. It shows almost no growth in reach in the first half of 2022 and was only scaled up significantly in the last quarter of the year. This is particularly visible in the districts consistently classified as a priority in 2022 and 2023 (Figure 16).¹⁰⁶

Figure 16: Reported Reach of Priority Clusters in Priority Districts in 2022 (mean %)

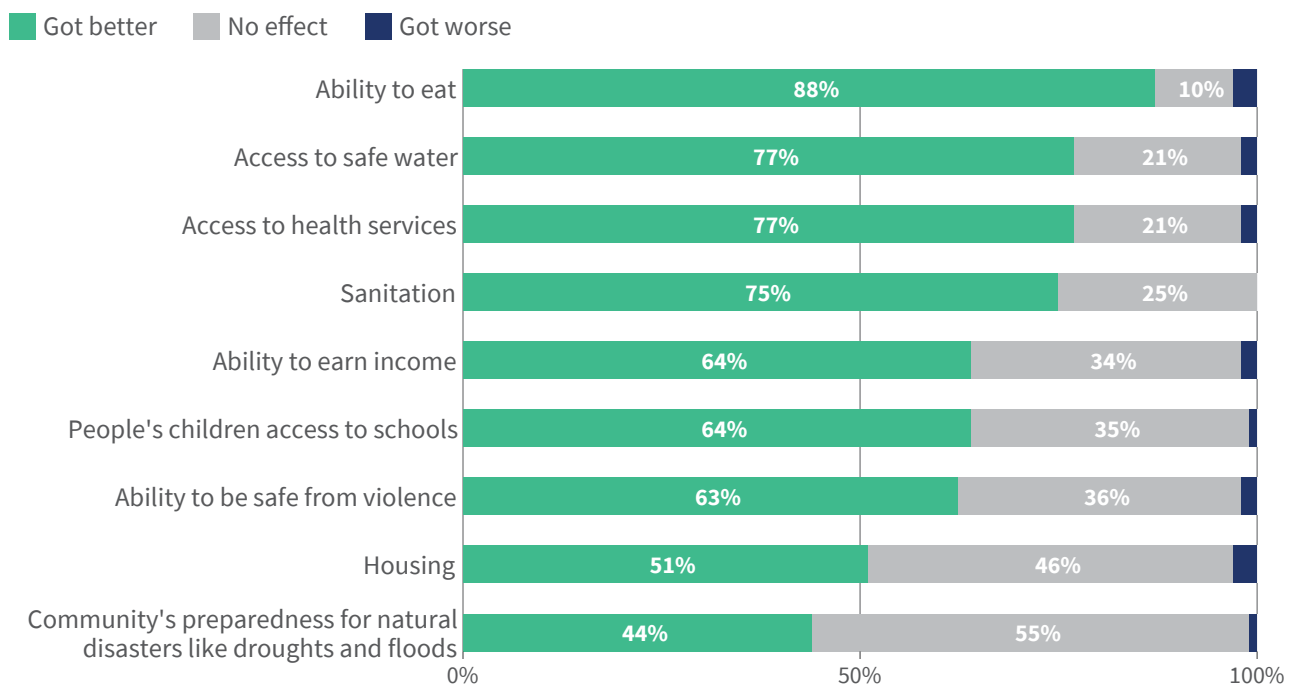


Source: Evaluation team, based on data shared by UN OCHA

106. This analysis focuses on the districts that were classified as Operational Priority Area 1 in the 2022 Drought Response and Famine Prevention Plan, the 2023 HRP, and the cluster reporting for 2023. These were: Jariiban, Dhusamareeb, Banadir, Buur Hakaba, Baidoa, Diinsoor, Qanax Dheere, Xudur, and Waajid.

124. Regarding sector-specific trends, it should be noted that different dashboards and datasets show inconsistencies that this evaluation could not reconcile. For example, in response to data provided to the evaluation team by UN OCHA Somalia, the nutrition cluster had a target reach of 761,059 people in 2022, which aligns with the online dashboard. Its reach is reported as 1.4 million people in the online dashboard (or 188 per cent of the target value). In contrast, the raw data provided to the evaluation team shows only about 654,000 people were reached. The reported early growth in nutrition coverage is also not reflected in nutrition-specific dashboards or reporting, where admission rates for Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) show their highest growth in Q2 and Q3 2022. For food security, the targets align between the online dashboard and data provided by UN OCHA Somalia; however, the online dashboard shows a considerably higher reach of 6.2 million people compared to the 4.2 million in UN OCHA's data. This discrepancy may be due to a change in methodology for calculating cumulative reach during the reporting period, or it may result from differences in terms of which indicators were included in the totals per cluster. No documentation was available to help reconcile conflicting data points.
125. Given such inconsistencies between datasets and frequent complaints by interviewees that the data on people reached “cannot be trusted”, this evaluation also relies on other sources to illuminate how reach per cluster developed over time. Meeting notes of the Humanitarian Country Team and the Inter-Cluster Coordination Group show that the slow mobilisation of the WASH (and, to a lesser degree, health) sectors was discussed frequently. Potential links to common causes of death during this time are discussed in Chapter 3.2. The fact that the SHF prioritised funding for WASH interventions throughout the response period and for health in 2023 suggests that key stakeholders in Somalia recognised and tried to address this gap in the prioritised sectors. At the same time, it was largely affirmed that these four sectors constituted an adequate prioritisation, even though the selection was not without criticism. Observers and experts consulted for this evaluation agree that food security, health, nutrition, and WASH form an essential life-saving package. On the other hand, opinions among interviewed aid workers diverged, with many making the case for why their respective sector, cluster or area of expertise should have received more emphasis.
126. **Affected people and community representatives consulted for this evaluation saw the assistance provided as highly useful**, as indicated by an average rating of 4.2 on a scale from 1 (not useful at all) to 5 (very useful). They found it highly relevant for saving people’s lives affected by the extended drought.
127. Their perceptions of what aspects of their lives improved the most because of the assistance reflect the sectoral priorities (Figure 17). Key informants in Somali communities reported that the assistance had the strongest positive effect on food security and people’s health. Access to safe water and sanitation was also seen to have improved significantly. In comparison, key informants saw a smaller positive effect in terms of protection from violence and harm, with two women even reporting that the assistance had a negative effect. The respondents also saw a negligible positive effect on the housing situation. Most key informants in communities saw no effect of the assistance on their level of preparedness for future emergencies. Burtinle and Burkahaba deviate from the general trend by reporting “No effect” more frequently than “Got better” across the measured categories of need, except with food. Many respondents there felt the assistance was short-term and narrow in scope, failing to address the underlying, long-term challenges they faced (see section 3.1 for more details on questions of resilience and longer-term aid).
128. Related to this, all stakeholders, including affected people and community representatives, government representatives, aid workers, and donors, agreed that a focus on a narrowly defined – even if immediately life-saving – form of assistance is not sustainable and that a shift to longer-term, more solutions-oriented forms of assistance is urgently needed.

Figure 17: Reported Effects of Aid Received by Sector (n=104)



Data source: Evaluation team, affected community consultations

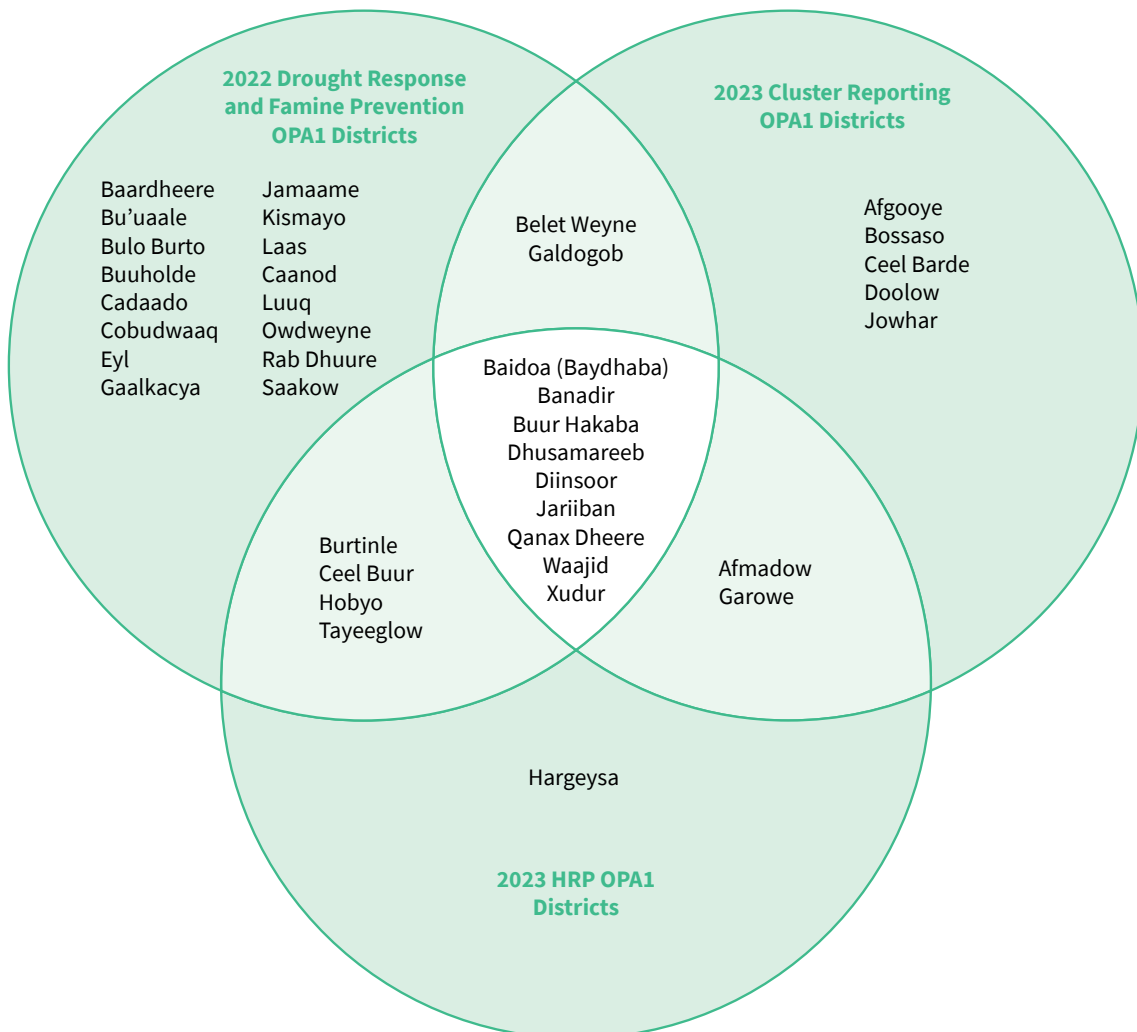
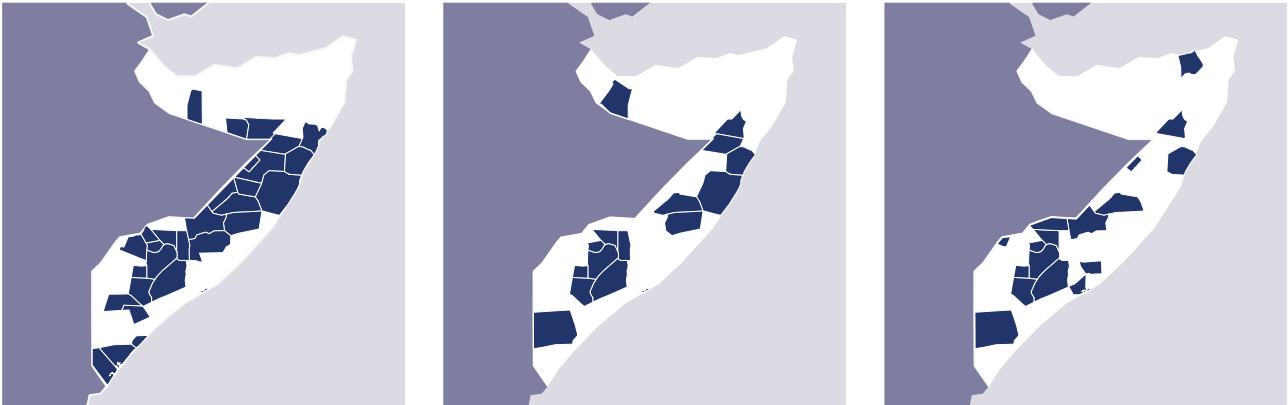
129. **Geographic priorities fluctuated:** Regarding the geographic prioritisation of the response, the picture is unclear. In interviews, aid workers and government officials frequently referred to districts that were a priority for the response and some emphasised this as an important achievement. An analysis of the relevant planning and reporting documents confirms this as a significant change: the Humanitarian Response Plan for 2021 does not define any operational priority areas or priority districts. The Humanitarian Response Plan for 2022 begins to classify districts according to the severity of needs and indicates all districts as either at severity level 2 or 3. The 2022 Drought Response and Famine Prevention Plan then introduces Operational Priority Areas (OPAs) based on an analysis of data on drought, food insecurity, displacement, malnutrition, water prices, health, and response gaps. The OPA classification is meant to serve as the basis for the clusters' geographic prioritisation, with OPA1 indicating that an immediate response approach is required. The Humanitarian Response Plan for 2023 continues this practice based on an intersectoral severity of needs analysis. The cluster response data for 2023 indicates the operational priority for each district covered. However, the categorisation is not consistent across these different documents. While some level of fluctuation could be anticipated as context conditions change and the analysis is updated, the divergence between the documents is surprisingly large. Figure 18 shows that nine districts were consistently classified as OPA1 in 2022 and 2023, whereas 29 districts appear as OPA1 in only one or two of the three analysed documents.

Figure 18: OPA1 Districts in Different Planning and Reporting Documents

2022 drought response and famine prevention OPA1 districts

2023 cluster reporting OPA1 districts

2023 HRP OPA1 districts



Source: Evaluation team, based on HCT/UN OCHA planning and reporting documents

130. **Reported reach did not reflect clear geographic priorities:** Inter-cluster data on the share of targeted people who were reportedly reached only partially reflects this prioritisation.¹⁰⁷ Waajid, Buur Hakaba and Baidoa saw strong growth in cumulative reach (close to 50 percentage points) in 2022. However, growth was equally strong, or even stronger, in many districts that were not prioritised or only prioritised in some planning documents. In 2022, three priority districts appeared among the top ten districts with the highest growth rates. In 2023, none of the priority districts featured in the top ten.
131. Across 2022, the nine priority districts consistently classified as OPA1 experienced a higher average growth in reported inter-cluster reach of 37 percentage points compared to 29 percentage points in non-priority districts. This increase was mostly due to higher growth in the second quarter. However, in 2023, the growth trend shifted, with non-priority districts showing an average growth of 24 percentage points, while priority districts saw a drop in growth by 11 percentage points. When considering overall reach across both years, priority and non-priority districts had similar growth rates of 24 and 26 percentage points, respectively. A t-test did not reveal any significant differences between the growth rates in priority districts and all other (non-priority) districts. Regarding the reach, priority districts saw a lower total cumulative coverage of needs compared to non-priority districts; but this difference was not statistically significant (t-test, $p=0.0857$).
132. In summary, as [Figure 19](#) shows prioritised districts, on average, saw slightly higher growth in collective (i.e., inter-cluster) reach between the second and third quarters of 2022, while coverage in non-priority districts grew faster in 2023. The two types of districts are otherwise quite similar in terms of the share of targeted people reached.

Figure 19: Reported Growth in Reach and Cumulative Reach in Prioritised vs. Non-Prioritised Districts



Data source: UN OCHA and evaluation team, based on cluster reach data

107. Data on collective (inter-cluster) reach for 2022, 2023 and 2024 was not available in a consistent and meaningful format. With the support of UN OCHA, the quarterly trends in reach described here could be calculated from different datasets for the purpose of this evaluation. For 2022, this involved manually aggregating several cluster-specific and monthly databases from different folders and Excel files. To calculate inter-cluster reach in a consistent manner, UN OCHA information management experts retroactively applied the method agreed upon by the ICCG in 2024, as described in the June 2024 “Methodology Note on the Inter-Cluster Response Calculations”. This means that the monthly average of cluster reach was used to calculate cumulative figures, and reach was capped at 100 per cent of the target per cluster and district to avoid inflated figures masking gaps elsewhere. Also, for the sake of consistency and because UN OCHA does not have a mandate to decide which cluster indicators to select for the calculation of the total reach, the analysis included all cluster indicators for all years. For more on the challenges relating to response data and the methodology revisions agreed upon in 2024, see Chapter 3.4 (Data).

133. Affected people’s perceptions of the usefulness of the assistance they received also only partially reflect the geographic prioritisation of the response. Key informants and focus group participants rated the usefulness of the assistance highest in Burco and Hargeysa (5.0), followed by Xudur (4.9), Baidoa (4.5), and Hobyo (4.4). Ratings were relatively lower in Afmadow (3.2), Buur Hakaba (3.6), Las Anod (3.7), and Waajid (3.7). Of these, Xudur, Baidoa, Buur Hakaba and Waajid were consistently designated as OPA1. For a more detailed overview of usefulness ratings, see [Figure 20](#) in the following chapter.



Early action/timeliness

134. **Strong early warning data was available:** Many early warning systems were pioneered in Somalia. The Food Security and Nutrition Analysis Unit (FSNAU), the Famine Early Warning Systems Network (FEWS NET), and FAO’s Somalia Water and Land Information Management system (SWALIM), in particular, deliver regular, high-quality early warning information that is widely known and trusted by a range of key stakeholders working in Somalia.
135. **Key actors engaged in timely advocacy:** Humanitarian leadership in Somalia, key Humanitarian Country Team members and some of their global counterparts used the available early warning information early on to advocate for scaling up the humanitarian response to the drought. At the end of 2021, following three rainy seasons with below-average precipitation, the humanitarian system issued a drought response plan for the following year. The Humanitarian Coordinator and other representatives of humanitarian organisations in Somalia engaged in active advocacy around this plan and the drought response and famine prevention plan issued in June 2022. Key efforts included High-Level Roundtables jointly convened by ECHO and UN OCHA in April 2021 and April 2022, visits of the Humanitarian Coordinator to donor capitals, and an IASC advocacy and communications strategy on Somalia.
136. **Funding increased much later:** It took time until the advocacy translated into a significant increase in the resources available for the response. Pooled funds were important in making some additional funding available early on. At the beginning of 2021, the Central Emergency Response Fund (CERF) made two allocations related to the drought: an allocation of \$7 million under its rapid response window and one of \$20 million under its anticipatory action window. In November 2021, this was followed by a regular CERF allocation of \$8 million and a reserve allocation of the Somalia Humanitarian Fund (SHF) of \$6 million, after repeated regular allocations throughout 2021. The 2021 Humanitarian Response Plan was reasonably well funded at 79 per cent.
137. Much more significant additional funding came in during 2022, mainly driven by increased allocations from the US government, which accounted for well over half of all humanitarian funding to Somalia in that year. At the beginning of 2022, USAID allocated a total of \$429 million to the response in Somalia. It increased this by \$476 million in July 2022 and allocated a further \$411 million towards the end of the year. Another key donor was the World Bank, which increased funding for the shock response component of the national social protection program of the Federal Government of Somalia, Baxnaano (implemented by WFP and UNICEF) by \$143 million in June 2022.¹⁰⁸ According to interviewees, many of these critical increases were driven by the early warning data and advocacy of key stakeholders. They were enabled and their timing was influenced by global increases in humanitarian budgets linked to the war in Ukraine and its expected ripple effects on food prices and humanitarian situations across the globe.

108. As the third largest donor, Germany increased its funding by USD 40 million in 2022. It accounted for 5.6% of the funding that year. The European Commission increased its funding by USD 20 million and accounted for 4.5% of total reported funding. See: FTS data for [2021](#) and [2022](#).

138. As a result of this injection of funding, priority clusters were able to significantly expand the number of people they assisted, as shown in the previous section on prioritisation. Aside from the sheer scale of the additional funding made available for the food security cluster, an enabler of the early scale-up of food security interventions compared to other sectors was WFP's internal advance financing mechanisms. Through an internal project lending mechanism, WFP can start spending the moment donor contributions are forecast. WFP used \$64.4 million of internal project lending in 2021 and \$82.6 million in 2022. WFP can also draw on a global commodity management facility to reduce lead times on food procurements. It utilised food values of \$18.1 million in 2021 and \$63 million in 2022 from this facility.¹⁰⁹
139. **Perceptions of timeliness differed:** Most people consulted for this evaluation felt the assistance came late. However, there are some differences between the perceptions of aid workers and those of affected people. The majority of aid workers interviewed felt the expansion of assistance came too late. They argue that critical warning signs were already clearly visible and widely available in 2021. They believe that earlier assistance with a stronger focus on rural areas could have reduced the loss of livestock, prevented at least some of the displacement, and reduced the number of drought-related malnutrition cases and deaths (these outcomes are analysed in more detail in Chapter 3.2). Affected people consulted for this evaluation also frequently commented that the assistance took a long time to arrive and they described how they were displaced in search of aid. Almost all key informants (90 per cent) and focus group participants still found that aid came at the right time for their community's needs, meaning when needs were critical.



Accountability to affected people

140. The concept of Accountability to Affected People (AAP) describes an active commitment on the part of humanitarian actors to use their power responsibly. As per the Core Humanitarian Standard and related IASC guidelines,¹¹⁰ AAP can be understood to include three key elements:
- Taking account or: involving affected people in decision-making processes to ensure their needs and preferences are considered;
 - Giving account or: providing transparent information to affected populations about actions taken and decisions made;
 - Being held to account or: establishing mechanisms for affected populations to provide feedback and hold organisations accountable for their actions.
141. **Taking account:** The Joint Multi-Cluster Needs Assessment (JMCNA) stands out as the most substantial collective approach to collecting information from affected people to inform the drought response. The assessment includes questions on AAP, which gathers information on where households see priorities, which type of humanitarian assistance they prefer, and how satisfied they have been with the assistance they received. The JMCNA also explores whether households know who to contact if they believe they should have received aid but did not, the barriers they faced in accessing aid, and their satisfaction with the conduct of aid workers in their area. If there is dissatisfaction in any area, the tool asks for specific reasons to help humanitarian organisations understand and address these concerns. It also asks for people's preferred method of giving feedback. While the nature of needs assessments and the length of the JMCNA instrument are not ideal for having meaningful conversations about AAP with affected people, the exercise also includes focus group discussions to explore major themes qualitatively.

109. WFP (2022). Report on the Utilization of WFP's Advance Financing Mechanisms (1 January – 31 December 2021); FAO (2023). Report on the Utilization of WFP's Strategic Financing Mechanisms (1 January – 31 December 2022).

110. IASC (2023). Framework: Collective Accountability to Affected People (AAP).

142. Beyond the JMCNA, this evaluation did not find any other collective ways in which affected people are included in decision-making processes that impact them. Many humanitarian organisations, of course, have their own processes and tools, such as the use of community committees for targeting assistance and a variety of perception surveys and studies.
143. **Giving account:** Affected communities have asked for more information and transparency about the humanitarian response. The JMCNA found that a lack of vital information on aid delivery schedules, dates and entitlements continues to be the main barrier to receiving aid reported by assessed households.¹¹¹ Similarly, participants in key informant interviews and focus group discussions conducted for this evaluation show a limited understanding of how decisions about starting and ending programs are made and why certain people are included or excluded from receiving aid. In a 2024 community perception survey on the Centrality of Protection, the majority of respondents also felt inadequately informed about the available assistance. The inadequacy of information provision to affected communities mirrors the feedback received through Community Feedback Mechanisms (CFMs), which register frequent requests for information about humanitarian programs. For the first quarter of 2024, the aggregated CFM model in Somalia shows that requests for information and questions about the response are the third most common feedback type received, after requests for assistance and general feedback, and that they account for 13 per cent of all feedback received.¹¹²
144. A Community Engagement and Accountability (CEA) Task Force was created in July 2022 and adopted as a strategy for 2022-2024.¹¹³ However, little of the strategy was implemented, partly because its objectives were too ambitious for the context and partly because adequate participation and funding for related initiatives were lacking. In 2023, the focus was on improving common messaging on community behaviour related to the Dyer and Gu floods. Such messages are essential in their own right and can be lifesaving when they are provided timeously and via channels that reach affected people. They should be standard practice in the context of regular floods. Little collective effort was made to improve communication about programs or targeting.
145. **Being held to account:** As one way of strengthening the ability of affected people to hold aid providers to account, Community Feedback Mechanisms have received the most attention in planning documents such as the Humanitarian Response Plan and in Humanitarian Country Team and Inter-Cluster Coordination Group discussions, and they have seen substantial investment by individual aid agencies. A plethora of agency- or even project-specific feedback mechanisms were developed. A mapping conducted in 2023, which covered 58 organisations, identified 72 hotlines in use alongside several other CFM modalities such as face-to-face, online and written communication channels. The available evidence indicates that these systems are not very effective. Affected communities are often unaware of them, and those who are aware often do not use the systems, for fear of negative reactions by gatekeepers, community leaders or other people in power.¹¹⁴ Of those who have used them, most report that the mechanism has either not worked or that they did not receive a response.¹¹⁵ Among focus group participants consulted for this evaluation, 26 per cent of women and 34 per cent of men said they provided feedback or filed a complaint with an aid agency. Of those, 65 per cent said they did not receive a response.

111. REACH (2023). "Accountability to Affected Populations (AAP) – Multi-Sector Needs Assessment (MSNA) Key Findings." See also previous findings from: REACH (2021). "March 2022 JMCNA Bulletin."

112. Interoperable Aggregated CFM Model in Somalia, Humanitarian Country Team Dashboard (Jan-Apr 2024).

113. United Nations Somalia (2022), Creating a Participation Revolution by Design. Somalia National Community Engagement and Accountability (CEA) Strategy and Action Plan (May 2022-2024).

114. See e.g. findings from Ground Truth Solutions' Cash Barometer project. Similarly, a 2024 community survey on the Centrality of Protection finds that 61 per cent of respondent had no knowledge of any available reporting or feedback mechanisms. <https://www.groundtruthsolutions.org/projects/cash-barometer-in-somalia>

115. This is corroborated e.g. in IOM's GIST reports (report 3, p.31).

146. Research from 2021 shows that members of minority or marginalised clans in Somalia were less likely to know about and use feedback mechanisms.¹¹⁶ Subsequent research showed that this is due to a lack of awareness, language barriers, and exclusion from community discussions. Discrimination and non-responsive systems contribute to their distrust of feedback mechanisms. Additionally, fear of reprisals and limited access to resources like phones, further discourage their participation.¹¹⁷
147. Considering Somalia's fragmented feedback landscape, attempts have been made to enhance collective accountability. No functioning collective system could be brought to fruition in time for the scale-up of the drought response. Several reasons explain the historic lack of progress: Interviewed aid workers most frequently cited competition between agencies over who gets to "own" a collective system as the primary barrier. Many also cited the lack of data-sharing agreements to allow for referral of feedback between agencies. Several interviewees mentioned funding constraints and a general lack of capacity, although there seems to be no shortage of people trained to use CFMs. Funding during the drought response was exceptionally high. A look at past Humanitarian Response Plans and related strategies shows how ambitious promises are being made on collective accountability but little follow up is seen (Box 1).

A SHORT HISTORY OF COMMON COMMUNITY FEEDBACK MECHANISMS IN SOMALIA

The 2016 Humanitarian Response Plan (HRP) envisaged a "Common Feedback Project for Accountability to Affected People and Communication with Communities."¹¹⁸ In 2018, an Operational Peer Review found that the initiative had failed, highlighting the need for a collective approach to AAP and using feedback from crisis-affected people to adjust programming.¹¹⁹ The 2020 HRP concluded that "a comprehensive review of current feedback mechanisms is required to make them more effective and more efficient." The Humanitarian Country Team nominated WFP as a champion for AAP to develop and implement a Collective AAP Information Management System. WFP, and UN OCHA, established a Community Engagement and AAP Working Group, which then established a technical working group that was co-led by WFP and the Norwegian Refugee Council. The Working Group's initial mandate was to "chart community engagement and accountability initiatives already undertaken in Somalia." In September 2020, the Working Group presented a report suggesting that a collective approach building on a WFP pilot in a phased and iterative manner was the most viable option. The Humanitarian Country Team then agreed that the DSRSG/RC/HC office would host an AAP unit that would manage feedback information going forward.¹²⁰ However, the group and the related process did not proceed.

Following the engagement of a consultant, a new Somalia National Community Engagement and Accountability Strategy and Action Plan 2022-2024 was adopted in May 2022, calling for an unrealistically ambitious "participation revolution" and comprehensive "culture change".¹²¹ The strategy had no discernible effect on the planning or implementation of the ensuing response. A new CEA Task Force was set up in July 2022. This task force continued to "explore the best method to harmonise call centres across the country and create a unified hotline in each region with options being presented to the ICCG and HCT for endorsement."¹²²

116. Thomas, C. & Opiyo, G.O. (2021). "Minority Inclusion Learning Review of the Ministry of Foreign Affairs of Switzerland."

117. Thomas, C. & Eno, M. (2022). "Minority exclusion in Somalia: shortcomings of aid agency feedback mechanisms."

118. See [here](#): Humanitarian Common Feedback Project For Accountability to Affected People and Communication with Communities in Somalia for Prevention of Famine.

119. 2019 HRP, p. 18.

120. 2021 HRP.

121. [Somalia National Community Engagement and Accountability \(CEA\) Strategy and Action Plan May 2022-2024](#).

122. 2023 HRP, p. 41.

During the drought response, several parallel mechanisms were created at different levels, but their distinct purposes were not always clear. The CCCM Cluster started to pilot IOM’s Zite Manager¹²³ platform in December 2022, and soon after, almost all cluster members used that system. From January 2023, the independent entity Talk to LOOP¹²⁴ rolled out its accessible community feedback and sensitive reporting mechanism across the country. It collaborated closely with UNICEF and the Prevention of Sexual Exploitation and Abuse Task Force but did not manage to convince a critical mass of organisations to join its platform. Its practice of “tagging” organisations in feedback received without them explicitly opting into the system was met with a low response rate to feedback and even a backlash, including threats from some actors who received sensitive reports from LOOP. Combined with funding shortages, this led to a temporary closing down of the service in Somalia, which was still effective when writing this report in mid-2024.

Also in late 2022, UNHCR proposed establishing an inter-agency call centre, which did not find agreement amongst the humanitarian community. Instead, the CEA Task Force proposed an aggregator for the existing community feedback mechanisms. It aimed to provide technical standards and structured referral linkages, enabling common analysis for decision-making. The outcome is the Interoperable Aggregated CFM Model, which was endorsed by the HCT and introduced in 2024. This agreement seems to have generated new momentum and was considered useful by several interviewees. The most recent data from the aggregated CFM model for April to June 2024 shows an increasing volume of feedback and a resolution rate of 85 per cent. That said, the feedback received is almost exclusively (97 per cent) to request assistance or information, as opposed to, e.g., complaints on aid received. It is unclear how the information from the dashboard will influence programming. The feedback also seems dominated by men, with 80 per cent of respondents identifying as male and 20 per cent as female.¹²⁵

Against the backdrop of previous initiatives, it remains questionable whether the Aggregated CFM Model will move the needle on accountability – even if it makes an important contribution to feedback management and potentially better information provision. Meanwhile, affected people interviewed for this evaluation resoundingly and almost unanimously call for more direct communication from aid providers to the people they intend to serve and to reduce the many layers of middlemen and gatekeepers involved in implementation. The distance between aid providers and affected communities continues to be a major impediment to a more accountable response, affecting all three components of accountability described above.

123. See <https://www.zitemanager.org/somalia>. At the time of writing this report in September 2024, an evaluation of Zite Manager in several countries was ongoing.

124. See <https://talktoloop-staging.webflow.io/where-we-work/somalia>.

125. Interoperable Aggregated CFM Model in Somalia, Humanitarian Country Team Dashboard (April - June 2024).

3.3. Did the Drought Response Reach the Most Vulnerable?

148. A large proportion of people living in Somalia was estimated to need humanitarian assistance during the extended drought. According to the Humanitarian Needs Overviews, their number evolved from 5.9 million in 2021 to 7.8 million in 2022, 8.25 million in 2023, and 6.9 million in 2024.¹²⁶ IASC member organisations are committed to humanitarian principles. The principle of humanity requires them to prevent and alleviate suffering wherever found and to protect the life, health and dignity of crisis-affected people. The principle of impartiality demands that humanitarian assistance provided is based on need and priority is given to the most urgent cases of distress, making no distinctions between nationality, race, gender, religious belief, class or political opinions. A key indicator for a humanitarian operation's success is whether it reaches the most vulnerable people. In Somalia, marginalised groups and people living in areas that are hard to reach for humanitarian organisations are more vulnerable to shocks and have less access to humanitarian assistance. This chapter presents the evaluation's findings on how well the humanitarian system fared in strengthening the inclusion of marginalised groups and increased access to hard-to-reach areas.

SUMMARY OF FINDINGS



Inclusion

Clan membership is a defining feature of Somali society. During the 2022-2023 drought response, IASC members made important progress in strengthening the access of minority and marginalised clans to humanitarian assistance, including by working with minority rights groups to identify the locations of such clans and to verify needs assessments. This strengthened IASC members' performance on the humanitarian principle of impartiality. Other aspects of inclusion, such as gender and disability, received a lot less attention.



Access to hard-to-reach areas

Efforts to increase the delivery of humanitarian assistance in hard-to-reach areas saw some – albeit limited – progress. Of the various initiatives to increase access, the Access Expansion Initiative was the most encompassing effort. Data on its results are inconsistent across different sources but show that coverage in most districts included in the Access Expansion Initiative had similar growth during 2022 as the country-wide trend. Fundamental obstacles to improved access remain, including weak collective access analysis, a very restrictive UN approach to security management, and the lack of UN engagement with Al-Shabaab, the non-state armed group controlling many rural areas in Somalia. The effects on the performance of the humanitarian principles were mixed, with cautious progress made on the principle of humanity linked to the delivery of assistance in some hard-to-reach areas and significant concerns regarding the principles of neutrality and operational independence.

IASC members working in Somalia have been facing formidable challenges in reaching the most vulnerable members of society with humanitarian assistance. During the 2022-2023 drought response, they made important progress in increasing access to assistance for minority and marginalised clans. Limited progress was also made in reaching people living in some hard-to-reach areas. Less attention was paid to gender and disability and fundamental obstacles to access remain. While there was a slight improvement in the humanitarian system's performance against the principles of humanity, significant challenges to neutrality and operational independence remain.

126. Humanitarian Needs Overviews are available at <https://humanitarianaction.info>.



Inclusion

149. Academic and applied research on the drivers of vulnerability, power structures, and social inclusion and exclusion patterns in Somalia abound.¹²⁷ It finds that clan membership – whether a household belongs to one of the powerful clans or a minority or marginalised clan – is a crucial factor for vulnerability, coping strategies, and access to livelihoods and humanitarian assistance. Other frequently mentioned criteria include gender and, to a lesser degree, displacement status, disability and livelihood source.
150. **Progress made in including minority and marginalised clans:** IASC members made significant efforts and achieved substantial progress in strengthening the access of minority and marginalised clans to humanitarian assistance. While the importance of clans for all aspects of Somali society has long been known, the inter-relations between clan membership, vulnerability and access to humanitarian assistance only recently received more attention. Minority Rights Group International, the Center for Humanitarian Change, and UN Human Rights (OHCHR), in particular, conducted research and helped raise awareness about this among humanitarian stakeholders, demonstrating that evidence and advocacy can enable and encourage change.
151. **Marginalised clans became more prominent in planning documents:** The change is clearly visible in humanitarian planning documents. The humanitarian response plans for the previous drought in 2016-2017 do not mention minority and marginalised clans at all. The 2018 HRP contains generic references to “marginalised populations” or “marginalised communities”. In 2019, the HRP began to discuss specific vulnerabilities of minority clan members, for example, in terms of their access to health services, their needs for shelter and non-food items, or the specific vulnerability of women and girls from minority clans. In 2020, the exclusion and increased vulnerability of minority clan members was discussed more generally and the HRP, for the first time, contains a commitment to increase efforts to address discrimination and exclusion. In 2021, minority clan affiliation was discussed prominently throughout the HRP. The first concrete measures to enhance representation were discussed, for example, in terms of efforts to include minority groups in regional food security cluster meetings. This trend continued in 2022, where the HRP asked for minority rights organisations to be included in strategic decision-making processes in clusters and the Humanitarian Country Team. The 2022 HRP was the first planning document with a dedicated section on minority clans and marginalised communities. The 2023 HRP elevated this focus to a dedicated sub-chapter on the inclusion of minority groups. The [Centrality of Protection Strategy 2022-23](#) focused on reducing exclusion and denying assistance as the first of three key protection priorities.
152. **Concrete actions were taken:** Humanitarian organisations in Somalia took a number of concrete steps to strengthen the inclusion of and access to assistance for minority and marginalised groups:
- A minority-led organisation or minority rights group is represented in the Humanitarian Country Team and co-leads the Protection Cluster; sub-national minority rights organisations led two sub-national clusters.
 - Several clusters, including CCCM and food security, engaged minority-led or minority rights organisations to validate assessments and help identify where minority and marginalised groups are and what their access to assistance looks like.
 - Protection mappings of minority clan affiliations were conducted in some regions. The CCCM cluster provided an overview of sites with minority clan presence to inform prioritisation and targeting.

127. See e.g. Majid et al. (2022); Lwanga-Ntale & Owino (2020); Bakonyi & Chonka (2024); Adan (2022). “Humanitarian access for marginalized and minority populations in southern Somalia”; Thomas & Opiyo (2021).

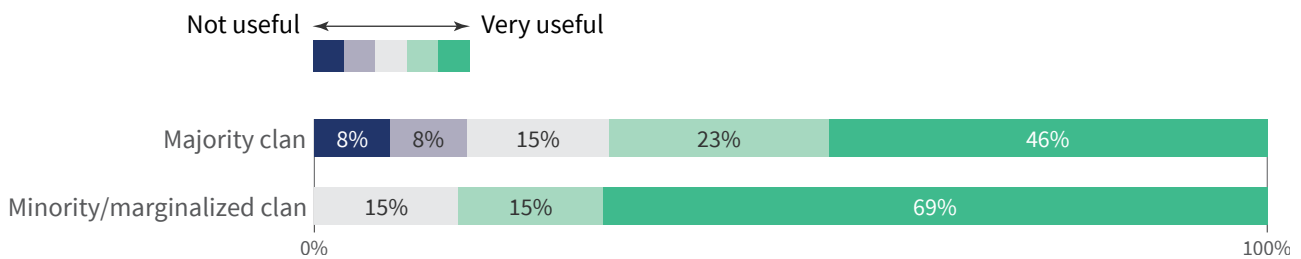
- A fast-track referral mechanism to register and assist unassisted minority and marginalised households was piloted by WFP in late 2022 and early 2023 and subsequently rolled out more broadly by the food security, CCCM and protection clusters.
 - 75 per cent of organisations responding to a 2024 survey on the implementation of the Centrality of Protection strategy report that they managed to reach persons affiliated with minority clans.
153. **Progress stalled** or was less pronounced on other important initiatives aiming to strengthen minority inclusion:
- Advocacy to conduct more due diligence checks on minority-led and minority rights organisations so that they can qualify for direct funding through the Somalia Humanitarian Fund was met with resistance.
 - An initiative to conduct diversity audits of UN and INGO staff also failed. Observers assume that UN agencies and INGOs mainly have members from dominant clans as staff and that this reinforces patterns of inclusion and exclusion. Some interviewed aid workers also reported that certain organisations were “captured” by specific clans. The Somalia NGO Consortium, therefore, led an initiative (that was included in the Humanitarian Country Team’s action plan to address post-delivery aid diversion) encouraging aid organisations to analyse the clan affiliations among their staff. This initiative, which could have challenged power relations within aid organisations, was rejected by staff associations and leadership of several agencies and has not seen any progress.
154. It is difficult to gauge what effect these measures have had. Monitoring data for the response does not track clan membership (and doing so would present difficulties since some stakeholders object to this or consider this sensitive information and patterns of marginalisation and exclusion vary between locations). Indicative evidence suggests that progress was made in reaching minority and marginalised clans with assistance but more remains to be done.
155. A tripartite Protection, Food Security and CCCM pilot for directly targeting unassisted minority and marginalised households through a fast-track referral mechanism showed that about 90 per cent of the referred household heads were not yet registered in SCOPE, a huge database containing the details of millions of households previously registered for receiving food assistance. This information indicates that they had most likely not received food assistance before.
156. Affected people belonging to minority or marginalised clans we interviewed for this evaluation voiced their appreciation that aid agencies were making a dedicated effort to reach them.

““ This latest famine was really difficult, but what has made a big difference is the assistance we’ve received from local aid agencies. In the past, the famines were just overwhelming on their own, with much less help available to us, since we are the minority. But this time, the agencies have been there to sustain us through the crisis.” (Male IDP from minority clan, Burhakaba)

“The aid provision was better, compared to previous droughts. Our camp leader went to the organisation on our behalf. They then came specifically to register people from our [minority] community. Everyone received the aid in a modern way, as cash sent through their phones.” (Male IDP from minority clan, Baidoa)

157. Key informants from minority clans rated the usefulness of the assistance in their communities more positively (average rating of 4.5) compared to informants from majority clans (average rating 3.9 [see Figure 20](#)). Minority members also found the performance of aid agencies during the recent drought was better compared to previous crises, whereas majority members saw a deterioration.

Figure 20: Usefulness Rating by Key Informants, Minority/Marginalised vs. Majority Clans



Source: Evaluation team, affected community consultations

158. While there are clear signs of progress, there are also indications that more remains to be done to ensure members of minority and marginalised clans have access to humanitarian assistance. The recommendations made in the 2023 report on post-delivery aid diversion included one to develop an anti-aid diversion strategy underpinned by specific considerations for marginalised groups, including women and minority clans, and another to engage reputable minority rights organisations to identify and address barriers for minority and marginalised groups to access and use complaints and feedback mechanisms. While the evaluation team does not have access to the report’s findings, these recommendations suggest that the exclusion of minority and marginalised clans continued to be an important issue during the response as of early 2023.
159. Since members of minority and marginalised clans were found to be among those most vulnerable to climatic and other shocks in Somalia, the progress on improving these people’s access to humanitarian assistance means that the delivery of assistance became more impartial during the scaled-up drought response.
160. **Gender and disability inclusion received less attention:** Interviewed aid workers from different types of organisations consistently reported that other aspects of inclusion, primarily gender and disability, received much less attention during the 2022-2023 drought response than the inclusion of minority and marginalised clans. That said, successive humanitarian response plans emphasised the intersectionality of clan membership and gender, highlighting that women and girls who belong to minority and marginalised clans faced exacerbated difficulties. Any progress made on improving access to humanitarian assistance for minority and marginalised clans can, therefore, also be presumed to benefit women and girls. Positive responses on the usefulness of aid received given by female participants in focus group discussions for this evaluation confirm this hypothesis (see chapter 3.1). The 2024 Humanitarian Needs and Response Plan for Somalia also strongly focuses on disability.
161. Since most UN agencies and INGOs have strong internal gender policies and guidelines, many aspects of the humanitarian response in Somalia have been gender specific. For example, many assistance modalities have prioritised women-headed households or pregnant and lactating women. Cash-based transfers, which account for a large proportion of the humanitarian assistance delivered in Somalia, are also usually paid out to women. WFP, for example, by far the largest provider of food and cash assistance, reported that 59 per cent of its beneficiaries in 2022 and 52 per cent in 2023 were female.¹²⁸ Moreover, the response as a whole has focused a lot on IDPs. Since women and girls account for a clear majority among IDPs,¹²⁹ this prioritisation has also benefitted them. An unpublished, preliminary gender analysis of the data collected for the Multi-Cluster Needs Assessment in mid-2023 suggests that displaced men generally reported receiving aid more frequently than women, especially regarding hygiene items and nutrition goods and services. Women, however, more frequently received food assistance (the top priority across all respondent groups), had better access to healthcare, and were

128. See https://www.wfp.org/operations/annual-country-report?operation_id=SO02&year=2022#/25191.

129. See e.g. IOM (2024). DTM Somalia - Baseline Assessment Report - Round 2 (February 2023 - January 2024).

more satisfied with the assistance received.¹³⁰ A range of organisations have also used disability status as one of their targeting criteria.

162. Despite these features, several interviewees described the response as “gender blind” for two main reasons: the lack of analysis (and data) on gender and disability and the weakness of the coordination mechanisms for these issues.
163. **Data and analysis on gender and disability have gaps:** While data about the assistance delivered is often disaggregated by sex, age and disability, needs assessments often are not, making it hard to adapt the response to the specific needs of women, girls and people with disabilities in Somalia, rather than to generically assumed needs of these population groups. The Humanitarian Needs Overview for 2022, for example, comments on the “inadequate availability of valid sex, age and gender disaggregated data to inform targeting and focus”.¹³¹ The most important collective needs assessment tool, the Multi-Sector Needs Assessment (MSNA), is designed as a household survey, which limits its capacity to conduct gender, age or disability disaggregated analysis. More disaggregation was introduced into the MSNA, with the support of a GenCap officer, informing the 2023 response plan. Data collection, however, faced limitations as not enough female data collectors were available. Even more importantly, the Humanitarian Country Team reportedly struggled with conducting a meaningful analysis of the available data. Notable exceptions are the gender analyses regularly conducted by the CCCM cluster¹³² as well as analyses provided by some individual organisations¹³³. Given that the 2024 Humanitarian Needs and Response Plan does not provide disaggregated data, it is unclear whether the progress made on disaggregating data is being sustained.
164. The available gender analysis reveals two main findings: First, while the humanitarian response has been focusing on women, little progress has been made in strengthening the leadership and decision-making roles of women in Somalia. The CCCM cluster’s gender analysis finds, for example, that while women account for a clear majority of IDPs, IDP committees are dominated by men. Second, the response has disregarded some specific needs of men, for example, their elevated health needs, and has left male-headed households in a worse economic position than female-headed households.¹³⁴ As a result, men’s satisfaction with different aspects of the humanitarian response is lower than that of women, which is mirrored in our consultations as well: male IDPs in our focus groups generally found aid access more difficult compared to female IDPs, and female respondents tended to view aid agencies as more reliable compared to male respondents. Some interviewees fear that this might have increased the risk of gender-based violence.
165. **Coordination mechanisms on gender and disability have also been problematic:** In theory, a Cluster Inclusion Focal Point Network existed at the time of the scale-up, but it was not functional in practice. A Gender Theme Group existed, but did not focus on humanitarian activities. A Disability Working Group was created but saw little participation. The 2022 Operational Peer Review recommended the creation of a Gender in Humanitarian Action Working Group. The terms of reference for this group were only finalised and approved in February 2024, meaning after the conclusion of the system-wide scale-up, and it started its work in July 2024. The evaluation was unable to assess the level of integration of gender, disability and other inclusion issues across other coordination forums.

130. Henderson, A.; Ossul, I. & Taremwa, J. (2024). Gender in the Multi-Sector Needs Assessment – Highlights from Preliminary Findings.

131. Humanitarian Needs Overview Somalia 2022, p. 101.

132. CCCM (2023). Rapid Gender Assessment (draft).

133. CARE (2023). Gender, Food Insecurity & Drought. IPC and Rapid Gender Analysis Pilot – Somalia.

134. The Somalia Poverty Report (2023) has slightly different findings for 2022 (based on data gathered before the scale-up), with the poverty rates for female-headed households only being lower than those for male-headed households in rural areas, but slightly higher in urban and nomadic areas.

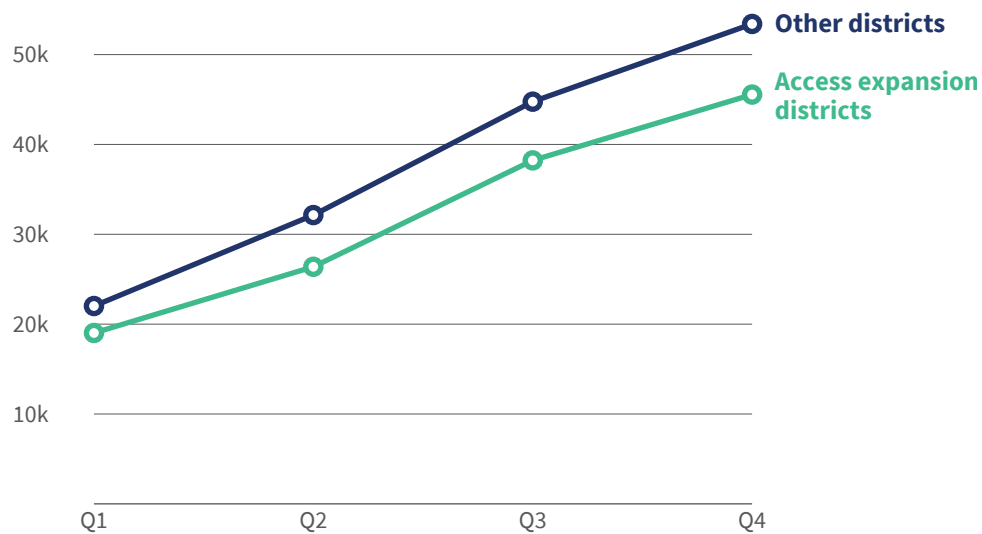


Access to hard-to-reach areas

166. Insecurity, bureaucratic and administrative constraints, infrastructure and environmental challenges, all restrict access to affected populations in Somalia. A lack of granular information at the sub-district level further undermines the expansion of humanitarian action into rural and hard-to-reach areas. The scale-up aimed to expand and strengthen humanitarian access in key areas of concern, mainly through better access analysis and a common understanding of shared risks and control measures required, as well as via practical means to deliver aid in hard-to-reach areas. The aim was to reach vulnerable populations where they are and before they were forced to flee to more accessible urban centres.
167. Several interviewees described some success regarding the practical measures implemented, mostly due to an expansion of the radius of aid delivery around Baidoa town and thanks to a push into other hard-to-reach districts. As the following section shows, the success of these initiatives is difficult to quantify in exact terms because evidence on how many people were newly reached with assistance remains scarce and inconsistent. Interviewees were less confident about the collective analysis of the access landscape and its main challenges or opportunities and about the relevance of the collective Access Strategy passed in 2021 or the role of the Access Working Group in enhancing collective access. A review of the available information products confirms that analysis remained weak throughout the scale-up and drought response and that the Access Strategy played a marginal role in directing relevant initiatives. At the same time, the Access Working Group suffered limited engagement and capacity.
168. **The most substantial practical collective initiative is the Access Expansion Initiative**, a push to improve reach into previously inaccessible, hard-to-reach areas that was implemented by WHO, UNICEF and WFP. According to WFP’s annual report for 2023, a related program implemented in 2022 and 2023 reached 407,000 people (290,000 in 2022) with an integrated package of relief and nutrition services across 15 hard-to-reach districts: Jamaame, Kurtunwaarey, Buurhakaba, Bulu Burte (Maxas), Qansax Dheere, Waajid, Ceel Buur, Xudur, Baidoa (Rural), Dinsor, Jalalaqsi, Haradhere, Belet Weyne (Mataban), Adan Yaabal, and Ceel Dheere.¹³⁵ The data is not disaggregated further, but the report adds that specialised nutritious foods reached 84,000 pregnant and breastfeeding women and girls, and children under five. The food security cluster reporting for the concerned districts shows different numbers that are multiple times higher. A UN OCHA presentation from December 2022 on scale-up benchmarks lists 160,000 people in hard-to-reach areas reached with assistance in South-West State, but it contains no information on other parts of the country. The total extent to which people were newly reached with assistance is thus difficult to quantify.
169. [Figure 21](#) below provides an overview of the broader trend in reported inter-cluster reach and coverage in the concerned districts throughout 2022. It shows that the number of people reached grew across districts included in the Access Expansion Initiative on par with the country-wide trend. Reach grew at an only slightly slower pace among populations included in the Access Expansion Initiative compared to all other districts.

135. WFP (2024). Somalia Annual Country Report 2023.

Figure 21: Inter-Cluster Reach in Districts Included in the Access Expansion Initiative vs. Other Areas, Showing People Reached per Quarter (2022)



Source: Evaluation team based on data provided by UN OCHA

170. The access situation in many concerned districts changed in late 2022 and early 2023 when the Somalia Armed Forces and state-affiliated clans took control from Al-Shabaab or pushed it back to more confined areas.¹³⁶ Despite these areas becoming newly accessible, the overall access picture did not change much in 2023. For 2022 and 2023, nine of the districts included in the initiative saw a reduction of inter-cluster reach and four saw growth. Two remained at roughly the same coverage level.
171. **IASC members implemented a range of smaller innovative efforts to increase access to hard-to-reach areas** in Somalia beyond the Access Expansion Initiative. These include:
- **Small-scale initiatives via trusted community members:** In areas that recently came (back) under Al-Shabaab control, selected INGOs managed to work through remote approaches relying on trusted community members. These were typically former staff or partners of the INGOs who lived in Al-Shabaab territory and could register people in need who could then receive mobile cash transfers. The approach allowed some provision of aid into hard-to-reach areas, even if it came with clear trade-offs relating to terms of accountability and limited scalability.
 - **Safe delivery areas/safe delivery points:** The creation of “safe delivery points” adjacent to Al-Shabaab-controlled territories was described by one interviewee as “the most significant innovation in the Somali response since 2011”, as it allowed people to receive aid in accessible locations close to urban centres and then return to their villages. Others agreed that this practice significantly increased access, particularly around Baidoa town. On the other hand, several interviewees questioned the added value of meeting people in safe delivery points for mitigating displacement, as families often split, meaning that typically, the women and children of a household would already have been displaced to urban centres in search of aid, while the men stayed back in rural areas to look after assets. Some saw the practice as undermining the benefits of cash-based assistance to help people wherever they are. It excluded disabled people and those who cannot travel to meet agencies in the agreed-upon locations. In light of these conflicting views, the evaluation team tried repeatedly but failed to find evidence of how many people were reached and with what type of aid via safe delivery points. It is thus not possible to reliably judge the effectiveness and added value of safe delivery points.

136. Districts recaptured from Al-Shabaab control in 2022/23 include Mataban/Mahas (August 2022), Adan Yabaal (December 2022), Ceel Dheer (late 2022/early 2023), Xarardheere (January 2023), Ceel Buur (mid-2023, roughly), and Galhareri (August 2023). For details, see <https://www.crisisgroup.org/africa/horn-of-africa/somalia>.

172. **Other activities focused on assessing the situation in hard-to-reach areas and analysing access data**, mirroring the focus of the collective access strategy¹³⁷ on access monitoring, mapping and reporting. These included:
173. Caravan missions: These missions were organised to examine the crisis in “high-priority hotspot locations”¹³⁸ that had not previously been visited by clusters and partners to scale up the response there. Internal presentations and reporting to the Humanitarian Country Team summarised several achievements, such as enhanced service delivery (e.g., airlifting supplies to Xudur), joint monitoring and verification of infrastructure, and closer exchange between members of the sub-national coordination structure.¹³⁹ Several interviewees described the caravan missions as successful initiatives that allowed for a joint reality check on the ground, sometimes in areas that had not been physically reached for years. This was seen as particularly valuable following the contraction of field presence during the COVID-19 pandemic. That said, given that these were one-day missions with limited ground time, data collection was limited. Most interviewees noted that there was not enough follow-up to the caravan missions in the sense of relevant programming or a lasting expansion of presence.
- **Security assessments in newly recovered areas:** Security assessments by the UN Department of Safety and Security (UNDSS), which were deployed to newly recovered areas shortly after being captured from Al-Shabaab, allowed for more up-to-date information and enabled some limited humanitarian missions. Despite these efforts, the actual delivery of aid was minimal. There were valid concerns about violating the principles of independence and neutrality, as these areas were often associated with government-led offensives against Al-Shabaab. A lack of capacity or funding was another reason why substantial aid deliveries did not follow security assessments in these areas.
 - **Access strategy and analysis:** Our interviews and a review of the available information products show that the collective analysis of the access landscape and its main challenges or opportunities were weak throughout the scale-up and drought response. Interviewees attributed this mainly to a lack of engagement on the part of agencies in the Access Working Group, and a lack of willingness by these agencies to share data. For example, access snapshots were planned to be published quarterly, but instead, only annual snapshots were published for 2022 and 2023, showing a summary of access incidents. Similarly, access severity mappings were published less frequently than initially planned due to capacity constraints and a lack of collaboration by the relevant agencies. The evaluation team could not see the data behind the access severity mapping. It seems that this information is kept within the Access Working Group, even though other organisations would benefit from it by informing their own planning.
174. **Mixed progress on other important factors for access:** In addition to the measures described above, this evaluation identified several other important factors influencing the ability of aid agencies, and of UN agencies in particular, to access operational areas. These go beyond the focus of the collective Access Strategy and Scale-Up Benchmarks on Access, and some are outside humanitarian actors’ control altogether. Progress was mixed on the ones that could be influenced.
- **Security management:** Humanitarian agencies have long criticised the system’s restrictive security management. Reacting to urgent requests to support a more enabling approach to security management and to fill a post that had been vacant for nine months, UNDSS deployed a new Principal Security Adviser to Somalia in August 2022. The Somalia Humanitarian Fund also allocated additional resources to UNDSS to increase its capacity. However, since UNDSS had no

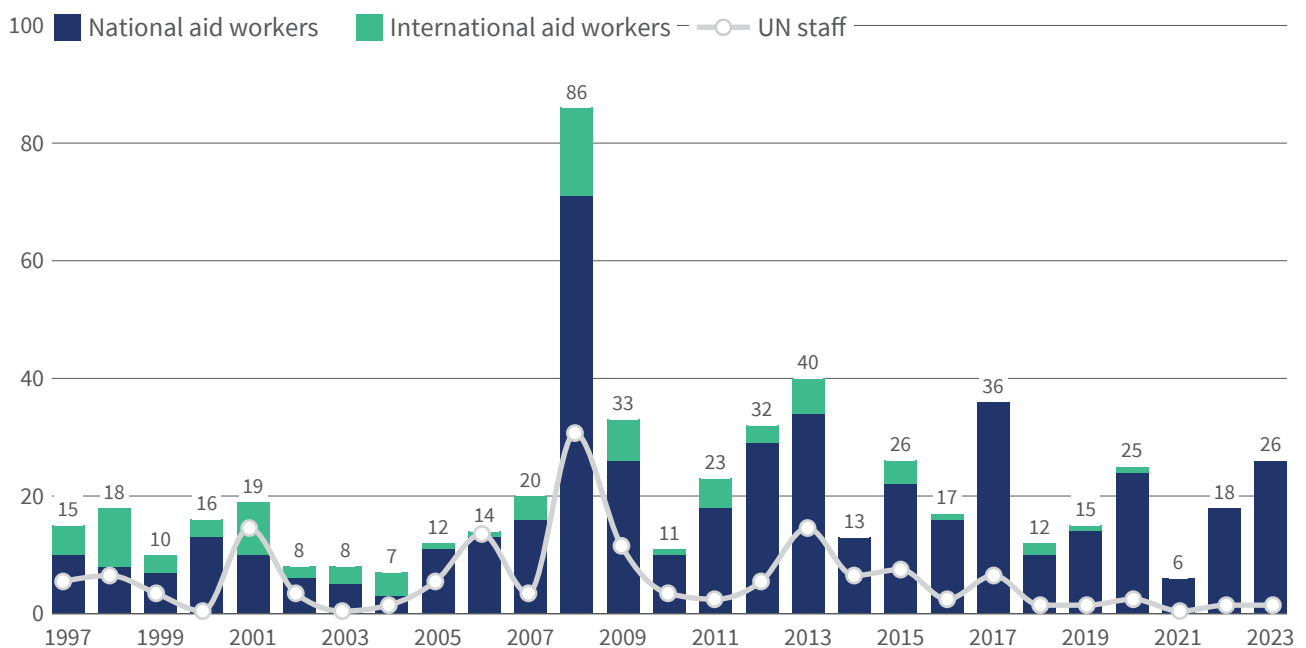
137. The action plan annexed to the strategy reproduced the points included in the 2018 action plan and also focused heavily on access data and analysis. The strategy remains silent on internal impediments to and opportunities for greater access, such as those related to more enabling security management by the UN. Source: Somalia Access Working Group (2021). Humanitarian Access Strategy and Action Plan [unpublished document].

138. Somalia HCT Caravan Missions – Clusters (as of 14 November 2021) [unpublished note].

139. Caravan Missions – Clusters. OCHA Presentation to the HCT Meeting, 16 November 2021.

internal surge capacity at the time, it took several months to mobilise additional capacities. Critical security capacities of the UN Assistance Mission in Somalia or of the different agencies were not affected by this effort to scale up. UNDSS’s new leadership engaged much more actively in strategic humanitarian discussions and was more open to exploring other access approaches, such as alternative delivery areas. However, interviewees consistently reported that the UN’s approach to security management did not change substantially. The most common reasons cited included the lack of change in attitude and practices among longer-term security staff, who continued to approach security management questions with a risk-averse approach. Some interviewees also highlighted that many humanitarian workers had become so used to the restrictive security management approach that they only rarely requested permission to go to the field. Unfortunately, request statistics were not available to the evaluation team. The lack of key aid actors’ field presence remained problematic, while a return of key staff to Somalia (which had reversed during COVID-19) was slow. International UN staff require armed escorts for movements in most areas, including those that have seen no or very few attacks on international aid workers in recent years, including on NGO staff traveling without heavy protection (Figure 22, which shows that the total number of attacks during the 2022-2023 droughts was lower than during previous extreme droughts, that attacks have shifted to national aid workers, and that the number of attacks on UN staff is very low). Armed escorts make field visits very expensive, limit the operational independence of aid organisations and affect the extent to which they are perceived as neutral. Practices among international NGOs vary a lot more, with some also handling staff movements very restrictively, whereas others are moving a lot more flexibly and often without armed escorts.

Figure 22: Security Incidents Involving National and International Aid Workers, 1997-2023



Source: Humanitarian Outcomes, Aid Worker Security Database

175. Engagement with Al-Shabaab: A small number of organisations, including the International Committee of the Red Cross (ICRC) and certain NGOs, engaged directly with Al-Shabaab to facilitate access to areas controlled by this group. Though limited, this approach, demonstrated an alternative strategy to relying only on hard security measures and seems increasingly required given the evolving conflict dynamic.¹⁴⁰ Individual interviewees also described a push from UN OCHA headquarters in 2022 to

140. Mubarak, M.& Jackson, A. (2023) “Playing the long game: exploring the relationship between Al-Shabab and civilians in areas beyond state control.” ODI Report. London: ODI, [link](#).

negotiate access directly with Al-Shabaab. However, different visions on whether Al-Shabaab should best be engaged centrally or in a more decentralised manner persisted and the initiative did not bear any fruit. Systematic engagement with the armed group thus continues to be the exception and remains restricted to members of the Red Cross Movement and select NGOs. Some stakeholders interviewed argued that the period between major crises should be used for a more concerted and strategic push in this regard so that communication channels are there when the next crisis hits.

176. **Military advancements:** Another factor influencing access to hard-to-reach areas was their being re-captured from Al-Shabaab by government and government-affiliated forces.¹⁴¹ The government was interested in making assistance and services available to people living in these newly recovered areas to stabilise its hold on them. Several interviewees reported there were intense discussions on this issue and that humanitarian organisations were reluctant to follow the government’s call and deliver assistance in “newly liberated areas” because they did not want to play a direct part in this military strategy.
- **Al-Shabaab stance on aid:** Interviewees reported that, compared to 2010-2011, Al-Shabaab in 2022-2023 developed a more permissive stance towards people living in areas controlled by the group to seek aid in adjacent areas. Interviewees explained that this was due to Al-Shabaab constituencies being affected directly by the drought rather than some concerted push or negotiation effort on behalf of humanitarian actors. It enabled greater movement of people seeking assistance.
 - **Counter-terrorism legislation:** In previous years, aid workers had often referred to counter-terrorism legislation by important donor countries as an obstacle to engaging with and delivering assistance in areas controlled by groups like Al-Shabaab that many governments classify as terrorists. Key donor governments have since defined humanitarian exceptions to their anti-terrorism legislation. Very few aid workers interviewed for this evaluation mentioned anti-terrorism legislation as a relevant restriction to their work, which suggests that donor clarification in this respect has been effective.
177. **Effects on humanitarian principles:** As discussed above, progress was made in ensuring that assistance reaches members of marginalised clans, which helped address discrimination and thus strengthened the humanitarian system’s performance on impartiality. Concerns about the perceived neutrality and the independence of humanitarian organisations played an important role in decisions on whether and how much assistance to provide in areas that were recently regained from Al-Shabaab by government or government-affiliated forces. In this case, the decision involved a trade-off. While delivering very little assistance in these areas may have protected their neutrality, it meant that humanitarian actors were less able to deliver on the principle of humanity since humanitarian needs in recently regained areas were reportedly high.
178. Other features of the response described above do not involve such trade-offs or dilemmas but negatively affected several humanitarian principles at once. For example, the routine reliance on armed escorts and other hard security measures, especially by UN agencies, does not only affect the UN’s perceived neutrality negatively but has also not enabled humanitarians to deliver assistance in areas controlled by Al-Shabaab and has driven up operational costs, with a negative effect on performance against the principle of humanity. Moreover, it has reduced the operational independence of humanitarian agencies as they depend on the availability of armed escorts and hard security structures. Most organisations are not engaging with Al-Shabaab, meaning the vast majority of assistance was provided in government-held areas. This challenges the principles of humanity and neutrality alike. Locating key offices in the same areas or compounds as military forces, finally, further eroded these humanitarian organisations’ neutrality and could make them legitimate targets for non-state armed groups.

141. For details, see International Crisis Group Updates on Somalia: <https://www.crisisgroup.org/africa/horn-africa/somalia>.

3.4. Was the Drought Response Well Coordinated and Led?

179. IAHEs placed special emphasis on assessing how well IASC members working in a specific country come together as a system. This chapter explores how well coordinated and led the response was, what data was available and used, to what extent the response was integrated across sectors, what links between the humanitarian response and development approaches were made (“Nexus”) and how the role of local organisations evolved.

SUMMARY OF FINDINGS

While humanitarian coordination in Somalia showed clear benefits, the heaviness of related structures and processes, along with persistent coordination challenges and gaps, raised questions about the cost effectiveness of the current set-up. Data remains a weak point of the system, as strong joint assessments are based on weak demographic data and response data is often not available or not reliable. IASC members developed a framework for an integrated response, but it was only partially implemented. Some helpful links between development and humanitarian interventions were made, for example through adaptive social safety nets and analytical contributions, even though the drought response did little to contribute to livelihoods or resilience.



Coordination and leadership

The scale-up boosted humanitarian coordination capacity in Somalia. Additional capacity deployed to support coordination involved many short-term surge deployments. These helped boost sub-national coordination capacity, especially for the food security, WASH and nutrition clusters. They also helped provide short-term fixes to some of UN OCHA’s critical leadership gaps at the time of the scale-up. Coordination resulted, among others, in consistent advocacy, clear sectoral priorities and many ambitious strategy and guidance documents.

The coordination set-up in Somalia is extraordinarily complex and involves some parallel and duplicative structures. This has led to limited participation by aid organisations in some forums, reduced the setup’s overall effectiveness, and raised questions about the cost effectiveness of the coordination structure. Some areas of the response are inconsistent and the level of implementation and follow-up to many strategy and guidance documents is unclear. The humanitarian system has also remained largely reactive in its approach to the rapid succession of often highly predictable emergencies. Strategic, forward-looking issues do not receive enough attention across the response despite a push from leadership in this direction.



Data

Somalia does not have verified population data and key figures like the total number of displaced people are disputed as the system mainly tracks new displacements but not how many people are returning. Key concepts on which the data ecosystem is based are flawed and increasingly criticised, such as classifying people who move into urban areas as IDPs when migration constitutes both a potential source of vulnerability and a positive coping mechanism in line with a larger urbanisation process.

This means that data on humanitarian needs is based on weak grounding even though regular common assessments (primarily the Integrated Food Security Phase Classification, the Joint Multi-Sector Needs Analysis, the Displacement Tracking Matrix, and site verifications conducted by the CCCM cluster) provide a widely used common basis for planning the response.

Basic data about the response was hard to come by and/or questionable in its reliability. For example, there were important gaps in the information about the activities of cluster partners and reported

figures on the number of people reached per cluster. At the inter-cluster level, the information did not add up to a plausible picture relating to the available data on needs and funding levels. Steps are currently being taken to address some of the reporting system’s methodological flaws.



Integrated response

Clusters and the Humanitarian Country Team in Somalia developed guidance for delivering an integrated response to the 2021-2023 drought. However, available evidence suggests that while there were efforts to deliver an integrated first-line response, the Integrated Response Framework was only partially implemented. Many NGOs, in part incentivised by the funding criteria used by the Somalia Humanitarian Fund, reported that they prioritised an integrated response. Since a very broad definition of “integrated” is used in Somalia (including, for example, interventions from different sectors delivered simultaneously or following each other), it is hard to establish what exactly this meant in practice.



Nexus

The structural integration and coordination between humanitarian and development actors in Somalia has shown some positive effects, such as the fact that a rights-based analysis is influencing humanitarian planning and implementation. Moreover, previously created adaptive social safety nets and resilience programs made a significant contribution to the humanitarian response and helped prevent some displacement, even though they were unable to stop the extended drought from eroding affected people’s resilience. Beyond that, development interventions have not been able to address the central drivers of emergencies in Somalia, and the humanitarian drought response did little to contribute to the livelihoods and resilience of affected people. All stakeholders agree that the priority moving forward should be longer-term investments in public services and infrastructure.



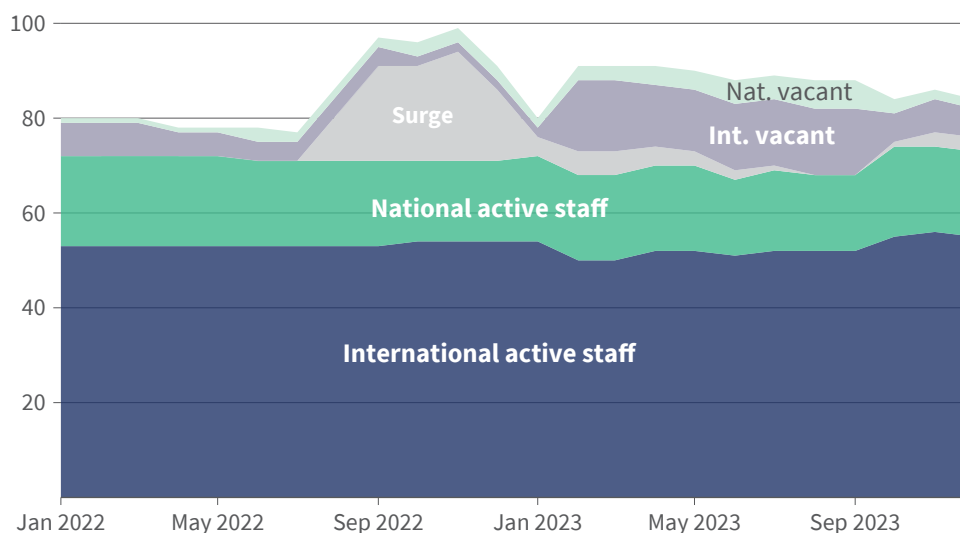
Localisation

Over recent years, national and local actors in Somalia have increasingly strengthened their roles in key coordination and decision-making bodies. However, they still face significant challenges in securing direct funding. An exception to the funding issue is the SHF, which has been critical for supporting local capacity. The Somali government has increased its involvement as well, notably through the reestablishment of the Somali Disaster Management Agency and the Baxnaano safety net program. Despite this, challenges like political rivalries, resource allocation inefficiencies, and a focus on fundraising remain significant hurdles. Affected communities generally mistrust the government’s role in humanitarian efforts, preferring international NGOs and UN agencies for their transparency and consistency over most local actors, including local NGOs. This mistrust complicates collaboration efforts between international and national humanitarian actors. Several policies aimed at strengthening localisation were passed during the time relevant for this evaluation, for example by the Localization Working Group and the CCCM Cluster, but their outcomes remain unclear.

Coordination and leadership

180. **The system-wide scale-up had a clear effect on the existing coordination capacities and structures in Somalia:** Funding for and the capacities of UN OCHA increased significantly after the scale-up was activated. The budget of UN OCHA Somalia increased some 80 per cent from \$9.4 million in 2021 to almost \$17 million in 2023. However, UN OCHA suffered from gaps in most key positions, particularly around the time of the scale-up decision in mid-2022. The organisation deployed many experienced staff members as surge capacity. This deployment helped fill important gaps, including for leadership positions, in the short term (the median time of surge deployment was 62 days). Still, it had the unintended effect of introducing frequent changes in priorities and direction. The surge also created tensions between incoming short-term staff intent on introducing change and long-term staff members. The base capacity remained remarkably stable throughout the past years (Figure 23).

Figure 23: UN OCHA Somalia Staffing, 2022-2023



Source: Evaluation team, based on data provided by UN OCHA Somalia. Surge shows staff active in any month, irrespective of duration of deployment. All except six surge deployments were to Mogadishu.

181. Cluster coordination capacity also expanded, including at the sub-national level. However, comments made by aid workers interviewed for this evaluation and notes of discussions in the Inter-Cluster Coordination Group and the Humanitarian Country Team suggest that the increase in capacity was uneven, had significant gaps, and, in many cases, took a long time.
182. Five core operational hubs were identified for the scale-up in South-West, Banadir, Galmudug, Hirshabelle, and Jubaland. By December 2022, dedicated cluster coordination capacity was only in place for food security, WASH and nutrition in South-West, Galmudug and Hirshabelle. Additional cluster coordination capacity was deployed to them with these operational hubs declared a priority in the 2023 Humanitarian Response Plan. An internal progress document shared by a donor flags the “limited number of emergency-experienced staff in some of the priority hubs at the sub-national level, specifically, Galkayo.” It also finds “[l]imited delegation of authority, which hinders the timeliness, scope and quality of the response, and impacts on resource mobilisation.” HCT members agreed on the need to “focus on a Cluster-centred coordination structure, which requires Agencies to shift away from their current practices and recentre implementation around the cluster system.” They also emphasised the “need for clarity of purpose and greater accountability within and across the broader coordination system” in their December 2022 retreat.¹⁴²

142. Summary Note (draft) from the “Safe Delivery” HCT Retreat, Wednesday, 14 December 2022.

183. In addition, area-based coordination was expanded, with Area Humanitarian Coordination Groups led by UN OCHA or NGO partners active in various districts and regions. A mapping conducted by UN OCHA in late 2023 shows 21 such groups covering either regions or districts.¹⁴³ However, since these structures were seen as less functional and effective, the HCT set up an Operations Cell to strengthen operational coordination. Among others, this put in place an additional area-based coordination structure led by IOM and the Danish Refugee Council (DRC) in 2024 in the ten priority districts identified in the humanitarian response plan to enable the area-based delivery of an integrated humanitarian response.
184. **Achievements of the coordination system:** This evaluation does not have the mandate or the capacity to assess the performance of each of these coordination mechanisms and the changes made to them individually. It focuses on overall coordination results instead. A number of achievements of the coordination effort are evident. First, in line with the global Humanitarian Programme Cycle, the coordination bodies produce an annual overview of humanitarian needs in Somalia. While some basic planning figures are disputed (see next section on data), these needs overviews create a common basis for planning. For the drought and famine prevention response, they also enabled consistent advocacy by key stakeholders in Somalia, contributing to the very significant increase in financial resources available for the response in 2022. The planning documents created through the coordination mechanisms also played a key role in defining the strategic direction of the response. As discussed in Chapter 3.2, this includes a clear sectoral prioritisation and a frequently shifting but gradually more strictly defined geographic prioritisation for the response.
185. While these achievements should not be underestimated, the humanitarian coordination system in Somalia faces a long list of challenges and shortcomings. Considering how much time and energy is invested in coordination, this raises questions regarding the cost-effectiveness of the current setup and approach to coordinating the response. The Operational Peer Review conducted almost one year after the scale-up declaration found, for example, that siloed approaches and a disconnect between and within national and sub-national coordination structures led to an evident duplication of efforts as well as gaps. Several recommendations focus on the coordination structure, for instance, on the need to strengthen the operational coordination role of the Inter-Cluster Coordination Group, to establish a gender working group, and to strengthen the Access Working Group.
186. **Coordination challenges** observed by the evaluation team include:
- Essential aspects of the response are inconsistent. For example, affected people consulted for this evaluation, reported strong differences in cash-based assistance, with people receiving different transfer amounts and for different periods.¹⁴⁴
 - Several interviewees responsible for coordination of forums or processes reported that a lack of participation or engagement hindered their coordination efforts. In the evaluation team's assessment, this is not necessarily the result of a lack of commitment from humanitarian organisations but rather the sheer number of coordination meetings and forums. Organisations need to prioritise which meetings they participate in for capacity and cost efficiency reasons.
 - The size and complexity of the coordination structure are not only an issue for participation, but it also make processes heavy and slow. Parallel and duplicative coordination structures are part of the problem. The most acute example was the introduction of the new area-based coordination structure in 2024. Led by IOM and DRC, local coordination mechanisms were set up for the ten priority districts identified in the 2024 Humanitarian Response Plan, even though some already had Area Humanitarian Coordination Groups (according to an overview provided by UN OCHA, these existed in Baardheere, Lucq, Baidoa and Gaalkacyo) or had clusters and state-Inter-Cluster Coordination Groups holding meetings in the same locations (in Garoowe, Kismaayo and Banadir/

143. UN OCHA (2023). OCHA Somalia Mapping in Area-based Coordination. Draft.

144. Interviews and focus group discussions with affected people in Wajid.

Mogadishu). The new area-based coordination mechanisms report to the Humanitarian Coordinator and the Operations Cell. Clusters and Inter-Cluster Coordination Groups are thereby bypassed and feel sidelined. They also criticise that area-based coordination is supposed to take on tasks like site assessments carried out by the CCCM cluster and are expected to fill gaps without defining a clear provider of last-resort roles. Similar patterns are apparent at the national level, where clusters feel excluded from important processes like the reforms on aid diversion and where some coordination functions overlap, for example, between the Operations Center, the Head of Humanitarian Agencies meeting, and the Humanitarian Country Team.

- Many strategies and guidance documents were developed and adopted at the national level. However, the extent to which they are followed up and implemented often remains unclear. (A laudable exception is the HCT Action Plan on post-delivery aid diversion, which is discussed in greater detail in Chapter 3.5.)
- Strategies and tools to respond to highly predictable emergencies appear to be missing or unknown. Materials for raising community awareness and prevention efforts on cholera, for example, were not readily available for the last flood response in late 2023, although cholera outbreaks are typical for floods in Somalia.
- With a country team continuously overwhelmed by the need to respond to ongoing emergencies, strategic and forward-looking issues do not receive sufficient attention. An important recent effort to counter this is a new HCT Operational Transformation Task Team to develop and discuss scenarios for the planned ATMIS drawdown in 2024.¹⁴⁵ On the other hand, a more fundamental review of UN security management and access approaches, which remain fundamental constraints for the humanitarian response, has not been attempted.

187. Evidence of what operational coordination actually took place at sub-national levels is difficult to come by. Shared Inter-Cluster Coordination Group notes for Baidoa, for example, suggest that meetings were held irregularly, had strongly fluctuating attendance, mainly served to share basic information, and rarely defined action points or reported follow-up to action points.
188. As noted in the section on localisation below, the Somali government has shown a more substantial presence in the coordination system than before. Notable in this regard were the re-establishment of the Somali Disaster Management Agency (SoDMA), the appointment of a drought envoy in 2022, and the government’s strong role in the Baxnaano social protection program funded mainly by the World Bank.



Data

189. **Needs data was based on weak grounding:** By identifying who is at risk of dying, where they are, and who was assisted, the scale-up benchmarks aimed to enable more granular and efficient planning. There was also a plan to transition to sub-district level data collection, analysis and reporting, to develop Somalia-specific vulnerability analysis criteria, and to map marginalised communities to inform response planning. While sub-district operational zones were defined, most of the data on needs remained based on weak grounding throughout the drought response. This resulted from a lack of verified population figures, especially at the sub-national level, and insufficient empirical data on returns.¹⁴⁶ The differences in estimates used are considerable. For example, the Humanitarian Needs Overview for 2021 indicates a total population of 12.3 million, whereas the World Bank estimated

145. HCT Operational Transformation Task Team (2024). Draft Terms of Reference [unpublished document].

146. Ouchtar et al. (2024). “Mortality patterns in Somalia: Retrospective estimation and scenario-based forecasts.” Report 4, March 2024, Statistical Annex 2: Reconstructing Somalia’s population denominators [unpublished work].

17 million.¹⁴⁷ Estimates used in the Humanitarian Needs Overviews were adapted significantly for subsequent years without explaining those adaptations. The Humanitarian Needs Overview for 2022 assumes a total population of 15.7 million and the one for 2023 16.9 million.

190. **Basic information was missing:** Assessing the general data availability and quality, several donors and observers interviewed noted that basic information they would expect in any crisis context remained lacking during Somalia’s famine prevention and drought response. Examples given related to: clusters not knowing enough about the activities of their members; information on the 4Ws not being accurate or up to date; as well as a lack of documentation on the coordination structure and its various technical and working groups. A relatively weak level of capacity and expertise in information management was the root cause for this, and it was felt to have become worse over the past years, a trend attributed in part to the short-term nature of many contracts of information management staff.
191. **Weak data sharing:** Interviewees frequently complained about weak data-sharing practices between agencies. Many attributed this to a culture of competitiveness among agencies and poor overall information management standards. Moreover, the structure and flow of information is not conducive to effective and timely information sharing. At the state level, UN OCHA does not get data directly and horizontally through sub-national clusters, but the latter reports to Mogadishu-level clusters, and then information travels vertically back down to UN OCHA at the sub-national level.
192. Notes from the Humanitarian Country Team and sub-national Inter-Cluster Coordination Group meetings support both concerns, with requests for information from member agencies remaining pending for several months. They also show the weak baseline regarding operationally relevant information: in the fourth quarter of 2022, for instance, most points were still about identifying – not monitoring – response gaps, population figures and other basic demographic data.
193. On the other hand, interviewees highlighted positive examples and progress with setting up data-sharing agreements between organisations and consortia , such as the data-sharing agreement that the cash consortium and its members have with WFP, IOM and BRCiS. These are seen as particularly beneficial, as they allow each member organisation of the consortium to share data on any program, not just the activities conducted as part of the consortium. A new information-sharing protocol was passed at the time of writing this report in August 2024.¹⁴⁸ Some important information sources are also available online, such as the Displacement Tracking Matrix or various cluster dashboards.
194. **The reliability of data collected from and with affected communities in Somalia is widely perceived to be low.** Evidence reviewed for this evaluation and interviews with experienced Somali researchers has confirmed several challenges, particularly for large-scale, anonymous surveys that rely on standardised data collection. In the words of Wasuge, et al.: “Aid-related research in Somalia has produced interview fatigue and instrumentalist attitudes towards research by respondents, as donors and aid agencies continue to duplicate data collection.”¹⁴⁹ The political economy of data collection in Somalia is such that “at each link [in the contracting chain], pretty much everyone is incentivised to report positive information and not to report or deny negative information” about the response.¹⁵⁰ When Ground Truth Solutions asked community members about their perceived barriers to providing feedback, focus group participants described a “culture of fear”, where feedback is stifled for fear of safety and undermining one’s prospects for receiving aid.¹⁵¹ In comparison, where they managed to develop trust amongst participants and create an open space for discussion, qualitative approaches have produced more reliable information.¹⁵²

147. See <https://data.worldbank.org/country/somalia> and OCHA (2021). Somalia Humanitarian Needs Overview 2021, <https://reliefweb.int/report/somalia/2021-somalia-humanitarian-needs-overview>.

148. See <https://reliefweb.int/report/somalia/information-sharing-protocol-somalia-humanitarian-response-11-august-2024>.

149. Wasuge, M.; Musa, A.M.; Haggmann, T. (2021: 2): “Who owns data in Somalia? Somali Public Agenda.”

150. Centre for Humanitarian Change (2023). “Corruption and Aid Diversion in International Aid in Somalia.” Discussion Paper.

151. GTS (2023): “Overcoming power imbalances: Community recommendations for breaking the cycle.” Cash Barometer.

152. This is why the evaluation team prioritized qualitative approaches to understanding the perspectives of affected communities.

195. **Main collective needs assessment tools:** Against this backdrop, the collective response relies on three main pillars to understand needs and inform its planning: the Joint Multi-Sector Needs Assessment (JMSNA), IPC assessments, and displacement data.
196. The **JMSNA** is conducted annually by REACH. It is supplemented with data from key informant interviews (called Humanitarian Situation Monitoring) for hard-to-reach areas. The JMSNA is represented at the district level and for population groups (displaced, non-displaced, urban and rural), and indicative at settlement level.¹⁵³ The JMSNA was seen by most interviewees as largely useful and reliable, even if it relied heavily on phone-based data collection during the COVID-19 pandemic. The 2022 data was met with some criticism. The JMSNA traditionally did not include food security data, which is covered in the IPC assessments.
197. **IPC** data used to be the main source of needs data and the number of people in need was directly inferred from IPC assessments (with the introduction of the Joint Intersector Analysis Framework, the information basis was widened). An independent review of the IPC was launched in June 2023 and completed in October 2023, following concerns expressed by five of its donor agencies. The review found several challenges, including inadequate involvement from health, WASH and government actors. Some agencies felt excluded or they had to force their involvement in the analysis. Although the IPC data was at least partially responsible for record levels of funding mobilised in response to its famine warning, its communication lacked clarity, making it difficult for users to make informed decisions. The review describes the IPC structure in Somalia as highly dependent on the FSNAU, deviating from global standards emphasising collective ownership and technical integrity. Consequently, the review calls for significant reforms for the IPC to better fulfill its intended role.¹⁵⁴
- For quarterly prioritisation, MSNA and IPC data is complemented with **displacement monitoring data from DTM (IOM)** and the results of **CCCM site verification** exercises. Since these provide diverging figures, an average or hybrid is typically used to inform collective planning. A major constraint in this regard is that displacement is primarily monitored in terms of flows, that is, estimates regarding the number of newly displaced people. With little evidence of returns, the absolute size of the displaced population in Somalia remains highly contested. A survey and verification exercise in 246 randomly sampled IDP sites in Mogadishu, Kismayo, Beledweyne and Baidoa by the Somalia National Bureau of Statistics illustrates this: it found 50 per cent fewer IDPs residing in the locations compared to official figures reported in the CCCM Cluster master list.¹⁵⁵
 - Apart from the questionable reliability of IDP estimates, the debate on displacement in Somalia has rightly become more nuanced in understanding mobility both as a potential source of vulnerability, as well as a key resilience capacity of Somali communities^{156 157} (see also the chapter on unintended effects under 3.1 above). The way the humanitarian response classifies people moving into urban areas as IDPs and then uses data on displacement does not reflect this nuanced understanding but treats the estimated number of IDPs as a proxy for the severity of the humanitarian challenge or the size of the population in need.
198. **Questionable reliability of response reporting:** The response reports on its progress against targets via monthly cluster reports. Several interviewees who were knowledgeable about the cluster reporting practices questioned their reliability. Moreover, stakeholders from the government and donors

153. REACH (2023). “Multi-Sector Needs Assessments (MSNA) - Key Findings.” See <https://reliefweb.int/report/somalia/multi-sector-needs-assessments-msna-key-findings-december-2023-somalia>.

154. It was beyond the scope of this evaluation to assess the progress made since then. For more details, see Buchanan-Smith, M., Cocking, J. & Moallin, Z. (2023) “Independent review of the Integrated Food Security Phase Classification (IPC) Somalia.” HPG-commissioned report. London: ODI, www.odi.org/en/publications/independent-review-of-the-ipc-in-somalia.

155. Somalia National Bureau of Statistics, Federal Government of Somalia (2023). Survey on Nomadic Movement into IDP Camps in Mogadishu, Kismayo, Beledweyne & Baidoa.

156. Humanitarian Outcomes (2024). “Somali capacities to respond to crisis are changing; how are humanitarian actors responding?” United Kingdom Humanitarian Innovation Hub.

157. Bakonyi, J. and Chonka, P. (2023). “Precarious Urbanism: Displacement, Belonging and the Reconstruction of Somali Cities.”

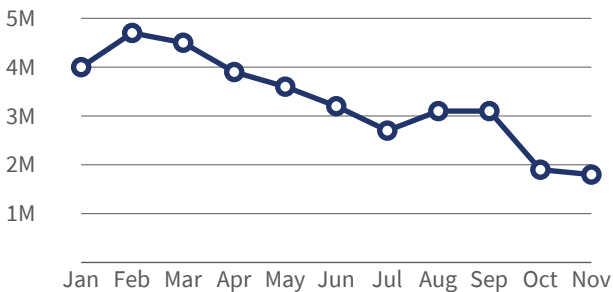
expressed concerns that during the scale-up, the number of people reached and number of people in need did not add up to a plausible picture. These concerns seem justified based on a review of the available cluster dashboards. For example, nutrition data shows that in 2022, between 150 per cent and 170 per cent of targeted people were reached and even indicates a reach of 170 per cent to 220 per cent for 2023, when the cluster was reportedly only 24 per cent funded.¹⁵⁸ The most recent data from the Food Security Cluster for January to March 2024 shows 2.4 million people reached (out of 2.7 million targeted), despite the cluster being only 5.5 per cent funded.¹⁵⁹

199. Beyond the challenges in individual clusters, the calculation of and reporting on collective, i.e., inter-cluster reach, was deeply flawed during the famine prevention and drought response. Several challenges impeded meaningful monitoring of the collective coverage of the response (and undermined its retroactive assessment, as described in Chapter 3.2):
- The fact that clusters follow different methodologies for calculating their cumulative reach makes comparisons between clusters complex and creates inconsistencies when combining data for inter-cluster reporting. Figure 24 below shows different ways to calculate cumulative reach by two clusters. The food security cluster achieved its highest reach in the first quarter and its cumulative reach figures reflect the highest monthly figure. Subsequent drops in coverage are not shown in the cumulative report. The nutrition cluster adds monthly reach figures to each other. While it never reached more than 650,000 people in a month, its cumulative year-end figure was above 100 per cent. The cumulative approach thus masked significant gaps in the first half of the year.

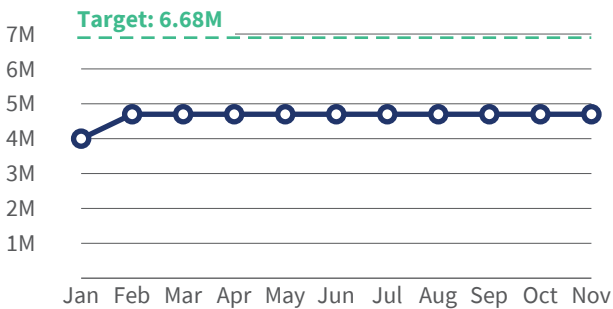
Figure 24: Examples of Methods to Calculate Cumulative Cluster Reach

Food security cluster reach 2023

Monthly reach

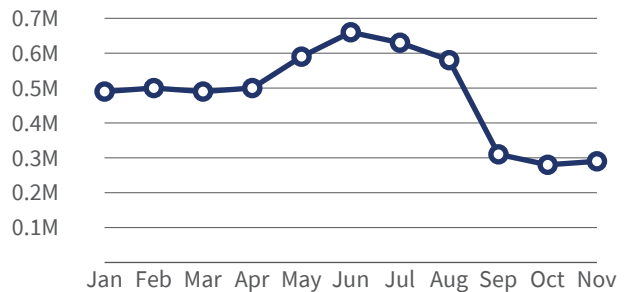


Cumulative reach

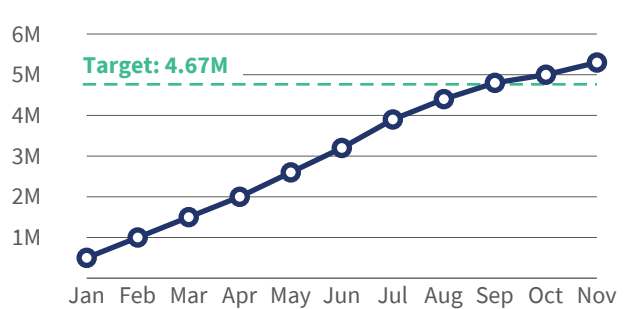


Nutrition cluster reach 2023

Monthly reach



Cumulative reach



Source: UN OCHA (2024). “Methodology Note on the Intercluster Response Calculations”, June 2024 [unpublished document].

158. According to the HRP dashboard, accessed 19 August 2024, <https://humanitarianaction.info/plan/1133/ge/6941?bs=eyJibG9jay04YTc4NDM2OC1hZWZLTQ1NzltYmQ2YS1mMG15MzYwYjA5YjUiOnsidGFyZ2V0IjoxfX0%3D#page-title>.

159. See <https://fcluster.org/somalia>, accessed 3 September 2024.

- Clusters typically monitor several indicators, from direct ones, such as life-saving food assistance delivered, to indirect ones, such as the number of people living in camps with an elected representational body in place. The clusters decide which indicators they include in their reporting and how they aggregate the numbers of people reached across indicators.
 - Some clusters changed their methodology for calculating reach during the year, compromising meaningful monitoring and time-series analysis.
200. To mitigate the main flaws, UN OCHA conducted a gap analysis in 2023, which is more robust but still leaves many questions about the actual reach unanswered.¹⁶⁰ For example, the dashboard shows cumulative total reach inexplicably declining month to month.
201. In 2024, under the guidance of UN OCHA's information management unit, the Inter-Cluster Coordination Group substantially improved the methodology for calculating inter-cluster reach, thus addressing most of the constraints.¹⁶¹ It remains to be seen whether the revised approach will be followed consistently by all clusters to enable better monitoring and analysis of future responses.



Integrated response

202. Delivering humanitarian assistance in a more integrated way was another key reform effort during the 2021-2023 drought response. Clusters and the Humanitarian Country Team developed several important agreements and guiding documents on this issue.
- The CCCM cluster developed a Minimum Response Package for urban IDPs in Baidoa and Banadir in 2021. The package covered food/cash, WASH and shelter components, and it was agreed upon and delivered by IOM, UNICEF and WFP. A learning review found the approach could be scaled up but needed more consider for nutrition and health.
 - Building on this approach, the Humanitarian Country Team agreed on an Integrated Response Framework in October 2022. This agreement included the concept of an integrated first-line response intended to provide a minimum package of assistance to prevent or reduce the loss of lives until a more comprehensive second-line response is in place.¹⁶² The first-line response includes a package of assistance and services on food/cash, nutrition, health, WASH, and shelter/non-food items for distribution within one week to newly displaced and critically underserved people in newly accessible, hard-to-reach and extreme constraint areas designated as operational priority area 1.
 - The integrated response framework also defines parameters for a multi-sectoral second-line response. “Integrated response” is defined much more loosely in this case and can consist of either delivering another joint response package or a separate implementation of different components of the response simultaneously or by delivering different response components sequentially.
203. Donors and some other key stakeholders interviewed for this evaluation see the Integrated Response Framework as a major achievement of the drought response. This enthusiasm, however, is not evenly shared across the humanitarian system. Critics argue that some key stakeholders were not consulted for the development of the first-line response package; that the contents of the response package changed repeatedly; that it does not correspond to global standards defined for rapid response mechanisms, or simply that the framework was not implemented. Some critics also argue that the first-line response package is very narrow, focusing only on food, nutrition, health, WASH and fundamental shelter materials, but not other services that could be critical, such as protection or education. Considering how severe food insecurity was, the evaluation team believes it was legitimate

160. Somalia 2023 Response Gap Analysis, [online](#).

161. OCHA (2024). “Methodology Note on the Intercluster Response Calculations.” June 2024 [unpublished document].

162. HRP 2023.

to focus the very early first-line response on this narrow assistance package. The first-line response package was recently revised also to include temporary learning spaces.

204. It is not easy to track the extent to which the response was delivered in an integrated way since it is monitored on a cluster-by-cluster or sector-by-sector basis. Available evidence suggests that the Integrated Response Framework was partially implemented.
- In our consultations with communities, a majority of the recipients reported that they received multiple types of aid. Unrestricted cash transfers and food assistance were the most frequently mentioned types of aid received across locations. These were followed by water, hygiene and sanitation support, as well as health services. Shelter and education were the least mentioned forms of assistance. When shelter and education were mentioned, they were often listed alongside other more commonly cited forms of assistance. An analysis of the diversity of aid received across the 13 locations suggests that Las’anod, Baidoa, Balcad, Burco, Hargeisa, and Mogadishu received the most diverse assistance, meaning that respondents listed the broadest range of types of aid. The reported range was smallest in Afmadow, Balcad, Burhakaba, and Hobyo.
 - Data from the clusters on how many people they reached with assistance each month shows that different sectors expanded their coverage at different speeds. The data thus corroborates reports by interviewed aid workers that the first-line response package often did not reach targeted people at the same time and that all components were not always delivered. Several documents confirm this finding, especially for 2022: a UN OCHA progress update on the IASC system-wide scale-up from late December 2022 states “Limited/No Integration of the response” as a challenge or gap. Inter-Cluster Coordination Group meeting minutes from November 2022 also state that “convergence of key clusters for an integrated response is not happening in most locations, ... with only FSC being able to provide assistance quickly.”
205. Many NGOs consulted for this evaluation reported delivering an integrated multisector response, although their integrated response is not usually related to the Integrated Response Framework.¹⁶³ In addition to internal policies and procedures, they mentioned the Somalia Humanitarian Fund (SHF) funding modalities as an important incentive for doing so. Interviewed aid workers consistently reported that plans to deliver the response in an integrated way were an important selection criterion for SHF funding. Matching this description, the SHF reports that 89 per cent of its allocations in 2023 prioritised an integrated response.¹⁶⁴ However, no clear definition exists of what “integrated” is. Since the SHF only accounts for a small share of overall humanitarian funding in Somalia, it typically funds three to four clusters per allocation. It relies on other donors to provide complementary funding for other response sectors.
206. **Rapid Response Mechanism:** The Scale Up Benchmarks included plans to develop a rapid response mechanism and the Humanitarian Country Team endorsed an action plan for its rollout across the response. The 2022 Drought Response and Famine Prevention Plan then detailed plans for this mechanism to reach 690,000 IDPs with an essential life-saving multi-sectorial minimum response package of assistance, with required funding of \$81 million. The package for immediate assistance was to include multi-purpose cash assistance, a standard hygiene kit including a female dignity kit, and two plastic sheets. The Rapid Response Mechanism appears to have been replaced by the Integrated Response Framework.¹⁶⁵

163. An ICCG presentation of 18 January 2024 explains: “There is limited participation of NGOs in the implementation of the IRF as they do not understand how they fit in the IR framework. The implementation is mainly led by UN agencies. INGOs/NGOs consider the process as UN-centric.”

164. Somalia Humanitarian Fund 2023 Annual Report, <https://www.unocha.org/publications/report/somalia/somalia-humanitarian-fund-annual-report-2023>, p. 13.

165. There is no mentioning of the Rapid Response Mechanism anymore in the 2022 Drought and Famine Prevention Response Dashboard, or the 2023 Humanitarian Dashboards. The 2023 HRP also does not report plans for the RRM anymore, suggesting that the pilots described in 2022 were not expanded and the RRM concept was presumably replaced with the Integrated Response Framework described above.



Nexus

207. Regarding linkages between humanitarian and development interventions in Somalia, some positive effects of the structural integration and coordination among the UN humanitarian and development systems, as well as of previous investments in adaptive social safety nets and resilience programs, can be observed. However, the drought response itself by design contributed little to affected people's resilience, and key drivers of emergencies in Somalia remain unaddressed through development interventions.
208. **Structural integration and coordination:** An integrated Resident and Humanitarian Coordinator and his office led the UN system in Somalia. A small number of interviewees criticised the fact that no Deputy Humanitarian Coordinator was appointed to strengthen the system-wide scale-up. On the whole, however, the vast majority of interviewees felt that successive Resident and Humanitarian Coordinators brought strong humanitarian knowledge to the response. They also recognised that the combined function had distinct advantages, including facilitating a more integrated strategic perspective and stronger relationships with government authorities at the federal and state levels.
209. Among the non-humanitarian offices and agencies of the UN, the Office of the High Commissioner for Human Rights (OHCHR) stands out as having made a significant contribution to humanitarian planning. Its analyses of the vulnerability to shocks of members of minority and marginalised clans and their difficulties in accessing humanitarian assistance helped raise awareness about and place greater emphasis on clan-based inclusion (see Chapter 3.3 for more details on the performance of the drought response on inclusion).
210. **Adaptive social safety nets:** Over recent years, Somalia has seen important innovation from several development actors that supported the development and implementation of shock-adaptive social safety nets in a context with slowly solidifying but still very weak government structures. The most important program launched in 2019 is the national social protection program of the Federal Government of Somalia, Baxnaano, funded mainly by the World Bank. It provides vulnerable families in rural areas with a monthly cash grant of \$20. The program can be adapted when shocks occur, expanding vertically (topping up the grants existing beneficiaries receive) and horizontally (enrolling additional beneficiaries). In 2022, the World Bank injected an additional \$143 million into the program through its Shock Responsive Safety Net for Human Capital Project. It increased the disbursements of its Shock Responsive Safety Net for the Locust Response Project. Since Baxnaano is a program of the Somali federal government, it contributed to the Somali government by being the second largest donor to the drought response.
211. Baxnaano is well integrated into the humanitarian response as a development program. Most importantly, it expanded its activities significantly during the drought to support the humanitarian response. Baxnaano increased the payouts to most of the existing beneficiaries (173,517 out of 199,913 households) from \$20 to \$60 during the drought response.¹⁶⁶ It enrolled approximately 150,000 additional households, partly drawing on recipients following an earlier shock and partly enrolling new households.¹⁶⁷ Baxnaano is technically well integrated into the humanitarian response system because it is implemented by WFP, the biggest provider of humanitarian cash transfers, and UNICEF. The program initially used WFP's system SCOPE to register beneficiaries, enabling more complementary targeting and better de-duplication of beneficiaries than other set-ups. Some overlaps with humanitarian cash programs may, however, still exist since other organisations also provide

166. World Bank (2023). Shock Responsive Safety Net for Human Capital Project Implementation Status & Results Report.

167. Some stakeholders, however, criticized Baxnaano for allowing political considerations to influence the selection of beneficiaries. The program uses proxy-means testing drawing on an extensive set of indicators to select beneficiaries. Studies found that inclusion and exclusion errors were significant.

humanitarian cash grants. There are some duplications of beneficiaries within SCOPE, and Baxnaano shifted from using SCOPE to register beneficiaries to creating its own government-based registration system, the Unified Social Registry.

212. The World Bank has earmarked \$32 million for building up the Unified Social Registry. The Unified Social Registry collects detailed socio-economic data on households and is intended to enable proxy means testing to create vulnerability scores that different organisations and sectors could potentially use for their respective targeting. While the current registry does not yet include biometric data, the planned expansion of the registry intends to do that. Current efforts to create a joint beneficiary registration system for humanitarian organisations do not envisage using the Unified Social Registry. They plan to create a common humanitarian registration system based on the Single Registration Form (see Chapter 3.5 for more details of this reform effort, which forms part of the HCT Action Plan on aid diversion). Supporting and using the Unified Social Registry could present a significant opportunity for strengthening the nexus between humanitarian and development work in Somalia in the future. One challenge that still needs to be addressed concerns responsible data sharing. The World Bank Implementation and Progress Report reports “good progress” on developing a data protection framework, but the evaluation team has not been able to collect information about the status or quality of this framework. Another challenge relates to the targeting approach used for selecting Baxnaano participants. An evaluation of Baxnaano’s targeting accuracy conducted in 2022, before the Unified Social Registry was functional, for example, found significant inclusion and exclusion errors, with only 62 per cent of Baxnaano recipients belonging to the poorest two quintiles of the population. In contrast, almost 38 per cent belong to the less poor (the upper three quintiles) of the population.¹⁶⁸ At the time of writing this evaluation report, a new targeting evaluation was planned to happen once a new cohort of beneficiaries is enrolled in Baxnaano (expected in April 2025) that should provide new evidence on the effectiveness of Baxnaano’s targeting approach.
213. While an impact evaluation of Baxnaano has not (yet) been conducted, there is some anecdotal evidence suggesting that Baxnaano successfully reduced rural-to-urban displacement during the 2021-2023 drought. Baxnaano beneficiaries were initially registered in WFP’s SCOPE system. They were then re-registered in the Unified Social Registry. During the re-registration exercise, the majority of registered households were still in the same location. During a learning event held in April 2023, participants from the Somali Ministry of Education also reported that fewer schools had to close due to a decline in student numbers in Baxnaano compared to non-Baxnaano districts in government-controlled areas.
214. Other social safety net programs include the SAGAL Social Transfers Project, a social safety net program funded by the European Union and implemented with the Ministry of Labor and Social Affairs, and a KfW/UNICEF-funded program implemented with the Cash Consortium.
215. **Resilience programs:** Somalia has also seen major investments in resilience programs over recent years. These programs are funded and implemented by both humanitarian and development actors. There is piecemeal but growing evidence that these programs had a positive effect on the resilience of communities affected by the extended drought in 2021-2023 and that they contributed to the humanitarian response when the drought emergency peaked. Existing research shows, for example, how assistance has incentivised people to remain in their places of origin and strengthened their ability to cope with crises.¹⁶⁹ While it is beyond the scope of this evaluation to review the different resilience programs in detail, well-known and well-evidenced initiatives include the following:
216. **BRCiS Consortium:** In 2013, a consortium of NGOs focusing on resilience was created. The Building Resilient Communities in Somalia (BRCiS) Consortium reported it had invested \$260 million in

168. Samuel Hall and Development Pathways (2022). “Targeting Evaluation of Somalia’s Shock-Responsive Safety Net for Human Capital Project (SNHCP).”

169. GIST (2023). “Analysing the Effects of Investments in Durable Solutions on Displacement Dynamics in Somalia.”

resilience interventions to date.¹⁷⁰ During the peak of the drought, the consortium received additional allocations and reallocated some existing resources to adapt its support to the shock. Data collected in July 2022 for an end-line evaluation shows that the shock of the successive failed rainy seasons was so severe that most proxy indicators used to measure the resilience of participating communities (e.g., food consumption scores, reduced coping strategy index, etc.) had deteriorated. However, reviews found that fewer participating community members were displaced and that involved communities became hosts to other displaced people.¹⁷¹ This finding is corroborated by case studies conducted in Laanle and Dhagaxdher¹⁷² as well as Bandar and Bulu Adey¹⁷³.

217. **SomReP:** The Somalia Resilience Program (SomReP) is another NGO consortium focusing on resilience. It was also founded after the 2011 famine and reports it had \$114 million by 2022. An evaluation conducted in 2023 found that while average resilience in participating communities declined between 2020 and 2022, the project had a positive impact over the years.¹⁷⁴
218. **Nexus limitations and opportunities:** Key development and resilience programs in Somalia have both helped mitigate some of the worst effects of the prolonged drought and contributed to the crisis response. However, in a context in which government structures remain fragile and armed conflict frequently breaks out, development interventions have been unable to address some of the central drivers of emergencies or to replace costly, short-term humanitarian interventions. For example, interviewed aid workers frequently mentioned the continued reliance on costly water trucking during droughts, the lack of infrastructure solutions to recurrent floods, and the absence of a public health infrastructure that would enable measures such as preventive cholera vaccination drives.
219. At the same time, the humanitarian response to the drought by design focused on saving lives and did little to contribute to the livelihoods and resilience of affected communities (see Chapter 3.2 for more details on the progress made towards the objective of sustaining lives and building resilience). Affected people consulted for this evaluation consistently advocated for more public services and infrastructure investments rather than short-term, life-saving support. Recent global changes suggest that the development sector may be better placed than the humanitarian sector in delivering on these expectations. Following a spike in global funding for humanitarian action in 2022, humanitarian resources have been contracting sharply ever since. The UN’s Emergency Relief Coordinator has, therefore, pushed for setting clearer boundaries between the different aid systems and prioritising life-saving needs in humanitarian responses.¹⁷⁵ At the same time, Somalia reached the Heavily Indebted Poor Countries Initiative Completion Point in December 2023, which enables it to save billions of dollars in debt services and creates access to additional financial resources.¹⁷⁶



Localisation

220. In line with global commitments, IASC members have repeatedly made commitments to strengthen the role of national and local actors in the humanitarian response. The findings of this evaluation on the localisation of the humanitarian response in Somalia are ambiguous. On the one hand, local and national organisations play an essential role in delivering assistance, given how constrained international actors are in their ability to reach affected people directly. On the other hand, there

170. See <https://www.nrc.no/what-we-do/brcis-consortium---building-resilient-communities-in-somalia/>.

171. BRCiS (2023). Building Resilient Communities in Somalia Phase 2 Final Report.

172. iDMC (no date).

173. iDMC (no date).

174. SomReP (2023). “End Line Evaluation for EU Restore and Sida Project.”

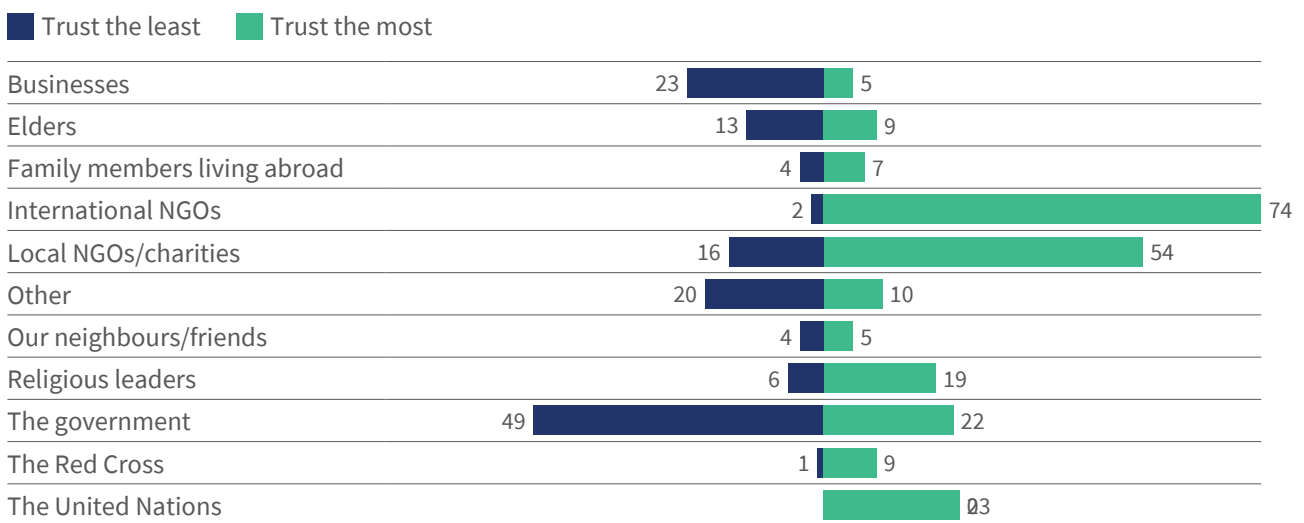
175. Martin Griffith (2023). “Putting People First: Humanitarian Diplomacy in a Challenging World.”

176. World Bank (2023). “Somalia - Enhanced Heavily Indebted Poor Countries Initiative: Completion Point Document and Multilateral Debt Relief Initiative.”

are reservations about local and national actors. Affected people consulted for this evaluation say they trust international NGOs and UN agencies the most, seeing them as more transparent, fair, and consistent in delivering aid compared to local organisations. This preference was particularly pronounced amongst women from both host and IDP communities (Figure 25). At the same time, they note a lack of familiarity with local needs among international NGOs and criticise that international organisations are not present enough to understand and validate needs first-hand.

Figure 25: Trust Ratings (Frequency of Responses)

Who do you trust the most to help cope with a drought? (n=104)



Source: Evaluation Team, affected community consultations

- 221. In terms of the implementation of commitments to localisation, this evaluation shows that national actors strengthened their role in key coordination and decision-making bodies despite a lack of direct funding. Notwithstanding this improvement, many of the recurring issues identified in evaluations and studies before the scale-up are still valid today,¹⁷⁷ and important challenges to the localisation agenda remain unaddressed.
- 222. **Little direct funding to national and local actors:** Much of the debate around localisation focuses on resource allocation, following the commitment by key IASC members to allocate 25 per cent of global humanitarian funding “as directly as possible” to local and national aid providers. Local actors interviewed for this evaluation pointed out that Somali organisations have received only a tiny fraction of this.¹⁷⁸ According to UN Financial Tracking Service (FTS) data for 2021, only 0.34 per cent of funding went to local NGOs or civil society organisations and 0.69 per cent to national Somali NGOs.¹⁷⁹ The majority of the remaining funding continues to be channeled through the UN, international NGOs and pooled funds, which often rely on long chains of subcontractors to implement projects. Several Somali government institutions have been trying to implement rules requiring projects below a certain size to be allocated to national or local organisations.

177. See Annex E and also: Robillard, S., Atim, T. & Maxwell, D. (2021). “Localization: A “Landscape” Report.” Boston, MA: Feinstein International Center, Tufts University; and Howe, K., Munive, J. & Rosenstock, K. (2019). “Views from the Ground: Perspectives on Localization in the Horn of Africa.” Boston: Feinstein International Center, Tufts University & Copenhagen: Save the Children Denmark.

178. See e.g. Nexus and SSWC (2021). “Research on the Progress of Localization in Somalia and Somaliland.”

179. Humanitarian Outcomes (2024). “Somali capacities to respond to crisis are changing; how are humanitarian actors responding?” United Kingdom Humanitarian Innovation Hub.

223. The Somalia Humanitarian Fund (SHF) is a significant exception. Even though it only accounts for around five per cent of overall humanitarian funding, it has been playing a critical role in supporting local and national organisations. The SHF has been allocating a steadily increasing share of its resources to local and national NGOs, rising from 46 per cent in 2019 to 61 per cent in 2022 and almost 70 per cent in 2023.¹⁸⁰ In 2022, this corresponded to an allocation of \$43 million. These allocations include program support costs, which are critical for enabling institutional development. The SHF also recently started reporting on the role of local women-led and women’s rights organisations. In 2023, 15 per cent of the fund’s Somali partners were women-led or women’s rights organisation and their SHF funding had increased from \$10.2 million to \$12.7 million.
224. **Strengthened role of national actors in coordination and decision-making:** The delivery of humanitarian assistance and services in Somalia depends almost entirely on local organisations and local staff members at international organisations. Many local organisations have developed considerable capacity over the last 30 years. They often have better mobility and access to hard-to-reach areas due to their established presence and understanding of the local context, and some have better access to different sectors of society, including marginalised groups. Their involvement in crucial humanitarian forums is not as strong as their extensive operational role would suggest, but recent years have seen their participation and representation strengthen.
225. The Somalia NGO Consortium has played a much-appreciated role in convening national and international organisations and amplifying their advocacy. It has been less effective in representing local and state-level NGOs. For example, only four NGOs from Puntland are represented in the Consortium. This representation has led to the creation of alternative forums, such as the Puntland NGO Forum, which aims to improve local NGO access to information and funding. The lack of representation has tangible consequences: for example, local NGOs excluded from the Consortium were not informed about and were less involved in the scale-up.
226. The NGO consortium and independent, national organisations were increasingly included in coordination bodies like the Humanitarian Country Team and cluster meetings. This includes, for example, the representation of a minority rights organisation in the Humanitarian Country Team as well as in the CCCM, food security, and protection clusters. Several interviewees criticised, however, that the representatives did not receive adequate support to fulfill their roles appropriately. Nevertheless, the increased representation by international and national interviewees was appreciated as an overdue expansion of their role.
227. The strongest representation of local and national NGOs has been in the Somalia Humanitarian Fund (SHF) governance structures. National NGOs claimed one of four seats on the Advisory Board earmarked for NGOs in 2021, two in 2022, and had three seats earmarked for local and national NGOs from 2023 onwards. Local and national NGOs interviewed for this evaluation stressed that being declared eligible based on the SHF’s rigorous due diligence process is considered a “badge of honour” and relevant for mobilising funding from other sources. The number of national NGOs among the organisations designated as eligible for receiving SHF funding rose from 91 in 2022 to 123 in 2023. However, many international agencies still conduct their own due diligence on organisations that are eligible for SHF funding, which can create redundancy and additional hurdles for Somali NGOs.
228. During the period under review for this evaluation, a range of policies and guidance documents on localisation were passed that should – in theory – have further strengthened the role of national and local actors. However, it was not clear what the outcomes of those efforts have been. For example, a Localization Working Group led by the Somalia NGO Consortium developed a Framework for Localization in Somalia before the system-wide scale-up. Still, no evidence was found on its results. The CCCM cluster also developed a cluster-specific localisation framework and work plan in 2021,¹⁸¹

180. Somalia Humanitarian Fund, Annual Reports [2021](#), [2022](#) and [2023](#).

181. CCCM Cluster ([2021](#)). “CCCM Cluster Localization Framework and Work Plan.”

with the aim of increasing funding allotted to local and national NGOs, strengthening the capacity of these organisations, and integrating local knowledge in relevant strategies.

229. **Remaining challenges to localisation:** Several of the reservations held by international and national organisations about each other’s comparative strengths, which are documented in existing research, were also palpable in interviews for this evaluation: Internationals often viewed their local counterparts as businesses that need supervision for their adherence to humanitarian principles. The rise of entrepreneurial local organisations over the past three decades reflect a context where aid flows overshadow all other parts of the economy. Some also criticised that local organisations present in Mogadishu often do not have a reliable footprint in other parts of the country.
230. On the other hand, local organisations criticised their international counterparts for having little presence outside of Mogadishu (or Nairobi) and local hubs. They demanded more access to resources and expressed an expectation that international organisations should give up more of their influence, given that local organisations have been operational in the crisis for decades. Again, this is also reflected in existing research, where local organisations perceived a direct competition with international ones and complained that capacity-strengthening activities for local organisations are often uncoordinated and repetitive, thus reducing their effectiveness.¹⁸²
231. Somalia’s government institutions show a stronger presence than before, notably with the re-establishment of the federal Somalia Disaster Management Agency and state-level disaster management ministries, the appointment of a drought envoy in 2022, and the government’s substantial role in the World Bank-funded Baxnaano safety net program. Many interviewees saw the government’s increased involvement as a solution to several key humanitarian challenges, such as basic service provision, ID management, and of coordinating aid efforts.
232. Despite this progress, tensions between the federal government and federal member states, as well as challenges like political rivalries and inefficient resource allocation, persist. Humanitarian Outcomes (2024) describes challenges such as trust issues between government and humanitarians, confusion over agency roles, and direct approaches to donors by federal member states.¹⁸³ Bureaucratic and administrative impediments further complicate the situation, for example, the Somaliland presidential decree on cash transfers and demands to include government capacity-building in project budgets.
233. For humanitarians, the risks of closer collaboration with government actors are also echoed in the opinions of communities consulted for this evaluation. Across sexes, respondent groups and many locations, affected communities consistently rank the government as the least trusted stakeholder to help them cope with the effects of a drought (Figure 25 above).

3.5. How Did the HCT Reforms on Aid Diversion Affect the Response?

234. This evaluation included a learning process on the Humanitarian Country Team (HCT) reforms to address Post-Delivery Aid Diversion (PDAD), which aimed to provide the humanitarian leadership in Somalia with real-time feedback on where the reform efforts stand and what next steps could be prioritised at the country and global or headquarters levels. The learning process drew from the data collection and analysis methods described in Chapter 2.4 above. Key stakeholders were provided feedback, through presentations and discussions at key points in the evaluation process. This chapter presents and summarises the main findings and highlights relevant takeaways.
235. The evaluation team was not granted access to the original PDAD report, which has constrained its ability to analyse the report’s findings and recommendations fully.

182. Howe et al. (2019). “Views from the Ground: Perspectives on Localization in the Horn of Africa.” https://fic.tufts.edu/wp-content/uploads/FIC_LocalizationAfrica_7.233.pdf.

183. See https://www.humanitarianoutcomes.org/sites/default/files/publications/ho_ukhih_somalia_1023_2.pdf.

SUMMARY OF FINDINGS

At the behest of the UN Secretary-General, an investigation of post-delivery aid diversion in Somalia was conducted in 2023. The Humanitarian Coordinator and the Humanitarian Country Team adopted a series of reform measures to address the recommendations made in the aid diversion report as well as those made by an Operational Peer Review. In June 2024, the Humanitarian Coordinator submitted a progress report on these reforms to the UN Secretary-General.

A review of these reform efforts conducted as part of this evaluation found that the system-wide scale-up initially did not pay enough attention to mitigating the increased risk of aid diversion. The reform process then played an important role in rebuilding trust and creating a spirit of transparency and cooperation between UN agencies, NGOs and donors. While progress was made on almost all the ten prioritized action points, much of it related to processes. Making progress took significantly longer than the initially envisaged completion timeline for the actions by the end of 2023. Significant challenges to implementing a joint approach to the reforms also remain: there are gaps in the coordination between the different workstreams and parallel efforts to address central aspects of the reform, such as improving beneficiary registration.

Background

236. Humanitarian aid diversion is a recognised challenge in Somalia, significantly influencing the country's economy and the effectiveness of aid delivery. For example, the challenges were well-documented in an influential study by Transparency International in 2016.¹⁸⁴ More recently, the Risk Management Unit summarised lessons learned from 2010 to 2023.¹⁸⁵
237. Several innovations were introduced in Somalia after previous emergency responses to address this well-known risk. In 2011, for example, a Risk Management Unit was established within the Resident Coordinator's office to monitor and mitigate risks associated with aid diversion. The Risk Management Unit established a contractor information management system to track and manage contractors involved in aid delivery more efficiently. The practice has since been replicated in other countries. Humanitarian organisations in Somalia have also pioneered the practice of engaging third-party monitors to enhance control in an operation that is primarily managed remotely.¹⁸⁶
238. Despite these innovations, the rapid expansion of humanitarian assistance as part of the system-wide scale-up in 2022 entailed obvious risks of increased aid diversion. Humanitarian leadership in Somalia raised concerns about these risks, made efforts to bring them to the attention of country-level actors, and escalated them to the United Nations' Executive Committee in January 2023. Following this, the UN Secretary-General tasked the Emergency Relief Coordinator with investigating aid diversion in Somalia.
239. The investigation was conducted partly by UN entities operating in Somalia and partly by an independent investigating firm. This dual approach was intended to comprehensively examine the extent and nature of post-delivery aid diversion during this period. It culminated in the completion of the PDAD report in early 2023.
240. The PDAD report was initially disseminated among select UN representatives and later shared with donor agencies and the Somali government. NGO representatives received excerpts of the report but the full report remains confidential, meaning access is limited to a small group of stakeholders.

184. Harmer, A. (2016). "Enhancing accountability and transparency in Somalia." Transparency International.

185. Risk Management Unit. (2023). "Aid diversion in Somalia: Lessons learned 2010-2023."

186. See e.g. Sagmeister, E. & Steets, J. (2016). "The Use of Third-Party Monitoring in Insecure Contexts."

241. The report outlined 16 broad recommendations to mitigate the risk of aid diversion in Somalia. In response, the HCT identified specific actions to implement these recommendations in addition to those from an Operational Peer Review. From these, the HCT prioritised ten actions, which outlined in the Somalia HCT Aid Diversion Action Plan. The HCT formally endorsed this action plan in September 2023 and set the initial target deadline for completing the ten actions for the end of 2023. HCT members also engaged with government stakeholders at federal and state levels to promote legislative reform relevant to aid diversion.
242. A dedicated PDAD Task Force has been leading the action plan implementation. It was composed of representatives from three donor agencies, three UN agencies, and three NGOs. The Task Force involved a workstream for each of the ten actions, with one or two organisations designated as leads for each workstream. Although the Task Force was originally set to conclude its work by the end of 2023, the HCT extended its mandate first to June 2024 and subsequently indefinitely. The Task Force and workstream leads regularly reported progress to the Humanitarian Coordinator and the HCT.

Reform progress

243. In June 2024, the Humanitarian Coordinator submitted a progress report on the PDAD reforms to the UN Secretary-General, detailing the steps taken and the progress made under the action plan.¹⁸⁷ To guide priorities from now on, the HCT set out to develop a reform strategy note focusing on key areas such as beneficiary identification, registration, targeting, and data sharing that was still under discussion as of early September 2024. [Table 3](#) provides an overview of the progress made up to July 2024.

Table 3: Overview of Progress on PDAD Action Plan (as of July 2024)

Action	Lead	Status (July 2024)
(1) Commission light research on the sub-national political economy of aid diversion.	IOM	<ul style="list-style-type: none"> Literature review completed. Dissemination outstanding.
(2) Share best practices and experiences in shifting from community-based to vulnerability-based targeting.	WFP	<ul style="list-style-type: none"> Mapping of targeting approaches completed. Vulnerability-based targeting pilots started by WFP in Baidoa and Doolow. Accompanying research on the piloting experience in progress. Common approach to targeting under discussion.
(3) Develop common beneficiary registration system, including for biometric data.	IOM	<ul style="list-style-type: none"> Working Group established, a survey on registration systems conducted. Structure of Single Registration Form agreed. Roll-out/implementation pending.
(4) Establish data-sharing agreements to help operationalise the Common Registration System.	BHA/ ECHO	<ul style="list-style-type: none"> Initial report on data sharing and inter-operability completed. Consultancy on enhancing inter-operability of data systems in progress. Some bilateral data-sharing agreements concluded enabling manual de-duplication but not (yet) enabling use of common registry. Legal vetting of global data sharing template in progress (but no changes to data privacy rules anticipated and template not expected to replace the need for local data sharing agreements).

187. UN (2024). Progress Update in Response to the “Report to the Secretary-General on Post-Delivery Aid Diversion in Somalia”.

Action	Lead	Status (July 2024)
(5) Identify and document barriers to the inclusion of minority and marginalised groups.	NGO Consortium	<ul style="list-style-type: none"> • Report and action plan in progress/being finalised. • Representative of minority rights organisations included in the HCT. • Minority rights organisations engaged by CCCM and some agencies to identify presence/location of minority and marginalised groups. • Minority inclusion is a key objective of the Centrality of Protection strategy.
(6) Complete AAP mapping and produce monthly consolidated report on AAP.	CEA Task Force	<ul style="list-style-type: none"> • Mapping completed in 2023. • Inter-Operable Aggregator Model for community feedback mechanisms agreed upon in 2023. • First two quarterly aggregate AAP reports on data trends completed.
(7) Establish inclusive hiring mechanisms; conduct a diversity, equity, and inclusion audit of staffing practices.	NGO Consortium	<ul style="list-style-type: none"> • Diversity, equity and inclusion audit tools developed. • Efforts to map clan affiliations of UN and INGO staff rejected by staff associations and managers. • Some changes to agency partner agreements focused on minority inclusion introduced by individual agencies.
(8) Strengthen IDP awareness of assistance and rights.	UNHCR	<ul style="list-style-type: none"> • Coordinated Community Communication and Engagement Strategy endorsed in December 2023. • Community Consultations and report finalised.
(9) Establish monitoring and reporting system on aid diversion.	RMU	<ul style="list-style-type: none"> • Dashboard on aid diversion incidents established. • Increasing number of agencies reporting aid diversion data to RMU. • First reports on aid diversion incidents published.
(10) Increase physical field presence.	Access Working Group	<ul style="list-style-type: none"> • Mapping on sub-national coordination capacities conducted. • Adapted model of Area-Based Coordination being rolled out. • Number of agency/third-party monitoring visits increased.

Lessons from the PDAD reform process

244. Addressing the recommendations made in the PDAD report and by an Operational Peer Review has been an important priority for the Humanitarian Coordinator and the HCT in Somalia. Over a year after the finalisation of the report, some progress was reported on all ten prioritised actions. The experiences made in the process offer important lessons for future reform efforts in Somalia as well as for other contexts facing aid diversion issues.
245. First, **the system-wide scale-up did not pay enough attention to mitigating the increased risk of aid diversion**. As discussed above, the risks and practices of aid diversion in Somalia have been well-known for many years. The threat of famine and the related system-wide scale-up in mid-2022 led to the injection of over \$1 billion in additional resources and a humanitarian budget that more than doubled within the span of a year. Such a rapid and significant scale-up of the response brings obvious risks of increased aid diversion.¹⁸⁸ While donors and humanitarian organisations were very aware of this issue, the scale-up did not include additional risk mitigation measures. No references are made to mitigating diversion in the Scale-Up benchmarks or the IASC Scale-Up Strategic Priorities. In fact, the scale-up happened at a time when the existing risk mitigation measures were weakened.
- According to interviewees, the Risk Management Unit faced significant capacity gaps during the scale-up. Most staff were redeployed to other emergencies, and key positions, including that of the head of the Risk Management Unit, remained vacant for up to one and a half years.
 - Many humanitarian staff members understood that the famine prevention response involved a “no regrets approach”. This concept was initially developed to describe a situation in which

188. Jackson, A., & Majid, N. (2024). Time for Change: The Normalization of Corruption and Diversion in the Humanitarian Sector.

humanitarian organisations deploy resources early in reaction to warning signs based on the understanding that there are no regrets in case the emergency later turns out to be less severe than anticipated. In the case of Somalia, by contrast, many aid workers interviewed for this evaluation misunderstood the concept to mean a general acceptance of the risks entailed by the scale-up. This (mis-)understanding supported a dangerous lack of attention to possible aid diversion and potential risk mitigation measures.

- One of the fundamental reasons why the risk of aid diversion is so high in Somalia despite important innovations in third-party and remote monitoring is that many organisations have very little field presence, especially regarding their international staff members. In the years before the 2021-2023 drought, many organisations tried to relocate international positions from Nairobi to Mogadishu and more local humanitarian hubs. However, additional restrictions on movements and in-person meetings during the COVID-19 pandemic as well as the increased practice of holding meetings remotely reversed a lot of the progress made previously.

KEY TAKE-AWAYS

- Future scale-ups should entail collective and agency-specific risk management roles as one of the core capacities that must be enhanced.
- Guidance from headquarters or the global level is urgently needed to highlight that enhanced risk management is an essential part of scaling up an operation and clarifying that a “no regrets approach” does not equal a general acceptance of increased risks or replacing the concept.
- A fundamental review of the humanitarian system’s approach to security management should be prioritised as the most important measure to increase the field presence of humanitarian organisations.

246. Second, **the HCT reform process played an important role in rebuilding trust and creating a spirit of transparency and cooperation.** Due to the involvement of an independent investigative firm, consulted stakeholders see the PDAD report as very credible. However, the report is treated as highly confidential. It was initially not shared with donors, government representatives or NGOs. This eroded trust on the side of these stakeholders. From mid-2023 onwards, the report was shared with key donors for the Somalia response as well as with government entities. Excerpts of the report were shared with the Somalia NGO Consortium. Establishing a task force consisting of donors, UN agencies, NGOs, and donors was critical for creating more transparency, enabling a more open discussion culture, establishing a sense of addressing this issue collectively, and beginning to re-establish trust. Key enablers and drivers of progress include:

- Decisive leadership from the Humanitarian Coordinator and representatives of key agencies;
- A willingness by key agencies to share information about alleged aid diversion with donors, including directly with local donor representatives, even when activities funded by other donors were concerned;
- Strong and constructive donor engagement and NGO participation in HCT discussions and the PDAD Task Force;
- Strengthened Risk Management Unit capacity through local funding and agency staff secondments, which supported (among other activities) the information sharing and analysis of incidents of aid diversion.

247. Despite this progress, important stakeholders continue to feel excluded from the process. While other materials providing similar analyses of aid diversion are reportedly available, many people meant to implement related reforms have not been able to read the PDAD report itself. NGOs have criticised the report as being too UN-centric and local NGOs fear being used as scapegoats for a system-wide issue. Clusters also feel excluded from the reform process, even though their lead agencies are involved

through the HCT and the PDAD Task Force. Government engagement has only recently become more coherent and systematic at the sub-national level.

KEY TAKE-AWAYS

- Continue and replicate the practice of using a multi-stakeholder task force to drive key reforms cooperatively and transparently.
- Be more transparent towards local NGOs on the processes used to replace local partners found to be involved in aid diversion.
- Request HCT members to act as better conduits for exchanging information between the PDAD Task Force and the clusters they lead as well as the Inter-Cluster Coordination Group.
- Continue using an independent investigative firm to monitor aid diversion practices, including how these practices change as additional risk mitigation measures are introduced.

248. Third, **much progress relates to processes and has taken longer than expected.** Many of the actions prioritised by the HCT in 2023 for quick completion within the same year focused on processes rather than results. This focus includes, for example, the plan to commission research on the political economy of aid diversion; the commitment to share best practices and experiences in shifting to vulnerability-based targeting; the agreement to identify and document barriers to the inclusion of minority and marginalised groups; and the plan to complete the mapping of community feedback mechanisms and to produce consolidated reports on feedback data trends. While progress was made on most of these process-related actions, it often took well beyond the anticipated completion point at the end of 2023 to materialise. Interviewees repeatedly pointed out that humanitarian organisations working in Somalia have to deal with a large number of process demands and that not all relevant actors participated actively in the different processes. Several interviewees also felt that results documents took a long time to be cleared by the Humanitarian Coordinator, which in certain instances was due to the need to ensure coherence between different processes.
249. By contrast, prioritised actions focusing more directly on results, have often seen less progress. The effort to develop a common beneficiary registration system, for example, has resulted in an agreement on the basic parameters of such a system, but its implementation faces major hurdles. Many humanitarian organisations lack the capacity to collect the agreed-upon biometric data. In addition, agreements for sharing beneficiary data, including personal identifiers, have not been concluded and the main humanitarian organisations use different data systems that are not interoperable.
250. Attempts to improve data sharing among humanitarian organisations have included a request to the headquarters or global level to develop global-level data-sharing agreements between key humanitarian organisations. This process has focused on developing a template for data-sharing agreements that is vetted by the respective legal departments. This does not replace the need to conclude data-sharing agreements at the country level, but it may expedite these processes in the future. The workstream focusing on establishing inclusive hiring mechanisms (to help ensure marginalised clans gain better access to assistance) encountered robust obstacles from the outset. Efforts to conduct a diversity, equity and inclusion audit were blocked by staff associations in different organisations. This illustrates how important reform efforts can encounter pushback when they threaten vested interests.

KEY TAKE-AWAYS

- A continued focus on the areas of beneficiary identification, targeting, registration and data sharing (as currently under discussion in the HCT) seems justified.
- Following the initial focus on potential quick wins, re-open the prioritisation process to consider some of the remaining results-oriented recommendations made in the PDAD report. These could include, for example, investing in housing and property rights for displaced households; re-conceptualising IDPs and IDP settlements as part of an ongoing process of urbanisation and focusing on durable solutions; developing a way to formalise informal authorities in current IDP settlements; and developing solutions for ensuring inclusive staffing and avoiding clan capture of UN agencies and INGOs.

251. Finally, **the challenges to implementing a joint approach to reduce aid diversion remain significant.** Attempting to tackle aid diversion collectively and transparently stands out as a key strength of the approach chosen in Somalia. Significant challenges remain even with a process that was consciously designed to be cooperative. One issue is related to the process design itself. Each of the ten prioritised actions has been implemented through its own workstream. This has strengthened ownership and leadership for many of the workstreams, but it has also created silos between different activities that must be closely integrated. For example, effective data sharing and de-duplication of beneficiary lists depends on prior agreement on what unique identifiers are used during the registration process. The agreement on a common registration template logically precedes efforts to improve data sharing and to make data systems more interoperable. Close coordination between the different workstreams is therefore important for progress.
252. Parallel efforts to address central aspects of the reform are another issue. The Humanitarian Country Team identified beneficiary registration as a key ingredient for reducing aid diversion. During this evaluation, several parallel efforts were ongoing to improve beneficiary registration and/or develop a common registration system. The PDAD Task Force undertook efforts that resulted in an agreement on using a single humanitarian registration form as the basis for creating a common, biometric registration system. In addition, individual agencies were investing in strengthening their respective registration systems or databases. This includes, for example, a major investment by WFP to improve its SCOPE registration system and to individually register all household members over five years of age. Similarly, UNHCR was implementing a broad IDP registration exercise. However, these were apparently separate from a major joint effort between the Government of Somalia, the World Bank and WFP to create a Unified Social Registry with information on a broad set of indicators intended to enable proxy-means testing for different targeting strategies. While initial versions of the Unified Social Registry did not include biometric information, the Somali government aims to register two million households with biometric data by the end of 2024. The World Bank has committed \$32 million to enable this registration exercise and WFP was tasked with implementing it. Data is planned to be fully accessible to aid organisations and covers a broad range of indicators intended to enable different organisations to apply their respective targeting criteria. There were also no reported links to ongoing efforts to create a national ID system. Several interviewees indicated that it could be easier for their organisation to adapt to a government-led data system than to other humanitarian organisations' systems. They also cautioned that provisions would need to be made for people living in areas not controlled by the government.

KEY TAKE-AWAYS

- To improve data-sharing, build on the good practice of the Cash Consortium and its comprehensive data-sharing agreements among all members.
- Link efforts to improve humanitarian registration to the ongoing efforts to create a Unified Social Registry, with alternative solutions for people living in non-government-controlled areas.

4. Conclusions and Recommendations

4.1. Conclusions

253. **Challenging context:** Somalia is an extraordinarily challenging context for humanitarian workers. People living in Somalia are among the most vulnerable globally – a result of more than 30 years of conflict, terrorism, weak government and infrastructure, recurrent and increasingly severe climatic emergencies, and rapid population growth. International humanitarian assistance routinely surpasses Somalia’s federal budget, which itself is heavily dependent on external support.¹⁸⁹ International assistance constitutes such an essential part of the Somali economy that it has become a key component of affected people’s coping strategies and produced an aid economy on which many incomes and other interests depend. At the same time, the challenges of delivering humanitarian assistance remain formidable. Basic information, for example, on how many people live in Somalia or how many people have been displaced, is disputed. There are extreme restrictions on international humanitarian workers’ ability to move around, engage with affected people and observe directly how aid is delivered and its effects. Despite this corrosive environment, many aid workers and donors remain committed to saving and improving the lives of people living in Somalia. The findings and recommendations of this evaluation need to be read against this context.
254. **Strong side-effects:** On the one hand, few other contexts provide such clear evidence that humanitarian assistance is a matter of life and death. Even with a massive injection of additional resources in 2022 and 2023, an estimated 74,700 people died due to the extended drought. Without the scale-up, it would have been tens, probably hundreds of thousands more. On the other hand, the unintended effects of the response are also very significant: it has pulled people in need towards sites where assistance was available, left millions living as IDPs in volatile sites that lack basic standards, and fueled a corrupt aid economy.
255. Due to the high vulnerability of many people living in Somalia and the country’s frequent exposure to climate shocks and conflict, providing short-term, life-saving assistance will continue to be necessary. However, in the future, it will also be essential to acknowledge more openly that humanitarian assistance influences Somalia’s social fabric, economy, politics, cities, and migration patterns. The first recommendation, therefore, focuses on potential ways to reduce the current negative side effects of life-saving assistance, increase the positive incentives it creates and contribute more to a positive long-term vision for Somalia.
256. **Security management as a recurrent obstacle:** Many issues identified by this evaluation – ranging from the slow progress made in enabling people in hard-to-reach areas to access humanitarian assistance to reducing aid diversion and strengthening accountability to affected people – are related to the fact that international humanitarian organisations have had so little presence in the field. This, in turn, is mainly due to the UN’s and other organisations’ approach to security management and their practice of non-engagement with non-state armed actors like Al-Shabaab. Progress made in reaching some hard-to-reach areas during the drought response depended in part on the success of the military campaign against Al-Shabaab and risks reversal if military dynamics changed with the planned drawdown of ATMIS forces. Recommendation 2 proposes a fundamental review of the humanitarian community’s approach to security management in Somalia.
257. **Coordination and leadership account for both innovation and shortcomings:** The findings presented in this report show that Somalia is a source of innovation and good practice in some areas of the humanitarian response. In contrast, it falls short of basic standards and accepted practices in others. In response to the manifold challenges involved in working in Somalia, important new

189. In 2022, the federal budget was 930 million USD. In 2023, it amounted to about 980 million USD.

approaches were developed or piloted here. This includes, for example, risk management mechanisms such as a collective Risk Management Unit in the office of the Resident and Humanitarian Coordinator, third-party monitoring mechanisms, and phone-based feedback systems for affected people, which have been replicated in many other countries. More recently, good practices included a joint reform process to address concerns about aid diversion. In many cases, these innovations and good practices result from effective leadership and good coordination.

258. Yet the evaluation also found that coordination structures and processes in Somalia are cumbersome while the operation falls short on some basic practices. Too many coordination meetings happen with low attendance and without systematic documentation and follow-up. Standard information on “who is doing what where” is unreliable. Key data on the response lacks plausibility. These findings raise questions about the cost-effectiveness of the current setup and lead to a recommendation to streamline the coordination structure (Recommendation 3).
259. **Lack of accountability:** None of the issues of the humanitarian response in Somalia identified through this evaluation are new. On the contrary, issues like the lack of accountability to affected people and many others have been raised repeatedly in previous evaluations, peer reviews, and learning exercises (see Annex E for an overview of key themes covered in prior evaluations). There have also been frequent efforts to address key issues. Developing a common or coordinated feedback mechanism to strengthen accountability to affected people, for example, is a commitment made in humanitarian response plans from at least 2016 onwards. As a more recent example, the Humanitarian Country Team’s 2023 Somali Accountability Compact includes a broad list of agreed commitments ranging from accountability to affected people and the Centrality of Protection to data and information sharing. Yet, significant progress has only been made on a few of these issues and setbacks have been frequent. While the IASC system has used instruments like Operational Peer Reviews and Inter-Agency Humanitarian Evaluations to diagnose this state of affairs, it lacks systems that enable it to create accountability for its failure to address most of the identified issues. Recommendation 4 includes suggestions for strengthening accountability to affected people as well as creating stronger accountability for addressing identified shortcomings of humanitarian responses.
260. **Gaps in prioritised response sectors and reach:** The evaluation findings also show that Somalia’s drought and famine prevention response had critical gaps. The famine prevention effort logically prioritised short-term life-saving activities at the expense of other important areas of the response, such as education, resilience or protection. However, there were also gaps among the prioritised life-saving interventions that were intended to be delivered in an integrated way, particularly in WASH.
261. Regarding the groups of people reached with assistance, important progress was made in enabling members of minority and marginalised clans to access assistance, which aligns with the Centrality of Protection strategy. Gender and disability received less attention. Geographically, the humanitarian response has long been focusing on areas that are easier to reach. The evaluation found that the progress made in delivering assistance in hard-to-reach areas was difficult to quantify despite the significant efforts made. In addition to the issue of security management discussed above, this relates to the unresolved tensions surrounding the localisation of aid in Somalia. On the one hand, local and national organisations have undeniable advantages. Without them, barely any assistance would be delivered anywhere in Somalia. Their operating costs are much lower than those of their international counterparts and they have better access to people in need. More than 30 years of humanitarian response have also enabled a number of organisations to build their capacities. On the other hand, affected people often expressed their preference for more direct contact with international aid agencies and that there are concerns about local organisations not delivering assistance according to international principles and standards or of being involved in aid diversion schemes. Our recommendation on addressing the imbalances in the response (Recommendation 5) therefore includes suggestions for improving the sectoral balance as well as measures to strengthen localisation along with due diligence and control systems.

4.2. Recommendations

262. The evaluation team makes five main recommendations based on the findings and conclusions presented above. These are in addition to the lessons from the Humanitarian Country Team’s efforts to address aid diversion summarised in Recommendation 6. The recommendations address humanitarian organisations working in Somalia as well IASC members and institutions at the global level, and they often echo recommendations made in earlier processes, such as the Operational Peer Review or the report on post-delivery aid diversion. In this initial version of the report, the evaluation team proposes general recommendations along with different options for implementing them. The evaluation team will work with the country, regional and global stakeholder levels to further refine and prioritise these options.

263.



Recommendation 1: Strengthen awareness and understanding of how humanitarian aid influences the behaviour of individuals and institutions. Seek to avoid unintended negative consequences and instead create incentives for affected people that support long-term development.

Short-term life-saving aid in Somalia has demonstrated strong effects on affected people’s behaviour. It served as a pull factor for displacement, left people in precarious conditions, and undermined durable solutions investments. Short-term humanitarian aid interventions should be taken into account and seek to avoid these negative effects in line with the do-no-harm approach to humanitarian aid.

Conversely, while the goal of humanitarian aid is to save the lives of the most vulnerable, short-term life-saving aid should create incentives for positive, longer-term development, where possible. This objective is particularly important because short-term emergency interventions will continue to be necessary for Somalia in the coming years.

Examples of short-term life-saving humanitarian interventions that contribute to this are: setting up registration desks for social safety net programs in health facilities to increase the utilisation of health services; providing nutrition services in health facilities to increase vaccination rates for children; providing school-based food assistance to strengthen incentives for education; focusing emergency shelter interventions and investments in boreholes, water piping systems or latrines on areas that are part of an urbanisation strategy; providing those who can work with conditional cash transfers that support, for example, infrastructure improvements; focusing social safety net programs on rural areas to slow the pace of displacement/urbanisation.

ACTIONS – COUNTRY LEVEL

- Ensure strong vulnerability, political economy, aid economy and conflict sensitivity analyses underpin the response.
- Articulate in humanitarian strategies and response plans what positive and negative effects short-term, life-saving assistance are. This explanation should include how the response can contribute to longer-term visions (as detailed, for instance, in national development plans, urbanisation strategies, and durable solutions plans, where these are in line with humanitarian principles) as well as potential negative effects and how to mitigate them.
- Where possible, consider delivering aid in locations suitable for longer-term solutions (e.g., on either public land or private land with secured land rights) and link site management approaches to urbanisation strategies, for example, relating to infrastructure investments in arrival areas.

ACTIONS – GLOBAL LEVEL

- Collect and disseminate examples of humanitarian interventions that create incentives for positive, longer-term developments.
- Strengthen awareness about incentives and behavioural effects created by humanitarian assistance in policy and strategy discussions.
- Expand internal advance financing mechanisms.
- Advocate with donors to expand support for anticipatory action (especially for implementation), to increase the share of funding for global and country-based pooled funds and provide resources along the humanitarian, development, peace and climate nexus, including for resilience, durable solutions and infrastructure interventions.

264.



Recommendation 2: Conduct a fundamental review of humanitarian security management approaches in Somalia.

A fundamental and externally supported review of the humanitarian community’s (including the UN’s) approach to security management in Somalia is required urgently to enable a more differentiated and adaptive approach in the different areas of Somalia and a stronger presence of international staff in the field.

ACTIONS – COUNTRY-LEVEL

- The HC and a reinvigorated Access Working Group should develop and implement additional strategies for expanding the humanitarian presence in hard-to-reach areas, including through engagement with relevant parties.
- UN security actors should continue developing more differentiated and agile security management practices to adapt to different and changing context conditions.
- Actions – global level
- Increase support for the country’s operation in Somalia with access and negotiation capacities.
- Ensure that the issues with the security management approach in Somalia outlined in this report are addressed in the High-Level Committee on Management’s planned review of the UN’s Security Management System.
- Create a more flexible HR structure for UNDSS that enables the re-deployment of key staff and focuses more on staff members with mixed security and operational backgrounds.
- Advocate with donors to support the development of a more flexible HR structure for UNDSS.
- Ensure that future IAHEs integrate security expertise throughout the evaluation.

265.



Recommendation 3: Streamline the humanitarian coordination structure in Somalia, reducing the number of coordination forums and meetings by at least half.

The evaluation team recommends reviewing and streamlining the coordination structure in Somalia, to significantly reduce the number of coordination forums and meetings by at least half.

ACTIONS – COUNTRY-LEVEL

- The HCT should jointly prioritise coordination forums, task forces and meetings, reducing them by at least half and eliminating duplications between coordination mechanisms.
- Re-integrate area-based coordination mechanisms into the cluster-based structure. Area-based coordination mechanisms should report to clusters and inter-cluster meetings at the next higher geographic level and simultaneously provide information to all interested humanitarian parties.¹⁹⁰ Inter-Cluster Coordination Groups and the HCT should ensure that clusters act on the information provided by addressing response gaps.
- Ensure that humanitarian organisations in a given location either convene in an area-based meeting or cluster and inter-cluster meetings (but not both).
- Where clusters are activated at the sub-national level, they should simultaneously provide relevant information to UN OCHA and the Inter-Cluster Coordination Group operating at the same level as well as to clusters at the national level.

ACTIONS – GLOBAL LEVEL

- Provide guidance and good practice examples on how area-based and cluster-based coordination structures can link to each other.
- Slim down the coordination architecture and process requirements.
- Hold OCHA and clusters accountable for delivering “coordination basics” (strategic planning, information products, sector strategies and standards, provider of last resort).
- Advocate with donors to not fund duplicative or overly heavy coordination mechanisms and to support cluster lead agencies in exercising their provider of last resort role.

190. When deciding which structures to activate at which levels, it should be noted that some clusters, such as health, nutrition and education in particular, require a close exchange and engagement with governmental information management and data systems at federal and state level.

266.



Recommendation 4: Make the humanitarian response more accountable by ensuring systematic follow-up to recurring recommendations at country and global levels, increasing transparency and strengthening the engagement of affected people.

Accountability needs to be strengthened in two directions: to affected people and to address identified issues more systematically .

ACTIONS – COUNTRY-LEVEL

- Increase general transparency about the response (roll out the new methodology for calculating cluster and inter-cluster reach, clarify which organisations receive resources for the response).¹⁹¹ Clusters should ensure that information management capacity is in place to enable a transparent and evidence-based response, including adequately disaggregated data.
- Align the approach to accountability to affected people with global-level guidance¹⁹² to recalibrate the current one-sided focus on (phone-based) community feedback mechanisms. Invest in a more balanced approach between engagement, participation, information provision, and feedback opportunities.
- Improve the provision of information to affected people. Humanitarians should use a variety of channels to explain what they provide, how they target, and for how long they will provide assistance.
- Streamline community feedback mechanisms. The humanitarian system in Somalia should reduce the number of organisation- or program-specific hotlines and strengthen joint or coordinated mechanisms as well as the analysis of and follow-up to incoming feedback, including reports about aid diversion and sexual exploitation and abuse. Close non-functional hotlines. Routinely ask affected people if they agree to share their feedback with other humanitarian agencies in the service of better data sharing and referrals.
- Advocate with donors to support collective community feedback mechanisms in contexts where agencies are prepared to reduce individual feedback mechanisms or design them as complementary.

ACTIONS – GLOBAL LEVEL

- Clarify the role of global bodies (ERC, IASC Principals, EDG, OPAG) in ensuring systematic follow-up to recurring IAHE and OPR recommendations at a global level.
- Identify recurring IAHE and OPR recommendations and report regularly and publicly on follow-up to the Emergency Relief Coordinator.
- Request HCs/HCTs to report on progress in implementing IAHE and OPR recommendations.
- Allow more flexibility to work through a common or coordinated feedback mechanism instead of organisation-specific ones.

191. In 2023, UN OCHA's Financial Tracking Service indicated "UN-confidential" as the second largest recipient of public funding.

192. See e.g. the [IASC Framework for Collective Accountability to Affected People \(AAP\)](#) and [recent IASC discussions](#) on the links between AAP, localization and the Nexus.

267.



Recommendation 5: Continue and expand efforts to provide an integrated response to urgent needs and to reach all population groups.

ACTIONS – COUNTRY LEVEL

- Expand the SHF’s practice to support integrated responses and to address gaps in prioritised response sectors strategically.
- Continue the SHF’s practice of supporting local organisations and increase that of other donors and operational agencies, including using the SHF’s eligibility assessment.
- Improve the understanding of staff members’ clan affiliations and introduce mechanisms to mitigate potential biases to continue broadening access to humanitarian assistance for minority and marginalised clans.
- Increase attention to gender and disability, for example, through stronger analysis and engagement of respective groups, as outlined in the 2024 IASC Gender Policy.
- Advocate with donors for funding allocations to reflect the strategic priorities adopted by the HCT.

ACTIONS – GLOBAL LEVEL

- Expand and replicate the good practice of using country-based pooled funds to support integrated, localised responses and fill strategic sectoral gaps and advocate with donors to strengthen country-based pooled funds.

268.



Recommendation 6: Adopt the lessons from the HCT reforms on aid diversion.

Chapter 3.5 outlines the main lessons identified as part of the review of the HCT’s reform efforts on aid diversion. Lessons from that chapter not already included in the main recommendations include the following:

ACTIONS – COUNTRY LEVEL

- Continue and replicate the practice of using a multi-stakeholder task force to drive key reforms cooperatively and transparently.
- In cooperation with the government, conditions for regularising the role of gatekeepers and private landowners must be defined.
- Expand the Cash Consortium’s good practice of concluding comprehensive data-sharing agreements among its members.
- Link efforts to improve humanitarian registration to efforts to create a Unified Social Registry and a national ID system (with alternative solutions for people living in non-government-controlled areas) while taking data protection consideration into account.

ACTIONS – GLOBAL LEVEL

- Ensure that future scale-ups include risk management as a core capacity to be enhanced and advocate with donors for support.
- Clarify that a system-wide scale-up does not mean general acceptance of risks (and that this is not what the concept of “no regrets” entails).
- Facilitate data-sharing at a country level, for example, by concluding more global data-sharing framework agreements.
- Agree on common parameters for beneficiary registration, including biometric standards.

5. Annexes

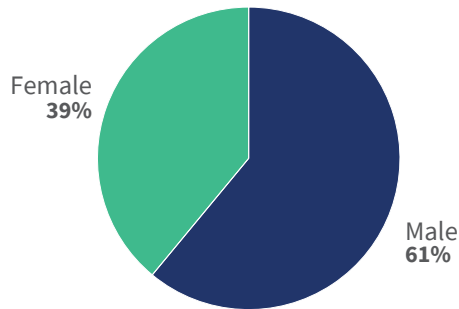
Annex A: Methods Used

Stakeholder Interviews

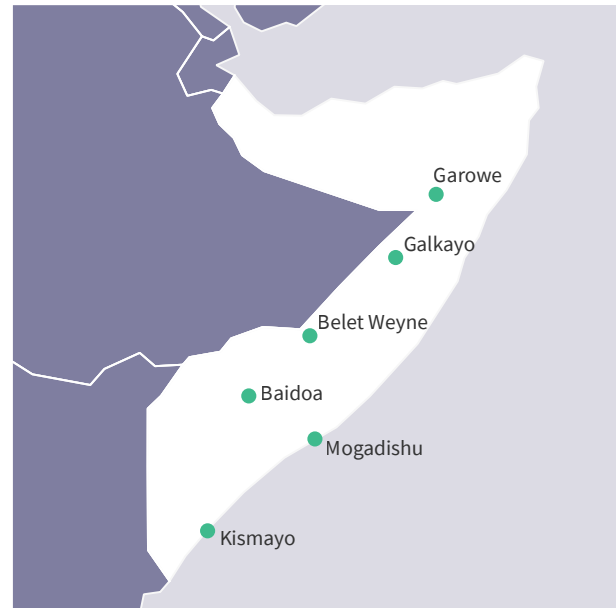
269. The team conducted a total of 153 interviews, both remotely and in person, at the sub-national, national, regional, and global levels, targeting agency headquarters, Nairobi, Mogadishu, and key sub-national operational hubs in Somalia. These encompassed a broad range of stakeholder groups, including current and former staff from UN agencies, international NGOs, and the Red Cross/Red Crescent Movement, and representatives from government, Somali NGOs and civil society, key donors, and development organisations involved in resilience and Nexus programming. As part of this evaluation, both online (video) and in-person interviews were conducted, there is no indication that either method systematically produced higher or lower quality evidence, as both approaches followed consistent protocols and elicited comparable depth and detail in participant responses.
270. During the **inception phase**, these interviews validated the evaluation's focus and approach. They allowed stakeholders to share initial insights on the effectiveness of the scale-up and the broader humanitarian response, as well as on factors influencing performance, the relevance of reforms initiated by the Humanitarian Country Team in 2023, and key issues relevant to Somalia and the global level. The inception phase included in-person interviews and workshops in Mogadishu, Garowe and Baidoa.
271. Targeted key informant interviews explored the evaluation questions in greater depth in the **data collection phase**. This process included in-person interviews and six workshops to discuss emerging hypotheses and the state of the evidence on each evaluation question. The workshops were held in person in Mogadishu, Belet Weyne, and Kismayo and online with participants in Galkayo. The exact focus of the interviews varied depending on the interviewee's background and expertise, as outlined in the evaluation matrix. [Figure 26](#) below shows the gender breakdown for stakeholder interviews and all locations covered through interviews and workshops.

Figure 26: Sampling Information for Stakeholder Interviews and Workshops

Stakeholder interviews (n=153)



Interview and workshop locations



Source: Evaluation team

272. Following the United Nations Evaluation Group’s norms and standards, the evaluation team prioritised respectful engagement with and risk mitigation for participants, ensuring that all interviews were conducted on a not-for-attribution basis. Notes were kept confidential within the evaluation team to protect interviewees, and no identifiable data was shared externally.

Document Review

273. The evaluation team systematically examined documents covering the period from the lead-up to the scale-up declaration until data collection. This review included:

- **Monitoring and evaluation reports:** The team analysed existing inter-agency and agency-specific reports, focusing on those reflecting the perspectives of affected people. Evaluation reports from before the system-wide scale-up activation were used to establish a baseline for assessing progress on critical issues.
- **Needs and situation reports:** The review included needs assessments, Integrated Food Security Phase Classification (IPC) data, mortality and malnutrition data, and analyses of the socio-economic and protection situations of crisis-affected people. Context, gender, conflict sensitivity analyses, and perception data from affected people collected by organisations like REACH and Ground Truth Solutions, were also included.
- **Feedback and complaints reports:** The team reviewed documents capturing feedback and complaints from affected populations to assess the response’s accountability and effectiveness.
- **Policy and planning documents:** Relevant international, national and regional policy and planning documents that informed the humanitarian response were reviewed.
- **Coordination meeting minutes:** The evaluation included an analysis of the minutes from the Humanitarian Country Team, the Inter-Cluster Coordination Group (ICCG), and other coordination bodies to understand decision-making processes and coordination efforts at the national and sub-national levels.

- **Donor strategies and funding data:** The team examined donor strategies and reports, including those of the Somalia Humanitarian Fund, alongside funding data from the Financial Tracking Service (FTS).
- **Thematic reports and studies:** The review encompassed studies on the aid economy, the influence of gatekeepers, minority inclusion, clan dynamics, urbanisation, and issues of aid diversion and corruption.
- **HCT reform documentation:** The evaluation reviewed the Humanitarian Country Team’s reform documentation and action plans to address aid diversion.

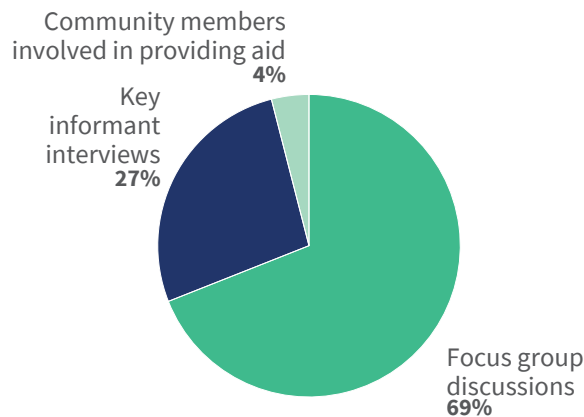
Primary Data Collection from Affected People

274. The team carefully weighed the necessity of collecting first-hand testimony from affected people during the inception phase, given the ethical challenges involved in conducting research in fragile and violent contexts like Somalia – including remote research coordination and survey fatigue among communities – as well as the documented challenges regarding feedback collection in Somalia.¹⁹³ After reviewing available secondary data as alternatives, more reliable information was produced through qualitative approaches and thus prioritised for this evaluation. They also allowed for more rigorous quality control compared to large-scale, anonymous surveys. The evaluation thus relied on key informant interviews and focus group discussions with members of affected communities and aid workers.
275. **Key informant interviews with affected people:** Key informant interviews followed a script to understand better the context concerned and basic facts about the settlement or site and its population. Then, interviewees were asked what type of aid they had received, how easy or difficult it was for them to access this aid, how fair they found it, and what exactly they considered the main effects of this aid to be across a range of dimensions and sectors. Finally, interviewees were asked to provide an assessment of the performance of aid agencies and share any suggestions for improvements in the future. See Annex F for the complete tool.
276. **Focus group discussions with affected communities:** The focus group discussions gathered feedback from three groups of participants and covered less detailed and less standardised questions compared to the key informant interviews. They were used to explore and discuss access to aid, fairness and equity, trust in different kinds of aid providers, and people’s experience with providing feedback to aid providers. Potential improvements to the aid response were also discussed with participants. The focus group discussion tools are found in Annex H.
277. **Scales for standardised questions:** During the consultations, facilitators used a set of standardised survey questions to complement open-ended questions. These standardised questions used the following scales:
- Five-point Likert scale for questions on the perceived usefulness of assistance (from 1: not useful at all to 5: very useful);
 - Directional Likert scale from “got worse” to “stayed the same” to “got better” for questions on the assistance’s perceived effect on communities in various dimensions as well as people’s trust in the reliability of aid agencies;
 - Dichotomous (yes/no) scales were followed-up with open answers (why/why not), for example, on perceptions regarding the negative effects of aid and its timeliness.
278. **Sample:** The community consultations covered 13 locations across 12 districts of Somalia (two locations included were in Baidoa). These locations were selected for a range of factors, including the level of prioritisation in the 2023 Humanitarian Response Plan, levels of need, access constraints, and geographic diversity.

193. For more details, see the Inception Report for this evaluation ([July 2024](#)).

279. The number of individuals consulted per location ranged from 28 to 30, adding up to a total sample of 381 people. Of this overall sample, 264 people were participants in focus group discussions, 104 participated in key informant interviews, and 13 were community members involved in providing aid interviewed with a separate instrument (Figure 27).

Figure 27: Sample of Affected People Consulted (n=381)



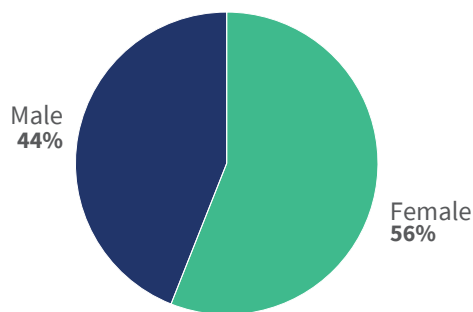
Source: Evaluation team

280. Raagsan researchers conducted background research about each location covered and chose key informants based on their specialised knowledge and/or lived experience of the drought response. Measures were implemented to protect participants, including steps to maintain their anonymity and provide them with information on the evaluation’s objectives. In case of protection concerns, key informants were also offered referral options, including the toll-free Raagsan call centre number
281. Research entry procedures involved obtaining consent from local authorities and community leaders, with detailed letters outlining the purpose and scope of the research. A specific security protocol was followed, and all data collection instruments were translated into the relevant local languages. Raagsan relied on experienced researchers who received training on protection-sensitive interviewing techniques.
282. Focus group discussions were held in the same locations, with participants being identified through snowball sampling (Figure 28).¹⁹⁴ Efforts were made to conduct focus group discussions without community leaders present to allow participants to speak more freely. All focus group participants received a transportation allowance. Some key informants who had to travel to the interview location also received this, but local authorities did not.

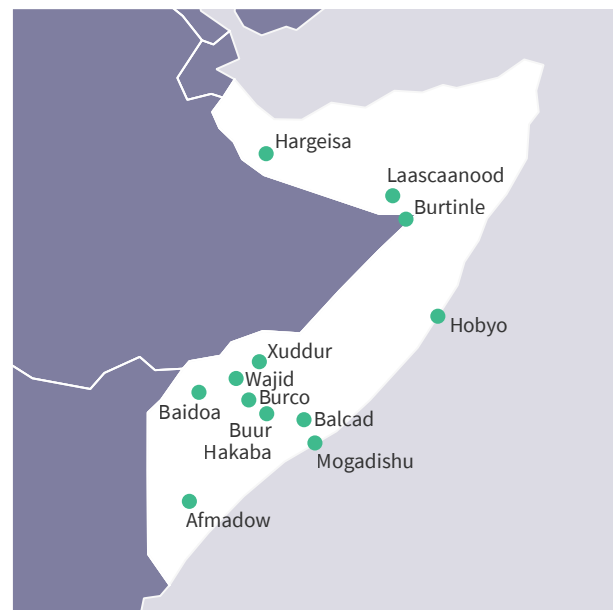
194. Cohen, N. & Arieli, T. (2011). “Field research in conflict environments: Methodological challenges and snowball sampling.” *Journal of Peace Research*, 8/4, pp. 423-435.

Figure 28: Sampling Information for Primary Data Collection

Consultation with affected people (n=381)



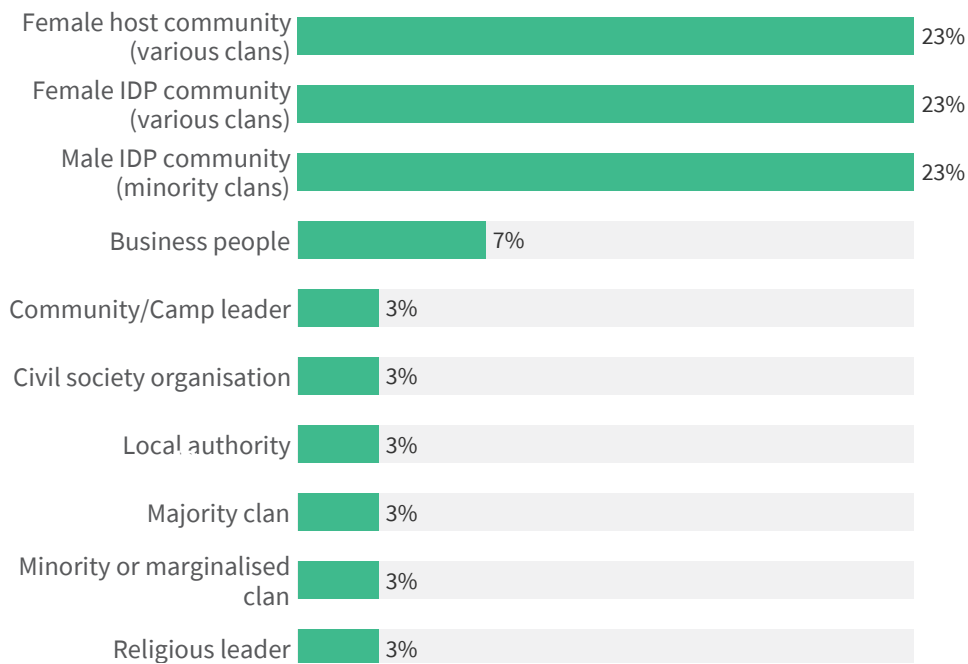
Data collection locations



Source: Evaluation team

283. In each location, focus groups were composed to reflect different perspectives regarding gender, clan affiliation, and displacement status. They included:
- Male members of internally displaced communities (IDP) from minority clans;
 - Female IDP community members from various clans;
 - Female host community members from various clans.
284. The key informant interviews were conducted with businesspeople, community or camp leaders, members of civil society organisations, local authorities, clan representatives or elders (from both majority and minority clans), religious leaders, and local aid workers (Figure 29).

Figure 29: Breakdown of Affected People Interviewed for the Evaluation



Source: Evaluation team

285. **Limitations.** Several limitations should be taken into consideration when interpreting the findings from the primary data collection:

- **Non-representative sampling:** FGDs and KIIs relied on a relatively small, non-random sample, which may not represent the broader population. Due to budget and time limitations, it was not possible to achieve saturation in qualitative consultations.
- **Limited willingness to discuss critical issues,** such as aid diversion, was apparent in a small number of FGDs. In one FGD, the facilitator turned off recording for sensitive questions, as per the participants' request. In another, two participants refused to answer questions on diversion. It is likely that participants in other groups carefully weighed what they felt comfortable speaking about and limited their responses accordingly.
- **Recall bias:** given the scope of this evaluation, participants were asked to remember the response to the drought when several other shocks may have impacted their lives since then. In Afmadow and Balcad, the discussions frequently drifted towards the more recent floods, and people's assessment of the drought response cannot be disentangled from their more recent experience. In other locations, it is possible that recall bias affected how well different groups remember or report their experiences, which may have skewed responses between those who received aid and those who did not.

Ethical Considerations

286. The evaluation team adhered to the United Nations Evaluation Group (UNEG) Ethical Guidelines and had their processes reviewed by an Independent Review Board. Targeted measures were addressed for the ethical risks identified in the inception phase.

287. The team maintained confidentiality, collected minimal personal data, and used secure storage protocols to protect participants from potential retaliation associated with sensitive topics like aid diversion. Verbal informed consent was obtained, and participants were fully briefed on confidentiality and the voluntary nature of their involvement.

288. Security risks were managed by following either UN or Raagsan security protocols and by allowing staff to opt out of fieldwork if safety concerns arose. To manage expectations the participants received clarification that participation was unrelated to decisions about future aid allocation. That said, several interviewees from affected communities did express a need for (additional) aid, suggesting that these mitigation measures were of limited effectiveness.
289. Researchers were trained to handle potential disclosures of abuse sensitively and to refer cases to protection experts as appropriate. To combat survey fatigue, the team prioritised existing data, used qualitative methods, and coordinated with other assessments to avoid over-consultation.
290. Consultation with affected communities offered to provide feedback on the evaluation findings. All the focus group participants and just over half of the key informants expressed a desire to receive feedback on the findings and provided a preferred method of contact. The team will follow up through the local facilitators who identified key informants in the first place once the recommendations and management response is finalised. Participants who shared their phone numbers (anonymously) will receive an SMS with a summary of the main findings, followed by a call from a Raagsan operator to answer any questions and explain more details.

Gender and Inclusion

291. A gender-sensitive approach was applied, with secondary data analysis disaggregated by gender and other vulnerability factors wherever possible. The evaluation also included an assessment of the achievements and limitations of the Gender Theme Group in Somalia. In our consultations with key informants and affected populations, we aimed to ensure a gender balance and representation of minority groups, with separate focus group discussions held for women and men. The evaluation team core members, consisted of two female and one male, and included gender experts, and Raagsan field data collectors trained in gender-sensitive approaches.

Data Analysis

292. **Data analysis** focused on identifying key perceptions, mapping trends and exploring differences between the represented groups. Qualitative data from the affected people consultations was analysed using thematic analysis in MaxQDA, with codes reviewed and refined after the first two locations to capture the nuances of participant experiences.
293. In addition, the evaluation team analysed other available secondary data, drawing on: needs assessments, agency, cluster, UN OCHA, and other data on assistance delivered; and available government and World Bank statistics on key economic indicators, as well as health and mortality data. This analysis aimed to:
 - Map identified needs, define priorities and available data on the assistance provided;
 - Analyse trends, for example, regarding poverty, health or excess mortality, for the period leading up to the scale-up until today;
 - Explore the plausibility of and triangulate between different datasets, particularly for needs assessment data, data on aid delivered and people reached, existing perception data, and post-distribution monitoring data.
294. Regarding response data on inter-cluster reach and sector-specific datasets, analytical statistical methods such as regression analysis and t-tests were used to examine the scale-up's speed, scale, and geographic and sectoral spread.

Annex B: List of People Consulted

Position	Organisation
Membership & Communications Officer	Somali NGO Consortium
Regional Public Health Officer - Galka'yo	WHO
Director	Formal Education Network of Private Schools
Health and Nutrition Manager	MARDO
Operations	Qatar Red Crescent
Nutrition Cluster Focal Point - Banadir	WFP
RC/HC Syria	UN OCHA
Protection Cluster Focal Point - Banadir	DRC
Head of Sub-Office Jubaland	IOM
Deputy Head	Peer-to-Peer Project
Emergency Coordinator	UNFPA
Somali Cash Consortium Director	Somali Cash Consortium
LOOP Lead	LOOP
Head of Research and Impact	ALNAP
Associate Expert (JPO) Social Development and Coordination	Office of the UN Resident Coordinator Vietnam
Social Protection Officer	MoLSA
GenCap	UN OCHA
Legal Officer	UN Office of Legal Affairs
Head of Office Jubaland	UNHCR
Independent Consultant	Independent
Independent Consultant	independent/CHA
Senior Humanitarian Adviser	USAID BHA
Logistics Cluster Coordinator	WFP
Country Director	DRC
Program Coordinator Hirshabelle	Islamic Relief
Director General	MOHADMA
Deputy Minister	MOHADMA
Director General	MoHADM Jubaland
Food Security Cluster Co-Chair - Garowe	Somali Women's Association
Senior Operations Coordinator	UNHCR
WASH Cluster Coordinator	UNICEF
Deputy Director General	FAO
Head of Fragile and Conflict Affected States	Trócaire/ICVA
Inter-Cluster Coordination Unit	UN OCHA
Deputy Head of Office	UN OCHA
Head, Risk & Compliance	WFP
Research Manager	SREO
UN World Bank Liaison Officer	World Bank
Risk Management Unit	DRSG/RC/HC Office
Deputy Director	Minority Rights Group International

Position	Organisation
Head, Risk Management Unit	DRSG/RC/HC Office
Head of Office	UN OCHA
IOM Zite Manager	IOM
Risk Management Unit	DRSG/RC/HC Office
Head of FSNAU	FSNAU/FAO
Founder	CPD
Sr. Operations Officer	UNHCR
Representative and Head of Office	WHO
Chief of Technical Team & Head of Programme Development Unit	SODMA
Director, Operations and Advocacy Division	UN OCHA
Access and Security Manager (Palestine)	UNICEF
Senior Humanitarian Advisor	USAID BHA
Health Cluster Coordinator	WHO
Head of Programme	FAO
Social Protection Officer	MoLSA
Deputy Representative - Operations	UNHCR
Team Leader	USAID BHA
Member of IAHE Management Group	UN Women
Professor of Epidemiology and International Health	London School of Hygiene and Tropical Medicine
Director of Operations	GREDO
DRSG/RC/HC Somalia from August 2023	UN
Former Deputy Head of Office	OCHA
Food Security Cluster Coordinator	FAO
Independent Consultant	N/A
Coordinator	Somali NGO Consortium
Project Coordinator	SWDC
Protection State Coordinator	UNHCR
Africa Team, Humanitarian Assistance in Countries and Regions	German Federal Foreign Office
Humanitarian Director	MoHADM Jubaland
Director	MCAN
Site Manager Banadir	Somalia Community Concern
Health Emergencies	WHO
Programme Specialist	UN Women
BRCiS Programme Manager	NRC
Food Security Cluster Coordinator - Garowe	WFP
Head of Sub-Office Kismayo	WFP
ECHO Somalia Head of Office	ECHO
Cash Working Group Co-Chair	WFP
Head of RC Office Somalia	OCHA
Head of Emergency Preparedness and Response (EPR)	WFP
Senior Regional Emergency and Post Crisis Specialist	IOM

Position	Organisation
Data Policy Officer, Centre for Humanitarian Data	UN OCHA
Principal Security Advisor	UNDSS
Senior Protection Adviser	ProCap
Head of Office Baidoa	OCHA
Deputy ERC	UN OCHA
Education Cluster Coordinator	UNICEF
Director	ALNAP
Humanitarian Affairs Officer, Head of Sub-Office Jubaland	UN OCHA
Head of Office Sudan	UN OCHA
Chief, Human Rights & Protection Group	OHCHR
Team Leader IDP Review	Independent
Technical Assistant	ECHO
Incident Manager	WHO
Child Protection Area of Responsibility Coordinator	UNICEF
Project Manager	WHO
Chair CEA Taskforce	IOM
Senior Operations Officer	UNHCR
Former RMU Consultant	retired
OPR lead	retired
Food Security Cluster Coordinator	WFP
Health Cluster Support Officer	WHO
N/A	ProCap
Deputy Country Director Operations	WFP
Head, Integrated Risk Management Unit Afghanistan	UNDP
Humanitarian Affairs Officer	OCHA
Humanitarian Affairs Analyst -Garowe	UN OCHA
Director of Disaster Preparedness & Resilience	MOHADMA
CCCM Cluster Coordinator - Banadir	UNHCR
Safety Advisor	INSO
Assistant Safety Advisor	INSO
Programme Associate - Garowe	FAO
Nutrition Cluster Coordinator - Garowe	UNICEF
Representative	BPHCC
Information Management Specialist	SODMA
Protection Cluster Coordinator - Garowe	UNHCR
Founding Director	Centre for Humanitarian Change (CHC)
Minister	MoHADM
Team Leader - Humanitarian, Health, Education and Resilience Team (MATL Cover)	FCDO
Director	Somali NGO Consortium
Independent/Visiting Fellow at Tufts University	Centre for Humanitarian Change (CHC)
Shelter Cluster Coordinator	UNHCR

Position	Organisation
CCCM Cluster Coordinator	UNHCR
Cluster Lead	WHO
Team Leader FAO Country Programme Evaluation Somalia	Independent
Founding Director	Centre for Humanitarian Change (CHC)
Associate Information Management Officer	UNHCR
Managing Director	SREO
Deputy Chief of Mission	IOM
GBV Area of Responsibility Coordinator	UNFPA
Team Leader, Crisis Bureau	UNDP
Deputy Head of Office	UN OCHA
Humanitarian Affairs Analyst	OCHA
Independent Consultant	Independent
Public Health Emergency/Sub-national Health Cluster Coordinator - Garowe	WHO
Food Security State Coordinator	WFP
Director of the Office of the Deputy Executive Director and Chief Operating Officer	WFP
BOD Chairman	Puntland NGO Network (PUNTNGO)
Regional Emergency Director	IRC
Operations Manager	Puntland NGO Network (PUNTNGO)
Emergency Officer	UNHCR
Deputy Resident Representative	UNDP
Head	Peer-to-Peer Project
Information Management and Assessment Working Group (IMAWG)	IOM
Head, Access Unit	UN OCHA
Deputy Head of Office	OCHA
Minister	MOHADMA
Shelter Cluster Coordinator	DRC
Director, Division of Field Operations	UNDSS
Founder	LRDO
Nutrition Cluster Focal Point - Garowe	CARE
Operations Manager	MARDO

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Annex D: Evaluation Matrix

EQ 1: To what extent was the collective humanitarian response adapted to the needs of affected people and, in particular, the needs of the most vulnerable?

Answers to this evaluation question will be based on a comparative analysis between preferences expressed through feedback mechanisms and in community consultations and key planning documents; community perceptions on relevance and accountability; as well as a matching analysis between early warning/situation data, response data, and quantitative data on the situation of affected people.

Evaluation Sub-Questions	Criteria/Indicators	Sources/Mean of Verification
1.1. Relevance: To what extent did IASC members identify appropriate and relevant priorities for the scaled-up response?	<ul style="list-style-type: none"> # Community perceptions on the relevance of the assistance they received and priority gaps in the assistance # Comparison of identified needs and priorities # Comparison minimum response package and global standards # Perception of independent experts on appropriateness and relevance 	<ul style="list-style-type: none"> * KII's, survey and FGDs with affected communities * Needs assessments and planning documents * IRF/MRP documents, Sphere standards * KIIs with independent experts and review of studies
1.2. Early action: How well did the IASC members react to early warning indicators, and how timely was the response?	<ul style="list-style-type: none"> # Timing and quality of early warning information # Reported number and timing of people reached with assistance # Nutrition, mortality, and morbidity trends over time # Community perceptions on timeliness 	<ul style="list-style-type: none"> * FSNAU, SWALIM, and weather forecast data * Public statements and appeals * HRP reports * KIIs with agencies and donors * KII's, survey and FGDs with affected communities
2.6. AAP: To what extent was the collective response accountable to affected people?	<ul style="list-style-type: none"> # Follow-up on AAP-related priorities mentioned in HRPs # Number of single-agency community feedback mechanisms # Number, reach and reported utilisation of multi-agency or common community feedback mechanisms # Examples of program adaptations based on community feedback 	<ul style="list-style-type: none"> * GTS and REACH survey data on AAP * Review of documentation on common feedback mechanisms (LOOP, etc.) * KII's, survey and FGDs with affected communities * CEAWG meeting notes, strategies

EQ 2: To what extent did the IASC members' collective response achieve its objectives and what unintended effects did the response have?

Answers to this evaluation question will be based on the perceptions of affected people regarding the difference humanitarian assistance made to their situation; cross-time analyses of available quantitative data relevant to the situation of affected people (such as mortality, malnutrition, household incomes, protection issues); as well as a matching analysis between response data and quantitative data on the situation of affected people.

Evaluation Sub-Questions	Criteria/Indicators	Sources/Mean of Verification
2.1. To what extent did the response contribute to preventing the loss of life?	<ul style="list-style-type: none"> # Excess mortality # Prevalence of moderate and acute malnutrition # Treatment numbers for moderate and acute malnutrition # People reached according to different methodologies for calculating people reached # Reported livestock deaths # Reported cases and deaths linked to cholera/AWD and measles # IPC trends # Community perceptions on the effects of aid 	<ul style="list-style-type: none"> * WHO/academic data on excess mortality * Integrated food security, nutrition and mortality surveys * IPC data * FAO livestock monitoring data * Cluster reporting * KIIs, survey and FGDs with affected communities
2.2. To what extent did the response support people to sustain their lives and build resilience?	<ul style="list-style-type: none"> # People reached according to different methodologies for calculating people reached # Funding for resilience, livelihoods # Income/poverty trends # Displacement # Community perceptions on the effects of aid 	<ul style="list-style-type: none"> * Cluster reporting * Somali Integrated Household Budget Survey and other World Bank data * KIIs, survey and FGDs with affected communities
2.3. To what extent did the response address critical protection needs?	<ul style="list-style-type: none"> # Reported protection incidents # People reached according to different methodologies for calculating people reached # Protection trainings conducted # Agreements reached with authorities and land owners (site tenure) # Funding for protection-related activities # Community perceptions on the effects of aid # Reflection of protection in key planning and prioritisation documents # Aid worker perceptions on priority given to protection 	<ul style="list-style-type: none"> * Cluster reporting * ACLED data on violence * Aid worker security data * SHF, CERF and donor reports * HRP, IRF, MRP documents * KIIs with aid workers * Coordination meeting minutes (incl. SODMA) * KIIs, survey and FGDs with affected communities
2.4. What unintended effects did the response have?	<ul style="list-style-type: none"> # Trust in humanitarian actors # Perceived neutrality of humanitarian actors # Community perceptions on the effects of aid 	<ul style="list-style-type: none"> * KIIs, survey and FGDs with affected communities * KIIs with donors, experts * Assessments of displacement causes done by IOM and others * PDAD report findings * CFM data/meta-data

EQ 3: To what extent did the IASC members' collective response reach the most vulnerable?

Answers to this evaluation question will be based on the perception of affected communities on patterns of inclusion and exclusion; as well as a cross-time analysis of the reach of assistance into hard-to-reach areas.

Evaluation Sub-Questions	Criteria/Indicators	Sources/Mean of Verification
3.1. Inclusion: To what extent did the response identify and address the needs of vulnerable groups, and how did this affect the principle of impartiality?	<ul style="list-style-type: none"> # Needs analyses disaggregated by clan, gender and disability # Specific adaptations of response planning, implementation and monitoring to increase inclusion # Community perceptions on inclusion # Minority rights groups' perceptions of inclusion # Differences in community perceptions based on gender, clan and disability 	<ul style="list-style-type: none"> * Joint/multi-sector needs assessments and analyses * KIIs with minority rights, gender, disability and human rights advocates * KIIs, survey and FGDs with affected communities
3.2. Access: To what extent did IASC members manage to increase access to people in hard-to-reach areas, with effective security management and the right partners, and how did this affect the principles of humanity, neutrality, and operational independence?	<ul style="list-style-type: none"> # Number of previously unreached communities reached by aid # Changes in security management approaches # Key stakeholder perceptions on humanitarian principles # Reflection of humanitarian principles in access documents and discussions # Funding for national and local NGOs # Inclusion of national and local NGOs in decision-making processes 	<ul style="list-style-type: none"> * OCHA access mapping/reports * KIIs with DSS, INSO and aid workers (especially members of the access working group) * KIIs, survey and FGDs with affected communities * SHF eligibility criteria, funding data and reports * Agency reports on implementation partners * KIIs with local and national NGOs * KIIs with SHF and agencies

EQ 4: How well coordinated and led was the response and what other factors influenced the quality and scale of the response?

Answers to this question will be based on an analysis of aid worker perceptions about changes in the response over time and factors affecting response delivery, as well as driving or inhibiting reform efforts; document-based evidence about the inputs and outputs provided as part of learning efforts and the scale-up (e.g., human and financial resources deployed, information, guidance and planning documents developed, and changed composition of coordination and decision-making forums), and a matching analysis between input, outputs, perceived changes in outcomes, and theme-specific outcome indicators (e.g., level of resources available, availability and quality of coordination products, reliability of available data, and coverage of integrated response).

Evaluation Sub-Questions	Criteria/Indicators	Sources/Mean of Verification
4.1. Advocacy and resource mobilisation: How effective were collective efforts to mobilise adequate and timely financial and human resources for the drought response?	<ul style="list-style-type: none"> # Advocacy and resource mobilisation activities # Timing and trends in overall funding # Specialists deployed # Coherence between strategic priorities and resource allocation 	<ul style="list-style-type: none"> * FTS, CERF, SHF, and key donor data (incl. World Bank) * IASC member agency data on corporate funds mobilised * UNDSS and agency data on staffing * Strategic planning documents and reports
4.2. Data: How reliable was data collection and analysis?	<ul style="list-style-type: none"> # Coherence/discrepancies between different datasets # Aid worker confidence in available data # Independent/academic assessments of data reliability 	<ul style="list-style-type: none"> * Agency, cluster and government datasets * KIIs with aid workers
4.3. Integrated response: How effective was the implementation of an integrated response?	<ul style="list-style-type: none"> # Funding for integrated response # Reported IRF implementation # Aid worker perceptions on factors influencing the implementation of an integrated response 	<ul style="list-style-type: none"> * HRP/IRF reports * Cluster reports * FTS, SHF, CERF, donor reports * KIIs with aid workers * Coordination meeting notes
4.4. Nexus: How well did the humanitarian response connect to development efforts and invest in resilience?	<ul style="list-style-type: none"> # Adaptation of key development programs to the emergency # Funding for resilience programs # Perceptions on missed opportunities for linking the humanitarian response to development # Community priorities between different types of aid 	<ul style="list-style-type: none"> * KIIs with development actors (e.g., World Bank) * Development program documentation * HRP and FTS reports * KIIs, survey and FGDs with affected communities
4.5. Other factors: What other factors influenced efforts to strengthen the quality of the response?	<ul style="list-style-type: none"> # Perceptions on what are drivers and obstacles for reform efforts 	<ul style="list-style-type: none"> * KIIs with aid workers, independent observers

EQ 5: How did the HCT reforms on aid diversion affect IASC members' collective response?

Answers to this question will be based on aid worker, donor and government perceptions about the relevance of the HCT action plan; aid worker perceptions and document-based evidence on progress made in the different workstreams; as well as key stakeholder perceptions on enabling and hindering factors.

Evaluation Sub-Questions	Criteria/Indicators	Sources/Mean of Verification
5.1. How relevant and appropriate was the HCT action plan to address aid diversion?	<ul style="list-style-type: none"> # Independent experts' perception of drivers of aid diversion # Long list of measures and voting by HCT to create a shortlist # Findings of PDAD report 	<ul style="list-style-type: none"> * Transparency International and other independent studies * CFM data * KII with aid workers, independent observers
5.2. To what extent are agreed-upon measures being implemented?	<ul style="list-style-type: none"> # Activities/reform efforts implemented # Diversion cases reported by agencies # HQ involvement and policies/SOPs changed across organisations 	<ul style="list-style-type: none"> * PDAD progress report * KIIs with aid workers, donors * Workstream reporting * Coordination meeting minutes * KIIs, survey and FGDs with affected communities
5.3. What factors support and hinder reform efforts addressing aid diversion?	<ul style="list-style-type: none"> # Common solutions piloted/implemented # Open/pending measures # Perceptions on progress and lack of progress by donors, IASC members and observers 	<ul style="list-style-type: none"> * KII with aid workers, donors, independent observers, government * Task team/workstream reports * Coordination meeting notes

Annex E: Overview of Key Themes Covered in Previous Evaluations and Reviews

	2006 RTE	2011 RTE	2011 IASC Evaluation	2014 Famine Lessons	2023 OPR
Drivers of Vulnerability	✓			✓	✓
IDPs			✓		✓
Access				✓	✓
Role of UNDSS	✓				✓
Remote Management			✓	✓	
Counter-Terrorism				✓	
Aid Diversion/Political Economy		✓		✓	✓
AAP			✓		✓
Coordination Capacity		✓	✓		✓
Coordination Silos		✓	✓		✓
Data Sharing/Analysis	✓	✓	✓	✓	✓
Local Actor Capacity		✓		✓	✓
Local Actors in Coordination				✓	✓
Funding for Local Actors	✓				✓
Integrated Response	✓		✓		
Nexus	✓		✓		✓
Early Warning/ Early Action	✓	✓	✓	✓	✓
Follow-Up to Recommendations					✓

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2014 famine lessons: Feinstein International Center. (2014). Another Humanitarian Crisis in Somalia? Learning from the 2011 Famine.

2023 OPR: Ruedas, M., et al. (2023). Somalia Operational Peer Review.

Annex F: Key Informant Interview Tool for Affected People

Introduction and Consent

Hello, my name is _____, and I am part of an independent team of researchers working for Raagsan, which is conducting an independent study for the UN.

We evaluate whether international aid during the recent droughts in Somalia was managed well. We are interested in speaking to people in different parts of the country, both from communities who have received aid and those who have not received aid. The aim is to get your perspective on whether the aid provided was useful and fair, and to learn what can be improved next time. Your answers will help us understand what international aid agencies can improve, both in Somalia as well as in other countries affected by droughts or conflict. Your answers will not influence whether you or anyone in your community will receive aid in the future.

The interview will take about 1.5 hours. It is anonymous: We will not write down your name, and we will not share the details of what you told us with anyone here. In the report we write, we will only state what people together – not as individuals – have told us. Please feel free to talk to us openly. If you have any questions or concerns, or if you find anything wrong with my behaviour, you can call the number on the leaflet.

Your participation is voluntary. Before you say yes or no to being in this study, we will answer any questions you have. If you join the study, you can ask questions at any time. If there is any question you do not want to answer, you do not have to. You may end your participation and withdraw your consent at any point, if you so desire.

We would like to kindly request your consent to record the interview. This recording would solely be used to ensure we have accurately captured all the useful information and recommendations you provided during our discussion. The recording will not be shared with anyone outside our research team, and it will simply serve to support our notes and validate the occurrence of this interview as part of our fieldwork monitoring. You have the right to accept or decline this request, and your decision will not affect the outcome of the interview in any way.

Preliminary Information

Do you have any questions? Do you understand everything I have explained?

- Would you like to participate? Yes/No
- Code No
- Name of Enumerator
- Date
- Name of District
- Name of Location

Demographics about key informant

- Age of the person interviewed
- Sex of the person interviewed: Male/Female/Other
- Does the Interviewee have a disability? Yes/No
- Main source of income or subsistence:
 - a. Farming
 - b. Cattle raising
 - c. Trading
 - d. Casual Labourer
 - e. Small business owner – tea shop, grocery owner...
 - f. Livestock herder
 - g. Fishery
 - h. None
 - i. Employee?
 - j. Support from family/relative
 - k. Other, please specify: _____
- Are you from here? If not, where are you from originally?
- Why did you move here?
- When?

Context Information

1. When was this camp established?
2. Where are these people displaced from? Probe region, district, village
3. Why are these people displaced?
4. Does the camp see newcomers frequently?
5. What clans populate this location?
 - a. Who are the majority clans?
 - b. Who are the minority clans?

- c. Who are the marginalised (in terms of resources, power sharing, political representation, social relations) clans?
- 6. What is the relationship between the different clans residing in the location?
- 7. What is the main livelihood source for this community?
 - a. Is it different among the clans residing in the location?
 - b. If yes, how so?

I am interested to hear your feedback about the challenges your community is facing, and especially what life for the poorest people is like.

- 1. What do you believe are the most pressing issues facing the poorest communities in your country that humanitarian organisations should help address? [ask this question about relevance first to avoid bias]

Now, I would like to know what kind of assistance was provided in your community during the last drought. [Set reference point in time, e.g. elections/seasons/ other events].

- 2. What kind of assistance did your community receive during this last drought (2022-2023), and from whom? [Ask questions 2/3/4 openly, but record the answer below]
 - a. None
 - b. Hygiene training
 - c. Cash to buy whatever I want
 - d. Household items
 - e. A voucher for specific goods
 - f. Shelter materials
 - g. Food
 - h. Health services
 - i. Fodder for animals
 - j. Malnutrition treatment
 - k. Vaccination for animals
 - l. School feeding
 - m. Seeds
 - n. Education support
 - o. Fertilizer
 - p. Information
 - q. Water
 - r. Protection services to support against abuse, exploitation
 - s. Sanitation
 - t. Other: _____

2.a. What was your involvement with the aid effort? (Probe e.g., about: were you involved in targeting, registration, implementation, or as a beneficiary?)

2.b. What do you think about your involvement? What went well, what was most difficult?

- 3. Who mostly provided this assistance?
 - a. The government
 - b. Elders
 - c. A local NGO/charity
 - d. Businesses
 - e. An international NGO
 - f. Our neighbours/friends
 - g. The United Nations
 - h. Family members living abroad
 - i. The Red Cross
 - j. Other_____
 - k. Religious leaders

- 4. How often/how long did your community receive this assistance during the drought?
 - a. Once
 - b. 2-4 times
 - c. More regularly [monthly]
 - d. Other: _____

Now, let us talk about the effects of the aid provided. [For questions 5-17, mark the response but also get more information on why, additional stories and input from interviewees. Probe and ask for examples that correspond with the answers.]

- 5. Overall, how useful was the assistance for your community?
 - a. Not at all useful 1 – 2 – 3 – 4 – 5 Very useful
- 6. What effect did the assistance have on your community?
 - a. What was the most significant positive effect?
 - b. Did your community experience any negative effects because of the assistance received? If yes, please elaborate.
- 7. Did the assistance come at the right time for your community's needs? Why?
 - a. Yes
 - b. No
- 8. What would have happened to your community if assistance was not provided?
 - a. No change
 - b. (More) displacement
 - c. More people had to sell assets (land, livestock, etc.)
 - d. More people had to borrow money

- e. (More) people would have died in my community
- f. Other: _____ (e.g., more livestock death)
9. How did the aid affect your community's ability to eat/have enough food?
 - a. Got better
 - b. No effect
 - c. Got worse
 10. How did the aid affect people's housing situation?
 - a. Got better
 - b. No effect
 - c. Got worse
 11. How did the aid affect people's access to safe water?
 - a. Got better
 - b. No effect
 - c. Got worse
 12. How did the aid affect people's access to sanitation (toilets)?
 - a. Got better
 - b. No effect
 - c. Got worse
 13. How did the aid affect people's ability to earn an income?
 - a. Got better
 - b. No effect
 - c. Got worse
 14. How did the aid affect people's ability to be safe from violence and harm?
 - a. Got better
 - b. No effect
 - c. Got worse
 15. How did the aid affect people's access to health services?
 - a. Got better
 - b. No effect
 - c. Got worse
 16. How did the aid affect people's children's access to schools?
 - a. Got better
 - b. No effect
 - c. Got worse
 17. How did the aid affect people's community's preparedness for natural disasters like droughts and floods?
 - a. Got better
 - b. No effect
 - c. Got worse
 18. In your view, are international aid agencies today more or less reliable than they were during previous crises? Why?
 - a. More reliable
 - b. The same
 - c. Less reliable
 19. How easy was it for your community to access the assistance when needed?
 - a. Who in your community received the most? Probe for IDPS, host community, women, elderly, people with disabilities, children, specific clans, etc...
 - b. Who was left out from receiving assistance? [probe deeply for this question to make sure we do not only get a generic answer]
 20. What factors hindered your community from accessing all the assistance or additional aid needed?
 21. Who do community members trust the most to help them cope with the effects of a drought? Who do they trust the least? Why? [Probe for the below, and other actors as relevant]
 - a. The government
 - b. Elders
 - c. A local NGO/charity
 - d. Businesses
 - e. An international NGO
 - f. Our neighbours/friends
 - g. The United Nations
 - h. Family members living abroad
 - i. The Red Cross
 - j. Other____
 - k. Religious leaders
 22. Overall, how would you rate the performance of aid agencies during the recent drought, compared to previous crises you may have experienced? Why?
 - a. Better
 - b. The same
 - c. Worse
 23. If there is another drought, what should humanitarian organisations do differently based on your community's experience?
 24. Do you have any other feedback we should share with aid agencies or any questions?
- Clan affiliation
- Observations by the field researcher

Annex G: Aid Worker Interview Tool

Hello, my name is _____, and I am part of an independent team of researchers working for Raagsan, which is conducting an independent study for the UN.

We evaluate whether international aid during the recent droughts in Somalia was managed well. We are interested in speaking to people in different parts of the country, both from communities who have received aid and those who have not received aid. The aim is to get your perspective on whether or not the aid provided was useful and fair, and to learn what can be improved next time. Your answers will help us understand what international aid agencies can improve, both in Somalia as well as in other countries affected by droughts or conflict. Your answers will not influence whether or not you or anyone in your community will receive aid in the future.

The interview will take about 1.5 hours. It is anonymous. We will not write down your name, and we will not share the details of what you told us with anyone here. In the report we write, we will only state what people together – not as individuals – have told us. Please feel free to talk to us openly.

If you have any questions or concerns, or if you find anything wrong with my behaviour, you can call the number on the leaflet.

Your participation is voluntary. Before you say yes or no to being in this study, we will answer any questions you have. If you join the study, you can ask questions at any time. If there is any question you do not want to answer, you do not have to. You may end your participation and withdraw your consent at any point, if you so desire.

Preliminary Information

- Do you have any questions? Do you understand everything I have explained?
- Would you like to participate? Yes /No
- Code No
- Name of Enumerator
- Date
- Name of District
- Name of Location

Demographics about key informant:

- Age of the person interviewed
- Sex of the person interviewed: Male/Female/Other
- Does the Interviewee have a disability? Yes/No
- Which organisation do you work with?
- How long have you been working with the organisation?
- What is your position at the organisation?

Instrument for KII

Information about organisation (anonymised)

1. What kind of assistance did your organisation provide during this last drought (2022-2023), and to whom? [Ask openly, but record answer below.]
 - a. None -> Why not?
 - b. Cash
 - c. Vouchers for specific goods
 - d. Food
 - e. Fodder for animals
 - f. Vaccination for animals
 - g. Seeds Fertilizer
 - h. Water
 - i. Sanitation
 - j. Hygiene training
 - k. Household items
 - l. Shelter materials
 - m. Health services
 - n. Malnutrition treatment
 - o. School feeding
 - p. Education support
 - q. Information
 - r. Protection services to support against abuse/exploitation
 - s. Other: _____
2. Who mostly benefitted from this assistance? [ask openly, probe for different groups, ask about how targeting was done].
 - a. Who in affected communities received the most?
 - b. Who was left out from receiving assistance? [probe deeply for this question to make sure we do not only get a generic answer]

3. How often/how long did your organisation provide this assistance during the drought?
 - a. Once
 - b. 2-4 times
 - c. More regularly [monthly]
 - d. Other: _____

Now, let us talk about the effects of the aid provided. [Probe and ask for examples and evidence that corresponds with the answers.]

4. Overall, how useful was the assistance your organisation provided for the community?
 - a. Not at all useful 1 – 2 – 3 – 4 – 5 Very useful
5. What effect did the assistance have on the community/communities you served?
 - a. What was the most significant positive effect?
 - b. Did you notice any negative effects because of the assistance provided? If yes, please elaborate.
6. Did your organisation manage to provide the assistance at the right time?
 - a. Yes
 - b. No –why/why not?
7. What would have happened in the community/communities if your assistance was not provided?
 - a. No change
 - b. More displacement
 - c. More people had to sell assets (land, livestock, etc.)
 - d. More people had to borrow money
 - e. More people would have died in my community
 - f. Other: _____ (e.g., more livestock death)
8. Do you think communities in your area of work are now better prepared for natural disasters like droughts and floods compared to before the drought?
 - a. Got better
 - b. No effect
 - c. Got worse
9. How easy was it for your organisation to access the affected population, especially the most vulnerable?
 - a. What factors hindered your organisation from accessing affected communities in need?
 - b. During the drought, did you manage to access areas previously out of reach? How? Why/why not?

10. Did your organisation grow in staff or funding during the recent drought? How so?
 - a. What facilitated or hindered this growth?
 - b. What was the effect of this growth/lack of growth?
11. Did you notice any change in the coordination between aid agencies in your area during the recent drought? If so, what changed?
 - a. Did coordination become more effective or less effective? Why?
 - b. Was your organisation more or less involved in coordination mechanisms (cluster meetings, joint data collection, etc.) than before? Why?
12. Do you think communities in your area trust aid agencies?
 - a. Why? Why not?
 - b. How has this trust changed over the past years? –better – same –worse
13. Do affected people in your area of operation have to pay bribes or give part of the aid to influential people (gatekeepers, community leaders, aid workers)?
14. What can your organisation do to avoid or mitigate this?
15. Do you think your organisation is now better prepared to avoid diversion and corruption than in the past? Why? What changed? [probe for specific changes due to the PDAD reforms]
 - a. What else should aid agencies change to address the issue of diversion and corruption?
16. If there is another drought, what should humanitarian organisations do differently based on your experience?
 - a. What will your organisation do differently?
 - b. What lessons did you learn from the recent drought, if any?
17. Do you have any other feedback, or any questions?
18. If you want, we can inform you about the findings of our study. Do you want us to contact you once they are ready?
 - a. Yes
 - b. No

Add phone number to a separate list, don't record it with survey/interview responses.

Annex H: Focus Group Discussion Tool

Hello, my name is _____, and I am part of an independent team of researchers working for Raagsan, which is conducting an independent study for the UN.

We evaluate whether international aid during the recent droughts in Somalia was managed well. We are interested in speaking to people in different parts of the country, both those who have and those who have not received aid. The aim is to get your perspective on whether or not the aid provided was useful and fair, and to learn what can be improved next time. Your answers will help us understand what international aid agencies can improve, both in Somalia as well as in other countries affected by droughts or conflict. Your answers will not influence whether or not you will receive aid in the future.

This discussion will take about 1.5 hours. It is anonymous. We will not write down your name, and we will not share the details of what you told us with anyone here. In the report we write, we will only state what people together – not as individuals – have told us. Please feel free to talk to us openly.

Please keep our discussion confidential. Do not tell people outside this group what specific participants said. Do we have your permission to record audio, video, or notes, in an anonymous way? The notes/recording will only be seen by the small group of researchers working on this study and will be destroyed after the study is completed.

If you have any questions or concerns, or if you find anything wrong with my behaviour, you can call the number on the leaflet.

Your participation is voluntary. Before you say yes or no to being in this study, we will answer any questions you have. If you join the study, you can ask questions at any time. If there is any question you do not want to answer, you do not have to. You may end your participation and withdraw your consent at any point, if you so desire.

We would like to kindly request your consent to record the discussion. This recording would solely be used to ensure we have accurately captured all the useful information and recommendations you provided during our discussion. The recording will not be shared with anyone outside our research team, and it will simply serve to support our notes

and validate the occurrence of this discussion as part of our fieldwork monitoring. You have the right to accept or decline this request, and your decision will not affect the outcome of the discussion in any way.

Preliminary Information

- Do you have any questions? Do you understand everything I have explained?
- Would you like to participate? Yes/No
- Code No
- Name of Enumerator
- Date
- Name of District
- Name of Location

Demographics about participants

- Age
- Sex: Male/Female/Other
- Does the participant have a disability? Yes/No
- Main source of income or subsistence:
 - a. Farming
 - b. Cattle raising
 - c. Trading
 - d. Casual Labourer
 - e. Small business owner – tea shop, grocery owner...
 - f. Livestock herder
 - g. Fishery
 - h. None
 - i. Employee
 - j. Support from family/relative
 - k. Other, please specify: _____
- Are you from here? If not, where are you from originally?
- Why did you move here?
- When?

Context Information

1. When was this camp established?
2. Where are these people displaced from? Probe region, district, village
3. Why are these people displaced?
4. Does the camp see newcomers frequently?

5. What clans populate this location?
 - a. Who are the majority clans?
 - b. Who are the minority clans?
 - c. Who are the marginalised (in terms of resources, power sharing, political representation, social relations) clans?
6. What is the relationship between the different clans residing in the location?
7. What is the main livelihood source for this community?
 - a. Is it different among the clans residing in the location?
 - b. If yes, how so?

Received Assistance

1. Can you share with us what kind of assistance your family received during the recent droughts?
2. Who provided this assistance, and how often did you receive it?
3. Did you feel that the assistance you received adequately met your needs during that time?

Effectiveness of Assistance

4. What was the most significant positive effect of the assistance?
5. Were there any negative effects or unintended consequences of the assistance?
6. Did it come at the right time?
7. If you experienced aid provision before, during earlier droughts: what was different back then compared to how agencies provided help in the recent drought? [probe whether anything was better/worse]
8. Overall, how useful was the assistance for your community? [ask for a rating from each, potentially using stones / printed materials where helpful]
 - a. Not at all useful 1 – 2 – 3 – 4 – 5 Very useful

Barriers to Aid

9. Can you describe any challenges or difficulties you faced in accessing the assistance?
10. What factors, if any, made it difficult for you to receive aid?
11. Were there any specific groups or individuals in your community who faced greater challenges

in accessing aid? [Probes for clan, gender, disability]

12. Generally, would you say it has become easier or more difficult to access aid for people in your area? [ask for a rating from each:
 - a. Easier
 - b. The same
 - c. More difficult

Fairness and Equity

13. What criteria do you think were used to determine who received aid?
14. Do you believe the aid distribution was fair and equitable? Why or why not?
15. Were there any groups or individuals who you feel were overlooked or marginalised in the aid distribution process?
16. Do people have to give some of the aid received to gatekeepers or back to NGOs?
 - a. What is the effect of this?

Feedback Mechanisms

17. Are you aware of any mechanisms for providing feedback or complaints to aid agencies?
18. Have you ever provided feedback or filed a complaint with an aid agency? If so, what was the outcome?
19. Do you feel that aid agencies listen to and respond to the feedback they receive from affected communities?

Trust and Support Networks

20. Who are the most trusted sources of support and assistance in your community during times of crisis?
21. How much trust do you have in international aid agencies compared to local organisations or community leaders? Why?
22. Have your perceptions of aid agencies changed over time, and if so, why? Do you think aid agencies are more or less reliable/trustworthy than in the past? [ask from each: they are more reliable | the same | they are less reliable]

Future Recommendations

23. Based on your experiences, what changes would you like to see in how aid is provided during future crises?
24. What do you think aid agencies could do differently to better meet the needs of affected communities?
25. Are there any specific lessons learned from past aid interventions that you think should inform future strategies?

Facilitator: Thank you all for your participation and for sharing your experiences with us today. Your insights will be instrumental in shaping future aid interventions and ensuring that assistance reaches those who need it most. If you have any further thoughts or questions after our discussion, please don't hesitate to reach out. Thank you again, and have a wonderful day.

If you want to hear about the findings of our study, you can leave your phone number. We will record it on a separate piece of paper and only use it to share the findings when they are ready.

